

Audit Committee Meeting

January 16, 2024

12:00 pm

I. DECLARATION OF QUORUM

II. PUBLIC COMMENTS

III. MINUTES

- A. Approval of the Minutes of the Board of Trustees Audit Committee Meeting Held on Tuesday, October 17, 2023
(EXHIBIT A-1)

IV. REVIEW AND COMMENT

- A. Compliance Department Report
(EXHIBIT A-2 Demetria Lockett)
- B. Internal Audit FY2024 Q1 Reports
(EXHIBIT A-3 David Fojtik)

V. REVIEW AND TAKE ACTION

- A. External Audit
(Vanessa McKeown)

VI. EXECUTIVE SESSION – As authorized by Chapter §551.071 of the Texas Government Code, the Board of Trustees reserves the right to adjourn into Executive Session at any time during the course of this meeting to seek legal advice from its attorney about any matters listed on the agenda.

VII. RECONVENE INTO OPEN SESSION

VIII. CONSIDER AND TAKE ACTION AS A RESULT OF THE EXECUTIVE SESSION

IX. INFORMATION ONLY

- A. Compliance Department Binder
(EXHIBIT A-4)
- B. Internal Department Binder
(EXHIBIT A-5)

X. ADJOURN



**Veronica Franco, Board Liaison
Dr. Lois J. Moore, BSN, MEd, LHD, FACHE
Chairperson, Audit Committee
The Harris Center for Mental Health and IDD**



EXHIBIT A-1

**BOARD OF TRUSTEES
THE HARRIS CENTER *for*
MENTAL HEALTH AND IDD
AUDIT COMMITTEE MEETING
TUESDAY, OCTOBER 17, 2023
MINUTES**

Dr. R. Gearing, Committee Chair, called the meeting to order at 12:01 p.m. in Room 109, 9401 Southwest Freeway, noting a quorum of the Committee was present.

Committee Members in Attendance: Dr. R. Gearing, Dr. G. Santos

Committee Member in Absence: Dr. M. Miller, Dr. L. Moore, Mr. G. Womack

Other Board Member Present: Mrs. B. Hellums

I. DECLARATION OF QUORUM

Dr. Gearing called the meeting to order at 12:01 p.m. noting that a quorum was present.

II. DESIGNATION OF BOARD MEMBERS AS VOTING COMMITTEE MEMBERS

Mr. Womack designated Mrs. B. Hellums and Dr. Gearing as voting members of the committee.

III. PUBLIC COMMENTS

There were no requests for Public Comment.

IV. MINUTES

Approval of Minutes of the Board of Trustees Audit Committee Meeting Held on Tuesday, July 18, 2023

MOTION: SANTOS SECOND: HELLUMS

THEREFORE, BE IT RESOLVED that the Minutes of the Board of Trustees Audit Committee Meeting Held on Tuesday, July 18, 2023 as presented under Exhibit A-1, is approved, and recommended to the Full Board for acceptance.

V. REVIEW AND TAKE ACTION

A. FY24 Compliance Workplan

MOTION: SANTOS SECOND: HELLUMS

THEREFORE, BE IT RESOLVED that the FY24 Compliance Workplan as presented under Exhibit A-2, is approved, and recommended to the Full Board for acceptance.

VI. REVIEW AND COMMENT

- A. Audit Committee will review the Internal Audit Reports by David Fojtik
- B. Audit Committee will review the Compliance Department Report by Demetria Lockett.

VII. EXECUTIVE SESSION

There was no Executive Session during the Audit Committee Meeting.

VIII. ADJOURN-

MOTION: SANTOS

With unanimous affirmative vote

BE IT RESOLVED The meeting was adjourned at 12:09 p.m.

SECOND: GEARING

**Veronica Franco, Board Liaison
Dr. Robin Gearing, PH.D.
Chairperson, Audit Committee
*The HARRIS CENTER for
Mental Health and IDD***

EXHIBIT A-2

Transforming Lives



Compliance Department

FY24 Q1 Audit Reports

Date: January , 2024

Presented By: Demetria Lockett, Compliance Director

Summary of Audits Completed

Reporting Period: September 2023 – November 2023

Comprehensive Review: A review of The Harris Center’s adherence to regulatory guidelines related to, Operations, Medical, Environment, Personnel Requirements, Clinical Record Review, and others as assigned. Records are selected randomly; the size of the programs and the frequency of entries are contributing factors to the number of records reviewed.

Four (4) Comprehensive Review completed during reporting period September 2023-November 2023

- Forensic: TRIAD: Children’s Forensic Evaluation Services Comprehensive Review
- Intellectual and Developmental Disabilities (IDD): Coffee House Comprehensive Review
- Comprehensive Psychiatric Emergency Program (CPEP): Substance Use Disorder Outreach Program (SUDOP) Comprehensive Review
- Mental Health (MH): Clinical High-Risk Psychosis (CHR-P) Comprehensive Review

Q1 Key Compliance Take-Aways

Comprehensive Review: TRIAD: Children’s Forensic Evaluation Services: The TRIAD Children’s Forensic Evaluation Services program did not provide The Compliance Department with the necessary data to complete the audit. Compliance was unable to determine if the measurable outcomes listed in the Interlocal Agreement are being met, tracked on monitored internally by the Harris Center.

Action Plan : Compliance will continue to provide essential support for program compliance.

Comprehensive Review: Coffeehouse: This review was completed to ensure the Coffeehouse program documentation, staff training, and operational guidelines complied with the rules and regulations of the Texas Administrative Code (TAC) Title 26, Part 1, Chapter 301 Subchapter G, Rules §301.353, §301.361, §304.401, §2.106, §2.556, and Agency policy and procedures. Compliance reviewed the following areas: Eligibility, Provider Services Criteria (Implementation of the Plan of Care), Authority and Provider Record Documentation, Authority and Provider Services, Progress Note Documentation, and Day Habilitation Requirements. The Coffeehouse Program had an overall score of 93%. The program met and exceeded standards in the following areas: (1) no missing notes, (2) services provided were supported by documentation, (3) correct Procedure Code used, (4) no duplicate notes, (5) correct date of service was documented, (6) correct start/end time of service was documented, (6) progress notes completed within (two (2) business days), (7) signature and title of the person who provided the service was documented, (8) all the time accounted for in the body of note, (9) services listed in the chart match what is entered into Epic, and (10) no missing consumer identifying information. The program will submit a Plan of Improvement (POI) for the following areas of improvement: (1) accurate documentation of service delivery; (2) development of a comprehensive, individualized Plan of Care for every individual served; (3) accurate documentation of service delivery; and (4) deliver services consistent with the plan of care.

Action Plan: Compliance will review the program in 180 days to ensure the program has implemented its POI action steps

Q1 Key Compliance Take-Aways

Comprehensive Review: Substance Use Disorder Outreach Program: This review was conducted to determine if client and employee records, and service provision to persons served by the SUDOP Program complied with Texas Administrative Code (TAC) Title 26, Part 1, Chapter 306 Subchapter E, Rule §306.263; Texas Administrative Code (TAC) Title 1, Part 15, Chapter 392 Subchapter F, Rule §392.511; Texas Administrative Code (TAC) Title 25, Part 15, Chapter 448, Subchapter E, Rules §448.502-510, §448.601-603, §448.701-707, §448.801-805, §448.905, §448.1001-1003, community health worker (CHW) statement of work (SOW) requirements, substance use disorder (SUD) CHW requirements, Substance Use Program Guide requirements, and agency policies and procedures.

The program met and exceeded standards in the areas of (1) policies and procedures/ Substance Use Program Guidelines; (2) Organization Requirements; (3) Environmental Requirements and (4) Medical requirements. The program is required to develop a Plan of Improvement for the following areas: (1) conducting assessments within the timeline established by the program guidelines; (2) documenting measurable and specific goals; (3) documentation of discharge planning; (4) documentation of psychoeducational training related to health risks; (5) documentation of staff training on TCADA rules and program policies and procedures.

Action Plan: Compliance will review the program in 180 days to ensure the program has implemented its POI action steps.

Comprehensive Review: Clinical High Risk for Psychosis: The purpose of this review was to assess the Clinical High Risk-Psychosis program for Compliance with Texas Administrative Code (TAC) Title 26, Part 1, Chapter 301 Subchapter G, Rules 301.353 (d)(1)(c), 301.353 (e)(1)(A-G), 301.353 (e)(1)(H)(1-111), 415.5(e), 301.353 (f)(1)(A)(C)(D), FY23 Information Item C Vii.A.2, 301.353 (a)(1, 3-5, 8, 9, 10), 415.6 (a)(1-5)(c), 415.5(f), 414.405(a-b) and grant requirements.

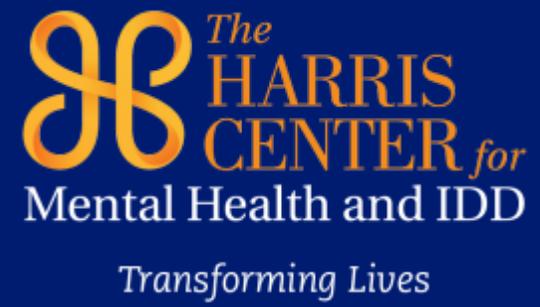
Compliance reviewed the following standards: Recovery Plan, Service Compliance, Requisite, Case Management, Case Management Employee Competency, and progress notes. The program met or exceeded the following standards: Recovery Plan, Case Management, Employee Competency, and Progress Notes. The program is required to complete a Plan of Improvement for the following areas: (1) consistent documentation of completion of AIMS forms in the EHR, (2) documentation of the staff explaining the patient's rights, (3) Informed Consent Medication Form and (4) Crisis/ Safety Plans. Compliance found deficiencies in the program documentation. Some consumer safety plans were not completed in the record. Some consumers did not have Abnormal Involuntary Movement Scale (AIMS) forms completed in the EHR. Several consumers' rights were not communicated orally and documented on a form with the date and signatures of the individual and the parent, conservator, and guardian; some consumers did not have informed medication consent for each medication and when the medication changed.

Action Plan: Compliance will conduct a follow-up review in 180 days to ensure the program has implemented its POI

External Reviews

The following is a list of the external reviews (i.e. Governing Bodies, Managed Care Organizations MCO, etc.)

- WellCare Change Health Care Audit Records Request 9/7/2023
- HHSC Substance Use Disorder Compliance Group Audit Findings 9/21/2023
- United Healthcare Audit Records Request 10/03/2023
- OPTUM Records Request 10/9/2023
- Amerigroup CIOX Records Request 10/12/2023
- Molina Healthcare Quarter 2 Review Results 10/12/2023
- BlueCross BlueShield Change Healthcare Records Request 10/13/2023
- Aetna EPISOURCE Records Request 10/19/2023
- Humana Records Request 10/24/2023
- Harris Center YES Waiver QM Remote Review Notification 10/27/2023
- Community Health Choice Records Request 11/03/2023
- OSCAR CIOX Records Request 11/10/2023
- AMBETTER Change Healthcare Records Request (99 records) 11/10/2023
- OSCAR CIOX Records Request 11/15/2023
- AETNA EPICSOURCE Records Request 11/16/2023
- Cigna CIOX Records Request 11/22/2023
- OSCAR CIOX Records Request 11/30/2023



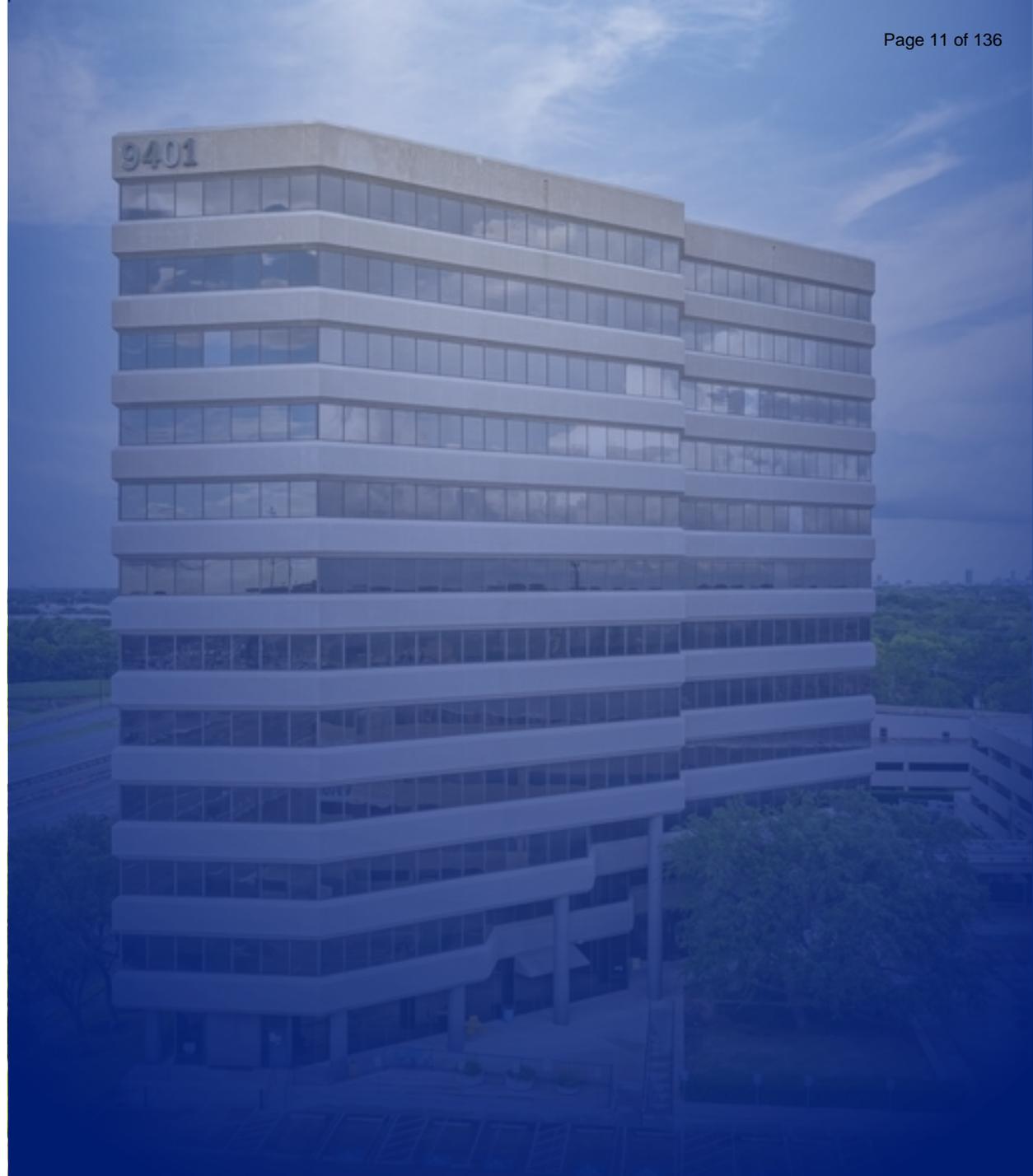
Thank You

EXHIBIT A-3

FY2024 Q1 Audits

Internal Audit Department

David W. Fojtik, CPA, MBA, CIA, CFE
January 16, 2024



FY2024 1st Quarter Reports

Agenda:

Projects to be presented:

- Security Services Audit
- Follow-up – Employee License Report
- Special Management Request: Check, EFT and ACH Signature Levels Review
- Special Management Request: Fraud Payment Investigation

Project Pending Discussion with Management (will be presented in 2nd Quarter)

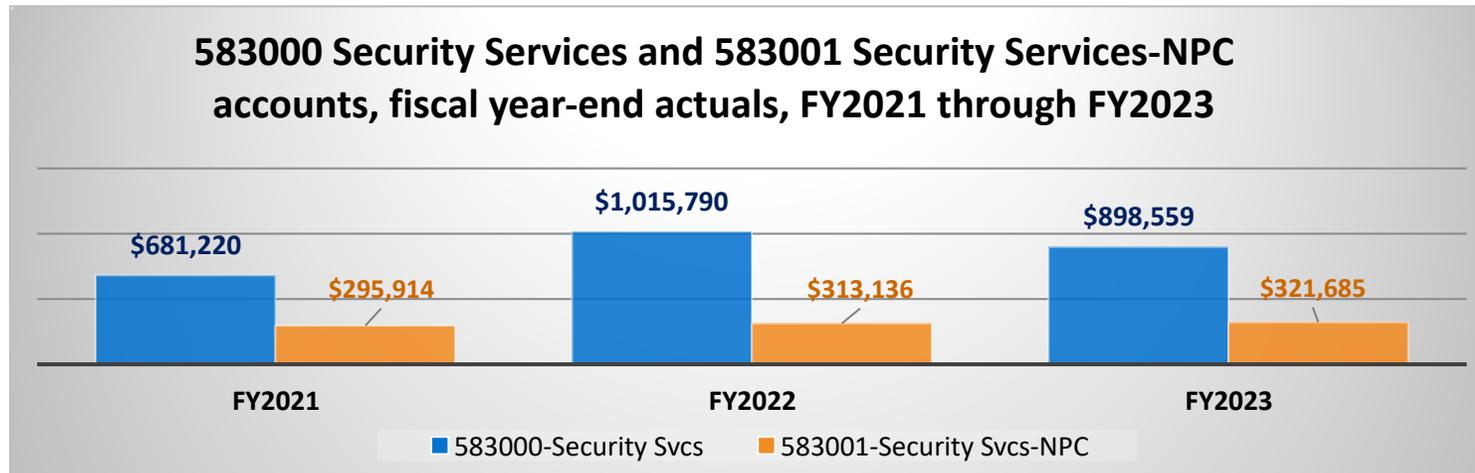
- Revenue Management 3rd Party Billing and Revenue Denial Audit Report

FY2024 1st Quarter Reports

Security Services Audit:

Comment #1 – Internal Audit found 583000 Security Services account actuals increased by 49.1% in FY2022 compared to FY 2021, then decreased by 11.5% in FY2023 compared to FY 2022. The causation of the dollar increase in FY 2022 was due to a number of factors such as the opening of a new Center location (6160), increase in contracted labor services, and delayed invoicing and payments in FY 2022. Also, the new Director of Security Services, who was hired in FY 2022, has his salary and benefits directly charged to the security account.

We also found 583001 Security Services-NPC account actuals increased by 5.8% in FY2022 and by 2.7% in F2023. Security services at NPC are provided by Harris Health but billed to the Harris Center’s 583001 Security Services-NPC account.

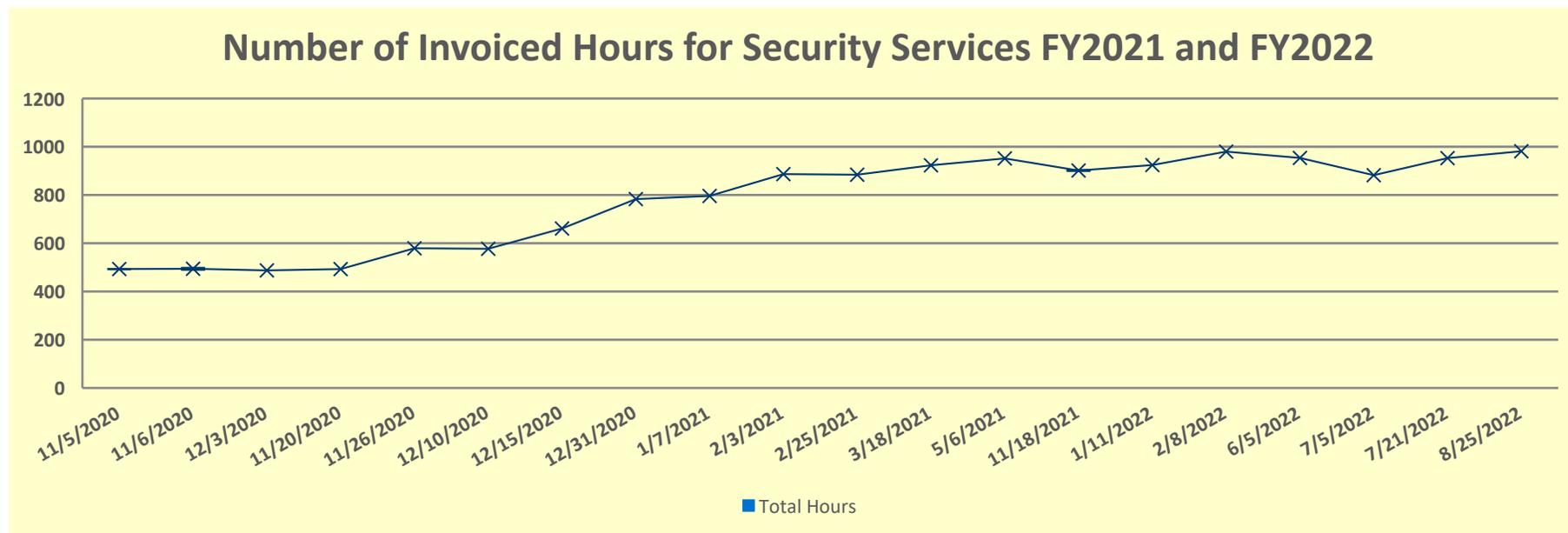


Source: Financial Services, online trending report, November 20, 2023

FY2024 1st Quarter Reports

Security Services Audit:

Comment #2 – Internal Audit found 583000 Security Services invoiced hours and charges increased when the 6160 location opened in early 2021. Internal Audit found invoices from Allied Universal showing invoiced hours averaging 549 hours until early 2021, and invoices averaging 907 hours in FY2022. Many of the increased hours are associated with staffing guards at the 6160 location.



Source: Allied Universal security services invoices, showing invoices hours and charges FY2021 – FY2022

FY2024 1st Quarter Reports

Security Services Audit cont'd):

Management Response (Director of Security) –

“1 - Harris Health (583001) NPC has increased the salary of their Security Officers each of these years. Their salaries increased from \$24.91/hr. in FY2021 to \$25.59 in FY2022 and \$26.18 in FY2023.

2 - As far as Center-wide Security Services (583000) I'm still waiting for reports from Budget to get more specific; however, what I can tell you is that my salary/fringe was added to the budget in FY 2022 as a new item. In addition the Allied contract had an hourly wage increase as well.

3- There was an increase in the Allied Security Contract hourly rate, we added new officers for the Youth Diversion Center . The Front desk receptionist and the new Security Manager was added to 583000”.

FY2024 1st Quarter Reports

Follow-up Audit – Employee Licenses Report:

Comment #1 – Internal Audit found one employee with an alleged expired license as of December 14, 2023, the date of the HRIS (Human Resource) Report. The employee explained she had submitted her license renewal in October, 2023, however, the license renewal was not updated on the HRIS license report.

By contrast, there were four (4) employees erroneously listed on the November 2022 report. The Human Resource Department has done a great job in expediting confirmation of license renewals and by doing so has made the HRIS Report more accurate and functional.

FY2024 1st Quarter Reports

Special Management Request - Check, EFT and ACH Signature Levels:

Comment #1 – Internal Audit reviewed payments for thirteen (13) large contracts and two (2) for a newly purchased medical van. We did not find delays in approvals nor missing approvals in our small sample. Approvals complied with authority signing levels defined in **FM.A.13 Check Signing** policy.

Payee Name	Invoice Date	Payment Date	Invoiced Amt.	Payment Info.	Signature 1 Info.	Signature 2 Info.	Service
FREEITDATA	4/11/2023	05/31/2023	\$330,789.04	CHECK 513334	CFO on 06/01/23	CEO on 06/02/23	Windows 365 software as service
ODONNELL	2/15/2023	03/22/2023	\$775,731.05	CHECK 512730	CONTLR 03/22/23	CEO on 03/23/23	Construction
EASTERSEALS	8/16/2023	08/23/2023	\$114,754.50	EFT 104310	CFO on 08/24/23	CEO on 08/24/23	Respite services
TEXASWESTOAK	9/14/2023	09/20/2023	\$251,250.00	EFT 104331	CFO on 09/21/23	CEO on 09/21/23	Psychiatric beds
UNIVERS.OFHO	2/22/2023	03/01/2023	\$114,015.00	EFT 104203	CONTLR 03/01/23	CEO on 03/02/23	Integrated Care
REYDELAREZA	5/08/2023	05/10/2023	\$109,518.44	CHECK 513163	CONTLR 05/10/23	CEO on 05/10/23	Architect for NE Clinic
ARAMARKCORR	11/01/2022	01/11/2023	\$97,459.32	CHECK 512039	CONTLR 01/11/23	CEO on 01/11/23	Daily food and training program
HARRISHEALTH	9/01/2022	10/26/2022	\$39,076.29	CHECK 511371	CONTLR 10/26/23	CEO on 10/31/23	Operating expenses
PDGARCHITECT	1/18/2023	02/8/2023	\$90,150.00	CHECK 512325	CONTLR 02/08/23	CEO on 02/10/23	Architect for Phase II at NPC
LANGRANDANDC	2/06/2023	07/5/2023	\$53,713.84	CHECK 513597	CFO on 07/06/23	CEO on 07/06/23	Marketing services
ARCHSTAFFING	2/26/2023	03/29/2023	\$30,209.19	EFT 104216	CONTLR 03/29/23	CEO on 03/30/23	Hospital Dist contracts #415,#425,#446, #530
RAINBOWHEALT	8/09/2023	8/30/2023	\$60,833.00	CHECK 514079	CFO on 08/31/23	CEO on 09/01/23	Upgrade MCOT dispatch requests
ULTRAMEDICAL	2/23/2023	05/10/2023	\$216,841.21	EFT 104242	CONTLR 05/10/23	CEO on 05/10/23	Janitorial services
TEXASBUSSALE	04/06/3023	04/26/2023	\$125,294.50	CHECK 513038	CONTLR 04/26/23	CEO on 04/28/23	New van purchase
TEXASBUSSALE	06/09/2023	06/14/2023	\$125,294.50	CHECK 513441	CFO on 06/15/23	CEO on 06/16/23	Equipment for van

FY2024 1st Quarter Reports

Special Management Request: Payment Fraud Review

Finding #1 – Internal Audit was notified that one of our housing contractors had their account intercepted and that the payments for the Adult Assertive Community Treatment (ACT) housing program were not received by the vendor. The amount of the payments was \$18,400 and the identify theft occurred when the email account of the vendor was hacked, and the rent payments were diverted to a newly created bogus bank account established by the scammer. The \$18,400 has not been recovered by the police and amount was below the insurance deductible.

Recommendation: Internal Audit recommends revised procedures be documented in policy and procedures to place an outbound call to account owners to verify that banking information has been requested to be changed by the vendor.

FY2024 1st Quarter Reports

Special Management Request: Payment Fraud Review (cont'd)

UPDATE - Payment was made to the contractor on December 13, 2023 to make them whole. Also, management is now verbally checking all banking information changes with vendors to verify that requested bank changes are authentic.

Management Response (Financial Services – CFO):

“1 - Financial Services ONLY accept vendor changes from the vendor directly – these should not involve any of our employees. The accounts payable team should have NO involvement in changes, which the system prohibits but I think they have been the conduit of changes (vendor gives AP changes and then AP forwards to Financial Services)”.

