The Harris Center for Mental Health and IDD
9401 Southwest Freeway Houston, TX 77074
Board Room #109

Live View: https://theharriscentertx.new.swagit.com/views/834/

Audit Committee Meeting
July 21, 2026
8:30 am

I. **DECLARATION OF QUORUM**

II. **PUBLIC COMMENTS**

III. **MINUTES**

A. Minutes of the Board of Trustees Audit Committee Meeting Held on Tuesday, April 21, 2026
(EXHIBIT A-1)

IV. **REVIEW AND COMMENT**

A. FY26 Second Quarter Compliance Audit Activities
(EXHIBIT A-2 Demetria Luckett)

B. Compliance Department FY 2027 Work Plan
(EXHIBIT A-3 Demetria Luckett)

C. FY 2027 Tentative Audit Schedule
(EXHIBIT A-4 Demetria Luckett)

V. **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.**

VI. **RECONVENE INTO OPEN SESSION**

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

VIII. **INFORMATION ONLY**

A. FY26 Second Quarter Compliance Department Binder
(EXHIBIT A-5)

IX. **ADJOURN**

Veronica Franco

Veronica Franco, Board Liaison
Jim Lykes
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, APRIL 21, 2026
MINUTES

Mr. J. Lykes, Committee Chair, called the meeting to order at 8:36 a.m. in Room 109, 9401 Southwest Freeway, noting a quorum of the Committee was present.

Committee Members in Attendance: J. Lykes, Dr. R. Gearing , Dr. J. Lankford, G. Womack

Committee Member in Absence: Dr. K. Bacon

Other Board Member Present: Dr. M. Miller, BG (Ret.) E. Grantham-video conference

I. **DECLARATION OF QUORUM**

Mr. Lykes called the meeting to order at 8:36 a.m. noting that a quorum was present.

II. DESIGNATION OF BOARD MEMBERS AS VOTING COMMITTEE MEMBERS

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, January 20, 2026.

MOTION: LANKFORD SECOND: MILLER, JR.

THEREFORE, BE IT RESOLVED that the Minutes of the Board of Trustees Audit Committee Meeting Held on Tuesday, January 20, 2026 as presented under Exhibit A-1, is approved, and recommended to the Full Board for acceptance.

V. REVIEW AND COMMENT

A. **FY26 Second Quarter Compliance Audit Activities-** Demetria Luckett presented the FY26 Second Quarter Compliance Audit Activities to the Audit Committee.
B. **Q2 FY2026 Internal Audit Report Presentation-**David Fojtik presented the Q2 FY2026 Internal Audit Report Presentation to the Audit Committee.

VI. EXECUTIVE SESSION

The Audit Committee entered into Executive Session at 9:02am.

- 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.

- As authorized by Chapter §552.139 of the Texas Government Code

VII. RECONVENE INTO OPEN SESSION- reconvened at 9:20am

VIII. CONSIDER AND TAKE ACTION AS A RESULT OF THE EXECUTIVE SESSION- No action was taken.

IX. ADJOURN-

MOTION: MILLER, JR. **SECOND: WOMACK**
With unanimous affirmative vote
BE IT RESOLVED The meeting was adjourned at 9:20 a.m.

_____

Veronica Franco, Board Liaison
J. Lykes, Chairperson,
Audit Committee
The* HARRIS CENTER *for
Mental Health and IDD

EXHIBIT A-2

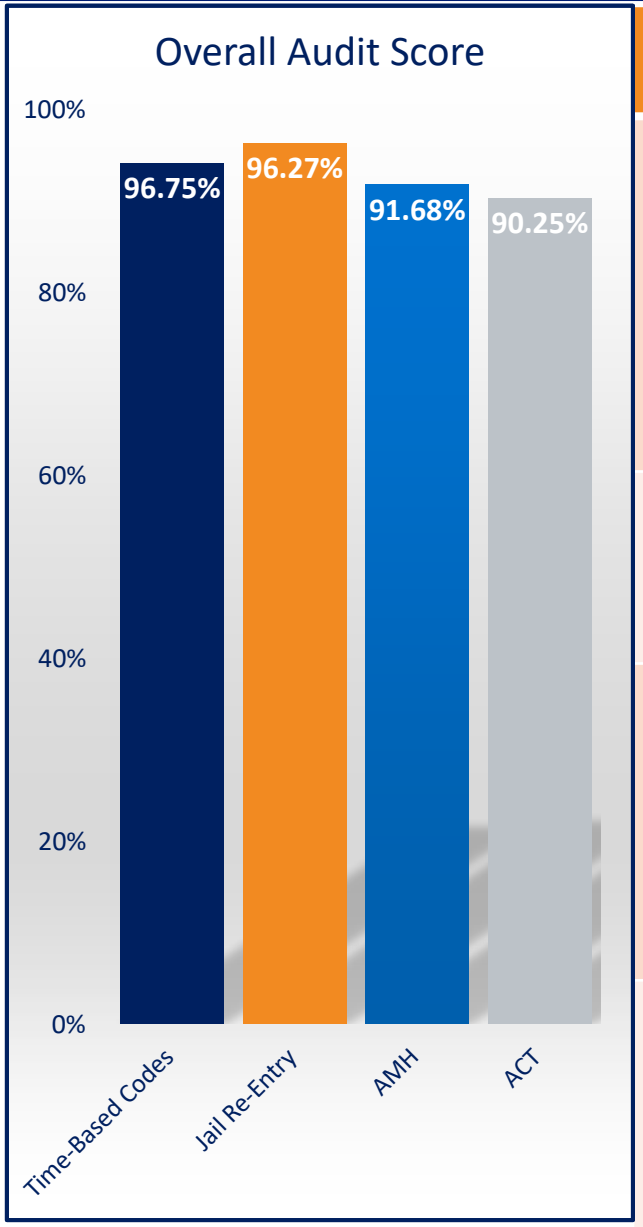
COMPLIANCE DEPARTMENT

FY 2026 QUARTER 3 AUDIT REPORTS

Presented by: Demetria Luckett, Compliance Director

July 2026

Billing and Coding Focus Reviews



Program	Client records (coding & Documentation)	Operations (billing & Claims processes)	Overall Score	Audit Activities
Time-Based Codes (All Divisions)	97.01%	96.50%	**96.75%**	**Areas of Improvement identified:** • Progress note documentation did not support reported code MTS • Documentation and Coding inconsistencies (unit quantity does not align with billed charges) **Improvement Actions:** • Staff re-education (IMR) and Skills Training and support/Psychosocial Rehabilitation. • Additional review of paid claims billed under MTS
Jail Re-Entry	97.69%	N/A	**96.27%**	**Areas of Improvement identified:** • Documentation didn't align with services provided. **Improvement Actions:** • Targeted code-to-service training set to begin 07/01/2026. • The Program Director will review code accuracy monthly.
Adult Mental Health (AMH)	96.52%	95.24%	**91.68%**	**Areas of Improvement identified:** • Repetitive language, possible cloning or copy/paste • Missing or expired Plans of Care **Improvement Actions:** • By August 2026, Leadership will implement training covering correct billing and coding, and copy/paste guidelines • BHCM with Epic will implement Consent date reporting
Assertive Community Treatment (ACT)	95.33%	97.70%	**90.25%**	**Areas of Improvement identified:** • Unacceptable use of Copy &Paste/ Cloning • Case management lacks active POC, and coordination of services fails to meet client's needs **Improvement Actions:** • Re-education of staff on appropriate documentation

Mobile Crisis Outreach Team(MCOT) Plan of Improvement
FOLLOW-UP AUDIT

Elements below 95% Threshold	Previous Score FY25 Q1	Follow Up Score FY26 Q3	Change	CAP Status
An updated and signed rights acknowledgement form that states that the individual has been informed of their rights and has received a client rights handbook.	80%	90%	+10%	In Progress
For medications known to cause movement disorders, an appropriately trained and competent staff will screen the patient quarterly for abnormal involuntary movements.	0%	100%	100%	Fully Implemented

Program Response
The findings indicate a successful near full implementation of Corrective actions. MCOT Clinical Team Leads (CTLs) will conduct a targeted supervisory review with the SAI who did not obtain the updated and signed Rights Acknowledgement Form by July 15, 2026. This review will reinforce required documentation standards and outline expectations for timely completion. Additionally, MCOT CTLs will implement ongoing weekly documentation reviews to verify compliance with all program requirements and to promptly address deficiencies.