“2 – Ross security files that log all vendor changes be reviewed by ????. Internal audit perhaps? Daily is too extensive – but I think someone should be reviewing the security logs”.

Questions

 @TheHarrisCtr

 @The-Harris-Center

 @TheHarrisCenterForMentalHealthandIDD

EXHIBIT A-4



The Harris Center for Mental Health MH and IDD (The Harris Center):
Compliance Department (Compliance) Audit Committee Report

Report Description: The aim of this report is to inform the Audit Committee of the reviews/audits conducted by, or in association with, Compliance for the review period: September 1, 2023, through November 30, 2023.

Presenter: Demetria Lockett, Compliance Director

Explanation of Reviews:

The following type of review was conducted by Compliance during the 1st Quarter (Qtr.) of Fiscal Year (FY) 2024:

Comprehensive Review – A review of The Harris Center’s adherence to regulatory guidelines related to, Operations, Medical, Environment, Personnel Requirements, Clinical Record Review, and others as assigned. Records are selected randomly; the size of the programs and the frequency of entries are contributing factors to the number of records reviewed.

Four (4) Comprehensive Reviews were conducted to ensure the programs are compliant with Texas Administrative Codes, Agency Policy and Procedure, and programmatic guidelines in accordance with The Compliance Department’s Audit Schedule.

- Forensic: TRIAD Children’s Evaluation Services
- Intellectual and Developmental Disabilities (IDD): Coffee House
- Comprehensive Psychiatric Emergency Program (CPEP): Substance Use Disorder Outreach Program
- Mental Health (MH): Clinical High Risk for Psychosis

Other Compliance Activities:

Training/Meeting:

- September 1 – 30, 2023, Compliance Audit Schedule Planning and Preparation for FY24
- September 22, 2023, TCRMF- RMAC Contracts and Procurement Webinar
- November 5-11, 2023, Corporate Compliance and Ethics Week (Meet and Greet at the four agency clinics)

Other Responsibilities:

Epic Deficiency Tracking (Ongoing)

Managing The Harris Center’s legacy incident reporting system

Maintenance of The Harris Center’s policy and procedure process and platform (Ongoing)



Q1 Audit Report Summary:

The chart below identifies the reviews conducted by Compliance for Q1 of FY 2024:

Review Type	Begin Date of the Review	Program Reviewed
Comprehensive Review	10/24/2023	TRIAD
Comprehensive Review	11/1/2023	Coffee House
Comprehensive Review	11/11/2023	SUDOP
Comprehensive Review	11/14/2023	CHR-P

Key Takeaways

1. Comprehensive Review: TRIAD: Children's Forensic Evaluation Services: The TRIAD Children's Forensic Evaluation Services program did not provide The Compliance Department with the necessary data to complete the audit. Compliance was unable to determine if the measurable outcomes listed in the Interlocal Agreement are being met, tracked or monitored internally by the Harris Center.

Action: Compliance will continue to provide essential support for program compliance.
2. Comprehensive Review: Coffeehouse: This review was completed to ensure the Coffeehouse program documentation, staff training, and operational guidelines complied with the rules and regulations of the Texas Administrative Code (TAC) Title 26, Part 1, Chapter 301 Subchapter G, Rules §301.353, §301.361, §304.401, §2.106, §2.556, and Agency policy and procedures. Compliance reviewed the following areas: Eligibility, Provider Services Criteria (Implementation of the Plan of Care), Authority and Provider Record Documentation, Authority and Provider Services, Progress Note Documentation, and Day Habilitation Requirements. The Coffeehouse Program had an overall score of 93%. The program meets and exceeded standards in the following areas: (1) no missing notes, (2) services provided were supported by documentation, (3) correct Procedure Code used, (4) no duplicate notes, (5) correct date of service was documented, (6) correct start/end time of service was documented, (6) progress notes



completed within (two (2) business days), (7) signature and title of the person who provided the service was documented, (8) all the time accounted for in the body of note, (9) services listed in the chart match what is entered into Epic, and (10) no missing consumer identifying information. The program will submit a Plan of Improvement (POI) for the following areas of improvement: (1) accurate documentation of service delivery; (2) development of a comprehensive, individualized Plan of Care for every individual served; (3) accurate documentation of service delivery; and (4) deliver services consistent with the plan of care.

Action Plan: Compliance will review the program in 180 days to ensure the program has implemented its POI action steps.

3. Comprehensive Review: Substance Use Disorder Outreach Program: This review was conducted to determine if client and employee records, and service provision to persons served by the SUDOP Program complied with Texas Administrative Code (TAC) Title 26, Part 1, Chapter 306 Subchapter E, Rule §306.263; Texas Administrative Code (TAC) Title 1, Part 15, Chapter 392 Subchapter F, Rule §392.511; Texas Administrative Code (TAC) Title 25, Part 15, Chapter 448, Subchapter E, Rules §448.502-510, §448.601-603, §448.701-707, §448.801-805, §448.905, §448.1001-1003, community health worker (CHW) statement of work (SOW) requirements, substance use disorder (SUD) CHW requirements, Substance Use Program Guide requirements, and agency policies and procedures.

The program met and exceeded standards in the areas of (1) policies and procedures/ Substance Use Program Guidelines; (2) Organization Requirements; (3) Environmental Requirements and (4) Medical requirements. The program is required to develop a Plan of Improvement for the following areas: (1) conducting assessments within the timeline established by the program guidelines; (2) documenting measurable and specific goals; (3) documentation of discharge planning; (4) documentation of psychoeducational training related to health risks; (5) documentation of staff training on TCADA rules and program policies and procedures.

Action Plan: Compliance will review the program in 180 days to ensure the program has implemented its POI action steps.

4. Comprehensive Review: Clinical High Risk for Psychosis: Clinical High Risk for Psychosis: The purpose of this review was to assess the Clinical High Risk-Psychosis program for Compliance with Texas Administrative Code (TAC) Title 26, Part 1, Chapter 301 Subchapter G, Rules 301.353 (d)(1)(c), 301.353 (e)(1)(A-G), 301.353 (e)(1)(H)(1-111), 415.5(e), 301.353 (f)(1)(A)(C)(D), FY23 Information Item C Vii.A.2, 301353 (a)(1, 3-5, 8, 9, 10), 415.6 (a)(1-5)(c), 415.5(f), 414.405(a-b) and grant requirements.

Compliance reviewed the following standards: Recovery Plan, Service Compliance, Requisite, Case Management, Case Management Employee Competency, and progress notes. The program met or exceeded the following standards: Recovery Plan, Case Management, Employee



Competency, and Progress Notes. The program is required to complete a Plan of Improvement for the following areas: (1) consistent documentation of completion of AIMS forms in the EHR, (2) documentation of the staff explaining the patient's rights, (3) Informed Consent Medication Form and (4) Crisis/ Safety Plans. Compliance found deficiencies in the program documentation. Some consumer safety plans were not completed in the record. Some consumers did not have Abnormal Involuntary Movement Scale (AIMS) forms completed in the EHR. Several consumers' rights were not communicated orally and documented on a form with the date and signatures of the individual and the parent, conservator, and guardian; some consumers did not have informed medication consent for each medication and when the medication changed.

Action Plan: Compliance will conduct a follow-up review in 180 days to ensure the program has implemented its POI action steps.

Audits not completed according to the FY 2024 Workplan for QTR 1 are as follows:

Audits not conducted during the 1st quarter will be completed throughout the fiscal year slated to be completed by the 4th quarter.

- Assisted Outpatient Treatment - Mental Health (MH) Division
- Substance Use Recovery Services for Co-Occurring Disorders - Comprehensive Emergency Psychiatric Program (CPEP) Division
- Medical Billing – Mental Health (MH) Division

The following is a list of the external reviews (i.e., Governing Bodies, Managed Care Organizations (MCO), etc.) completed during the review period with involvement or oversight from Compliance:

1. WellCare Change HealthCare Audit Records Request 9/7/2023: On behalf of WellCare, Change HealthCare was hired to complete a Record Review of a client receiving services from the Harris Center. Change Health Care requested one (1) chart from MH clinics requesting specific member medical records for the following information: progress notes, History and Physical, Consult/specialist notes or letters, Operative and Pathology notes, Procedure notes/reports, Physical, Speech and/or Occupational Therapist reports, Emergency department records, and Discharge Summaries. The requested documentation was sent by Health and Information Management (HIM) Release of Information (ROI) Legal, and a confirmation receipt was received upon completion. The Outcome of the review is still pending.



2. HHSC (Health and Human Services Commission) Substance Use Disorder Compliance Group Audit Findings 9/21/2023: This is in response to the routine inspection completed on August 11, 2023, regarding The Harris Center's licensed facility in Houston, TX (HQ license no. 4554 Satellite - Dacoma). Attention is directed to non-compliance findings to 25 Texas Administrative Code (TAC) Chapter §448, Standard of Care rules, as noted in the attached Notice of Findings. The Harris Center MH Division is required to submit a written response within twenty (20) business days from the receipt of this report (by COB 10/18/2023) detailing the corrective action you have taken to achieve compliance with the notice of findings. The response was sent back to HHSC by the due date.
3. United Healthcare Audit Records Request 10/03/2023: United Healthcare conducted a Record Review and requested one (1) chart from MH clinic requesting a specific member medical record for the following information: office visits and progress notes, Immunizations records, In-house and Outside labs, Developmental assessment tools, Immunotherapy injections. The requested documentation was sent by HIM ROI Legal, and a confirmation receipt was received upon completion. The Outcome of the review is still pending.
4. OPTUM Records Request 10/9/2023 OPTUM was hired to complete a records Review of clients receiving services from the Harris Center. One hundred thirty-two (132) charts from MH clinics requesting specific member medical records for all applicable records that support services rendered. The following information: progress/encounter notes, Treatment plan and goals, Electronic Health Record audit trail for each record, facility services, Laboratory services, standing orders, Laboratory requisites, requisitions, Laboratory results, Testing methods and test results, CLJA documentation, Manufacturer and model number for testing equipment, Manufacturer and Brand information for all test supplies. The requested documentation was sent by Health and Information Management (HIM) Release of Information (ROI) Legal, and a confirmation receipt was received upon completion. The Outcome of the review is still pending.
5. Amerigroup CIOX Records Request 10/12/2023: Ciox was hired to complete a records Review of clients receiving services from the Harris Center on behalf of Amerigroup. CIOX requested two (2) charts from MH clinics requesting specific member medical records for the following information: progress notes, History and Physical, Consult/specialist notes or letters, Operative and Pathology notes, Procedure notes/reports, Physical, Speech and/or Occupational Therapist



reports, Emergency department records, and Discharge Summaries. The requested documentation was sent by Health and Information Management (HIM) Release of Information (ROI) Legal, and a confirmation receipt was received upon completion. The Outcome of the review is still pending.

6. Molina Healthcare Quarter 2 Review Results 10/12/2023: Molina Healthcare conducted a review for Quality Improvement purposes. This review was to serve as a point of reference for needed assistance and/or education regarding program components. The result of the Qtr. 2 review conducted during FY23 was an overall final score of 64%. The areas of review, along with scoring, were as follows. Medical Necessity 7/12, Screening and Assessment 1/2, Medication Management 2/2, Coordination of Care 2.8/4. This concluded the review, and the agency was informed to contact Molina Healthcare if they wished to discuss the findings from this review. The Outcome of the review is still pending.
7. BlueCross BlueShield Change Healthcare Records Request 10/13/2023: On behalf of BlueCross BlueShield, Change HealthCare was hired to complete a Record Review of a client receiving services from the Harris Center. Change Health Care requested five (5) charts from MH clinics requesting specific member medical records for the following information: progress notes, History and Physical, Consult/specialist notes or letters, Operative and Pathology notes, Procedure notes/reports, Physical, Speech and/or Occupational Therapist reports, Emergency department records, and Discharge Summaries. The requested documentation was sent by Health and Information Management (HIM) Release of Information (ROI) Legal, and a confirmation receipt was received upon completion. The Outcome of the review is still pending.
8. Aetna EPISOURCE Records Request 10/19/2023: On behalf of Aetna, EPISOURCE was hired to complete a Record Review of a client receiving services from the Harris Center. EPISOURCE requested ninety-nine (99) charts from MH clinics requesting specific member medical records for the following information: progress notes, History and Physical, Consult/specialist notes or letters, Operative and Pathology notes, Procedure notes/reports, Physical, Speech and/or Occupational Therapist reports, Emergency department records, and Discharge Summaries. The requested documentation was sent by Health and Information



- Management (HIM) Release of Information (ROI) Legal, and a confirmation receipt was received upon completion. The Outcome of the review is still pending.
9. Humana Records Request 10/24/2023: Humana conducted a review of medical records for its members to report complete and accurate diagnosis coding to the Centers for Medicare & Medicaid Services (CMS) for our Medicare Advantage members and to the U.S. Department of Health and Human Services (HHS) for our commercial members. Humana requested two (2) records. The requested documentation was sent by Health and Information Management (HIM) Release of Information (ROI) Legal, and a confirmation receipt was received upon completion. No further communication has been received.
 10. Harris Center YES Waiver QM Remote Review Notification 10/27/2023: The YES Quality Management team conducted a remote review scheduled for November 27, 2023. The Outcome of the review is still pending.
 11. Community Health Choice Records Request 11/03/2023: Community Health Choice conducted a medical chart review for thirty (30) requested members' medical records for services rendered. The documentation requested for this chart review: Progress notes, History and physical, Consultation/specialist notes or letters, Operative and pathology notes, Procedure notes/reports, Physical, speech, and/or occupational therapist reports, Emergency department records, and Discharge summary. The requested documentation was sent by HIM ROI Legal and totaled 30 records, and a confirmation receipt was received upon completion. The Outcome of the review is still pending.
 12. OSCAR CIOX Records Request 11/10/2023: CIOX, on behalf of OSCAR, conducted a medical chart review for eleven (11) requested members' medical records for services rendered. The documentation requested for this chart review: Progress notes, History and physical, Consultation/specialist notes or letters, Operative and pathology notes, Procedure notes/reports, Physical, speech, and/or occupational therapist reports, Emergency department records, and Discharge summary. The requested documentation was sent by HIM ROI, and a confirmation receipt was received upon completion. The Outcome of the review is still pending.



13. AMBETTER Change Healthcare Records Request 11/10/2023: On behalf of Ambetter, Change HealthCare was hired to complete a Record Review of a client receiving services from the Harris Center. Change Health Care requested 300 (300) charts from MH clinics requesting specific member medical records for the following information: progress notes, History and Physical, Consult/specialist notes or letters, Operative and Pathology notes, Procedure notes/reports, Physical, Speech and/or Occupational Therapist reports, Emergency department records, and Discharge Summaries. The requested documentation was sent by Health and Information Management (HIM) Release of Information (ROI) Legal, and a confirmation receipt was received upon completion. The Outcome of the review is still pending.

14. OSCAR CIOX Records Request 11/15/2023: CIOX, on behalf of OSCAR, reviewed a medical chart review for one (1) requested member's medical records for services rendered. The documentation requested for this chart review: Progress notes, History and physical, Consultation/specialist notes or letters, Operative and pathology notes, Procedure notes/reports, Physical, speech, and/or occupational therapist reports, Emergency department records, and Discharge summary. The requested documentation was sent by HIM ROI Legal and totaled 1 record, and a confirmation receipt was received upon completion. The Outcome of the review is still pending.

15. AETNA EPICSOURCE Records Request 11/16/2023: On behalf of Aetna, EPISOURCE was hired to complete a Record Review of a client receiving services from the Harris Center. EPISOURCE requested fifty-five (55) charts from MH clinics requesting specific member medical records for the following information: progress notes, History and Physical, Consult/specialist notes or letters, Operative and Pathology notes, Procedure notes/reports, Physical, Speech and/or Occupational Therapist reports, Emergency department records, and Discharge Summaries. The requested documentation was sent by Health and Information Management (HIM) Release of Information (ROI) Legal, and a confirmation receipt was received upon completion. The Outcome of the review is still pending.



16. Cigna CIOX Records Request 11/22/2023: On behalf of Cigna, Ciox was hired to complete a records Review of clients receiving services from the Harris Center. CIOX requested 19 charts from MH clinics requesting specific member medical records for the following information: progress notes, History and Physical, Consult/specialist notes or letters, Operative and Pathology notes, Procedure notes/reports, Physical, Speech and/or Occupational Therapist reports, Emergency department records, and Discharge Summaries. The requested documentation was sent by HIM ROI Legal, and a confirmation receipt was received upon completion. The Outcome of the review is still pending.
17. OSCAR CIOX Records Request 11/30/2023: On behalf of OSCAR, CIOX reviewed the medical chart for one (1) requested member's medical records for services rendered. The documentation requested for this chart review: Progress notes, History and physical, Consultation/specialist notes or letters, Operative and pathology notes, Procedure notes/reports, Physical, speech, and/or occupational therapist reports, Emergency department records, and Discharge summary. The requested documentation was sent by HIM ROI Legal and a confirmation receipt was received upon completion. The Outcome of the review is still pending.



The Harris Center for Mental Health and IDD:
 The Compliance Department
 Executive Summary Cover Sheet
 Forensic Division
 TRIAD: Children's Forensic Evaluation Services
 Comprehensive Review
 Review Date: October 23, 2023, to November 15, 2023

I. Audit Type:
 Comprehensive

II. Purpose:
 The purpose of this review was to assess the TRIAD Children's Forensic Evaluation Services service documentation and staff certification/training requirements for compliance with the Harris County Juvenile Board and the Harris Center for Mental Health and IDD Interlocal Contract Agreement.

III. Audit Method:
 Data submitted for this review was for persons served during the 4th Qtr. of FY 2023 (June 1, 2023, to August 31, 2023) and was provided to Compliance by the Triad Program Director. Compliance analyzed the evaluations and screenings report submitted by the TRIAD Children's Forensic Evaluation Services. Detailed data for this review is presented in the section below:

IV. Audit Findings and History:
 The Harris County Juvenile Board and The Harris Center Interlocal Agreement states that one hundred percent (100%) of youth referred to The Harris Center will receive a psychological and or psychiatric assessment or a behavioral health evaluation. Eighty percent (80%) of those referrals shall be processed and receive an assessment within forty (48) hours by The Harris Center staff.
 The data submitted by the program indicates the total number of services completed by staff during the review period. However, there is no way to determine if this matrix is accurate and if the services provided are in accordance with the Interlocal Agreement. TRIAD Children's Evaluation leadership communicated that the Harris County Juvenile Board has complete autonomy over all services provided and is apprehensive about releasing program information. TRIAD leadership also communicated that The Harris County Juvenile Probation Department monitors the program service requirements as outlined in the Interlocal Agreement and will report any compliance issues to The Harris Center when they occur. There is minimum to no oversight of the Harris Center's TRIAD program operations within this agreement. TRIAD staff was in compliance with all training requirements. No audits of this type have been previously conducted.

V. Recommendations:
 Compliance recommends that the TRIAD Children's Forensic Evaluation Services request more detailed information that would allow the program data to ensure that services provided by The Harris Center staff can more easily verify program data to ensure the program services and documentation are completed in accordance with the Interlocal Agreement. Compliance will continue to provide essential support for program compliance. The VP of MH Forensic Services and the Program Director/Manager must return a signed copy acknowledging receipt of this report to Compliance within seven (7) business days by close of business.



**Compliance Department (Compliance) Review Report:
1st Quarter (Qtr.) of Fiscal Year (FY) 2024
Mental Health (MH) Forensic Division
TRIAD: Children’s Forensic Evaluation Services
Comprehensive Review**

Compliance Auditor(s): Marvin Williams

Review Date: October 24, 2023, to November 15, 2023

Purpose

The purpose of this review was to assess the TRIAD Children’s Forensic Evaluation Services service documentation and staff certification/training requirements for compliance with the Harris County Juvenile Board and the Harris Center for Mental Health and IDD Interlocal Contract Agreement.

Method

Data submitted for this review was for persons served during the 4th Qtr. of FY 2023 (June 1, 2023, to August 31, 2023). Compliance analyzed the evaluations and screenings report the TRIAD Children’s Forensic Evaluation Services submitted. Detailed data for this review is presented in the section below:

Observation

The Harris County Juvenile Board and The Harris Center Interlocal Agreement states that one hundred percent (100%) of youth referred to The Harris Center will receive a psychological and or psychiatric assessment or a behavioral health evaluation, and eighty percent (80%) of those referrals shall be processed and receive an assessment within forty (48) hours by The Harris Center staff.

The data submitted below by the program indicates the total number of services completed by staff during the review period.

	Jun-23	Jul-23	Aug-23
Screenings	40	40	30
Evaluations	35	33	33
Total Services	75	73	63

However, there is no way to determine if this matrix is accurate and if the services provided are in accordance with the Interlocal Agreement. TRIAD Children’s Evaluation leadership communicated that the Harris County Juvenile Board has complete autonomy over all services provided and is apprehensive about releasing program information. TRIAD leadership also communicated that The Harris County Juvenile Probation Department monitors the program service requirements as outlined in the Interlocal Agreement and will report any compliance issues to The Harris Center when they occur. There is minimum to no oversight of the Harris Center’s TRIAD program operations within this agreement. TRIAD staff was in compliance with all training requirements.



History

No reviews of this type were previously conducted.

Recommendations

Compliance recommends that the TRIAD Children’s Forensic Evaluation Services adjust its processes to provide program oversight and ensure services and documentation are completed in accordance with the Interlocal Agreement. Compliance will continue to provide essential support for program compliance. The VP of MH Forensic Services and the program Director\Manager must return a signed copy acknowledging receipt of this report to Compliance within seven (7) business days by close of business on January 9, 2024.

Management Response:

[Insert Response Here]



Signature Page

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Vice President of MH Forensic Division

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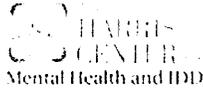
Program Director/Manager

X

Compliance Director/Compliance Manager

The Harris Center for Mental Health and IDD:
 The Compliance Department
 Executive Summary Cover Sheet for the
 Comprehensive Review:
 Coffeehouse
 Intellectual and Development Disability (IDD) Division
 Review Dates: November 1, 2023- November 30, 2023

- I. **Audit Type:**
 Comprehensive Review
- II. **Purpose:**
 The purpose of this review was to ensure the Coffeehouse program documentation, staff training, and operational guidelines is complying with the rules and regulations of the Texas Administrative Code (TAC) §301.353, §301.361, §304.401, §2.106, §2.556, and Agency policy and procedures.
- III. **Audit Method:**
 Active records were selected randomly by generating an AFF HC Encounter Data OP Services Details Report for persons served during the 1st Qtr. of FY 2024 (September 1, 2023- October 31, 2023). Compliance selected a sample of twenty (20) records for the Coffeehouse Program, conducting a Comprehensive Review utilizing a tool created by Compliance.
- IV. **Audit Findings and History:**
 Of the records reviewed for Coffeehouse, the program had an overall score of 93%. The areas of concern noted were: time did not match billed units (69%), eligibility was not documented with applicable guidelines (78%), incorrect location of service (77%), services did not reflect what was on the POC (77%), and notes did not reflect individualization (“Cookie Cutter” note) (83%). The other areas of review included: no missing notes (100%), no services provided not supported by documentation (100%), no incorrect Procedure Codes used (100%), no duplicative notes (100%), correct date of service (100%), correct start/end time of service (100%), notes completed within (two (2) business days) (95%), signature and title of who provided the service (100%), all the time accounted for in the body of note (100%), services listed in the chart match what is entered into Epic (100%), and no missing consumer identifying information (100%)
- There are no previous Comprehensive reviews.
- V. **Recommendations:**
 The Coffeehouse Program should continue to assess service documentation to ensure it is in accordance with TAC and Agency P&P. Due to an overall score of 93%, the Coffeehouse Program will be required to submit a Plan of Improvement (POI). A management response signed by the Vice President of the IDD Division and Program Director/Manager acknowledging receipt of this report must be returned to Compliance within seven (7) business days.



**Compliance Department (Compliance) Review Report:
1st Quarter (Qtr.) of Fiscal Year (FY) 2024
Intellectual and Developmental Disability (IDD) Division
The Coffeeshouse
Comprehensive Review**

Compliance Auditor(s): Coneka Caleb

Review Dates: November 1, 2023- November 30, 2023

Purpose

The purpose of this review was to ensure the Coffeeshouse program documentation, staff training, and operational guidelines is complying with the rules and regulations of the Texas Administrative Code (TAC) §301.353, §301.361, §304.401, §2.106, §2.556, and Agency policy and procedures.

Method

Active records were selected randomly by generating an AFF HC Encounter Data OP Services Details Report for persons served during the 1st Qtr. of FY 2024 (September 1, 2023- October 31, 2023). Compliance selected a sample of twenty (20) records for the Coffeeshouse Program, conducting a Comprehensive Review utilizing a tool created by Compliance.

Findings

Detailed findings are presented below.

Item Reference	Overall Score: 93%
There are no missing notes. Agency P&P	100%
The services provided are supported by documentation. Agency P&P; §301.361	100%
No incorrect Procedure Code was used. Agency P&P	100%
There were no duplicate notes. Agency P&P	100%
Time does not match billed units. Agency P&P	69%
Eligibility was not documented with applicable guidelines. Agency P&P; §301.353	78%
The correct date of service was documented. §301.361(a)(3)	100%
The correct start/end time of service was documented. §301.361(a)(4)	100%
There were progress notes not completed within (two (2) business days). §301.361(a)(b)	95%
The signature and title of the person who provided the service were documented. §301.361(a)(13)	100%



The incorrect location of service was documented in the progress note. §301.361(a)(5)	77%
All the time accounted for in the body of note.	100%
There were services that did not reflect what was in the POC. §301.361(a) (7-8, 11-14); Agency P&P	77%
Services listed in the chart match what is entered into Epic.	100%
The note does not reflect individualization (“Cookie Cutter” note).	83%
No missing consumer identifying information.	100%

Observations

There are no observations to be noted for this review.

History

No previous review of this type has been completed.

Recommendations

The Coffeehouse Program should continue to assess service documentation to ensure it is in accordance with TAC and Agency P&P. Due to an overall score of 93%, the Coffeehouse Program will be required to submit a Plan of Improvement (POI). A management response signed by the Vice President of the IDD Division and Program Director/Manager acknowledging receipt of this report must be returned to Compliance within seven (7) business days by close of business, January 11, 2024.

Management Response:

The following is our rebuttal to the findings of this Comprehensive Review.

1. **Time does not match billed units-** Per the Texas Health and Human Services Commission (HHSC) guidelines for General Revenue (GR) Day Habilitation, Day Habilitation is billed per day that individuals attend the program. This is why the duration on the progress notes in Epic is for the hours of Coffeehouse program operations (8:00 am to 12:00 pm). Since Coffeehouse operates as a daily program, then per the HHSC IDD Services Service Definition Manual, a log (attendance sheet) is not required as the daily progress note in Epic is sufficient.
2. **Eligibility was not documented with applicable guidelines-** It is unclear what exactly is meant by “eligibility.” If this is referring to individuals’ eligibility for IDD General Revenue (GR) services including Day Habilitation, then HHSC requires that all individuals must first have a Determination of Intellectual Disability (DID) completed showing eligibility for IDD services. Then, all applicable Coffeehouse services must be authorized on the Service Coordination (SC) Person Directed Plan (PDP) and be monitored by Service Coordination before they can participate in the Coffeehouse

Signature Page

program. All referrals for the Coffeehouse program come from Service Coordination (SC).