Hospital to Home (H2H)
Follow-up Audit

Elements below 95% Threshold	Previous Score FY26 Q1	Follow Up Score FY26 Q3	Change	CAP Status
The LMHA, LBHA, and provider must maintain personnel files for each staff member that include a documented periodic performance review	90%	100%	+10%	Fully Implemented
Job duties involving direct care responsibilities and at least annually thereafter, staff members must receive training and demonstrate competence in skills specific to the population the program serves and show evidence of training identifying the causes of aggressive or threatening behavior.	30%	100%	+70%	Fully Implemented
A facility that prepares food must post the current food service permit from the local health department.	0%	100%	+100%	Fully Implemented
Safety plans are completed for each resident entering the program during the initial intake.	85.71%	100%	+14.29%	Fully Implemented
Service encounter documentation must show how the person served demonstrated progress or the lack of progress toward achieving their treatment goals.	0%	100%	+100%	Fully Implemented
Service encounter documentation must reflect the person served goals and objectives as stated in the plan of care and be consistent with the purpose and intent of the service.	83%	76.67%	-6.33%	In Progress

Program Response

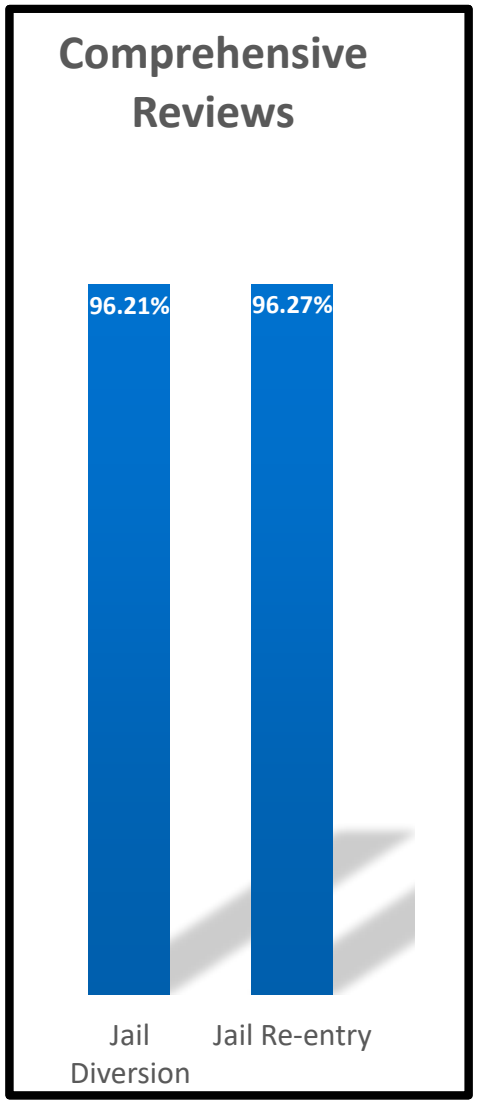
The findings indicate successful implementation of Corrective actions, barring a small decline in the Plan of Care documentation. The Hospital to Home Care Coordinators have been directed by the Program Manager to begin incorporating smart phrase statements. These statements ensure that the encounter documentation consistently reflects the individual's goals and objectives as outlined in the Plan Of Care. This action strengthens alignment between service delivery and documented treatment goals and reinforce compliance with person-centered planning requirements.

Independent Living Plan Of Improvement
FOLLOW-UP AUDIT

Elements below 95% Threshold	Previous Score FY26 Q1	Follow Up Score FY26 Q3	Change	CAP Status
Program beds must be fully occupied.	0%	0%	0%	In Progress
Monthly fire extinguisher inspections.	0%	100%	+100%	Fully Implemented
Staff must have a signed job description.	75%	100%	+25%	Fully Implemented
Before assuming job duties involving direct care responsibilities and at least annually thereafter, staff members must receive training and demonstrate competence in skills specific to the population the program serves and show evidence of training identifying the causes of aggressive or threatening behavior.	25%	83%	+58%	Fully Implemented
Peer specialist supervision must be documented and occur at least weekly.	0%	100%	+100%	Fully Implemented
A signed document that states the individual has been informed of their rights and received a client rights handbook.	0%	90%	+90%	In Progress
The plans of care. (Seven [7] elements)	28.57%	54.28%	+25.71%	In Progress
Service Encounter documentation. (Three [3] elements)	44.33%	75.18%	+30.85%	In Progress
Safety plans are completed for each resident entering the program during the initial intake	90%	100%	+10%	Resolved