3. The incorrect location of service was documented in the progress note- The Coffeehouse program utilizes a standard progress note template in Epic, which is why “Community Outing” appears at the top of this template. Both the body of the documentation of the progress note and the billing details on the wrap up section of the note in Epic clarifies exactly where the service was provided (on site at the Coffeehouse program). We have requested IT to remove the “Community Outing” from the top of the progress note template in Epic.
4. The note does not reflect individualization- The Coffeehouse program utilizes a standard progress note template in Epic, which is why it could appear that the progress notes are not individualized for the specific individual and day of participation in the program.

X *Evanthe Collins*

Vice President of IDD Division

X *Amanda H. Willie, Practice Manager*

Program Director/Manager

X *Benjamin L. Laker*

Compliance Director

The Harris Center for Mental Health and IDD
Executive Summary Cover Sheet
for the

Substance Use Disorder Outreach Program (SUDOP) Comprehensive Review
Comprehensive Psychiatric Emergency Program (CPEP)
Review Dates: November 10, 2023-December 4, 2023

- I. Audit Type:
Comprehensive Review

- II. Purpose:
The review was conducted to determine if client and employee records, and service provision to clients by the SUDOP Program complied with the Texas Administrative Code (TAC), community health worker (CHW) statement of work (SOW) requirements, substance use disorder (SUD) CHW requirements, Substance Use Program Guide requirements, and agency policies and procedures.

- III. Audit Method:
A random sample of 20 client records was selected to review case management documentation. The review examined documentation entered into the electronic health record (EHR) during the first quarter of fiscal year 2024 (September 1, 2023-November 30, 2023). The review utilized a modified version of the HHSC Substance Use Disorder (SUD) Program Review Checklist so that only relevant sections were present. The program director was provided with detailed information post-review. The audit review and completed debriefing tools were uploaded into the Compliance Shared Folder (SharePoint).

- IV. Audit Findings/History:
Compliance noted that the program was not updating substance use assessments conducted by third-party entities/other Harris Center programs; was not adhering to TAC requirements concerning the development of treatment and discharge plans, case management documentation, or staff training; was not providing clients with education on communicable diseases, overdose prevention and reversal, or tobacco cessation treatment; and was not ensuring staff reviewed the SOW, SUD requirements, and relevant policies and procedures on an annual basis. Compliance has not previously conducted a review of the SUDOP Program.

- V. Recommendations:
The Program should continue to review documentation for compliance with TAC requirements, CHW SOW requirements, Substance Use Program Guide requirements, and agency policies and procedures to ensure care coordinator documentation, staff training, and agency policies and procedures comply with these standards. A plan of improvement (POI) is required to ensure corrective actions are implemented to resolve the deficiencies identified during this review. Compliance will conduct a POI Follow-up Review in 180 days. The Vice President of the CPEP Division and the SUDOP Program Director must sign and return this report to Compliance within seven (7) business days (January 12, 2024).



**Compliance Department Review Report
1st Quarter (Qtr.) of Fiscal Year (FY) 2024
Comprehensive Psychiatric Emergency Program (CPEP) Division
Comprehensive Review
Substance Use Disorder Outreach Program (SUDOP)**

Compliance Auditor(s): Christopher Beard

Review Period: November 10, 2023-December 4, 2023

Purpose

This review was conducted to determine if client and employee records, and service provision to persons served by the SUDOP Program complied with Texas Administrative Code (TAC) §306.263, §392.511, §448.502-510, §448.601-603, §448.701-707, §448.801-805, §448.905, §448.1001-1003, community health worker (CHW) statement of work (SOW) requirements, substance use disorder (SUD) CHW requirements, Substance Use Program Guide requirements, and agency policies and procedures.

Method

A random sample of 20 client records was selected using an Excel formula to identify records randomly to review case management documentation. The review examined documentation entered into the electronic health record (EHR) during the first quarter of fiscal year 2024 (September 1, 2023-November 30, 2023). The review utilized a modified version of the HHSC Substance Use Disorder (SUD) Program Review Checklist so that only relevant sections were present.

Results

Overall Program Score: 87%
Detailed findings are presented below:

Item (Reference)	Score
• Policies and Procedures (TAC §392.511, §448.502-510, §448.701-707, §448.905, Substance Use Program Guide)	100%
• Record Review (TAC §448.801-805, SUDOP Operational Guidelines, Harris Center Policy)	57%
• Program Review (CHW SOW Service Requirements)	100%
• Personnel (TAC §448.601-603, CHW SOW Staff Competencies, Harris Center Policy)	66%
• SUD CHW (SUD CHW Requirements)	100%
• Environmental and Medical (TAC §448.506-510, §448.707, §448.1001-1003, Policy and Procedure Requirements)	100%
• Case Management Requirements (TAC §306.263 (b) (3-6))	53%

Observations

- There were no observations made during this comprehensive review.



History

The Compliance Department has not previously conducted a review of the SUDOP Program.

Recommendations

The Program should continue to review documentation for compliance with TAC requirements, CHW SOW requirements, Substance Use Program Guide requirements, and agency policies and procedures to ensure care coordinator documentation (e.g., development of specific, measurable, achievable, relevant, and time-based goals; timelines for obtaining needed services; and identifying strengths, needs, and assistance), staff training (e.g., training on Texas Commission on Alcohol and Drug Abuse rules; training related to intake, screening, and admission; and client education on communicable diseases), and agency policies and procedures comply with these standards. A plan of improvement (POI) addressing the completion of required assessments within acceptable timeframes, client education, treatment plan development, discharge documentation criteria, case management documentation requirements, and employee training is required to ensure corrective actions are implemented to resolve the deficiencies identified during this review. Compliance will conduct a POI Follow-up Review in 180 days. The Vice President of the CPEP Division and the SUDOP Program Director must sign and return this report to Compliance within seven (7) business days (January 12, 2024).

Management Response

First off, I would like to start by stating that SUDOP appreciates this opportunity to make sure that our processes are in compliance with State expectations of us and this was the most opportune way to ensure that this took place. Thanks to compliant and all incorporated to allow this to happen.

Needless to say, I am unsatisfied with the score, although it provides use with a start and a finish line that will incorporate success in our program. The Program has reviewed the documentation for compliance with TAC requirements, CHW SOW requirements, Substance Use Program Guide requirements, and agency policies and procedures to ensure care coordinator documentation (e.g., development of specific, measurable, achievable, relevant, and time-based goals; timelines for obtaining needed services; and identifying strengths, needs, and assistance), staff training (e.g., training on Texas Commission on Alcohol and Drug Abuse rules; training related to intake, screening, and admission; and client education on communicable diseases), and agency policies and procedures comply with these standards. This was done and time sheets collect. Although the Audit closure date fell within our holiday season and was not turned in before closure date. We have the trainings sign in sheet on record if needed. Compliance would not accept after date of closing. SUDOP will also complete a plan of improvement (POI) addressing the completion of required assessments within acceptable timeframes, client education, treatment plan development, discharge documentation criteria, case management documentation requirements, and I as the Program Director will ensure that employee trainings are developed to ensure the corrective actions are implemented to resolve these deficiencies identified during this review. I must state that these findings were not consistent with every client except the client education of communicable diseases being document along with detailed discharge documentation. SUDOP will be ready for its POI Follow-up Review in 180 days.



Signature Page

X Kim Ko LCSW

Vice President of CPEP Division

X [Signature] CHW, LCDC, MPA

Program Director/Manager

X [Signature]

Director of Compliance



The Harris Center for Mental Health and IDD:
 The Compliance Department
 Executive Summary Cover Sheet
 Clinical High Risk for Psychosis
 Mental Health (MH) Division
 Comprehensive Review
 Review Date: November 14, 2023, to November 27, 2023

- I. Audit Type:**
 Comprehensive Review
- II. Purpose:**
 The purpose of this review was to assess the Clinical High Risk-Psychosis program for Compliance with Texas Administrative Codes (TAC) 301.353 (d)(1)(c), 301.353 (e)(1)(A-G),301.353 (e)(1)(H)(1-111), 415.5(e), 301.353 (f)(1)(A)(C)(D), FY23 Information Item C Vii.A.2, 301353 (a)(1, 3-5, 8, 9, 10), 415.6 (a)(1-5)(c), 415.5(f), 414.405(a-b), Harris Center Grant Application and Agency Policy and Procedures.
- III. Audit Method:**
 Active records were randomly selected from the Affiliated Harris Center Encounter Data Outpatient Service Detail listing report in the Electronic Health Record (EHR) for persons served during the 4th Qtr. of FY 2023 (June 1, 2023 – August 31, 2023). Compliance conducted a desk review, sampling twenty (20) service entries using the MH Comprehensive Review Tool.
- IV. Audit Findings and History:** The CHRP program scored 89% on the Abnormal Involuntary Movement Scale (AIMS) form, 88% on Medication Consent, 85% on Client Rights, 74% on Crisis\Safety Plan, 100% on Recovery,100% Case Management, 100% Case management Employee Competency, and 100% Progress Note. CHRP Program collaborated with the individual/Legally Authorized Representative (LAR to create the Recovery Plan. Eligibility screening/assessments were completed when the individual presented for services. Staff Training in the Rights of the Person Receiving Mental Health Services was provided to all new employees. The CHRP Program updated the financial assessments annually and when there was a significant financial change. Mental Health (MH) case management services were provided to residents of the State of Texas. No audits of this type have been previously conducted.
- V. Recommendations:**
 Compliance recommends that the CHR-P program review the findings and continue to assess its processes with TAC and Harris Center Grant Application. The CHR-P program is required to submit a Plan of Improvement (POI). Compliance will review the CHR-P in the next one hundred eighty (180) days. A management response signed by the Vice President of the MH Division and Program Director/Manager acknowledging receipt of this report must be returned to compliance within seven (7) business days by the close of business.



**Compliance Department Review Report
1st Quarter (Qtr.) of Fiscal Year (FY) 2024
Mental Health (MH) Division
Clinical High Risk-Psychosis (CHR-P) Comprehensive Review**

Compliance Auditor(s): Emmanuel Golakai

Review Date: November 14, 2023, to November 27, 2023

Purpose

The purpose of this review was to assess the Clinical High Risk-Psychosis program for Compliance with Texas Administrative Codes (TAC) 301.353 (d)(1)(c), 301.353 (e)(1)(A-G), 301.353 (e)(1)(H)(1-111), 415.5 (e), 301.353 (f)(1)(A)(C)(D), FY23 Information Item C Vii.A.2, 301353 (a)(1, 3-5, 8, 9, 10), 415.6 (a)(1-5)(c), 415.5(f), 414.405(a-b), Harris Center Grant Application and Agency Policy and Procedures.

Method

Active records were randomly selected from the Affiliated Harris Center Encounter Data Outpatient Service Detail listing report in the Electronic Health Record (EHR) for persons served during the 4th Qtr. of FY 2023 (June 1, 2023 – August 31, 2023). Compliance conducted a desk review, sampling twenty (20) service entries using the MH Comprehensive Review Tool.

Findings

Detailed findings are presented below.

Item (Reference)	Score
• Abnormal Involuntary Movement Scale (AIMS) Form <i>TAC 415.6(c)</i>	89%
• Informed Medication Form <i>TAC 414.405(a-b)</i>	88%
• Client Rights <i>TAC 404.163(b)</i>	85%
• Crisis/Safety Plan <i>ACC.B.2 plan of care</i>	74%
• Recovery Plan TAC <i>301.353(d)(1)(C), e(1)(A-G)</i>	100%
• Case Management <i>TAC 306.259(1-4), 306.261(a)(1-3) (C) (1-2)</i>	100%
• Case Management Employee Competency <i>TAC306.773(a) (1-11) (A-D)</i>	100%
• Progress Notes <i>TAC306.275(c) (6-11), 301.361 (a)(3)(b)</i>	100%

Observations

- No observation noted for this review.

History

No CHR-P review has previously been completed.



Recommendations

Compliance recommends that the CHR-P program review the findings and continue to assess its processes with TAC and Harris Center Grant Application. The CHR-P program is required to submit a Plan of Improvement (POI). Compliance will review the CHR-P in the next one hundred eighty (180) days. A management response signed by the Vice President of the MH Division and Program Director/Manager acknowledging receipt of this report must be returned to compliance within seven (7) business days by the close of business, January 8, 2024.

Management Response



Signature Page

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Vice President of MH Division

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Program Director/Manager

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Director of Compliance



Reference Number: 2521833

Wednesday, September 6, 2023

TO: Lacy

Per our recent discussions, please fax or mail the required medical record information to us by: 09/14/2023

Medical Record Request Instructions

1. Fill out the Patient Medical Record Request form for each member, checking whether the requested information is available or unavailable.
2. **Please ensure that the member's name and date of birth are present throughout the documentation.**
3. Fax or mail this document along with the Patient Medical Record Request form(s) and the requested medical record documents for each member (see sending information).

Please fax or mail all documents in the following order:

1. **Medical Record Request Instructions** (this document)
2. **Patient Medical Record Request form(s)** (enclosed with this document)
3. **Copy of requested medical record documents**

Please send only the documents listed on the Patient Medical Record Request form. The entire medical record is not necessary. However, please send the documents listed to support the request, regardless of system used (paper, EMR, both).

IMPORTANT NOTE:

If you prefer to submit records electronically, or if you foresee any issues with accommodating this request due to COVID-19 or other reasons, please contact our Provider Relations department at 855-767-2650 for assistance or go to our Secure Dropbox Portal at <https://dropx.changehealthcare.com>. Before sending, please place each Patient Medical Record Request Form in front of the requested documentation for each member. Please ensure the member's name / date of birth are visible on all dates of service returned.

Sending Information

Email Submission --please send PHI via secure email

To: DocumentationReceipt@changehealthcare.com

Faxing Information

To: Change Healthcare

From:

Fax: 866-667-5557

Pages:

Mailing Information

Change Healthcare

PO Box 52122

Phoenix, AZ 85072-2122

SEP 7 2023

RECEIVED

Thank you for your cooperation regarding our medical record request. If you have any questions, please feel free to contact our Provider Relations Department at 855-767-2650 or CRCR_ProviderRelations@changehealthcare.com

Confidentiality Notice: This document and any attachments are for the sole use of the intended recipient(s) and contains confidential information. Any unauthorized review, use, or disclosure is a violation of federal law. If you are not the intended recipient or a person for delivering this message to an intended recipient, please contact the sender and destroy all copies of the original message immediately.



June 2023

RECORDS REQUEST

Dear Provider,

Wellcare is committed to improving the quality of care provided to our members. We are required by the Centers for Medicare & Medicaid Services (CMS) to submit complete diagnostic data regarding our members enrolled in - Wellcare. Accordingly, Wellcare requests your cooperation to facilitate a medical record review of 2022 dates of service for a certain number of your patients enrolled in such plans.

We have engaged Change Healthcare to conduct the medical chart review. A Change Healthcare representative will work with you to provide retrieval options and a list of the requested members' medical records for services rendered from January 1, 2022, to present.

What does this mean to you?

To limit the administrative burden on your office from other requests for our members' medical records, we may use the records received through this request for other reasons, such as compiling information for Healthcare Effectiveness Data & Information Set (HEDIS) measures and assisting in CMS risk adjustment data validation audits.

Your assistance in helping Change Healthcare with this retrieval is greatly appreciated.

Please note the items listed below are the components requested, if applicable, for all dates of service from January 1, 2022, to present:

- Patient Demographic Sheet
- History & physical records, progress notes and consultations
- Discharge record, consult and pathology summaries and reports
- Surgical procedures and operating summaries
- Subjective and objective assessments and plan notes
- Diagnostic testing including but not limited to cardiovascular diagnostic testing reports (EKG, stress test, Holter monitors, Doppler studies), interventional radiology (MRA, catheter angiography, etc.), neurology (EEG, EMG, nerve conduction studies, sleep studies)
- Emergency and Urgent Care records
- Consultation reports
- Specialist Notes
- Procedure notes/reports
- Valid signature with credentials



TEXAS HEALTH AND HUMAN SERVICES COMMISSION
Substance Use Disorder Compliance Group
Notice of Findings Report

Name of Facility: The Harris Center for Mental Health and IDD		Facility License Number: 4554	
Address of Facility: 3737 Dacoma Houston, TX 77092		Site(s): Satellite	
Inspector Name(s): Charles Reubens	Type of Inspection: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Change-in-Status <input type="checkbox"/> New <input type="checkbox"/> Special <input type="checkbox"/> Other: Pre-licensure	Date(s) of Inspection Start: August 9, 2023 End: August 11, 2023	

IN RESPONSE TO AN INSPECTION OF THE HARRIS CENTER FOR MENTAL HEALTH AND IDD, FACILITY LOCATED AT 3737 DACOMA HOUSTON, TX YOUR ATTENTION IS DIRECTED TO THE FINDINGS OF NON-COMPLIANCE WITH 25 TEXAS ADMINISTRATIVE CODE, CHAPTER 448, STANDARD OF CARE RULES, AS NOTED BELOW:

At the time of the inspection, the facility census reported eighteen (18) outpatient clients receiving services at the facility. The inspector reviewed four (4) client files, two (2) employee files, the facility's policies and procedures, and completed a physical site inspection to determine compliance status.

Citation	Statement	Finding	Provide the Corrective Action	Commission Response (for Commission use ONLY)
§448.403. (h) New Licensure Application.	(h) The facility shall display its licensure certificate prominently at each outpatient location and each approved residential site.	The facility did not display its licensure certificate prominently at the satellite outpatient location.		
§448.505 (a) General Environment.	(a) The facility shall comply with applicable requirements of the Americans with Disabilities Act (ADA). The facility shall maintain documentation that it has conducted a self-inspection to evaluate compliance and implemented a corrective action plan, as necessary, with reasonable time frames to address identified deficiencies.	<p>The facility had an ADA self-inspection that was partially completed.</p> <p>The facility designated ADA men’s restroom was not in compliance, for example:</p> <ul style="list-style-type: none"> There is not 60 inches of available floor space for a person in a wheelchair to be able to turn around, it measured 48 inches wide and 56 inches deep (reference ADA checklist 3.17). 		
§448.506 (a) Required Postings.	(a) The facility shall post a legible copy of the following documents in a prominent public location that is readily available to clients, visitors, and staff: (1) the Client Bill of Rights; (2) the Commission's current poster on reporting complaints and violations; and (3) the client grievance procedure.	The facility did not have the Client Bill of Rights; the Commission's current poster on reporting complaints and violations; and the client grievance procedure posted in a prominent public location. They were posted in the counselling/group room inside the facility.		

Citation	Statement	Finding	Provide the Corrective Action	Commission Response (for Commission use ONLY)
§448.506 (b) Required Postings.	(b) These documents shall be displayed in English and in a second language(s) appropriate to the population(s) served at every location where services are provided.	The facility did not have the Client Bill of Rights; the Commission's current poster on reporting complaints and violations; and the client grievance procedure in a second language on reporting complaints and violations posted in a prominent public location. They were posted in the counselling/group room inside the facility.		
§448.601 (b) Hiring Practices.	(b) The facility shall verify by Internet, telephone or letter and document the current status of all required credentials with the credentialing authority.	In the file reviewed for employee ■■■ (LCDC) – date of hire 7/14/22, the required credentials document expired on 12/31/22.		
§448.601. (e) Hiring Practices.	(e) The facility shall not hire an individual who has not passed a pre-employment drug test that meets criteria established by the Commission. This requirement does not restrict facilities from implementing random drug testing of its staff as permitted by law.	In the file reviewed for employee ■■■ – date of hire 7/14/97, the employee did not have a pre-employment drug test completed as required.		
§448.603. (c) Training.	(c) Prior to performing their duties and responsibilities, the facility shall provide orientation to staff, volunteers, and students. This orientation shall include information addressing: (1) TCADA rules;	The facility did not provide orientation training on the seven (7) required topics to the following two of two employee files reviewed: <ul style="list-style-type: none"> • ■■■ – date of hire: 9/5/18 • ■■■ – date of hire: 7/14/97 		

Citation	Statement	Finding	Provide the Corrective Action	Commission Response (for Commission use ONLY)
	(2) facility policies and procedures; (3) client rights; (4) client grievance procedures; (5) confidentiality of client-identifying information (42 C.F.R. pt. 2; HIPAA); (6) standards of conduct; and (7) emergency and evacuation procedures.			
§448.603. (d) (1) Training.	(d) The following initial training(s) must be received within the first 90 days of employment and must be completed before the employee can perform a function to which the specific training is applicable. Subsequent training must be completed as specified. (1) Abuse, Neglect, and Exploitation. All residential program personnel with any direct client contact shall receive eight hours of face-to-face training as described in Figure: 40 TAC §148.603(d)(1) which is attached hereto and incorporated herein as if set forth at length. All outpatient program personnel with any direct	In the following two of two employee files reviewed, the employees did not receive the 2 hours of face-to-face ANE training as required: <ul style="list-style-type: none"> • ■■■ - date of hire: 9/5/18 • ■■■ - date of hire: 7/14/97 		

Citation	Statement	Finding	Provide the Corrective Action	Commission Response (for Commission use ONLY)
	client contact shall received two hours of abuse, neglect and exploitation training.			
§448.603. (d) (2) (A) Training.	(2) HIV, Hepatitis B and C, Tuberculosis and Sexually Transmitted Diseases. All personnel with any direct client contact shall receive this training. The training shall be based on the Texas Commission on Alcohol and Drug Abuse Workplace and Education Guidelines for HIV and Other Communicable Diseases. (A) The initial training shall be three hours in length.	<p>In the file reviewed for employee [REDACTED] – date of hire 9/5/18, the employee received the initial three hours of HIV, HEP B and C, TB and STD training late on 6/6/23 and 6/7/23.</p> <p>In the file reviewed for employee [REDACTED] – date of hire 7/14/97, the employee did not receive the initial three hours of HIV, HEP B and C, TB and STD training as required.</p>		
§448.603. (d) (4) (A) Training.	(4) Nonviolent Crisis Intervention. All direct care staff in residential programs and outpatient programs shall receive this training. The face-to-face training shall teach staff how to use verbal and other non-physical methods for prevention, early intervention, and crisis management. The instructor shall have documented successful completion of a course for crisis intervention instructors or have	<p>In the file reviewed for the following employees the initial four hours of face-to-face NVCI training was completed late. The facility was initially licensed on 5/26/2022:</p> <ul style="list-style-type: none"> • [REDACTED] (received on 12/5/22) • [REDACTED] (received on 11/29/22) 		

Citation	Statement	Finding	Provide the Corrective Action	Commission Response (for Commission use ONLY)
	<p>equivalent documented training and experience. (A) The initial training shall be four hours in length.</p>			
<p>§448.603. Training. (d) (6) (A)</p>	<p>(6) Intake, Screening and Admission Authorization. All staff who conduct intake, screening and authorize admission for applicants to receive program services shall complete training in the program's screening and admission procedures. The training shall include two hours of DSM diagnostic criteria for substance-related disorders, and other mental health diagnoses. (A) The initial training shall be eight hours in length.</p>	<p>In the following files reviewed, two of two employees received the initial 8 hours of initial intake, screening and authorization training including two hours of DSM diagnostic criteria. The facility was initially licensed on 5/26/2022. The employees did not receive training in the program's specific screening and admission procedures.</p> <ul style="list-style-type: none"> • ■■■ - date of hire: 9/5/18 (date of training - 5/15/23) • ■■■ - date of hire: 7/14/97 (date of training - 7/17/23) 		
<p>§448.707 (c) Responding to Emergencies.</p>	<p>(c) Emergency numbers shall be posted by all telephones.</p>	<p>The facility did not post emergency numbers by all telephones where services are provided on the property.</p>		

Citation	Statement	Finding	Provide the Corrective Action	Commission Response (for Commission use ONLY)
<p>§448.802 (b) (4) Admission Authorization and Consent to Treatment.</p>	<p>(a) A QCC shall authorize each admission in writing and specify the level of care to be provided. If the screening counselor or intern is not qualified to authorize admission, the QCC shall review the results of the screening with the applicant, directly or indirectly, before authorizing admission. The authorization shall be documented in the client record and shall contain sufficient documentation to support the diagnosis and the placement decision.</p>	<p>In the files reviewed for the following clients, a QCC did not authorize each admission in writing and specify the level of care to be provided:</p> <ul style="list-style-type: none"> • ■ - date of admission - 4/12/23 • ■ - date of admission - 6/20/23 • ■ - date of admission - 6/14/23 		

Citation	Statement	Finding	Provide the Corrective Action	Commission Response (for Commission use ONLY)
<p>§448.802 (b) (4) Admission Authorization and Consent to Treatment.</p>	<p>(b) The facility shall obtain written authorization from the consenter before providing any treatment or medication. The consent form shall be dated and signed by the client, the consenter, and the staff person providing the information, and shall document that the client and consenter have received and understood the following information: (1) the specific condition to be treated; (4) the probable health and mental health consequences of not consenting;</p>	<p>In the files reviewed for the following clients, the consent to treatment did not include rule requirement (4) the probable health and mental health consequences of not consenting.</p> <ul style="list-style-type: none"> • ■ - consent to treatment dated - 4/12/23 • ■ - consent to treatment dated - 11/14/22 • ■ - consent to treatment dated -8/25/22 <p>In the file reviewed for client ■, the consent to treatment dated 5/31/23, did not include rule requirements (1) the specific condition to be treated; (4) the probable health and mental health consequences of not consenting.</p>		
<p>§448.802 (d) Admission Authorization and Consent to Treatment.</p>	<p>(d) The client record shall include a copy of the Client Bill of Rights dated and signed by the client and consenter.</p>	<p>In the file reviewed for client TB (date of admission 9/14/23), there was no Client Bill of Rights dated and signed by the client.</p> <p>In the files reviewed for the following clients, the Client Bill of Rights was not signed and dated by the client.</p> <ul style="list-style-type: none"> • ■ - date of admission - 4/12/23 • ■ - date of admission - 6/20/23 • ■ - date of admission - 6/14/23 		
<p>§448.803 (f) Assessment.</p>	<p>(f) The assessment shall be signed by a QCC and filed in the client record within three individual service days of admission.</p>	<p>In the files reviewed for the following clients, the assessment was not signed by the QCC.</p> <ul style="list-style-type: none"> • TB - assessment dated - 5/11/22 • SM - assessment dated - 4/12/23 		