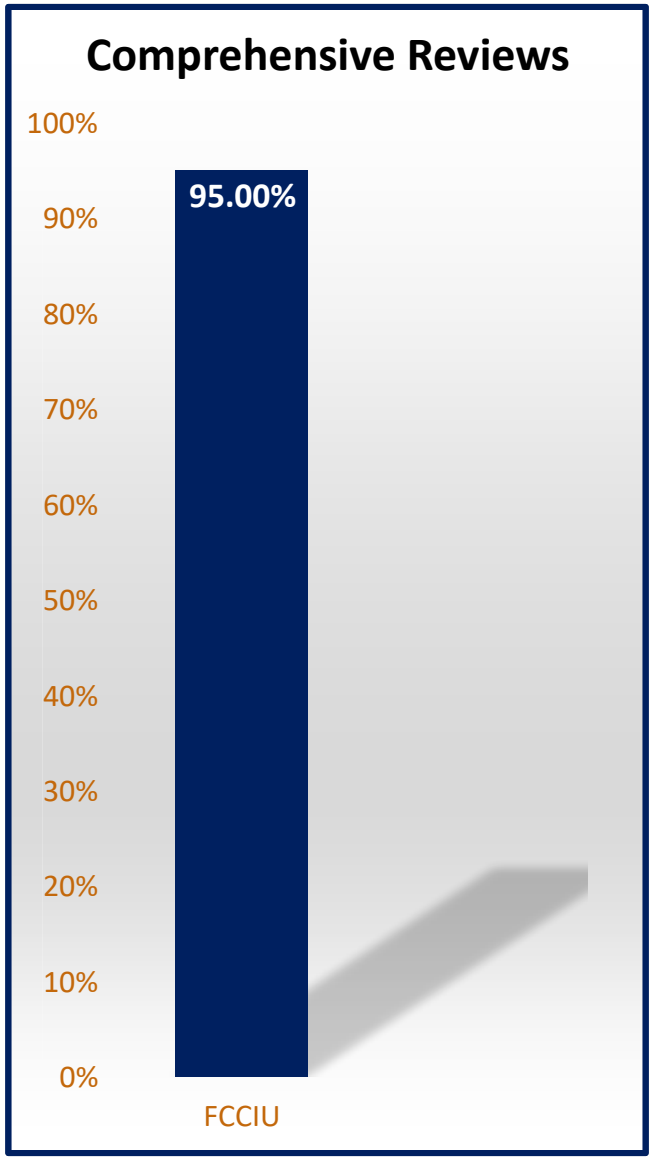
Program Response
The program has prioritized three core corrective action areas: error mitigation, in-service training and workflow enhancements. Focused initiatives are underway to reduce documentation and process errors, reinforce staff competency through targeted training, and optimize operational workflows to ensure consistent compliance with program standards.

CPEP Division



Program	Operations	Medical	Environment	Clinical Records	Personnel	Overall	Audit Activities
Jail Diversion	N/A	N/A	100%	94.31%	91.67%	**95.32%**	**Identified Areas of Improvement** • Staff Training and Personnel Documentation • Plan of Care Development • Rights and Assessment Requirements **Plan of Improvement Activities:** • Ongoing training, weekly and monthly reviews beginning 7/1/2026 • Follow-up in 90-180 days
Jail Re-entry	N/A	100%	100%	93.53%	88.10	**96.27%**	**Identified Areas of Improvement** • Annual Staff Training Compliance • Plan of Care and Service Credentials **Plan of Improvement Activities:** • Ongoing training, weekly and monthly reviews beginning 7/1/2026 • Follow-up in 90-180 days

Forensics Single Portal Authority



Program	Operations	Medical	Environment	Personnel	Client Records	Overall	Audit Activities
Forensic Single Portal Authority (FSPA)	Not Applicable	Not Applicable	Not Applicable	91.00%	99.00%	95%	**Areas of improvement** • Outstanding annual staff training. **Plan of Improvement Activities:** • Outstanding annual training to be completed 06/30/2026.