Citation	Statement	Finding	Provide the Corrective Action	Commission Response (for Commission use ONLY)
		<ul style="list-style-type: none"> • ■■■ – assessment dated – 6/20/23 • ■■■ assessment dated – 8/25/22 		
§448.804. (c) Treatment Planning, Implementation and Review.	(c) The treatment plan shall identify discharge criteria and include initial plans for discharge. The Texas Department of Insurance criteria shall be used as a general guideline for determining when clients are appropriate for transfer or discharge, but individualized criteria shall be specifically developed for each client.	In the file reviewed for client ■■■ – date of admission 9/14/22, the treatment plan dated 10/13/22, did not include initial plans for discharge.		
§448.804. (e) Treatment Planning, Implementation and Review.	(e) The treatment plan shall identify the client's primary counselor, and shall be dated and signed by the client, and the counselor. When the treatment plan is conducted by an intern or graduate, a QCC shall review and sign the treatment plan.	<p>In the files reviewed for the following clients, the treatment plan dated 2/28/23 was not dated and signed by the client and the counselor.</p> <ul style="list-style-type: none"> • ■■■ – treatment plan dated – 10/13/22 • ■■■ – treatment plan dated – 6/23/23 		
§448.805. (a) Discharge.	(a) The counselor and client/consenter shall develop and implement an individualized discharge plan.	A discharge plan was not developed for client ■■■ (date of admission – 9/14/22).		
§448.901. (d) Requirements Applicable to All Treatment Services.	(d) The program shall provide education about Tuberculosis (TB), HIV, Hepatitis B and C, and sexually transmitted	The facility did not provide education on Tuberculosis, Hepatitis B and C, and sexually transmitted diseases as required, for the following clients:		

Citation	Statement	Finding	Provide the Corrective Action	Commission Response (for Commission use ONLY)
	<p>diseases (STDs) based on the Texas Commission on Alcohol and Drug Abuse Workplace and Education Guidelines for HIV and Other Communicable Diseases.</p>	<ul style="list-style-type: none"> • ■ - date of admission - 9/14/22 - projected discharge date 12/12/22 • ■ - date of admission - 6/14/23 - discharge date 1/31/23 <p>In the file reviewed for client ■ (date of admission - 4/12/23; projected discharge date - 8/16/23), the facility did not provide education on HIV, Tuberculosis, Hepatitis B and C, and sexually transmitted diseases as required.</p> <p>In the file reviewed for client ■ (date of admission 6/20/23; projected discharge date 10/21/23), the facility did not provide education on sexually transmitted diseases as required.</p>		
<p>§448.901. (e) Requirements Applicable to All Treatment Services.</p>	<p>(e) The program shall provide education about the health risks of tobacco products and nicotine addiction.</p>	<p>The facility did not provide education about the health risks of tobacco products and nicotine addiction as required, for the following clients:</p> <ul style="list-style-type: none"> • ■ - date of admission - 9/14/22 - projected discharge date 12/12/22 • ■ - date of admission - 6/20/23 - projected discharge date 10/21/23 • ■ - date of admission - 6/14/23 - discharge date 1/31/23 		
<p>§448.911 (a) (1) Treatment Services Provided by Electronic Means.</p>	<p>(a) A licensed treatment program may provide outpatient chemical dependency treatment program services by electronic means provided the criteria outlined in this section are addressed. (1) Services may be provided to adult and adolescent clients to the</p>	<p>During the inspection process the Clinical Director ■, completed a voluntary statement form and stated that the facility has virtual groups that combine clients from all locations, (HQ Satellites: 7200 North Loop East Freeway, Houston, TX; 5901 Long Dr, Houston, TX 77087 and 3737 Dacoma, Houston, TX and License #4554-4881 6160 South Loop East Frwy Suite 127, Houston, TX 77087). The clients should be provided services by the facility where they registered at and not be combined with multiple facilities and clients.</p>		

Citation	Statement	Finding	Provide the Corrective Action	Commission Response (for Commission use ONLY)
	extent allowed by the facility's license; and			
<p>§448.911 (m) Treatment Services Provided by Electronic Means.</p>	<p>(m) Prior to clients engaging in Internet services, programs shall describe and provide in writing the potential risks to clients. The risks shall address at a minimum these areas: (1) clinical aspects; (2) security; and (3) confidentiality.</p>	<p>The facility provides services by electronic means. In the files reviewed for the following four of four clients, there was no documentation that the facility provided the criteria outlined in the section: (m) Prior to clients engaging in Internet services, programs shall describe and provide in writing the potential risks to clients. The risks shall address at a minimum these areas: (1) clinical aspects; (2) security; and (3) confidentiality.</p> <ul style="list-style-type: none"> • ■ - date of admission - 9/14/22 • ■ - date of admission - 4/12/23 • ■ - date of admission - 6/20/23 • ■ - date of admission - 6/14/23 		

You are required to submit a written response within twenty (20) business days from the receipt of this report **(by COB: 10/18/2023)** addressing each finding and detailing the corrective action you have taken to achieve compliance with 25 Texas Administrative Code Chapter 448. In your Plan of Correction (POC), cite the rule number and corrective action taken. Compile all pertinent documentation, the signed Notice of Finding, and submit with your POC. Forward all responsive documents by email to: charles.reubens@hhs.texas.gov, or by mail to the following address:

Charles Reubens, Inspector VI
 Texas Health and Human Services Commission
 Substance Use Disorder and Professional Licensing Compliance
 701 W. 51st Location code: 1001; Mail code: 1979
 Austin, TX. 78751

September 20, 2023

The Harris Center for Mental Health and IDD; HQ License #4554 Satellite - 3737 Dacoma

Page 12

Charles A. Reubens

September 20, 2023

Substance Use Disorder Compliance Inspector

Date

Facility Representative

Date



uhc.com

FAX

To: 7139707246	From: Maria Moreland
Fax: 7139707246	Fax: 612-367-0188
Phone:	Phone:
Pages (Including Cover): 03	Friday, September 29, 2023 3:51:56 PM Central
Comment: Request for Medical Records - [REDACTED]	

OCT 03 2023

RECEIVED

Unauthorized interception of this facsimile could be a violation of federal and state law. We are required to safeguard privileged, confidential and/or protected health information by applicable law. The information in this document is for the sole use of the person(s) or company named above. If you have received this fax in error, please contact us by phone immediately to arrange for return of the documents.

If you have difficulty with this transmission, please contact the number above.

The Texas Medicaid and CHIP external quality review organization (EQRO) performs a biennial comparison of encounter data to member medical records, and your effort is needed to retrieve records from providers associated with your UnitedHealthcare. The EQRO will match 2022 medical records to encounters.

Per your contract with UnitedHealthcare:

Records Access - Provider acknowledges and agrees that HHSC, the U.S. Department of Health and Human Services Commission Office of Inspector General ("OIG") and other authorized federal and state personnel shall have the right to evaluate through audit, inspection or other means, any records pertinent to the State Contract, including records pertaining to the quality, appropriateness and timeliness of services performed under the State Contract. Upon receipt of a record review request from the OIG or another state or federal agency authorized to conduct compliance, regulatory, or program integrity functions, Provider must provide, at no cost to the requesting agency, the records requested within three (3) business days of the request. If the OIG or another state or federal agency representative reasonably believes that the requested records are about to be altered or destroyed or that the request may be completed at the time of the request and/or in less than twenty-four (24) hours, Provider must provide the records requested at the time of the request and/or in less than twenty-four (24) hours. The request for record review includes, but is not limited to clinical medical or dental records of Covered Persons; other records pertaining to the Covered Person; any other records of services provided to Medicaid or other health and human services program recipients and payments made for those services; documents related to diagnosis, treatment, service, lab results, charting; billing records, invoices, documentation of delivery items, equipment, or supplies; radiographs and study models related to orthodontia services; business and accounting records with backup support documentation; statistical documentation; computer records and data; and/or contracts with providers and subcontractors. Failure to produce the records or make the records available for the purpose of reviewing, examining, and securing custody of the records may result in OIG imposing sanctions against Provider as described in 1 Texas Administrative Code Chapter 371 Subchapter G.

Request for Records for:

Member Name: [REDACTED]

Member ID: [REDACTED]

Date of Birth: [REDACTED]

Please send all medical records for January 1, 2022 to December 31, 2022 including:

- Office Visits and Progress Notes
- Immunization Records
- In-House & Outside Labs
- Developmental Screening tools (e.g., ASQ, PEOS)
- Immunotherapy injections

Please fax those records within 3 business days to 855-658-2025.

Should you have any questions, feel free to reach out to me.

Thanks,

Maria Moreland (she/her)
Vice President, Network Management
UnitedHealthcare CommunityPlan

Work: 832-600-6004
Fax: 855-658-2025
maria_m.moreland@uhc.com

14145 Southwest Freeway, Suite 500
Sugar Land, TX 77478





Artem Mostovyy
 PROGRAM AND NETWORK
 INTEGRITY
 P.O. BOX 30612
 SALT LAKE CITY, UT 84130-0612
 +1(952) 219-4637
 artem.mostovyy@optum.com
 www.optum.com

September 22, 2023

DPS\$\$\$PKG001900000034506
 THE HARRIS CENTER FOR MENTAL HEALTH AND IDD
 9401 SOUTHWEST FWY
 HOUSTON, TX 77074-1407

Case ID :
 NPI :
 Subject : Medical Record Request

Dear The Harris Center For Mental Health And Idd:

We are committed to protecting consumers, providers and other healthcare stakeholders through the administration of a strong and balanced review process to ensure that industry standards regarding documentation and billing of services are met. As part of that responsibility, the Optum Program and Network integrity team, on behalf of the Health Plans and other payors for whom Optum administers benefits, is conducting a review of paid claims for which a sample of records is required.

The enclosed document provides details regarding the claims under review. Please supply all applicable records that support the services rendered for the dates of service listed below.

- Professional Fee Services: Provide all available documentation, *if applicable*, for the services rendered, including but not limited to:
 - Progress/Encounter notes
 - Treatment plans and goals
 - Electronic Health Record audit trail for each record
- Facility Services: Provide a copy of charge master invoice of CPT/HCPCS codes corresponding to the revenue code
- Laboratory Services: Provide a copy of physician's orders, including but not limited to:
 - Standing orders and/or provider custom panel orders applicable to all referring providers
 - Laboratory requisitions
 - Laboratory test results related to all billed services
 - Testing methods and specimen type
 - CLIA documentation
 - Manufacturer and model number information for the testing equipment used for billed services
 - Manufacturer and Brand information for all test supplies used for billed services

In addition, we are requesting a list of any person(s) who provided services associated with the requested claims. Please follow the instructions on the attached document and return with the records requested.

Please forward the requested records within 30 days of receipt of this letter to:

Confidential Information – Protected Health Information

BH3934v_032022

United Behavioral Health and United Behavioral Health of New York, I.P.A., Inc. operating under the brand Optum

Case ID :

U.S. Behavioral Health Plan, California doing business as OptumHealth Behavioral Solutions of California

Optum

By Electronic Communication Gateway (ECG):

- Case ID number must be used as the file name (ex: R000000-00)
- Allows you to upload the requested medical records (Portfolio PDF, zip files, Excel worksheets, Word documents **cannot** be accepted) the file must be uploaded in a **PDF format only**.
- Will require registration which will be facilitated by the PNI Investigator named on the request letter.

When sending packages via USPS mail:

Optum PNI
 c/o : Artem Mostovyy
 PO Box 30612
 Salt Lake City, UT 84130-0612

When sending packages via Fed Ex/UPS, etc:

Optum PNI
 c/o : Artem Mostovyy
 Attn: PO Box 30612
 4050 South 500 West
 Salt Lake City, UT 84123

Or via secured fax (248) 733-6379

You may contact me directly regarding any questions or concerns at +1(952) 219-4637

Sincerely,



Artem Mostovyy

Enc



Medicare Advantage

<https://provider.amerigroup.com>

Subject: Time-sensitive request for medical records for Medicare risk adjustment data

Dear Provider:

Amerigroup is committed to improving the quality of care provided to our members and is required by the Centers for Medicare & Medicaid Services (CMS) to submit complete diagnostic data regarding our members enrolled in certain Medicare-covered health plans. Accordingly, Amerigroup requests your cooperation to facilitate a medical record review of 2022 and 2023 dates of service for a certain number of your patients enrolled in such plans.

We have engaged Optum* and CIOX Health* (Ciox) to conduct the medical chart review. A Ciox representative will work with you to provide retrieval options and a list of the requested members' medical records for services rendered from January 1, 2022, to December 31, 2023.

Notes should include member name, date of visit, and provider signature with credentials.

Please include all of the following medical record documentation available for this chart review:

- Progress notes
- History and physical
- Consult/specialist notes or letters
- Operative and pathology notes
- Procedure notes/reports
- Physical, speech, and/or occupational therapist reports
- Emergency department records
- Discharge summary

Only if there are no encounter notes for the member, please indicate CNA (chart not available) by the Chart ID along with comments explaining why the chart is not available.

If available, also include:

- *Health Maintenance Form.*
- *Demographics Sheet* (include documentation for name changes, DOB discrepancies).
- *Signature Log* (complete and return if progress notes contain handwritten signatures or credentials of provider are not contained in patient information being sent).

Note: Pursuant to CMS requirements, providers' signatures and qualifications are required to validate each medical record.

To limit the administrative burden on your office from other requests for our members' medical records, we may use the records received through this request for other reasons, such as

* Optum is an independent company providing assessment and reporting services on behalf of Amerigroup. CIOX Health is an independent company providing medical record collection services on behalf of Amerigroup.

compiling information for Healthcare Effectiveness Data & Information Set[®] (HEDIS) measures and assisting in CMS risk adjustment data validation audits.

Thank you in advance for your assistance. If you have any questions related to the scheduling of this review, please contact Ciox at 877-445-9293 Monday through Friday from 7 a.m. to 8 p.m. CT, or at chartreview@cioxhealth.com.

Sincerely,

Amerigroup

Privacy Information

Federal law and related regulations under the *Health Insurance Portability and Accountability Act of 1996 (HIPAA)* and the *American Recovery and Reinvestment Act of 2009 (ARRA)* govern the privacy of a patient's protected health information (PHI). These laws establish requirements for the use and disclosure of PHI by physicians/health care professionals, health plans, and health plans' business associates and business associate subcontractors.

HIPAA allows a covered entity, such as a healthcare provider, to disclose PHI to another covered entity, such as a health plan for payment, treatment, or healthcare operations without a member's authorization. Risk adjustment, quality assessment, and improvement activities are such permitted disclosures relating to payment, treatment, or healthcare operations.

In this case, Optum is a business associate of Amerigroup and, consistent with federal law, is conducting chart reviews for the purposes of risk adjustment, quality assessment, and improvement activities on behalf of Amerigroup. Optum has entered into a business associate subcontract with Ciox in accordance with the applicable *HIPAA* and *ARRA* requirements. These agreements allow Optum and Ciox to access and use PHI on behalf of Amerigroup for the purposes of, among other things, risk adjustment, quality assessment, and improvement activities.

HEDIS[®] is a registered trademark of the National Committee for Quality Assurance (NCQA).



Frequently asked questions

What is this for?

This is for the Amerigroup medical reimbursement arrangement (MRA) chart review program. The purpose of this review is to identify any conditions supported in the medical documentation but not previously identified or submitted to Amerigroup. This review enables Amerigroup to assess the health conditions of their members/your patients for effective care interventions and to improve health outcomes.

How long will it take to complete the provider verification process?

- If there are less than 30 providers, it should only take a few minutes to verify the information, establish a retrieval schedule, and send you a list of medical charts being requested.
- If there are more than 30 providers, it should take approximately 10 minutes to verify the information, set up a retrieval schedule, and send you a list of medical charts being requested.

A signature log will be provided to verify the accuracy of the medical records. It is not necessary to complete the signature log in the following situations:

- If the provider's name, credentials, and date are printed under his/her signature, a signature log is not necessary.
- If the provider's name is not printed under his/her signature, but the signature, credentials, and date are legible, a signature log is not necessary.
- If neither of the above apply, a signature log is required.

If the record is signed electronically, is anything else required?

No, if the electronic signature includes the provider's credentials and date, a handwritten signature and signature log are not necessary.

What is the purpose of verifying the provider's name?

- The purpose is to verify that the provider is still affiliated with the office receiving the chart request.
- If a provider hasn't worked at your office location in the past two years, the patients associated with that provider will not be included in the chart request.
- Provider verification should remove the burden of requests for medical records that you do not have at your office.

Is this an audit?

No, this is an industry standard MRA chart retrieval request.

Why do you need my fax number?

The retrieval vendor will be sending you a list of the patient records being requested via fax or email as agreed during the scheduling call.



PULL LIST	Outreach ID: 43212012	Site ID: 44177243	Charts
	9401 SOUTHWEST FWY HOUSTON, TX 77074		2

PULL	CNA	MEMBER/HEALTH PLAN	DOB	CHART ID	PROVIDER	NOTES
<input type="radio"/>	<input type="radio"/>	[REDACTED]	[REDACTED]	[REDACTED]	All Treating Providers	[REDACTED] Pull chart detail from 01/01/2022 - 12/31/2023
<input type="radio"/>	<input type="radio"/>	[REDACTED]	[REDACTED]	[REDACTED]	All Treating Providers	[REDACTED] Pull chart detail from 01/01/2022 - 12/31/2023

The Medical Records provided by this office, as requested on October 2023, are true and accurate copies of the records kept in the usual course of business reflecting the medical care provided to patients on the dates indicated in the Medical Records.

Practice Group Administrator/Custodian of Medical Records

Date

Upload to www.cioxlink.com

1



Alternatively, fax to 1-972-729-6132. Questions? Email us at chartreview@cioxhealth.com

PL43212012



Have questions?
Contact CIOX Provider Support
1-877-445-9293

CIOX Health
2222 W. Dunlap Ave
Phoenix, AZ 85021

To Whom It May Concern:

Documentation requirements state that the medical record for each patient visit should include the date and legible identity of the provider including the signature and credential. As part of the chart review process the health plan had requested that you provide a copy of a signature log as noted below.

We have included a template for you to complete prior to beginning the chart review process. The example below provides an area to list all providers who document in your patient's medical records. This includes physicians, physicians' assistants and nurse practitioners.

- **NPI.** Print the provider's National Provider Identifier.
- **Provider Full Name.** Print the provider's name (MD, DO, NP and PA only).
- **Credential.** Print the provider's credential.
- **Legal Signature.** The provider should sign their legal signature. (full name including credential).
- **Actual Chart Signature Variations.** Sign all possible ways that the provider would normally sign the medical record, including full signature, initials, first initial last name, etc.

A CIOX Health representative will review your signature log prior to executing the chart review to ensure compliance.

It is recommended that you retain this document with your policies and procedure and update it annually or during new staff orientation.

Sample:

Group Name ABC Medical Group State TX

NPI	Provider Full Name	Credential	Legal Signature	Actual Chart Signature Variations
1234567890	John Doe	D.O.	John Doe, DO	JohnDoeDO
				JDoeDO
				JDDO

Behavioral Health Medical Record Review



Molina Healthcare of TX
 445 Executive Center #100
 El Paso, TX 79902
 TX_BHRecords@MolinaHealthCare.Com

Date: October 4, 2023

Dear The Harris Center for Mental Health and IDD,

Thank you for providing us with medical records requested to review for Quality Improvement purposes. The results of this review allow the plan to assess each provider's compliance with standards of the medical community, external regulatory agencies, accrediting agencies, and Molina Healthcare of Texas. It also provides a point of reference for needed assistance and/or education regarding program components. This also allows the plan to assist the provider in meeting program requirements and member needs, and to reduce or eliminate potential risk situations.

The results of the review conducted at your office/facility/remotely for **Quarter 2 of Calendar Year 2023** are as follows:

<u>Area of Review:</u>	<u>Score</u>
Medical Necessity	7/12
Screening and Assessment	1/2
Medication Management	2/2
Coordination of Care	2.8/4
	Total 12.8/20
Final Score	64%

We are available to discuss the standards with you and your office staff should you desire it. We will continue to conduct quarterly audits of our providers.

Molina HealthCare of Texas wishes to thank you for your continued efforts in the delivery of quality care as well as for your cooperation with our Behavioral Health Department. If you have any questions, please call us at 281-698-5025.

Sincerely,

Abraham Minjarez

Abraham Minjarez, MBA, MA, LPC
 Behavioral Health Auditor
 Email: Abraham.Minjarez@MolinaHealthcare.com
 Office Phone: (281) 698-5025

MHT_BHRECVLTR_0623

Behavioral Health Medical Record Review



Molina Healthcare of TX
 445 Executive Center #100
 El Paso, TX 79902
 TX_BHRecords@MolinaHealthCare.Com

Please refer to the chart below for opportunities to improve your record keeping practices.

Medical Necessity
The provider shall have a written utilization review (UR) plan and ongoing assessment of the medical necessity of community mental health services, including the intensity/level of services and continued need for each service for the client. The written UR plan shall address:
a) A review of medical necessity or that services are medically necessary, as determined by:
1) Medical necessity guidelines (InterQual, Texas Resilience and Recovery Guidelines, MCG's etc.);
2) The type, severity, and chronicity of the client's symptoms;
3) The severity of impairment in the client's role functioning;
4) The risks that a client's symptoms or level of role functioning pose to the safety of the client or to others with whom the client interacts;
5) The expected short-term and long-term outcome of each service needed by the client; and
6) Progress made in response to treatment if the client is currently receiving treatment
7) Documentation of clinical review by physician or other clinical designee and/or multidisciplinary rounds discussions as appropriate
8) Updated treatment planning noted when significant changes in clinical presentation is documented
Screening and Assessment
A provider will conduct a screening and assessment for each member on functional impairment as well as any diagnosis or symptom specific needs as clinically indicated within 90 days of initiation of treatment or within initial year for symptom-based assessments.
Medication Management
The provider shall have all members with a primary diagnosis of a DSM major mental illness (excluding adjustment disorders) with severe functional impairment, assessed for a medication management needs within a reasonable amount of time from initiation of treatment.
Coordination of Care
For Molina members who are hospitalized within audit period, member will be seen by provider within 7 days of discharge. To promote and ensure complete and integrated health care, the provider will communicate with member's physical health primary care provider



Reference Number: 2521833

Friday, October 13, 2023

TO: Lacy

Per our recent discussions, please fax or mail the required medical record information to us by: 11/03/2023

Medical Record Request Instructions

1. Fill out the Patient Medical Record Request form for each member, checking whether the requested information is available or unavailable.
2. **Please ensure that the member's name and date of birth are present throughout the documentation.**
3. Fax or mail this document along with the Patient Medical Record Request form(s) and the requested medical record documents for each member (see sending information).

Please fax or mail all documents in the following order:

1. **Medical Record Request Instructions** (this document)
2. **Patient Medical Record Request form(s)** (enclosed with this document)
3. **Copy of requested medical record documents**

Please send only the documents listed on the Patient Medical Record Request form. The entire medical record is not necessary. However, please send the documents listed to support the request, regardless of system used (paper, EMR, both).

IMPORTANT NOTE:

If you prefer to submit records electronically, or if you foresee any issues with accommodating this request due to COVID-19 or other reasons, please contact our Provider Relations department at 855-767-2650 for assistance or go to our Secure Dropbox Portal at <https://dropx.changehealthcare.com>. Before sending, please place each Patient Medical Record Request Form in front of the requested documentation for each member. Please ensure the member's name / date of birth are visible on all dates of service returned.

Sending Information

Email Submission --please send PHI via secure email

To: DocumentationReceipt@changehealthcare.com

Faxing Information

To: Change Healthcare

From:

Fax: 866-667-5557

Pages:

Mailing Information

Change Healthcare

PO Box 52122,

Phoenix, AZ 85072-2122

Thank you for your cooperation regarding our medical record request. If you have any questions, please feel free to contact our Provider Relations Department at 855-767-2650 or CRCR_ProviderRelations@changehealthcare.com

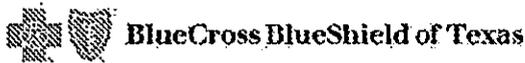
Confidentiality Notice: This document and any attachments are for the sole use of the intended recipient(s) and contains confidential information. Any unauthorized review, use, or disclosure is a violation of federal law. If you are not the intended recipient or a person for delivering this message to an intended recipient, please contact the sender and destroy all copies of the original message immediately.

Change Healthcare
Location ID: 2521833

OCT 16 2023

PO Box 52122., Phoenix, AZ 85072-2122
Phone: 855-767-2650 Fax: 866-667-5557

RECEIVED



RECORD REQUEST LETTER

October 2023

Dear Physician and/or Office Administrator:

Beginning October 2023, Change Healthcare will be contacting you on behalf of Blue Cross and Blue Shield of Texas (BCBSTX) to schedule a medical record retrieval.

Submitting Medical Records

After receiving the call or fax from Change Healthcare, you can submit the requested medical records within 14 days via any of the following:

- **Secure email:** documentationreceipt@changehealthcare.com
- **Fax:** 1-866-667-5557 or 1-866-686-7771
- **FedEx:** Call 1-855-767-2650 or email CRCR_providerrelations@changehealthcare.com for info
- **Paper charts:** Change Healthcare P.O. Box 52122 Phoenix, AZ 85072-2122
- **VPN EMR download:** Communicate this preference to Change Healthcare upon receipt of this request letter.
- **Request onsite scanning** by a Change Healthcare medical record technician

ACTION REQUESTED



Please anticipate receiving a call or fax from Change Healthcare to schedule the medical record retrieval. The items listed below are the components requested, if applicable, for all dates of service from January 1, 2022 to December 31, 2022:

- | | |
|--------------------------|---------------------|
| • Demographic/Face Sheet | • Operative Reports |
| • History & Physical | • Procedure Reports |
| • Consult Notes | • Problem List |
| • Progress Notes | • Signature Log |

Secure Partner

BCBSTX selected Change Healthcare to facilitate a risk adjustment chart review. Please provide Change Healthcare access to applicable member medical records during this time. The information shared during this review is in accordance with all applicable state and federal laws. The information provided is required for us verify claims or encounter data reported to BCBSTX, Centers for Medicare and Medicaid Services and the Department of Health and Human Services includes pertinent and accurate diagnosis codes. (Please note, if your office is enrolled in the Epic Payor Platform, the TINs associated with that enrollment should not receive records requests.)

Have questions?

If you have any questions about this process, call the Change Healthcare Support Center at 1-855-767-2650, Monday through Friday, 9 a.m. to 6 p.m., CT.

For more information, you can also contact Blue Cross Medicare Advantage Network Management at TexasMedicareAdvantageNetwork@bcbstx.com.

We appreciate your cooperation and will work with you to minimize disruptions in delivering patient care. Thank you for the serving our members.



Sincerely,

Eugenia M Gonzalez

Eugenia M Gonzalez

Vice President, Medicare Solutions

Health Care Services Corporation

SIGNED: Eugenia M Gonzalez Digitally signed by Eugenia M Gonzalez
Date: 2023.07.07 11:16:54 -05'00'



Epi Reference ID: L-03789671



Episource, LLC on behalf of Aetna

Aetna Medical Record Request: Patient List
Please contact Episource within 7 days of receiving this request:
1-209-299-3563 or 1-860-316-2982
Email: aetnachartretrieval@episource.com

Secure Online Submission: _____
Username: _____
Password: _____

Please submit member list all Communications:
Fax to: 1-888-300-0970 or 1-800-893-7048
Traceable mail to: 500 W. 190th Street, 4th Floor Suite 400, Gardena, CA 90248.
E-mail to: docmgt@episource.com *To protect ePHI, please use encrypted email.*
Electronic Medical Records: submitted via SFTP-Provider Portal or Remote Download.
Onsite retrieval: Contact an Episource Representative to schedule.

Please contact an Episource Representative regarding questions or to schedule your preferred retrieval method at **1-209-299-3563 or 1-860-316-2982** or email: aetnachartretrieval@episource.com

Relevant documents:

- Demographic / Face Sheet
- Hospital Records
- Progress Notes
- History & Physical Reports
- Consult Notes
- Pathology reports
- Diagnostics
- Medication & Problem List
- Past Medical History

Required Dates of Service: January 1, 2023 Present

Total Charts Requested: 99

File #	ProviderName	Member Last Name	Member First Name	DOB	Epi Chart ID	Comments
1	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
2	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

Epi Reference ID: L-03789671



10/23/2023

THE HARRIS CENTER FOR MENTAL HEALTH AND IDD
9401 SOUTHWEST FWY

HOUSTON, TX 770742007

RE: Please submit requested medical record(s) for your Humana-covered patient(s)

Dear physician or office administrator:

Humana reviews medical records for its members in an effort to report complete and accurate diagnosis coding to the Centers for Medicare & Medicaid Services (CMS) for our Medicare Advantage members and to the U.S. Department of Health and Human Services (HHS) for our commercial members.

Please return the medical record(s) for the time period(s) requested, with the enclosed patient information form, for the patient(s) listed. Return in one of the following ways:

- Upload records to the secure provider upload portal at www.submitrecords.com/humana (instructions enclosed).
- Send via secure fax to **800-205-5840**.
- Send via mail using the enclosed self-addressed, prepaid trackable postage label(s). A new prepaid label is being used. Please discard old labels.

Note: With the ongoing pandemic, Humana can assist with contact-free options to obtain medical records, such as electronic health records (EHRs) and remote access. Please call the phone number listed at the end of this letter for more information.

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy Rule states in the Safeguards Principle that individually identifiable health information should be protected with reasonable administrative, technical and physical safeguards to ensure its confidentiality, integrity and availability and to prevent unauthorized or inappropriate access, use or disclosure. **Please submit all electronic and hard-copy medical records via a HIPAA-compliant method.**

Please ensure each record includes the section with the physician's or healthcare provider's signature. Do not submit original medical records. Please include the following:

if a physician record (including telehealth visits):		
Anesthesia (commercial patients only)	Consult notes	Demographics sheet
Discharge summary	Diagnostic testing reporting (commercial patients only)	Dialysis (commercial patients only)
History and physical	Infusion testing and reporting (commercial patients only)	Operative reports
Physician or healthcare provider signature and credentials (electronic or handwritten)	Problem list	Progress notes
Signature log*	SOAP notes (subjective, objective, assessment, plan)	Telehealth visits progress notes

if a hospital record (including telehealth visits):		
Admit notes (commercial patients only)	Anesthesia (commercial patients only)	Coding summary (if not on face sheet)
Consult notes	Demographics sheet	Diagnostic testing reports
Discharge summary	Emergency department records	Face sheet
History and physical	Infusion testing and reporting (commercial patients only)	Lab results/pathology reports
Operative reports	Physician orders	Physician or healthcare provider signature and credentials (electronic or handwritten)
Problem list	Progress notes	Signature log*
SOAP notes (subjective, objective, assessment, plan)	Telehealth visits progress notes	

***Note:** Signature logs are not accepted in place of the physician's or healthcare provider's electronic or handwritten signature. Signature logs are used to identify a provider's name if the signature is illegible.

OCT 24 2023



10/23/2023

THE HARRIS CENTER FOR MENTAL HEALTH AND IDD
9401 SOUTHWEST FWY

HOUSTON, TX 770742007
Phone: 17139707000

Medicare patient information*

Patient name	Unique member ID	Date of birth	Effective Date(s) of service	Records needed in addition to date(s) of service requested (Stars measure/ submeasure)	Request ID
[REDACTED]	[REDACTED]	[REDACTED]	09/01/2022 - 03/31/2023		J551-661102
[REDACTED]	[REDACTED]	[REDACTED]	03/01/2022 - Present	CBP,TRC	J551-661101

Please return this form with the requested medical records in one of the three options:

- Upload the requested medical records to the medical records management portion of the Humana website at www.submitrecords.com/humana
- Fax to Humana's secure fax line at 1-800-205-5840
- Mail to Humana using the enclosed addressed prepaid trackable postage label

Please note that all requested medical records must be signed by the physician or other healthcare provider.

*Please be advised that Section 164.506(c) (4) of the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule permits you to disclose your Humana-covered patients' medical information to us without authorization from your patients. Additionally, the Office for Civil Rights, which enforces the Privacy Rule, has determined that a healthcare provider may disclose health information to a health plan, provided the health plan has had a relationship with the individual who is the subject of the information.

This communication is intended for the exclusive use of the individual or entity to whom it is addressed and may contain information that is proprietary, privileged, confidential and/or exempt from disclosure under applicable law. Failure to maintain confidentiality of such information is subject to sanctions and penalties under state and federal law. If you have received this material/information in error, please contact the sender and delete or destroy the material/information immediately.

2023 Star measure guidelines and checklist

For all retrieval requests, please include **ALL** of the following chart components for the time frame specified. If all chart components are not available, please include the available components. Star measure indicators are on the left and right of each section.

Each section may include submeasures.

Note: For all measures, a demographic sheet or portion of the chart with the patient’s date of birth is needed.

OMW: Osteoporosis Management in Women who had a Fracture

OMW

Medical record dates: July 1, 2020 – Dec. 31, 2023

Medical record must include bone mineral density (BMD) testing completed and/or prescription for a medication to treat/prevent osteoporosis. Bone mineral density testing must be completed within 24 months before or 180 days after the fracture. Prescription for a medication to treat/prevent osteoporosis must be completed within 12 months before or 180 days after the fracture. Approved osteoporosis therapies include*:

Bisphosphonates: alendronate, alendronate-cholecalciferol, risedronate, ibandronate, zoledronic acid

Other agents: abaloparatide, denosumab, raloxifene, teriparatide

**Please refer to the NCQA website for a comprehensive list of medications and NDC codes.*

- Progress/encounter notes with BMD test
- Medication list for the medical record dates
- History and physical
- CMS-485 (Home Health Certification and Plan of Care)

TRC: Transitions of Care

TRC

Reminder: The healthcare provider’s name and credentials are required for this measure.

Medical record dates: Jan. 1, 2023 – Dec. 31, 2023

All visits within 30 days of each discharge MUST HAVE each of the following (*):

- | | |
|---|--|
| <ul style="list-style-type: none"> ● Progress/encounter notes* ● Provider-signed medication list for the medical record dates* ● All hospital discharge summaries* ● Consult notes* | <ul style="list-style-type: none"> ● History and physical ● Problem list ● CMS-485 (Home Health Certification and Plan of Care) |
|---|--|

All submeasures require the same documentation shown below:

Submeasure	Abbreviation
Notification of inpatient stay	TRC
Receipt of discharge information	TRC
Patient engagement after inpatient discharge	TRC
Provider-signed medication reconciliation post-discharge	TRC



Submitting records via our secure provider upload portal

Upload electronic health records directly to Humana using the fast and secure provider portal with these steps:

1. Navigate to the secure upload site at www.submitrecords.com/humana, then enter the secure password
2. Click the "Add files" button, and choose the medical records from your browser. You can upload single records saved in a PDF or TIF format. In addition, you can batch upload a zip file of all records in a PDF or TIF format.
3. Enter contact name, phone number, file password (if the file is password-protected) and any additional information regarding the record(s) into the notes section. You can add records of a maximum of 100 MB of space per upload.
4. Click "Upload," and the selected medical records will be electronically routed to the Humana repository system.
5. Note the date, time and reference numbers received and retain for verification purposes.

Humana

Entrust Secured

This Web site has been verified by Entrust and all records are encrypted by 128-bit SSL.

Submit Records Via Our Secure Provider Upload Portal

Welcome to the Secure Provider Upload Portal. To upload medical records, please follow the three easy steps below.

1. Enter your password:
2. Select the files to upload:

Click to Add

Accepted file types include .TIF, .PDF, and .ZIP. Limit to 100 MB per file.
To select multiple files in the dialog, hold Ctrl while clicking the file names. Press Ctrl-A to select all.

Please provide contact name and phone number below in case there are any issues with the file upload.

3. Upload files.

In the event a file size is too large, records may instead be faxed to (800) 205-5340.

Upload

Questions or problems please call provider support at (800) 205-5340.
Powered by VeriSign Health

For technical assistance with the provider upload portal, please call the number listed at the bottom of the upload portal. As a benefit to clinicians who upload records through this portal, their records will be stored in the secure Humana repository system, to which they may be granted access to for business continuity purposes. To obtain access, please call the number listed at the bottom of the upload portal, Monday – Friday, 8 a.m. – 6 p.m., Eastern time.

The website www.submitrecords.com/humana has been verified by Entrust®, and all transactions are protected by 128-bit secure sockets layer (SSL).

		NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES
USPS GROUND ADVANTAGE™ RETURN		
THE HARRIS CENTER FOR MENTAL 9401 SOUTHWEST HWY HOUSTON TX 77074		
<div style="border: 1px solid black; padding: 2px;">3900</div>		
HUMANA DEPT 1200 PO BOX - 2001 SOUTH JORDAN UT 84095-1221		
USPS TRACKING NUMBER		
9202 0902 0750 4129 5859 32		
Hosta Clerk - Use prepaid accept workflow in POS. Weighed Avtra service. Postage and fees are calculated automatically. Do not refuse or send these articles out postage due.	Scan for Free Package Pickup or to Find a Post Office	
Ref: Postal Bulletin dated 9-22-11		

✂ **Merchant Instructions** Cut On Dotted Line

Online e-Label Record

USPS Tracking Number:
9202 0902 0750 4129 5859 32
USPS Ground Advantage™ Lightweight
Return

Print Date: 10/23/2023

From: THE HARRIS CENTER FOR MENTAL H
9401 SOUTHWEST HWY
HOUSTON TX 77074

To: HUMANA
DEPT 1200
PO BOX 12001
SOUTH JORDAN UT 84095-1221



QR Code Instructions

Scan QR Code to Request Free Package Pickup
or to Find a Post Office to drop off Packages

1. Center the label onto the largest side of the package so that the label information does not wrap around any edge.
2. If not using a self-adhesive label, tape or glue shipping label to the package. **DO NOT TAPE OVER BARCODE.** Be sure all label edges are secured.
3. **DO NOT PHOTOCOPY.** Each shipping label number is unique to the intended shipment and can be used only once. If needed, contact merchant for replacement label.
4. If reusing box or container, remove cover, or mark out completely any other barcode and address markings.
5. Mail the parcel at a Post Office, drop it in a collection box, leave it with a letter carrier or schedule a free carrier pickup at usps.com

Thank you for shipping with the United States Postal Service!
 Check the status of your shipment on the Track & Confirm page at www.usps.com



October 27, 2023

Wayne Young, Chief Executive Officer
The Harris Center for Mental Health and IDD
9401 Southwest Freeway
Houston, Texas 77074

Dear Wayne Young,

Texas Health and Human Services (HHSC) will conduct the annual Youth Empowerment Services (YES) Waiver program review for Harris Center for Mental Health and IDD on November 27, 2023. Due to the current situation surrounding the COVID 19 pandemic, and out of an abundance of caution for your team and ours, this review will be conducted remotely. This review is necessary to comply with the Center for Medicare and Medicaid Services requirements to provide quality and financial oversight of waiver administration and operations.

The YES Quality Management team will conduct an entrance conference prior to the initiation of the remote review to answer any questions you and your team may have. This call is scheduled for November 10, 2023 at 9:00 am and will take place via video or telephone conference line. The sample of individuals selected will also be provided during the entrance conference. The attached document request list identifies items that must be made available to the YES Quality Management team via remote access to your Electronic Health Record or by electronic transmission (i.e., PDF documentation submitted by e-mail.)

HHSC personnel will review clinical and administrative records and provide technical assistance and consultation to program staff regarding the YES Waiver. The remote review is intended to ensure that requirements are met in the following areas: inquiry list management, eligibility; freedom of choice; qualifications of service providers; administrative procedures; health, safety, and welfare; billing and reimbursement; and service plans using the Wraparound planning process.

Please contact me at linda.gonzalez@hhs.texas.gov should you have any questions prior to the date of the remote review.

Sincerely,

Linda Gonzalez, YES Waiver, Quality Management Specialist
Health and Human Services Commission
Medical and Social Services, Behavioral Health Services

Cc: Stella Olise, Practice Manger, Harris Center

Lance Britt, VP of Behavioral Health, Harris Center
Tiffanie Williams-Brooks, Director of Children & Adolescent Services, Harris
Demetria Martin, Compliance Manager, Harris Center
Nicole Weaver, HHSC, Manager YES Waiver
Chera Tribble, YES Waiver Liaison, HHSC
Rashida Broussard, Manager BHMP QM, HHSC
Simona Haqq, Quality Improvement Lead, HHSC
Mary Mayes, HHSC, Contract Manager

	FAX TRANSMITTAL COVER SHEET
--	------------------------------------

To: The Harris Center for Mental Health / Attn: Medical Records
 Fax Number: (713) 970-3817 Phone Number (713) 970-7000
 From: Cotiviti/HMS Medical Records Acquisition
 Phone Number: (801) 285-5815
 Date: 10/11/2023 Number of Pages Including this cover sheet: 11
Subject: 1st Request Letter (Refax)

Attached is a 1st request for medical records/documentation for the enclosed members.

Records can be sent to the address below or sent via secure portal or fax.

Via U.S. Mail:
 C/O Cotiviti – 5210
 10701 S Riverfront Pkwy
 PO Box 12016
 South Jordan, Utah 84095

Failure to supply the records will be viewed as non-compliance and may result in negative action which could include: recovery of payments for the claims under review, referral for legal or regulatory action, payment withhold, breach of contract action, and/or other action as allowed. We thank you in advance for your cooperation.

Thank you,
 Cotiviti/HMS Medical Records Acquisition
 801-285-5815 or 443-652-6778

WARNING: Unauthorized interception or use of this fax could be a violation of Federal and State law. If you have received this information in error, please notify the sender immediately.
 This fax may contain confidential information belonging to the sender and may be used only for the purpose for which it was requested or intended. You are responsible for securing any confidential information.
 This fax may contain health care information. Permission to use or disclose this information has been granted either by law or the patient. Further use or disclosure without additional patient authorization or as otherwise permitted by law is prohibited.

NOV 03 2023

RECEIVED
10/11/2023

October 11, 2023



The Harris Center for Mental Health and IDD
 9401 Southwest Fwy
 Houston, TX 77074

SENT VIA FAX: (713) 970-6060

RE: **Request for Medical Records –Time Sensitive Response Due**
 Plan: **Community Health Choice**
 Request Number: **CHC0927202301**
 Member: **Please see member list at bottom of letter**

Response Due: **November 9, 2023**

Dear Provider:

Please accept this as a request for medical records/documentation for the enclosed members. The submission of these records will support Community Health Choice Inc. (Community) with its operational responsibility of oversight of participating partners. Failure to supply the records will be viewed as non-compliance and may result in negative action which could include: recovery of payments for the claims under review, referral for legal or regulatory action, payment withhold, breach of contract action, and/or other action as allowed. Should you choose to appeal findings due to non-compliance, justification/rationale for the lack of response to the requests is required. We thank you in advance for your cooperation.

Community Health Choice Inc. (Community) is a Covered Entity as defined by HIPAA and all past and current members are provided with a HIPAA Privacy Notice upon enrollment therefore Protected Health Information (PHI) may be released to a Covered Entity without a release from the member/patient for treatment, payment or health care operations, under the Health Insurance Portability and Accountability Act (HIPAA).

Texas Administrative Code, Title 1, Rule §353.502(g) Failure of the provider to supply the records requested by the MCO will result in the provider being reported to the HHSC-OIG as refusing to supply records upon request and the provider may be subject to sanction or immediate payment hold.

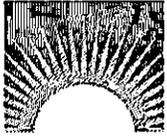
Social Security Act, Title XVIII, Section 1833€ states, "No payment shall be made to any provider of services or other person under this part unless there has been furnished such information as may be necessary in order to determine the amounts due such provider or other person under this part for the period with respect to which the amounts are being paid or for any prior period."

Code of Federal Regulations, Title 42, Section 424.5(a)(6) states, "Sufficient information. The provider, supplier, or beneficiary, as appropriate, must furnish to the intermediary or carrier sufficient information to determine whether payment is due and the amount of payment."

Please adhere to the following directions when photocopying, packaging, and mailing the requested records:

- 1) Complete copies should include specific records to support the services provided. **Send complete records to support the claims billed for each member.** It may include **but not be limited** to the following:
 - Physician orders / notes
 - Nurse/ attendant notes
 - Consultant and other medical reports
 - Prior authorization requests and approvals*
 - Prescribing records and medication history logs
 - Health assessment, plan of care*
 - Agreement for services, orientation documentation for attendants, supervisory visit/s*

October 11, 2023



**COMMUNITY
HEALTH CHOICE**

- Supervision logs, documentation of supervisory visits
- Referrals to other providers
- Individual treatment plan*
- Diagnostic assessments or evaluations*
- Appointment records
- Applicable sanction/exclusion screening for personnel
- Medication administration records
- Sign in sheets or daily attendance logs
- Testing including report and interpretation
- Patient insurance information
- Lab reports/results
- All lab requisitions, including custom panels
- Any documentation or correspondence with the treating physician or other qualified healthcare professional
- Initial intake form (completed by parent, guardian or patient)*
- Patient consent for the item(s)/service(s)*
- List of staff who provided the care to the requested patients within the specified date range. List should include the staff first name, last name, credentials, and their license number
- Discharge plan/discharge planner
- Admission and discharge summaries
- Progress notes, history & physical, and medical charting
- Advanced Beneficiary Notice (ABN) or similar document
- Case management/ social worker notes
- Financial Records including superbills, copays, Patient Ledgers and Patient Intake Forms or a letter signed by the provider if the office uses an EMR system preventing from producing superbills
- Treatment flow sheet documentation
- Out of state telehealth/telemedicine licensure
- Any other records pertaining to the claims billed for the patient

*These and potentially other requested items may be dated prior to the dates of service requested. Please provide all supporting documents for the dates of service billed. This may include supporting documents that were completed outside of the date range listed.

- 2) **Copy of Photo ID and Member ID card.**
- 3) All records are to be shipped via a traceable manner such as registered United States Postal Service.
- 4) **Photocopy each record.** Please make sure all copies are complete, legible, and contain both sides of each page, including page edges. Complete copies should include specific records to support the services provided and be separated by patient in chronological order. The medical records must be submitted in PDF format and separated by member. Records will not be accepted if submitted via CD, flash drive, etc. Furthermore, if services require video imaging, please provide 2-3 still images (pdf or jpeg) of the video file(s) per service, per member, per date of service.

Physician shall provide, at Physician's expense, copies of such records to authorized representatives of local, State, or federal regulatory agencies.

Please return the medical records, along with a copy of the request letter, to the following address on or before **November 9, 2023:**

Via U.S. Mail:
 C/O Cotiviti – 5210
 10701 S Riverfront Pkwy
 PO Box 12016
 South Jordan, Utah 84095

October 11, 2023



Medical records can also be sent via **secure portal or fax**:

- www.submitrecords.com, with client identifier/password chctx15FWA
- secure fax: 877-259-1269

We thank you for your cooperation and prompt attention in this matter.

Sincerely,

Cotiviti Medical Records Acquisition
801-285-5815 or 443-652-6778



Outreach ID: 43991690	Site ID: 45573725
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Chart Review Request

To:	<u>Medical Records</u>	Date:	<u>11/9/2023</u>
Fax Number:	<u>(713) 583-1504</u>	Phone Number:	<u>(832) 225-3345</u>

ACTION REQUESTED: Please respond within 8 days of receipt of this request.
Please call (877) 445-9293 or email chartreview@cioxhealth.com with any questions.

To learn how to reduce the phone calls and faxes from Ciox and eliminate the burden of medical record retrieval in the future, visit www.cioxhealth.com/betterway

Medical records can be submitted through the following options:

1. PROVIDER PORTAL:

Upload the medical records to Ciox's secure provider portal at <https://www.cioxlink.com> using the following credentials:

- Username: Password:

2. REMOTE EMR Retrieval:

Set up secure remote connection from a provider site's EMR directly to Ciox for timely off-site remote retrieval of records with trained associates at Ciox by contacting

3. ONSITE Chart Retrieval:

Schedule on-site retrieval with a complimentary Ciox Chart Retrieval Specialist or review any aspects of the on-site retrieval services at Ciox by contacting

4. FAX:

Send secure faxes to **1-972-729-6164**

5. MAIL:

Mark "Confidential" on the envelope and mail the medical records to: CIOX Health
2222 W. Dunlap Ave
Phoenix, AZ 85021

ATTENTION: With the COVID-19 Public Health Emergency declaration coming to an end, record submission extensions that were previously offered have ended.

>>> Going forward there will be significantly less time to fulfill medical record requests <<<

Ciox can help you **remove the burden of fulfilling record requests** through:

>>> **Digital Retrieval:** Automate the intake, fulfillment, quality control and delivery of medical records <<<

>>> **Release of Information Services:** Free up your staff's time with a centralized, outsourced approach to audits <<<

To learn more about one of these NO COST retrieval options, visit www.cioxhealth.com/betterway

NOV 10 2023

RECEIVED

VERIFICATION OF RECEIPT OF FAX:

This communication may contain confidential Protected Health Information. This information is intended only for the use of the individual or entity to which it is addressed. The authorized recipient of this information is prohibited from disclosing this information to any other party unless required to do so by law or regulation and is required to destroy the information after its stated need has been fulfilled. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution, or action taken in reliance on the contents of these documents is STRICTLY PROHIBITED by Federal law. If you have received this information in error, please notify the sender immediately and arrange for the return or destruction of these documents.



Dear Medical Records Department,

Oscar has partnered with Ciox Health to facilitate the retrieval of medical records for our members, as part of a Risk Adjustment program. We appreciate your cooperation with this medical record retrieval, which is necessary for compliance with the Centers for Medicare and Medicaid Services (CMS).

Risk Adjustment is a payment methodology used by CMS. Oscar performs ongoing chart reviews to ensure complete documentation of our member's health conditions for submission to CMS and to improve the coordination of their care.

We'll strive to minimize any disruptions in patient care activities. We have executed a Business Associate Agreement with Ciox Health; all information shared during this process will be kept in the strictest of confidence, in accordance with all applicable State and Federal laws regarding the confidentiality of patient records, including HIPAA requirements. We are not requesting confidential psychotherapy notes.

Below is a list of components requested, if applicable, for dates of service from 1/1/2023 - present.

We would appreciate your cooperation with this chart retrieval, which is necessary for compliance with CMS. *Records must include patient name, birthdate, and be signed with provider credentials (i.e. MD, DO, etc.)* Below is a list of components requested, if applicable:

- Demographic/Face Sheet
- History & Physical
- Consult Notes
- Progress Notes
- Office notes
- Operative Reports/Procedure Notes
- Signature Log
- Problem list/Medication List
- Chemo/Radiation Reports and Encounters
- Admission/Discharge Summaries for Hospital and SNF facilities
- Physical, Occupational, and other Therapy notes
- Pathology Reports
- Health Assessment Forms
- Emergency Department notes
- Radiology Reports/ Mammogram Reports
- Skilled Nursing Facility (SNF) encounters
- Labs/Laboratory Reports
- Consultation Correspondence (Inpatient and Outpatient)

If you have any questions regarding this project, please call the Ciox Health Provider Support Center at (877) 445-9293. Thank you in advance for your cooperation.

Sincerely,
Bahar Sedarati, MD
Medical Officer
Oscar Insurance

Confidentiality:

We have entered into a Business Associate Agreement ("BAA") with CIOX Health in accordance with the Health Insurance Portability and Accountability Act of 1996 and regulations promulgated thereunder (collectively "HIPAA"). The BAA allows CIOX Health to perform activities involving the use or disclosure of protected health information ("PHI") on our behalf. HIPAA allows a covered entity to disclose PHI to another covered entity for the health care operations of the entity receiving the information, without a member's authorization or consent, under certain circumstances. We believe that HIPAA permits you to disclose PHI to CIOX Health, our Business Associate, for risk adjustment purposes.



Have questions?
 Contact CIOX Provider Support
 1-877-445-9293

CIOX Health
 2222 W. Dunlap Ave
 Phoenix, AZ 85021

To Whom It May Concern:

Documentation requirements state that the medical record for each patient visit should include the date and legible identity of the provider including the signature and credential. As part of the chart review process the health plan had requested that you provide a copy of a signature log as noted below.

We have included a template for you to complete prior to beginning the chart review process. The example below provides an area to list all providers who document in your patient's medical records. This includes physicians, physicians' assistants and nurse practitioners.

- **NPI:** Print the provider's National Provider Identifier.
- **Provider Full Name:** Print the provider's name (MD, DO, NP and PA only).
- **Credential:** Print the provider's credential.
- **Legal Signature:** The provider should sign their legal signature. (full name including credential).
- **Actual Chart Signature Variations:** Sign all possible ways that the provider would normally sign the medical record, including full signature, initials, first initial last name, etc.

A CIOX Health representative will review your signature log prior to executing the chart review to ensure compliance.

It is recommended that you retain this document with your policies and procedure and update it annually or during new staff orientation.

Sample:

Group Name ABC Medical Group State TX

NPI	Provider Full Name	Credential	Legal Signature	Actual Chart Signature Variations
1234567890	John Doe	D.O.	John Doe, DO	JohnDoeDO
				JDoeDO
				JDDO



SL43991690



Reference Number: 2521833

Monday, November 6, 2023

TO: Nina

Per our recent discussions, please fax or mail the required medical record information to us by: 11/17/2023

12.20.23

Medical Record Request Instructions

- 1. Fill out the Patient Medical Record Request form for each member, checking whether the requested information is available or unavailable.
- 2. **Please ensure that the member's name and date of birth are present throughout the documentation.**
- 3. Fax or mail this document along with the Patient Medical Record Request form(s) and the requested medical record documents for each member (see sending information).

Please fax or mail all documents in the following order:

- 1. **Medical Record Request Instructions** (this document)
- 2. **Patient Medical Record Request form(s)** (enclosed with this document)
- 3. **Copy of requested medical record documents**

Please send only the documents listed on the Patient Medical Record Request form. The entire medical record is not necessary. However, please send the documents listed to support the request, regardless of system used (paper, EMR, both).

IMPORTANT NOTE:

If you prefer to submit records electronically, or if you foresee any issues with accommodating this request due to COVID-19 or other reasons, please contact our Provider Relations department at 855-767-2650 for assistance or go to our Secure Dropbox Portal at <https://dropx.changehealthcare.com>. Before sending, please place each Patient Medical Record Request Form in front of the requested documentation for each member. Please ensure the member's name / date of birth are visible on all dates of service returned.

Sending Information

Email Submission --please send PHI via secure email

To: DocumentationReceipt@changehealthcare.com

Faxing Information

To: Change Healthcare

From:

Fax: 866-667-5557

Pages:

Mailing Information

Change Healthcare

PO Box 52122,

Phoenix, AZ 85072-2122

Thank you for your cooperation regarding our medical record request. If you have any questions, please feel free to contact our Provider Relations Department at 855-767-2650 or CRCR_ProviderRelations@changehealthcare.com

Confidentiality Notice: This document and any attachments are for the sole use of the intended recipient(s) and contains confidential information. Any unauthorized review, use, or disclosure is a violation of federal law. If you are not the intended recipient or a person for delivering this message to an intended recipient, please contact the sender and destroy all copies of the original message immediately.

Change Healthcare
Location ID: 2521833

PO Box 52122,, Phoenix, AZ 85072-2122
Phone: 855-767-2650 Fax: 866-667-5557

NOV 10 2023

RECEIVED



October 2023

Risk Adjustment Request for Medical Records

Dear Administrator:

Risk adjustment is the payment methodology used by the U.S. Department of Health and Human Services (HHS) for our Health Insurance Marketplace members. As risk adjustment is based on the health status of the member, Ambetter is requesting your cooperation by providing access to specific members' medical records.

Ambetter Health has contracted with Change Healthcare to conduct this process.

What does this mean to you?

Change Healthcare will schedule an appointment to either scan the medical record in your office or request it be sent to Change Healthcare via fax, mail or secure electronic transfer. Ambetter Health's corporate certified coding team will perform all reviews on the medical charts retrieved by Change Healthcare to ensure that our records properly reflect the members' clinical conditions.

Change Healthcare has signed a Business Associate Agreement with Ambetter Health stating their compliance and adherence to all Health Insurance Portability and Accountability Act of 1996 (HIPAA) rules and regulations. In addition, all field reviewers scanning charts have signed a HIPAA-compliant confidentiality agreement. Under HIPAA, Covered Entities such as practitioners and their practices are not required to obtain patient authorization to disclose protected health information (PHI) to another Covered Entity for the purposes of treatment, payment and health care operations, as long as both parties have a relationship with the patient and the PHI pertains to that relationship.

Your cooperation in helping Change Healthcare complete these retrievals is appreciated.

Please include the following documents for each record identified on the attached member list for all dates of service from January 1, 2023, through December 31, 2023.

- Patient Demographic Sheet
- History and physical records, progress notes, and consultations.
- Discharge record, consult and pathology summaries, and reports.
- Surgical procedures and operating summaries.
- Subjective and objective assessments, plus plan notes.
- Diagnostic testing, including but not limited to diagnostic testing reports (EKG, Stress test, Holter monitors, Doppler studies), interventional radiology (MRA, catheter angiography, etc.), and neurology (EEG, EMG, nerve conduction studies, sleep studies).
- Emergency and Urgent Care records.
- Consultation reports.
- Specialist Notes.
- Procedure notes/reports.
- Valid signature with credentials.



October 2023

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- Emergency and Urgent Care records.
- Consultation reports.
- Specialist Notes.
- Procedure notes/reports.
- Valid signature with credentials.



October 2023

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- Subjective and objective assessments, plus plan notes.
- Diagnostic testing, including but not limited to diagnostic testing reports (EKG, Stress test, Holter monitors, Doppler studies), interventional radiology (MRA, catheter angiography, etc.), and neurology (EEG, EMG, nerve conduction studies, sleep studies).
- Emergency and Urgent Care records.
- Consultation reports.
- Specialist Notes.
- Procedure notes/reports.
- Valid signature with credentials.

NOV 10 2023

RECEIVED



Outreach ID: 43425168

Site ID: 46366542

Chart Review Request

To: MEDICAL RECORDSDate: 11/14/2023Fax Number: (713) 970-3817Phone Number: (713) 970-7330

ACTION REQUESTED: Please respond within 8 days of receipt of this request.
Please call (877) 445-9293 or email chartreview@cioxhealth.com with any questions.

To learn how to reduce the phone calls and faxes from Ciox and eliminate the burden of medical record retrieval in the future, visit www.cioxhealth.com/betterway

Medical records can be submitted through the following options:

1. PROVIDER PORTAL:

Upload the medical records to Ciox's secure provider portal at <https://www.cioxlink.com> using the following credentials:

- Username:
- Password:

2. REMOTE EMR Retrieval:

Set up secure remote connection from a provider site's EMR directly to Ciox for timely off-site remote retrieval of records with trained associates at Ciox by contacting

3. ONSITE Chart Retrieval:

Schedule on-site retrieval with a complimentary Ciox Chart Retrieval Specialist or review any aspects of the on-site retrieval services at Ciox by contacting

4. FAX:

Send secure faxes to 1-972-729-6164

5. MAIL:

Mark "Confidential" on the envelope and mail the medical records to: CIOX Health
2222 W. Dunlap Ave
Phoenix, AZ 85021

ATTENTION: With the COVID-19 Public Health Emergency declaration coming to an end, record submission extensions that were previously offered have ended.

>>> Going forward there will be significantly less time to fulfill medical record requests <<<

Ciox can help you remove the burden of fulfilling record requests through:

>>> **Digital Retrieval:** Automate the intake, fulfillment, quality control and delivery of medical records <<<

>>> **Release of Information Services:** Free up your staff's time with a centralized, outsourced approach to audits <<<

To learn more about one of these NO COST retrieval options, visit www.cioxhealth.com/betterway

NOV 15 2023
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VERIFICATION OF RECEIPT OF FAX:

This communication may contain confidential Protected Health Information. This information is intended only for the use of the individual or entity to which it is addressed. The authorized recipient of this information is prohibited from disclosing this information to any other party unless required to do so by law or regulation and is required to destroy the information after its stated need has been fulfilled. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution, or action taken in reliance on the contents of these documents is STRICTLY PROHIBITED by Federal law. If you have received this information in error, please notify the sender immediately and arrange for the return or destruction of these documents.



Dear Medical Records Department,

Oscar has partnered with Ciox Health to facilitate the retrieval of medical records for our members, as part of a Risk Adjustment program. We appreciate your cooperation with this medical record retrieval, which is necessary for compliance with the Centers for Medicare and Medicaid Services (CMS).

Risk Adjustment is a payment methodology used by CMS. Oscar performs ongoing chart reviews to ensure complete documentation of our member's health conditions for submission to CMS and to improve the coordination of their care.

We'll strive to minimize any disruptions in patient care activities. We have executed a Business Associate Agreement with Ciox Health; all information shared during this process will be kept in the strictest of confidence, in accordance with all applicable State and Federal laws regarding the confidentiality of patient records, including HIPAA requirements. We are not requesting confidential psychotherapy notes.

Below is a list of components requested, if applicable, for dates of service from 1/1/2023 - present.

We would appreciate your cooperation with this chart retrieval, which is necessary for compliance with CMS. *Records must include patient name, birthdate, and be signed with provider credentials (i.e. MD, DO, etc.)* Below is a list of components requested, if applicable:

- Demographic/Face Sheet
- History & Physical
- Consult Notes
- Progress Notes
- Office notes
- Operative Reports/Procedure Notes
- Signature Log
- Problem list/Medication List
- Chemo/Radiation Reports and Encounters
- Admission/Discharge Summaries for Hospital and SNF facilities
- Physical, Occupational, and other Therapy notes
- Pathology Reports
- Health Assessment Forms
- Emergency Department notes
- Radiology Reports/ Mammogram Reports
- Skilled Nursing Facility (SNF) encounters
- Labs/Laboratory Reports
- Consultation Correspondence (Inpatient and Outpatient)

If you have any questions regarding this project, please call the Ciox Health Provider Support Center at (377) 445-9293. Thank you in advance for your cooperation.

Sincerely,
Bahar Sedarati, MD
Medical Officer
Oscar Insurance

Confidentiality:

We have entered into a Business Associate Agreement ("BAA") with CIOX Health in accordance with the Health Insurance Portability and Accountability Act of 1996 and regulations promulgated thereunder (collectively "HIPAA"). The BAA allows CIOX Health to perform activities involving the use or disclosure of protected health information ("PHI") on our behalf. HIPAA allows a covered entity to disclose PHI to another covered entity for the health care operations of the entity receiving the information, without a member's authorization or consent, under certain circumstances. We believe that HIPAA permits you to disclose PHI to CIOX Health, our Business Associate, for risk adjustment purposes.



Have questions?
 Contact CIOX Provider Support
 1-877-445-9293

CIOX Health
 2222 W. Dunlap Ave
 Phoenix, AZ 85021

To Whom It May Concern:

Documentation requirements state that the medical record for each patient visit should include the date and legible identity of the provider including the signature and credential. As part of the chart review process the health plan had requested that you provide a copy of a signature log as noted below.

We have included a template for you to complete prior to beginning the chart review process. The example below provides an area to list all providers who document in your patient's medical records. This includes physicians, physicians' assistants and nurse practitioners.

- **NPI:** Print the provider's National Provider Identifier.
- **Provider Full Name:** Print the provider's name (MD, DO, NP and PA only).
- **Credential:** Print the provider's credential.
- **Legal Signature:** The provider should sign their legal signature. (full name including credential).
- **Actual Chart Signature Variations:** Sign all possible ways that the provider would normally sign the medical record, including full signature, initials, first initial last name, etc.

A CIOX Health representative will review your signature log prior to executing the chart review to ensure compliance.

It is recommended that you retain this document with your policies and procedure and update it annually or during new staff orientation.

Sample:

Group Name ABC Medical Group State TX

NPI	Provider Full Name	Credential	Legal Signature	Actual Chart Signature Variations
1234567890	John Doe	D.O.	John Doe, DO	JohnDoeDO
				JDoeDO
				JDDO



SL43425168



Epi Reference ID: L-03792118

NOV 16 2023

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Episource, LLC on behalf of Aetna

Aetna Medical Record Request: Patient List
Please contact Episource within 7 days of receiving this request:
1-209-299-3563 or 1-860-316-2982
Email: aetnachartretrieval@episource.com

Secure Online Submission: <https://uploads.episource.com>

Username:

Password:

Please submit member list all Communications:

Fax to: 1-888-300-0970 or 1-800-893-7048

Traceable mail to: 500 W. 190th Street, 4th Floor Suite 400, Gardena, CA 90248.

E-mail to: docmgt@episource.com *To protect ePHI, please use encrypted email.*

Electronic Medical Records: submitted via SFTP-Provider Portal or Remote Download.

Onsite retrieval: Contact an Episource Representative to schedule.

Please contact an Episource Representative regarding questions or to schedule your preferred retrieval method at **1-209-299-3563 or 1-860-316-2982** or email: aetnachartretrieval@episource.com

Relevant documents:

- Demographic / Face Sheet
- Hospital Records
- Progress Notes
- History & Physical Reports
- Consult Notes
- Pathology reports
- Diagnostics
- Medication & Problem List
- Past Medical History

Required Dates of Service: January 1, 2023 Present

Total Charts Requested: 55

File #	Provider Name	Member Last Name	Member First Name	DOB	Epi Chart ID	Comments
1	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	
1	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

Epi Reference ID: L-03792118

Aetna is the brand name used for products and services provided by one or more of the Aetna group of companies, including Aetna Life Insurance Company and its affiliates (Aetna).

©2023 Aetna Inc.



Outreach ID: 43814360	Site ID: 45068507
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Chart Review Request

To: <u>Medical Records</u>	Date: <u>11/21/2023</u>
Fax Number: <u>(713) 970-3817</u>	Phone Number: <u>(713) 970-7000</u>

ACTION REQUESTED: Please respond within 8 days of receipt of this request. Please call (877) 445-9293 or email chartreview@cioxhealth.com with any questions.

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Medical records can be submitted through the following options:

1. PROVIDER PORTAL:

Upload the medical records to Ciox's secure provider portal at <https://www.cioxlink.com> using the following credentials:

- Username: Password:
- *[Faint illegible text]*

2. REMOTE EMR Retrieval:

Set up secure remote connection from a provider site's EMR directly to Ciox for timely off-site remote retrieval of records with trained associates at Ciox by contacting *[Faint illegible text]*

3. ONSITE Chart Retrieval:

Schedule on-site retrieval with a complimentary Ciox Chart Retrieval Specialist or review any aspects of the on-site retrieval services at Ciox by contacting *[Faint illegible text]*

4. FAX:

Send secure faxes to 972-729-6174

5. MAIL:

Mark "Confidential" on the envelope and mail the medical records to: CIOX Health
2222 W. Dunlap Ave
Phoenix, AZ 85021

ATTENTION: With the COVID-19 Public Health Emergency declaration coming to an end, record submission extensions that were previously offered have ended.

>>> Going forward there will be significantly less time to fulfill medical record requests <<<

Ciox can help you remove the burden of fulfilling record requests through:

>>> **Digital Retrieval:** Automate the intake, fulfillment, quality control and delivery of medical records <<<

>>> **Release of Information Services:** Free up your staff's time with a centralized, outsourced approach to audits <<<

To learn more about one of these NO COST retrieval options, visit www.cioxhealth.com/betterway

NOV 22 2023

RECEIVED

VERIFICATION OF RECEIPT OF FAX:

This communication may contain confidential Protected Health Information. This information is intended only for the use of the individual or entity to which it is addressed. The authorized recipient of this information is prohibited from disclosing this information to any other party unless required to do so by law or regulation and is required to destroy the information after its stated need has been fulfilled. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution, or action taken in reliance on the contents of these documents is STRICTLY PROHIBITED by Federal law. If you have received this information in error, please notify the sender immediately and arrange for the return or destruction of these documents.



**** INSTRUCTIONS FOR PROVIDER OFFICES ****

May 23, 2023

Dear Provider:

Cigna Healthcare is in the process of conducting medical record diagnostic coding reviews as part of its Medicare Advantage risk adjustment process and as part of its commitment to quality patient care and provider support. As you may know, risk adjustment is the methodology used by the Centers for Medicare and Medicaid Services (CMS) to determine payments to Medicare Advantage health plans. This methodology is dependent on accurate and complete diagnosis coding. Reviewing medical chart documentation assists Cigna Healthcare in meeting these requirements.

Our goal is to make this process as unobtrusive as possible. To support this goal, Cigna Healthcare has enlisted the services of **CIOX Health** to retrieve medical records. You will be contacted by CIOX Health to make arrangements convenient for your practice. We will also work with you to minimize disruptions in patient care activities.

Next steps:

- Please anticipate receiving a call from CIOX Health to schedule the chart retrieval
- For each medical record, the following information is needed for dates of service from **January 1, 2022 through Current:**
 - History & Physical
 - Consultation Notes
 - Progress Notes
 - Medication List
 - Enhanced Encounter/360/HMR documents
 - Demographic Sheet
 - Search all EHR **and** Paper Chart formats for date range

Cigna Healthcare has executed a confidentiality agreement with CIOX Health and their employees, so that any information shared during this review will be kept in the strictest of confidence, in accordance with all applicable State and Federal laws regarding confidentiality and HIPAA requirements. Should you have any questions regarding this project, please contact the CIOX Health Provider Support Center at 1-877-445-9293.

Cigna Healthcare is conducting this chart review to ensure compliance with CMS guidelines for the submission of accurate information about your patients. Your participation is extremely valuable and necessary.

Thank you for your cooperation with this important activity.



**** INSTRUCTIONS FOR FACILITIES ****

May 23, 2023

Dear Facility:

Cigna Healthcare is in the process of conducting medical record diagnostic coding reviews as part of its Medicare Advantage risk adjustment process and as part of its commitment to quality patient care and provider support. As you may know, risk adjustment is the methodology used by the Centers for Medicare and Medicaid Services (CMS) to determine payments to Medicare Advantage health plans. This methodology is dependent on accurate and complete diagnosis coding. Reviewing medical chart documentation assists Cigna Healthcare in meeting these requirements.

Our goal is to make this process as unobtrusive as possible. To support this goal, Cigna Healthcare has enlisted the services of **CIOX Health** to retrieve medical records. You will be contacted by CIOX Health to make arrangements convenient for your facility. We will also work with you to minimize disruptions in patient care activities.

Next steps:

- Please anticipate receiving a call from CIOX Health to schedule the chart retrieval
- For each medical record, the following information is needed for dates of service from **January 1, 2022 to Current:**
 - Admitting Documents
 - History & Physical
 - Consult Notes
 - Progress Notes
 - Discharge Summary
 - Medication List
 - Demographic Sheet
 - Signature Log

Cigna Healthcare has executed a confidentiality agreement with CIOX Health and their employees, so that any information shared during this review will be kept in the strictest of confidence, in accordance with all applicable State and Federal laws regarding confidentiality and HIPAA requirements. Should you have any questions regarding this project, please contact the CIOX Health Provider Support Center at 1-877-445-9293.

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Thank you for your cooperation with this important activity.



Have questions?
 Contact CIOX Provider Support
 1-877-445-9293

CIOX Health
 2222 W. Dunlap Ave
 Phoenix, AZ 85021

To Whom It May Concern:

Documentation requirements state that the medical record for each patient visit should include the date and legible identity of the provider including the signature and credential. As part of the chart review process the health plan had requested that you provide a copy of a signature log as noted below.

We have included a template for you to complete prior to beginning the chart review process. The example below provides an area to list all providers who document in your patient's medical records. This includes physicians, physicians' assistants and nurse practitioners.

- **NPI:** Print the provider's National Provider Identifier.
- **Provider Full Name:** Print the provider's name (MD, DO, NP and PA only).
- **Credential:** Print the provider's credential.
- **Legal Signature:** The provider should sign their legal signature. (full name including credential).
- **Actual Chart Signature Variations:** Sign all possible ways that the provider would normally sign the medical record, including full signature, initials, first initial last name, etc.

A CIOX Health representative will review your signature log prior to executing the chart review to ensure compliance.

It is recommended that you retain this document with your policies and procedure and update it annually or during new staff orientation.

Sample:

Group Name ABC Medical Group State TX

NPI	Provider Full Name	Credential	Legal Signature	Actual Chart Signature Variations
1234567890	John Doe	D.O.	John Doe, DO	JohnDoeDO
				JDoeDO
				JDDO



SL43814360



Outreach ID: 44562351

Site ID: 43846984

Chart Review Request

To:	Unknown	Date:	11/29/2023
Fax Number:	(713) 970-7246	Phone Number:	(713) 970-7000

ACTION REQUESTED: Please respond within 8 days of receipt of this request. Please call (877) 445-9293 or email chartreview@cioxhealth.com with any questions.

To learn how to reduce the phone calls and faxes from Ciox and eliminate the burden of medical record retrieval in the future, visit www.cioxhealth.com/betterway

Medical records can be submitted through the following options:

1. PROVIDER PORTAL:

Upload the medical records to Ciox's secure provider portal at <https://www.cioxlink.com> using the following credentials:

- Username:
- Password:

2. REMOTE EMR Retrieval:

Set up secure remote connection from a provider site's EMR directly to Ciox for timely off-site remote retrieval of records with trained associates at Ciox by contacting

3. ONSITE Chart Retrieval:

Schedule on-site retrieval with a complimentary Ciox Chart Retrieval Specialist or review any aspects of the on-site retrieval services at Ciox by contacting

4. FAX:

Send secure faxes to 1-972-729-6164

5. MAIL:

Mark "Confidential" on the envelope and mail the medical records to: CIOX Health
2222 W. Dunlap Ave
Phoenix, AZ 85021

ATTENTION: With the COVID-19 Public Health Emergency declaration coming to an end, record submission extensions that were previously offered have ended.

>>> Going forward there will be significantly less time to fulfill medical record requests <<< NOV 30 2023

Ciox can help you remove the burden of fulfilling record requests through:

- >>> **Digital Retrieval:** Automate the intake, fulfillment, quality control and delivery of medical records
- >>> **Release of Information Services:** Free up your staff's time with a centralized, outsourced approach to audits <<<



To learn more about one of these NO COST retrieval options, visit www.cioxhealth.com/betterway

VERIFICATION OF RECEIPT OF FAX:

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Dear Medical Records Department,

Oscar has partnered with Ciox Health to facilitate the retrieval of medical records for our members, as part of a Risk Adjustment program. We appreciate your cooperation with this medical record retrieval, which is necessary for compliance with the Centers for Medicare and Medicaid Services (CMS).

Risk Adjustment is a payment methodology used by CMS. Oscar performs ongoing chart reviews to ensure complete documentation of our member's health conditions for submission to CMS and to improve the coordination of their care.

We'll strive to minimize any disruptions in patient care activities. We have executed a Business Associate Agreement with Ciox Health; all information shared during this process will be kept in the strictest of confidence, in accordance with all applicable State and Federal laws regarding the confidentiality of patient records, including HIPAA requirements. We are not requesting confidential psychotherapy notes.

Below is a list of components requested, if applicable, for dates of service from 1/1/2023 - present.

We would appreciate your cooperation with this chart retrieval, which is necessary for compliance with CMS. *Records must include patient name, birthdate, and be signed with provider credentials (i.e. MD, DO, etc.)* Below is a list of components requested, if applicable:

- Demographic/Face Sheet
- History & Physical
- Consult Notes
- Progress Notes
- Office notes
- Operative Reports/Procedure Notes
- Signature Log
- Problem list/Medication List
- Chemo/Radiation Reports and Encounters
- Admission/Discharge Summaries for Hospital and SNF facilities
- Physical, Occupational, and other Therapy notes
- Pathology Reports
- Health Assessment Forms
- Emergency Department notes
- Radiology Reports/ Mammogram Reports
- Skilled Nursing Facility (SNF) encounters
- Labs/Laboratory Reports
- Consultation Correspondence (Inpatient and Outpatient)

If you have any questions regarding this project, please call the Ciox Health Provider Support Center at (877) 445-9293. Thank you in advance for your cooperation.

Sincerely,
Bahar Sedarati, MD
Medical Officer
Oscar Insurance

Confidentiality:

We have entered into a Business Associate Agreement ("BAA") with CIOX Health in accordance with the Health Insurance Portability and Accountability Act of 1996 and regulations promulgated thereunder (collectively "HIPAA"). The BAA allows CIOX Health to perform activities involving the use or disclosure of protected health information ("PHI") on our behalf. HIPAA allows a covered entity to disclose PHI to another covered entity for the health care operations of the entity receiving the information, without a member's authorization or consent, under certain circumstances. We believe that HIPAA permits you to disclose PHI to CIOX Health, our Business Associate, for risk adjustment purposes.



Have questions?
 Contact CIOX Provider Support
 1-877-445-9293

CIOX Health
 2222 W. Dunlap Ave
 Phoenix, AZ 85021

To Whom It May Concern:

Documentation requirements state that the medical record for each patient visit should include the date and legible identity of the provider including the signature and credential. As part of the chart review process the health plan had requested that you provide a copy of a signature log as noted below.

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It is recommended that you retain this document with your policies and procedure and update it annually or during new staff orientation.

Sample:

Group Name ABC Medical Group State TX

NPI	Provider Full Name	Credential	Legal Signature	Actual Chart Signature Variations
1234567890	John Doe	D.O.	John Doe, DO	JohnDoeDO
				JDoeDO
				JDDO



SL44562351

EXHIBIT A-5

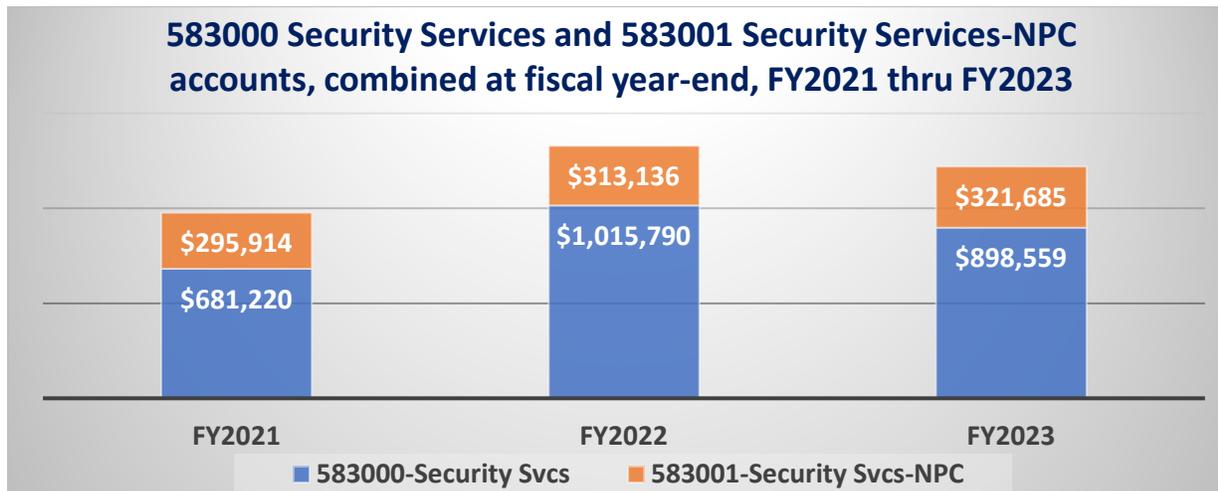
Executive Summary

SECURITY SERVICES AUDIT (SECSVCS0124)

COMMENTS

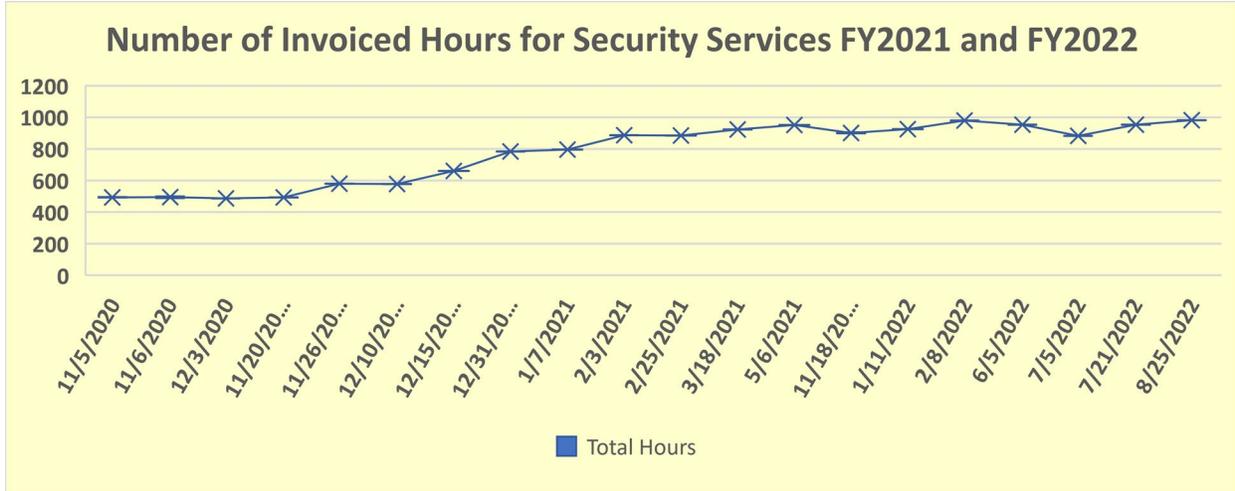
Comment #1 – Internal Audit found 583000 Security Services account actuals increased by 49.1% in FY2022 compared to FY 2021, then decreased by 11.5% in FY2023 compared to FY 2022. The causation of the dollar increase in FY 2022 was due to a number of factors such as the opening of a new Center location (6160), increase in contracted labor services, and delayed invoicing and payments in FY 2022. Also, the new Director of Security Services, who was hired in FY 2022, has his salary and benefits directly charged to the security account.

We also found 583001 Security Services-NPC account actuals increased by 5.8% in FY2022 and by 2.7% in F2023. Security services at NPC are provided by Harris Health but billed to the Harris Center’s 583001 Security Services-NPC account.

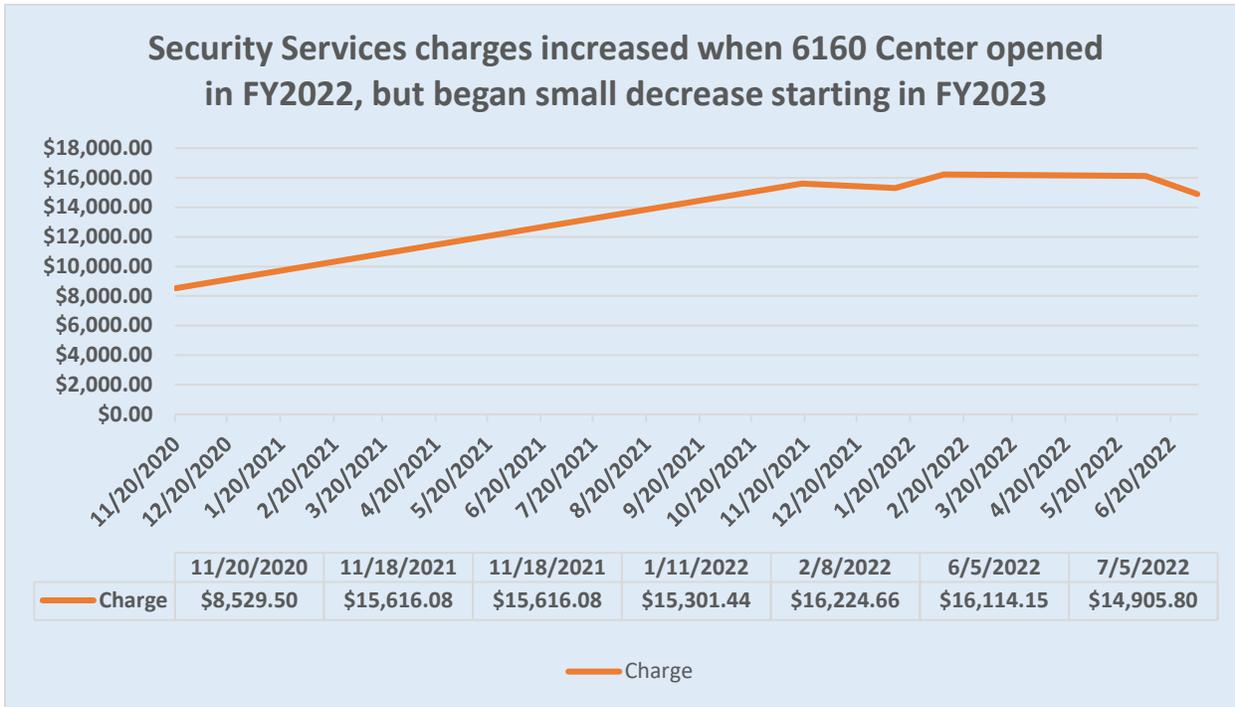


Source: Financial Services, online trending report, November 20, 2023

Comment #2 – Internal Audit found 583000 Security Services invoiced hours and charges increased when the 6160 location opened in early 2021. Internal Audit found invoices from Allied Universal showing invoiced hours averaging 549 hours until early 2021, and invoices averaging 907 hours in FY2022. Many of the increased hours are associated with staffing guards at the 6160 location.



Source: Allied Universal security services invoices, showing invoices hours and charges FY2021 – FY2022



Source: Allied Universal security services invoices, showing invoices hours and charges FY2021 – FY2022

Management Response (Director of Security): “NPC - Harris Health (583001) has increased the salary of their Security Officers each of these years. Their salaries increased from \$24.91/hr. in FY2021 to \$25.59 in FY2022 and \$26.18 in FY2023.

As Far as Security Services (583000) I’m still waiting for reports from Budget to get more specific; however, what I can tell you is that my salary/fringe was added to the budget in FY 2022 as a new item. In addition the Allied contract had an hourly wage increase as well.

FY2023- There was an increase in the Allied Security Contract hourly rate, we added new officers for the Youth Diversion Center. The Front desk receptionist and a new Security Manager was added to 583000.”



**Security Services Review
(SECSVCS0124)**

INTERNAL AUDIT REPORT

January 16, 2024

David W. Fojtik, CPA, MBA, CIA, CFE

Director, Internal Audit



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CURRENT PROCESS

The Security Services Department is a primary reporting entity in The Harris Center's daily operations. The last audit report on Security Services was in FY2016. Security Services operates with one or more local contract service services providers who provide staffing for performing daily, nightly and weekend operations. The Harris Center's number of operational locations has grown, and the need for security has grown in response because of the increase in the number of Center programs needing security.

Allied Security is the current contractor that provides twenty-seven individuals to patrol our operations in the various larger clinical office locations. Currently, the Director of Security has developed his plan to hire one full-time Security Manager plus thirteen full-time additional guard positions. The Security Manager began her employment in November 2023, and anticipates working the process to hire the additional employees to replace positions currently performed by Allied Universal's security service employees.

The guards have used the Harris Center's online Incident Report (IR) network which is a standardized approach for defining incidents and accidents, but the department is working on an internal IR system to expedite communications and resolutions. This will be a significant improvement in coordination efforts.

SCOPE AND OBJECTIVES

Audit Scope: The Security Services Audit has been included in Internal Audit’s Fiscal Year 2024 Annual Audit Plan to assure that proper management controls are in place and comply with Center policies

Audit Objectives: The Security Services Audit has not been performed for several years, however the recent expansion into new properties suggested its prioritization. Our audit objectives were to:

1. Review the current policies and procedures for security services in place at The Harris Center.
2. Verify that management has reliable reporting resources to provide oversight of all the essential Harris Center activities in various locations and facilities.
3. Affirm that the security guards can consistently observe situations on the ground and obtain adequate training to know when and how to report incidents to Security Services management.

AUDIT RISKS

Audit Risks: Factors that may contribute to worsened outcomes include the following:

1. The Center’s management cannot identify security services issues per policy and procedures.
2. The Center’s management will not act on findings or respond appropriately to guard reports that indicate unstable situations as defined by security services departmental policy and procedures.
3. The Center’s management does not provide tighter controls over the access or use of the Center’s building facilities, vehicles, special tools and equipment, or other resources to enhance security.

FIELD WORK

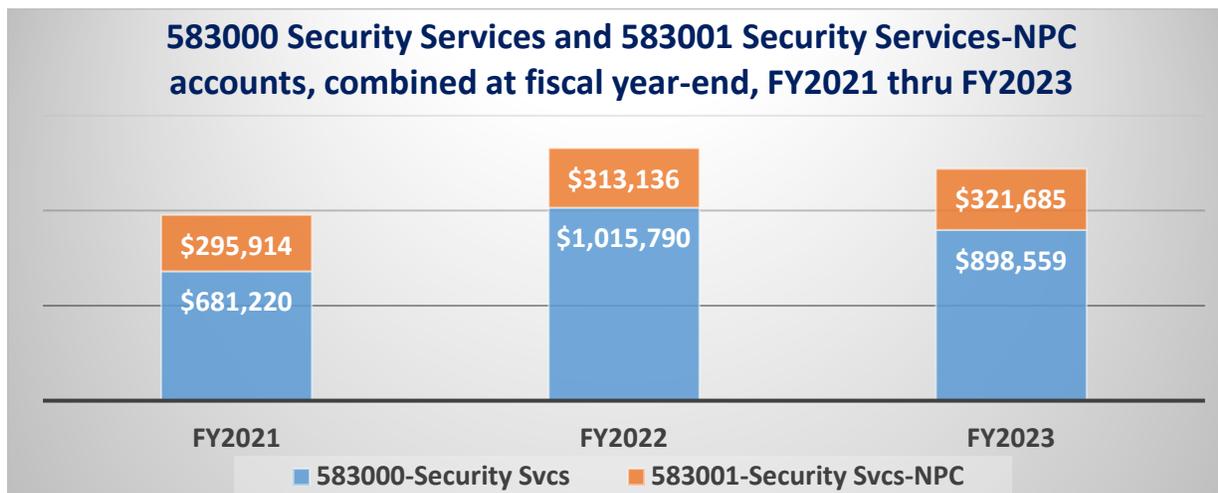
Field Work: A high-level summary of audit work is needed to address the audit objectives listed above:

1. Review The Harris Center’s policies and procedures to prioritize a key performance indicator (kpi) to measure quality of security services, while maintaining expenditures of providing such services.
2. Obtain a list of Harris Center employee names who are involved in promoting security services and in affirming their contribution to the Center’s need for security, employee safety and well-being.
3. Review the Security Services departmental budget and assess how the monthly costs align with the budget and identify opportunities for improvements.
4. Evaluate the Director of Security’s operations plan and his proposal to hire full-time employees to serve as supervisors or as security guards at the Center’s various locations.

COMMENTS

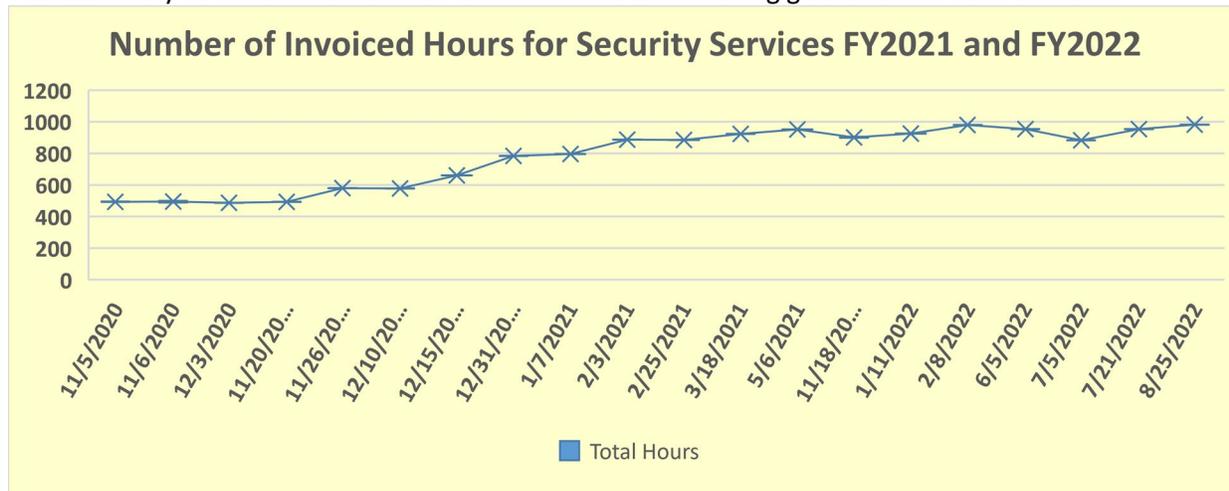
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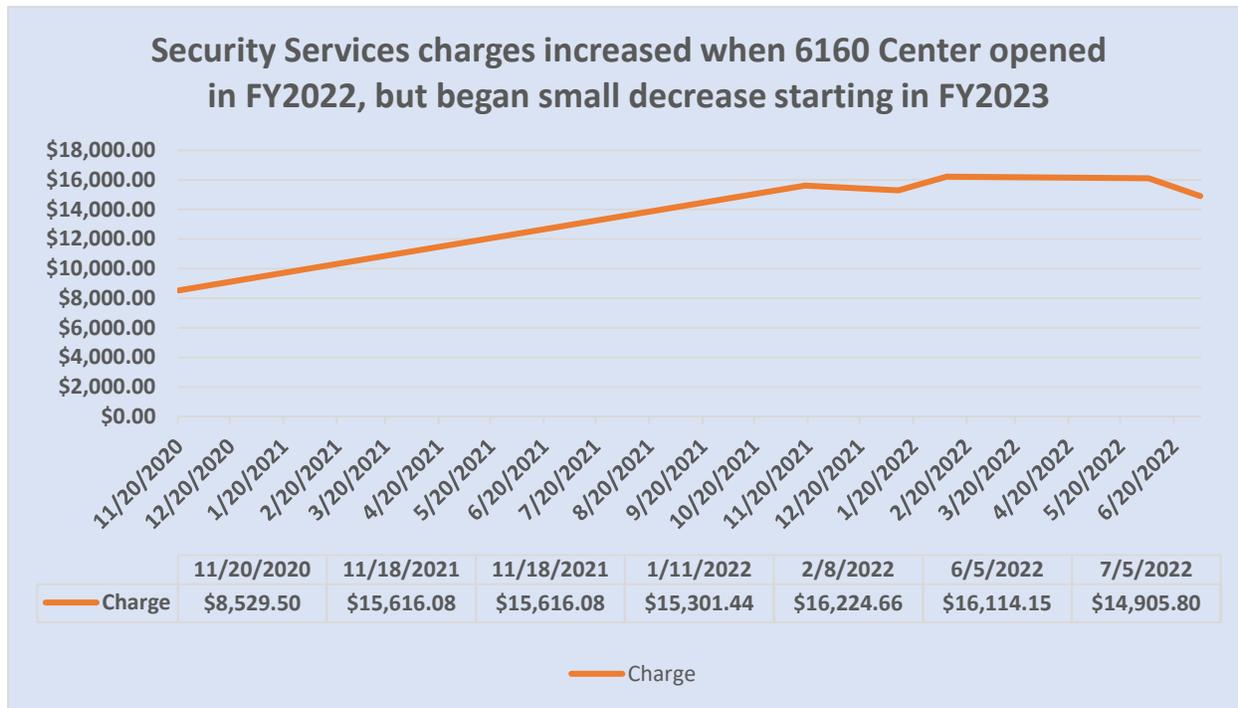


Source: Financial Services, online trending report, November 20, 2023

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Management Response (Director of Security): “NPC - Harris Health (583001) has increased the salary of their Security Officers each of these years. Their salaries increased from \$24.91/hr. in FY2021 to \$25.59 in FY2022 and \$26.18 in FY2023.

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FY2023- There was an increase in the Allied Security Contract hourly rate, we added new officers for the Youth Diversion Center. The Front desk receptionist and a new Security Manager was added to 583000.”

CONCLUSION

Internal Audit's last audit was performed when The Harris Center had fewer operational units and facilities. The primary goal for security services personnel is to assure protection of physical facilities, personnel, special equipment, and fixed assets. The Harris Center's contract with Allied Universal calls for on average employing twenty-seven guards, and Security Services reports that the level of coverage is sufficient.

The cost of providing contract security is based on the number of scheduled hours times the hourly rate, therefore scheduling trends drive the security costs. The review of Allied Universal Security invoices has shown invoices which are clear to follow, noting individual guard names, locations, hourly rates and the guard's shifts and any notations of pay differentials based on extra shifts, weekends, nights, or holidays. Internal Audit reviewed invoices and noted the majority of guards worked scheduled shifts with few additional charges. The vendor organization proposes job performance standards and providing basic professional training, but The Harris Center benefits by reinforcing the training education.

There have been a few instances of reported guard misbehavior during the previous years. The incidents included a guard caught viewing pornography, and another guard found asleep, but the lapses are few. Most of the security guards work during the day shift (6:00 a.m. to 2:00 pm) but the surveillance of the guards' performance over evenings and weekends is more difficult, but performance conditions remain strong even in after-hours. There are unique staffing issues for guards working in residential facilities, but they are not problematic.

The Director of Security is a knowledgeable security professional who understands how to provide security optimally and he knows how to schedule work to provide services consistently and without fail. We believe that he has brought experience and expertise to the role that it needed for some time, so we are receiving the benefit of his professional demeanor and background to make The Harris Center safe.

Respectfully submitted,

David W. Fojtik

David W. Fojtik, MBA, CPA, CFE, CIA
 Director of Internal Audit
 The Harris Center for Mental Health and IDD

Kirk D. Hickey

Kirk D. Hickey, MBA, MIM, CFE
 Staff Internal Auditor
 The Harris Center for Mental Health and IDD

Executive Summary

SPECIAL AUDIT REQUEST: EMPLOYEE LICENSES REPORT (SAREMP LIC0124)

COMMENTS

Comment #1 – Internal Audit found one employee with an alleged expired license as of December 14, 2023, the date of the HRIS (Human Resource) Report. The employee explained she had submitted her license renewal in October 2023; however, the license renewal was not updated on the HRIS license report.

By contrast, there were four (4) employees erroneously listed in the November 2022 report. The Human Resource Department has done an excellent job in expediting confirmation of license renewals and by doing so has made the HRIS Report more accurate and functional.



**Special Audit Request: Employee Licenses Report
(SAREMPLIC0124)**

INTERNAL AUDIT REPORT

January 16, 2024

David W. Fojtik, MBA, CPA, CIA, CFE

Director, Internal Audit



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CURRENT PROCESS

The Harris Center employees are responsible for securing the timely renewal of professional licenses. This requirement primarily fulfills professional billing needs in order to properly bill for client services.

The Human Resources Department maintains a monthly spreadsheet that shows the employee name, employee number, and type of license and license holder's designated license number. This monthly HR report is a basic method used for assessing that employees are in compliance with their license renewals. Revenue Management oversees all third-party billing and requires that providers' license are in active status and use a process known as credentialing.

Human Resources reviews new hire employees who hold professional licenses and tracks them on a monthly license report, which includes the licensee name, licensee number and license expiration date. Human Resources uses a process identifies employees with upcoming license renewals and issues an automated email to those employees needing to renew their license. The email to employees generates at 90 days before expiration date, again at 60 days prior to expiration, and 30 days prior to expiration. (See sample Human Resources email notifier shown on next page of this report).

When Internal Audit inquired about the license renewal requirements, we were informed that there is an education module which employees are required to pay for renewal fees to the regulatory agency (Texas Medical Board, Texas Board of Nursing, Texas Department of Health and Human Services (HHSC). The Harris Center does not fund the renewal fees nor education costs.

The current process relies on providing evidence of obtaining the renewal. The evidence can be an electronic or a scan of the hard copy license, which per policy is sent to the Human Resources contact. This will document the receipt of the renewal documentation, which is reflected in the monthly report. In our experience, Internal Audit compared dates listed indicated on HR's monthly license report with dates found in the regulatory agency's database (Texas Board of Nursing, for example). This is a tedious process, but over time the results have steadily improved.

The ***Policy and Procedures: Licensure, Certification and Registration PER: 30*** states that: "employees must provide The Harris Center proof of the existence and current status of such professional licenses, registration, certifications and educational records by submitting official copies that bear authenticity." We found that this policy and procedure does not specifically describe how the license renewals are to be obtained or reported to HR by online documentation (email), however, most employees continue to timely obtain their license renewals. Overall, the process appears successful, but it takes time to perform and though some license holders do not prioritize the renewal process, it is deemed essential in policy.

The ***Cut the Tape Explanation for Annual License Renewals*** notice issued March 23, 2020 described the Center's workflow and which requests a physical licensing agency document (or a scan) in order to show renewals for their licenses. In the workflow, employees may not just provide a link or reference to substantiate an active license. Employees must produce evidence of the license renewal including new renewal date. The notice states that "all Texas Medicaid and Health Partnership (TMHP) carriers require the Agency to submit a copy of the physical license on file for certain provider types (LCSW, LPC, LMFT, PsyD, SLP and PA) and any services these provide. This is why you receive reminders to send a physical copy when your license is about to be renewed." (*Cut the Tape*, March 23, 2020).

Sample of email notifications process

Internal Audit inquired about the Human Resources current practice that includes sending individual email notifications out to Center employees 60 and 30 days prior to a license expiration date. Below is the sample renewal notifier that explains the specific expiration date, the license number, and the steps that the employees must undertake to become compliant (e.g., by completing their license renewal).

employee@theharriscenter.org

You are receiving this notice in an effort to help you maintain your licensure compliance with Human Resources. **It appears that you have one or more licenses that are due within 30 days (see below).**

Position: Pharmacist

Note: If you are an RN, LVN, or an ANP, you may go to [The State of Texas Verification Website](#) and print a copy of your license for submission to HR.

If you are a Physician, you may go to the [Texas Medical Board](#) website or the [DEA Number](#) website.

Expiration	License
-----	-----
12/31/2021	Registered Pharmacist
Due 30	Lic#: 999999

Please take a few moments to submit information to renew your license with Human Resources. Maintenance of employee licensure by Human Resources is covered by policy [PER-30 Licensure Certification and Registration](#) in which Human Resources "...serves as the official record for documentation of licensure, registration, certification, and proof of educational attainment..." for Agency employees.

*****Submitting Your Information**

Please submit a current copy of your license in one of the following ways:

Inter-Office Mail: Human Resources (9401 Southwest Freeway – 9th floor)

Email: HumanResources@theharriscenter.org

Fax: 713-970-7000

If you have questions regarding this notice, please contact **713-970-7000**.



Courtesy: Human Resources Department email notifier, sent as sample on December 10, 2021

Internal Audit applauds the use of email notifications to employees, but the Human Resources contacts we have worked with agree they are not wholly effective to obtain the employee compliance for securing the renewal on time. The process requires that documentation of the renewal must be forwarded to the Human Resources email (noted above) to complete the process.

SCOPE AND OBJECTIVES

Audit Scope: This follow-up audit was received from the Director of Internal Audit for a review of license renewals for staffers who provide professional clinical services at The Harris Center. This special audit request was performed in December 2023.

Audit Objectives: The follow-up audit: Employee License Audit Update was approved for inclusion in Internal Audit's Fiscal Year 2024 Annual Audit Plan, and our audit objectives were:

1. Obtain the Human Resources monthly license report listing staff who hold professional licenses, including psychiatrists, licensed professional counselors, physicians and nurses, counselors, and other licensed professionals who are currently employed at The Harris Center.
2. Review the Harris Center's policies and procedures regarding maintaining professional licenses and the employee responsibilities to maintain licenses to perform clinical services at the Center.
3. As needed, review medical and staff licenses in HR records with insufficient license information or seemingly incorrect information, in order to verify current status of the professional licenses.

This follow-up audit has been performed in prior years with an effort to contact selected staff to remind them to renew licenses. This current report is a status report on the ongoing compliance issue to ensure that all licenses are renewed successfully among our employees.

AUDIT RISKS

1. Management does not adequately train employees on current requirements of maintaining the renewals of licenses in order to comply with the Center's professional license requirements.
2. Management does not prioritize methodologies to improve data gathering of license renewals and does not incentivize timely license renewal reporting to reduce denials or related claims.
3. Management does not maintain the resources to coordinate timely employee renewal activity or drive greater license issue resolution in order to improve the database of professional licenses.

FIELD WORK

1. Review Human Resources Monthly License Report excel report for a listing of professional licenses, in order to verify employee name, unit, license type, license number, and license expiration date.
 2. Compare the license type and license number and expiration date on the monthly license report to the regulatory databases, to make note of variances for name, expiration date, or license number.
 3. As needed, verify license accuracy by requesting the documented employee license record from Human Resources contact who is currently in charge of maintaining employee licensing records.
 4. As needed, alert the HR license report contact that employee license appears expired or inaccurate, and advise that licensee/employee should be notified to make a corrective update.
 5. As needed, alert all exception employees that HR records do not portray their licenses as active, and ask these employees to provide updated information for submission to the License Report.
-

COMMENTS

Comment #1 – Internal Audit found one employee with an alleged expired license as of December 14, 2023, the date of the HRIS (Human Resource) Report. The employee explained she had submitted her license renewal in October 2023; however, the license renewal was not updated on the HRIS license report.

By contrast, there were four (4) employees erroneously listed in the November 2022 report. The Human Resource Department has done an excellent job in expediting confirmation of license renewals and by doing so has made the HRIS Report more accurate and functional.

CONCLUSION

Internal Audit performed this audit to affirm that all employees can comply with The Harris Center’s licensing policy, which has emphasized timely license renewals in order to provide professional services. The Harris Center’s employees appear to renew their licenses more timely than in the past few years.

To verify compliance, Internal Audit performed a two-way verification between the Human Resources Department’s monthly license report created on December 14, 2023 that lists employee names, license types and license numbers, job titles, license expiration dates, and the employee’s clinical unit number. The license expiration dates are evaluated by sorting the licenses by expiration date. All licenses pending renewal were manually compared to the regulatory agency’s database showing the expiration date.

Agencies with license verification databases include the Texas Medical Board, Texas Board of Nursing, the Behavioral Health Executive Committee database, the Department of Pharmacy and several others. Over the past few years, some regulators have restricted or controlled access to the verification process or no longer provided the verification database, including the Drug Enforcement Agency (DEA).

The Revenue Management Department contact explained that they use the Human Resources license report for verifying newly hired employees, but not for verifying the employee’s active license status. The Revenue Management Department performs extensive “credentialing” to identify valid licenses prior to the timeframe when service billing is initially created. The billed service charges are challenged by third-party payers or ultimately denied without the extensive credentialing verification process.

Internal Audit has worked with Revenue Management and Information Technology about automating the credentialing process, which would require installation of a special license database. Internal Audit and Revenue Management met with Information Technology and Harris Health managers who perform credentialing services, but the Harris Health process did not seem to meet requirements at the Center.

We believed that an active online credentialing service could have been implemented in early 2023. In the current report, we noted that the credentialing is performed with workflow improvements but not with the specific database that we uncovered in last year’s review.

Respectfully submitted,

David W. Fojtik

David W. Fojtik, MBA, CPA, CFE, CIA

Director of Internal Audit

The Harris Center for Mental Health and IDD

Kirk D. Hickey

Kirk D. Hickey, MBA, MIM, CFE

Staff Internal Auditor

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CONCLUSION

The Harris Center's Chief Financial Officer (CFO) had initially requested that Internal Audit perform a review of The Harris Center's key accounting controls, including a test of the signature approvals. The Director of Internal Audit agreed to review accounting controls as a financial audit, and as one of the Board-approved audits to be completed in the FY2024 annual audit plan.

This compliance audit was intended to test signature levels on checks and payments, but the same rules apply for financial transfers for larger transfers in payroll or transfers are needed from reserve accounts. This payment sample of FY2023 contracts and purchases focused on accounts payable controls activity for individual payments of \$25k or higher that we tested for a signatory name and date of authorization. We found that the Harris Center's financial and administrative workflows are documented, but we also envision the Center's future needs will expand to include more automated solutions and benefit senior management with more transparency, traceability, information and management accountability.

Internal Audit met with the Controller and Supervisor of Accounts Payables about how signatures are tracked. We found out that the process follows check signing levels per policy requirements, and the check signing levels payment signatures were obtained promptly after the check or EFT payment date. The check signing process is effective in terms of getting timely authorization from the all signatories including the CEO. In our sample of contracts and one large purchase in 2023 we found transactions that were initially signed by the Controller and all were finalized by a second approval signature of the CEO.

The Controller shared an interesting procedural change to prepare transactions over \$100k in advance to prioritize transactions that can be prepared in time for check-run activity on Tuesdays, which can facilitate obtaining Board of Trustee signatures from those members attending meetings on a Tuesday. In the current process, the check-run activity is performed on Wednesday which requires hiring HotShot couriers to route materials to a Board member's home on Wednesdays. Obtaining the signatures on-site on Tuesdays is a process improvement that facilitates timely payment of our largest payments.

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Executive Summary

SMR: CHECKS, EFT AND ACH SIGNATURE LEVELS REVIEW (CXEFTACH0124)

OBSERVATIONS, RECOMMENDATIONS & MANAGEMENT RESPONSES

Observation #1 – Internal Audit reviewed payments for thirteen (13) large contracts and two (2) for a newly purchased medical van. We did not find delays in approvals nor missing approvals in our small sample. Approvals complied with authority signing levels defined in **FM.A.13 Check Signing** policy.

Sample payments paid with multiple approvals on Checks or EFT Payments in FY2023

Payee Name	Invoice Date	Payment Date	Invoiced Amt.	Payment Info.	Signature 1 Info.	Signature 2 Info.	Service
FREEITDATA	4/11/2023	05/31/2023	\$330,789.04	CHECK 513334	CFO on 06/01/23	CEO on 06/02/23	Windows 365 software as service
ODONNELL	2/15/2023	03/22/2023	\$775,731.05	CHECK 512730	CONTLR 03/22/23	CEO on 03/23/23	Construction
EASTERSEALS	8/16/2023	08/23/2023	\$114,754.50	EFT 104310	CFO on 08/24/23	CEO on 08/24/23	Respite services
TEXASWESTOAK	9/14/2023	09/20/2023	\$251,250.00	EFT 104331	CFO on 09/21/23	CEO on 09/21/23	Psychiatric beds
UNIVERS.OFHO	2/22/2023	03/01/2023	\$114,015.00	EFT 104203	CONTLR 03/01/23	CEO on 03/02/23	Integrated Care
REYDELAREZA	5/08/2023	05/10/2023	\$109,518.44	CHECK 513163	CONTLR 05/10/23	CEO on 05/10/23	Architect for NE Clinic
ARAMARKCORR	11/01/2022	01/11/2023	\$97,459.32	CHECK 512039	CONTLR 01/11/23	CEO on 01/11/23	Daily food and training program
HARRISHEALTH	9/01/2022	10/26/2022	\$39,076.29	CHECK 511371	CONTLR 10/26/23	CEO on 10/31/23	Operating expenses
PDGARCHITECT	1/18/2023	02/8/2023	\$90,150.00	CHECK 512325	CONTLR 02/08/23	CEO on 02/10/23	Architect for Phase II at NPC
LANGRANDANDC	2/06/2023	07/5/2023	\$53,713.84	CHECK 513597	CFO on 07/06/23	CEO on 07/06/23	Marketing services
ARCHSTAFFING	2/26/2023	03/29/2023	\$30,209.19	EFT 104216	CONTLR 03/29/23	CEO on 03/30/23	Hospital Dist contracts #415,#425,#446, #530
RAINBOWHEALT	8/09/2023	8/30/2023	\$60,833.00	CHECK 514079	CFO on 08/31/23	CEO on 09/01/23	Upgrade MCOT dispatch requests
ULTRAMEDICAL	2/23/2023	05/10/2023	\$216,841.21	EFT 104242	CONTLR 05/10/23	CEO on 05/10/23	Janitorial services
TEXASBUSSALE	04/06/3023	04/26/2023	\$125,294.50	CHECK 513038	CONTLR 04/26/23	CEO on 04/28/23	New van purchase
TEXASBUSSALE	06/09/2023	06/14/2023	\$125,294.50	CHECK 513441	CFO on 06/15/23	CEO on 06/16/23	Equipment for van

Source: Financial Services, Purchase Order Review Report, October 19, 2023

1. FreeITData – Information Security software for Windows M365 Software as a Service (SaaS)
2. O'Donnell – Construction for the NPC Site Renovation located at 1504 Ben Taub
3. EasterSeals – Out of home respite services for TxHml, Day Rehab, Crisis out of home Respite (Master Contract)
4. Texas West Oak – Community psychiatric hospital beds \$625 per day
5. University of Houston – provisioning of physicians to provide integrated primary care
6. Reydelareza (RDLR) – to provide architectural and engineering services for new NE Clinic
7. Aramark Services – Daily food services and food training program and Kitchen expansion
8. Harris Health- Annual Operating Expenses and Maintenance
9. PDG Architects – Architectural design and supplemental services - Phase II at the NPC
10. P-Mktg-HMHC – Landrandandc – Marketing services for “Healthy Minds/Healthy Communities”
11. P-Nursing2 – Arch Staffing – Hospital District DBA Harris Health Contracts #415,#425, #446, #530
12. Rainbow Health -For MCOT RR Mobile Team – Services to add additional address to the Dispatch request and make it more useful in referrals.
13. Ultra Medical – Agency-wide janitorial services to cover cleaning at SmartPod in James Driver Park at 10918 Bentley St, Houston TX
14. Purchase of Van and special installation – for Integrated Health Care

Management Response not required.



**SMR: Checks, EFT and ACH Signature Levels Review
(CXETFACH0124)**

INTERNAL AUDIT REPORT

January 16, 2024

David W. Fojtik, CPA, MBA, CIA, CFE

Director, Internal Audit



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CURRENT PROCESS

The Harris Center's operational structure requires that all the activities and operations are performed by vendors and partners who are highly specialized and must meet the specific requirements of the various clinical and administrative programs.

Internal Audit interviewed the Controller and we learned that all the Ross system access is controlled by the access-controls in the Ross system. Approvals are handled manually based on the Center's policies. Financial Services prepares most of the Center's recurring payments using electronic transfers (EFT/ACH) but Internal Audit noted a continued use of checks. Our audit includes a review of the approvers names and titles, and transaction approval dates in order to assess compliance with the check signing policy.

We compared the **FM.A.13 Check Signing** policy on PolicyStat and compared it with the prior versions of the check signing policy. We noted there is more detail in Section B. Delegation of Authority than we had found in the prior versions of the policy, an important improvement, and the addition of Section C. Revocation of Authority. The newer policy addressed the delegation of authority more than in the past.

The check signing levels are outlined in: **FM.A.13 Check Signing** as follows:

A. Primary Signature and Authorization Authority for Checks and Electronic Payments. The Harris Center's primary authorized signatories have the following levels of authority:

1. Checks \$5,000 and less:
The Chief Executive Officer has the authority to electronically sign all checks \$5,000 and less.
2. Checks from \$5,000 to \$24,999
All checks from \$5,000 to \$24,999 shall have one facsimile of the Chief Executive Officer plus an original signature of one of the following:
 - Chief Financial Officer
 - Chief Administrative Officer
 - Controller
 - Board Chair
 - Any member of the Board of Trustees
3. Electronic Payment Authorizations below \$24,999 shall be signed by one of the following individuals:
 - Chief Financial Officer
 - Chief Administrative Officer
 - Controller
4. Checks and Electronic Payment Authorizations from \$25,000 to \$99,999 must have the original signature of any of the two following individuals:
 - Chief Executive Officer
 - Chief Operating Officer
 - Chief Financial Officer
 - Chief Administrative Officer
 - Board Chair
 - Any Member of the Board of Trustees
5. Checks and Electronic Payment Authorizations \$100,000 or more:
All checks and electronic payment authorizations of \$100,000 or more must have the original signatures of one Board Member and the Chief Executive Officer or two Board Members.

SCOPE AND OBJECTIVES

Audit Scope: The Chief Financial Officer suggested an internal audit to evaluate the business controls of the financial disbursements and financial transfers that occur within the Center's operations. This special management report viewed approver signing compliance to the **FM.A.13 Check Signing** policy.

Audit Objectives: The Chief Financial Officer is currently evaluating improvements in the financial disbursements process. This audit is to review several objectives to:

1. Identify the financial workflows at The Harris Center and examine staff access to these workflows.
2. Develop a process map to show interrelationships between the workflows and staff approvals.
3. Examine timing of approvals and order of executive approval dates.
4. Evaluate workflows to assure management that they are compliant with current signing policy.

AUDIT RISKS

Audit Risks: Possible factors that may contribute to worsened outcomes may include the following:

1. Management does not adequately train process owners and staff members about protecting the assets that are being safeguarded within the current financial workflows at The Harris Center.
2. Management does not adequately review process owners and staff members in terms of tracking transactional activity (transfers, transmittals, etc.) in order to document the department's desired outcomes, which protects the staff from any potential allegations of fraud, waste and abuse.
3. Management does not discuss on how approval processes are supposed to work, nor use activity logs to show user history.

FIELD WORK

Field Work. The specific control topics and workflow reviews include the following:

1. Review policies and procedures for signature levels for issuing checks, EFT and ACH payments.
2. Perform a three-month review of check, EFT and ACH payment authorizations by senior management and members of the Board of Directors who are authorized to perform the financial sign-offs in order to identify recurring issues when completing these payments.
3. Run online reports to show contracts with large dollar amount payments and determine if payments were made by check or EFT/ACH. Determine appropriateness based on the signing level. Recommended: Sort the largest contracts (using the purchase order review report) and determine eft or check amounts, then coordinate with Financial Services to affirm approver titles and email dates in order to substantiate the process controls work as originally designed and documented.
4. Assess that contract was processed similarly over many payment periods and if necessary also obtain the particular details from the Controller's office to affirm appropriateness of signing level.
5. Identify any unusual situations that may be observed when signature levels do not comply with The Harris Center's current policy and procedures for signing checks, EFTs and ACH payments. Policy name referenced in this report is: **FM.A.13 Check Signing**.
6. Identify opportunities for process improvement and recommend tools to facilitate management's analysis of troublesome or problematic outcomes for routine periodic payment approvals.

SAMPLE FOR TESTING APPROVALS FOR THE LARGEST HARRIS CENTER CONTRACTS

To properly test the Center’s payments processing based on payment method (e.g., by check or EFT), we sorted out all the executed contracts with the highest financial values that occurred in Fiscal Year 2023.

Internal Audit used the online Purchase Order Review Report to identify the 40 highest purchase orders to test the applicability of multiple signature level approvals, per the **FM.A.13 Check Signing** policy. The activities in the *Ordered*, *PO Balance* and *Outstanding* columns were accurate as of October 10, 2023. The values in the these columns represents the year-to-date summary values for these purchase orders.

Exhibit I displays the Center’s largest purchase orders in alphabetical order as of August 31, 2023.

Exhibit I - The Harris Center’s 40 largest budgeted purchase orders activities in Fiscal Year 2023

YEAR	PO NUMBR	VENDOR NUMBER	DELIVERY INSTRUCTIONS (WBS)	Ordered	PO Balance	Outstanding
2023	CT142388	ALLIEDUNIVER	Egla M/ A. Robinson/M.William ()	\$1,074,299.80	\$879,044.45	\$195,255.35
2023	CT142694	ARAMARKCORR	Kornmayer/E. Locklin/P. Ramire ()	\$480,000.00	\$388,386.19	\$91,613.81
2023	CT142568	BAYLORCOL	A. Loera/D. Shelby/Stude ()	\$71,800.00	\$60,526.08	\$11,273.92
2023	CT142509	BAYLORCOLL	E. LOCKLIN/J. OSHMAN/C. SIMMON ()	\$100,000.00	\$99,999.96	\$0.04
2023	CT142404	CARDINALHEAL	A. Babin/T. Gleason/Williams ()	\$126,000.00	\$115,885.41	\$10,114.59
2023	CT142468	CCASSESSMENT	M. CHILDS/C.SIMMONS ()	\$170,810.00	\$84,650.00	\$86,160.00
2023	CT142415	CENTRETECH	R, Hurst/Cochinwala/Boswell ()	\$693,000.00	\$688,212.83	\$4,787.17
2023	CT142452	CERNERCORPO	M.Cochinwala/Williams ()	\$300,000.00	\$238,960.24	\$61,039.76
2023	CT142533	CLINICALPATH	K.WALKER/L.ARCENEUX/C.SIMM ()	\$620,940.69	\$559,822.78	\$61,117.91
2023	CT142400	COMCAST	R. Hurst/Cochinwala/Boswell ()	\$200,000.00	\$199,584.91	\$415.09
2023	CT142396	DATAVOX	M. Cochinwala/A. Jones/R. Hurs ()	\$103,338.54	\$103,338.54	\$0.00
2023	CT142826	DIAMONDPHARM	()	\$140,000.00	\$62,317.74	\$77,682.26
2023	CT142487	ENTERPRISEFM	J. Soto/Facilities/Williams ()	\$758,833.08	\$609,258.80	\$154,319.78
2023	CT142835	FREEITDATA	W. Farris/R.Hurst/Mustafa ()	\$330,789.04	\$330,789.04	\$0.00
2023	CT142510	GALAXYBUILDI	T. McCorquodale/Facil/ (FM22112617)	\$120,000.00	\$115,098.87	\$4,901.13
2023	CT142779	GENERATORSOF	Facility Services/ M. Williams ()	\$180,164.00	\$168,614.62	\$11,549.38
2023	CT142368	HARRISHEALTH	E. Locklin/J. Oshman/Stude ()	\$321,683.91	\$321,683.91	\$0.00
2023	CT142373	HARRISHEALTH	E. Locklin/J. Oshman/Stude ()	\$347,714.75	\$313,606.22	\$34,108.53
2023	CT142456	HCPSYCHIATRI	Cami Manley/B. Stude ()	\$4,636,390.00	\$4,435,360.68	\$201,029.32
2023	CT142342	HCPSYCHIATRI	K, Kornmayer/P. Ramirez/Stude ()	\$295,003.00	\$295,003.00	\$0.00
2023	CT142677	HEALTHMANAGE	Dr. Stanley Williams/B Stude ()	\$250,000.00	\$218,864.02	\$31,135.98
2023	CT142251	JOHNSONCON	FacilitiesMcCorquodale/Stude ()	\$166,000.00	\$163,832.12	\$2,167.88
2023	CT142371	KRONOSINCORP	R. Hurst/S.Boswell/A.Jones ()	\$278,020.00	\$270,361.41	\$7,658.59
2023	ST142431	LAZPARKING	Jodel Oshman/Debbie Shelby ()	\$360,543.00	\$181,206.53	\$179,336.47
2023	CT142361	MCKESSONG	K. WALKER/L. ARCENEUX/C. SIMM ()	\$295,577.00	\$206,710.86	\$91,384.79
2023	CT142338	METROPOLI	T. McCorquodale/Facilities ()	\$238,880.00	\$177,846.00	\$61,034.00
2023	CT142306	MSTRATEGIC	Facilities / Contract Services ()	\$425,951.75	\$140,092.00	\$285,859.75
2023	CT142511	ODONNELL	T. McCorqale/Facilities(FM21112602)	\$4,273,918.00	\$2,750,109.08	\$1,523,808.92
2023	CT142355	PDGARCHITECT	T. McCorque/Fac/Stude (FM21112602)	\$330,000.00	\$231,150.00	\$98,850.00
2023	CT142878	P-FM21112618	S.Harpr/T.McCo/E.Brow (FM21112618)	\$1,461,782.00	\$125,684.47	\$1,336,097.53
2023	CT142504	P-FOREIGN	Egla M./Anthony R./Marissa W. ()	\$636,691.00	\$430,779.60	\$205,914.40
2023	CT142268	P-IDDSERVICE	Margo Childs/L. Pan/Stude ()	\$2,765,000.00	\$2,509,473.40	\$255,526.60
2023	CT142380	P-MKTG-HMHC	J.Smith/ J.Battle/K.Ilejay ()	\$379,812.50	\$311,809.44	\$68,003.06
2023	CT142484	P-NURSING2	K. WALKER/L. ARCENEUX/C.SIMM ()	\$96,765.03	\$63,444.16	\$33,320.87
2023	CT142318	P-RECRUITMEN	T. Freeman/L. Turcios/Stude ()	\$539,000.00	\$498,417.04	\$40,582.96
2023	CT142300	P-YESWAIVER	S. OLISE/ C. SIMMONS ()	\$350,000.00	\$285,648.25	\$64,351.75
2023	CT142678	RAINBOWHEALT	Cochinwala/E.Brown/R.Campbell/ ()	\$171,173.00	\$171,173.00	\$0.00
2023	CT142474	RIGHTNOWPEST	T. McCorquodale/Facilities ()	\$133,000.00	\$124,101.79	\$8,898.21
2023	CT142343	TEXASWESTOAK	E. Locklin/J. Oshman/Stude ()	\$2,163,935.00	\$2,156,875.00	\$7,060.00
2023	CT142425	THECOUNC	Lance Britt/M. Williams ()	\$793,354.00	\$690,909.53	\$102,444.47
2023	CT142639	ULTRAMEDICAL	Facilities/Todd M./A. Robinson ()	\$781,080.44	\$723,026.56	\$58,053.88
2023	CT142760	UNIVERS.OFHO	L. Britt/D. Shelby/M.Williams ()	\$635,000.00	\$355,245.00	\$279,755.00

Source: Financial Services, online Purchase Order Review Report by Unit, October 14, 2023

FINDINGS, OBSERVATIONS, RECOMMENDATIONS & MANAGEMENT RESPONSES

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 The Harris Center for Mental Health and IDD

Executive Summary

SPECIAL MANAGEMENT REQUEST: PAYMENT FRAUD AUDIT (SMRPMT0124)

FINDINGS, OBSERVATIONS, RECOMMENDATIONS & MANAGEMENT RESPONSES

Finding #1 – Internal Audit observed that the current Financial Services procedure for changing/updating a vendor’s banking account information does not include a verification process to independently verify that the change is agreeable with the account holder, which is essential if other internal controls are not being followed. The \$18,400 has not been recovered by the police and the amount was below the insurance deductible.

Recommendation: Internal Audit recommends current procedures for changing/updating a vendor’s banking account information be strengthened to include placing an outbound call to vendors/account owners to verify that banking information has been requested to be changed by the vendor.

UPDATE - Payment was made to the contractor on December 13, 2023 to make them whole.

Management is now verbally checking all banking information changes with vendors to verify that requested bank changes are authentic.

Also, the Purchasing Department is currently performing due diligence in drafting new Policies and Procedures to address future changes to vendor banking information.

Management Response (Financial Services – CFO):

“1 - Financial Services ONLY accept vendor changes from the vendor directly – these should not involve any of our employees. The accounts payable team should have NO involvement in changes, which the system prohibits but I think they have been the conduit of changes (vendor gives AP changes and then AP forwards to Financial Services)”.

“2 – Ross security files that log all vendor changes be reviewed by ????. Internal audit perhaps? Daily is too extensive – but I think someone should be reviewing the security logs”.



**Special Management Request: Payment Fraud Investigation
(SMRPMT0124)**

INTERNAL AUDIT REPORT

January 16, 2024

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Director, Internal Audit



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CURRENT PROCESS

The Harris Center's senior management team notified Internal Audit that one of our housing contractors has had their account intercepted based on reports that the payment for the ACT program client rents were not received. The amount of payments was \$18,400 according to Accounts Payable. The identify theft appears to be the email account of the vendor was spoofed so that the bad actor could not be detected. The vendor's name is Willing Workers Club, and is a proprietorship owned by Ms. Queena Denise Baldwin. This vendor is a longtime service provider for housing Adult Assertive Community Treatment (ACT) program clients. The ACT program is a mobile outreach multidisciplinary treatment team that provides mental health treatment including rehabilitation, care coordination, monitoring, medication-related services, family education, transportation, housing assistance, vocational, and other support services.

Each month, Willing Workers Club compiles a report of current residents, for which an \$800.00 rent payment is paid for each resident's name. The Willing Workers Club account was established in 2018 and operated without incident. In August 2023, an individual impersonated the Willing Workers' Club owner's identity, and she called Financial Services about changing the account information. The caller requested a banking information form to make the changes to the ACH payment routing. The ACH form was returned to Financial Services by email.

In the following month, the real owner Queena Denise Baldwin called to report she did not receive rent payments for the prior month for housing program consumers. An internal team determined that a superseding ACH form had been accepted and used to direct payments to a bank account with the same payee's name and address in southern California. Somehow the process had not adequately detected that the signature on the ACH form did not match the signature provided in 2019 by Ms. Baldwin. The perpetrator provided an ACH form and an unsigned but voided business account check on stationery showing the Home Street Bank branch in California. The Accounts Payable Supervisor mentioned that many bank account changes occur all the time, and Financial Services works the request. The Purchasing Manager noted that bank account information changes are not unusual, and since other information appeared to be unchanged, there was no reason to question this request.

Internal Audit contacted the Home Street Bank and we spoke with the customer services representative who confirmed the account's existence but would not identify the individual who owns the account; the customer service rep offered to call this customer, and ask the account customer to contact us later, which we declined. Internal Audit could not validate that the form was completed by the real owner, based on the signatures on the ACH forms submitted in 2019 and the superseding ACH form submitted August 17, 2023.

Internal Audit expressed concerns about the amount of detailed information on the new ACH form that matched the original ACH form including a Tax ID #, which is as protected as Social Security numbers are protected; the information was so precise that Internal Audit believed it could be a potential "inside job" by a friend, coworker or relative. The Accounts Payable Supervisor said that Purchasing was reviewing this ACH banking information update, and they are writing a procedure to tighten controls. The Purchasing Manager said the procedure of changing bank account information is not unusual, and since the vendor's information appeared to be the same account there was no reason to question this particular bank account change request.

Internal Audit called the Controller to ask about calling the Chase Bank account representative who could help us talk with an agent to describe any anomalies concerning the transaction. The Controller advised that his contacts with Chase Bank contact him only as needed and in this case no Chase Bank representative contacted him about this particular payment transaction.

SCOPE AND OBJECTIVES

Audit Scope: The Chief Executive Officer asked Internal Audit to evaluate this outcome and determine what steps can be incorporated into the business process to guard against similar errors in the future.

Audit Objectives: The Chief Executive Officer encourages management to use efficient business processes. This audit is to review several objectives to:

1. Evaluate the potential vulnerabilities of the current Ross Financial accounting system for ensuring the integrity and security of these key workflows, to assure management of their integrity.
2. Consider the development of more account payment dashboards or similar user interfaces that will standardize workflows to identify anomalies that can identify if account manipulation has been found.

AUDIT RISKS

Audit Risks: Factors that may contribute to worsened outcomes may include the following:

1. Management does not adequately train the Center's process owners and their staffs on how they can better protect the Center's physical assets and safeguard our financial workflows at The Harris Center.
2. Management does not interrogate process owners and other actors on how processes are supposed to work, nor examine all logs showing user activity and transactional histories.
3. Management does not attempt to invest in more automated workflows that can consolidate the data in transactions that can provide greater traceability, audit history logs, and find process shortcomings.

FIELD WORK

Field Work: Primary steps to providing a high-level summary of the audit work for the objectives listed above:

1. Meet with the Controller and Accounts Payable Supervisor to assess how they perform banking information changes and identify any risks or challenges in their roles related to the banking information processing.
2. Contact the Home Street Bank described in the updated ACH banking information sheet and determine that the bank account is open, which may allow additional errant payments to occur. Call the bank's customer service and seek the account owner's name and other details to find the fraudster's specific identity. Seek to verify that the bank account is open, and test customer service for an account owner name or other details.
3. Create a Process Map to illustrate the key workflows and review with Financial Services process owners for their currency and accuracy, verifying nomenclature, and for identifying supporting documentation.
4. Meet with the Purchasing Manager to gain insight into root cause for failure to detect identity theft. Plan to review all documentation and notes that Purchasing can provide to show progress on their plan to issue an updated process for handing banking information changes in the future.
5. Obtain the police report to verify that all specifics are known and can be compared to prior discovery. Forward the police report to the Risk Manager to perform an analysis based on the impact on the Center, and evaluate the likelihood of seeking full or partial recovery of \$18,400 misdirected payment amount.

FINDINGS, OBSERVATIONS, RECOMMENDATIONS & MANAGEMENT RESPONSES

Finding #1 – Internal Audit observed that the current Financial Services procedure for changing/updating a vendor’s banking account information does not include a verification process to independently verify that the change is agreeable with the account holder, which is essential if other internal controls are not being followed. The \$18,400 has not been recovered by the police and the amount was below the insurance deductible.

Recommendation: Internal Audit recommends current procedures for changing/updating a vendor’s banking account information be strengthened to include placing an outbound call to vendors/account owners to verify that banking information has been requested to be changed by the vendor.

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CONCLUSION

The Harris Center's General Counsel, Purchasing and Accounts Payable Departments formed a small team to evaluate the payment intended for a long-time vendor which was misdirected to an unknown payee. This was reported by the authentic payee, who is the owner of Willing Workers Club. Internal Audit reviewed the situation with Purchasing and Accounts Payable contacts, and the Mental Health Division's Housing contact who oversees these types of programs. We noted the vendor is not represented by a contract, but we located monthly payments in the Ross Browser which displays the long history of rent payments for each reporting period.

The Willing Workers Club is a small non-denominational entity that provides housing for ACT program patients. The owner Ms. Queena Baldwin operates several regulated group homes in the region, and she established the Willing Workers Club account with the Center in 2019. In her original account paperwork, she evidenced that the payee address is a home located in Sugar Land, Texas. She provided a voided check from TDECU and signed ACH Authorization form, and payments were processed for several years.

On August 17, 2023, an unidentified party contacted the Center about changing the bank account information. This was not considered unusual since there are many authorized changes on bank accounts throughout the year. The superseding form directed the payments to the payee's account name and payee's address in Sugar Land but shows a new routing and account number based with another bank. At the time it appeared to be a simple change, but when payments did not arrive at the Willing Workers Club's local bank, the owner called to inquire about the delay. The team also contacted the Cybersecurity director, who investigated the possibility that the vendor's email had been "spoofed," which is the common form of identity theft.

Internal Audit called the bank's customer service group in California, and they would not identify the name of the account owner, but they did offer to call the account owner to request they contact us. We declined the offer but were amazed at the amount of identical detail that was displayed on the Home Street Bank's voided check and local account. We thought it could be an "inside job" by someone who intimately knows the Willing Workers Club's owner and operations. After a few process conversations with Purchasing and Accounts Payable contacts, we believe that we uncovered a unique case of identity theft based on the specific information displayed on the original and new ACH Authorization documents including the vendor's Tax ID# number. These conversations did not reveal specific "bad actor" name, but Home Street Bank has identified that the account number was active.

Internal Audit will pursue the "bank information change" request process with the Accounts Payable Department to assess the volume of transactions. Although it would be helpful to scan these documents as originally received, the practice at the Harris Center has not been robust in terms of capturing visual images for customer signatures, etc., which would enable better comparisons. There is an opportunity for improvement in this reporting process.

Respectfully submitted,

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