Forensics Division: Follow-up Reviews

Program	Areas Below the 95% threshold	FY 25 Score	FY 26 Score	Change	Audit Activities
Jail-Based Competency and Restoration (PI)	**Personnel File**: Current signed job description for each staff member	94%	100%	+6.00%	**Fully Implemented**
	Background Check:	94%	100%	+6.00%	**Fully Implemented**
	Drug Testing: Alcohol and drug screening	88%	88%	+0.00%	**In Progress**
	Agency Mandated Training: 1	88%	100%	+12%	**Fully Implemented**
	Agency Mandated Training: 2	77.60%	90.20%	+12.60%	**In Progress**
Jail Forensic Competency and Sanity Performance Improvement (PI)	Alcohol and Drug Screening/testing	60%	90.91%	+30.91%	**In Progress**
	Whistleblower Rights and Protection	28.57%	91%	60.43%	**In Progress**
	Notification of Administrative Policy	42.86%	100%	+57.14%	**Fully Implemented**
	Agency Mandated Training	77.13%	100%	22.87%	**Fully Implemented**
	Agency Mandated Training: Basic Pharmacology, Handle with Care II, OSHA - Emergency and Fire Preparedness	55.33%	90.67%	+37.33%	**In Progress**

Program Response

Program leadership requested completion date of 6/30/2026 for outstanding trainings.

Individualized Skills and Social Services
FOLLOW-UP AUDITS

Elements below 95% Threshold	Previous Score FY25 Q4	Follow Up Score FY26 Q3	Change	CAP Status
Protecting Individual Rights: Understanding and Preventing Abuse, HIPPA for Covered Entities, Code of Conduct, Bloodborne Pathogens	80%	100%	+20%	Fully Implemented
OSHA –Emergency and Fire Procedures	80%	81.82%	+1.82%	In Progress
Cardiopulmonary Resuscitation (CPR)	11.11%	90.91%	+81.80	In Progress
First Aid	11.11%	90.91%	+81.80	In Progress
Seizure Assessment	55.56%	81.82%	+26.26%	In Progress
Safety in Practice: Suicide/Homicide Prevention and Precaution	80%	100%	+20%	Fully Implemented
Handle with Care	11.11%	45.45%	+34.34	In Progress
Annual Online Defensive Driving	90%	100%	+10	Fully Implemented
Basic Pharmacology	66.67%	81.81%	+15.15%	In Progress

Program Response
All outstanding annual trainings will be completed by July 15, 2026, with all in-person trainings finalized by August 1, 2026 and scheduled to maintain facility coverage and operational continuity. Ongoing compliance will be monitored through Absorb system notifications to each staff member, monthly supervisory reviews with classroom facilitators and the Day Hab Manager, and quarterly Absorb audits conducted by the Program.

Permanency Planning
FOLLOW-UP AUDITS

Elements below 95% Threshold	Previous Score FY26 Q1	Follow Up Score FY26 Q3	Change	CAP Status
Keep a copy of the Permanency Planning Review Approval Status View Screen from HHSC data system in the applicant's record.	0.00%	29%	+29%	In Progress
A LIDDA must inform the applicant and LAR that they may request a volunteer advocate to assist in permanency planning.	81%	0.00	-81%	In Progress
Until an individual either becomes 22 years of age or is no longer receiving supervised living or residential support, a LIDDA must do the following six months after the date of the initial permanency planning meeting and every six months thereafter: provide written notice to the LAR of a meeting to conduct a review of the individual's permanency plan no later than 21 calendar days before the meeting date and include a request for a response from the LAR	81.48%	0.00	-81.48	In Progress
Provide a copy of the permanency plan to the program provider, the applicant, and the LAR.	92%	32%	-60%	In Progress

Program Response
Pending.

Youth Empowerment Services (YES) Waiver
Follow-up Audits

Elements below 95% Threshold.	Previous Score FY25 Q4	Follow Up Score FY26 Q3	Change	CAP Status
Required training courses	80.76%	100.00%	+19.24%	Fully Implemented
[The] notification [of rights] also must occur at least annually and upon any changes to this information.	50.00%	71.43%	+21.43%	In Progress
Oral communication of rights shall be documented on a form bearing the date and signatures of the individual and/or the parent, conservator, or guardian, and the staff member who explained the rights.	64.00%	87.50%	+23.50%	In Progress
Annual Renewal Clinical Eligibility Assessment was completed within 365 days.	85.71%	100.00%	+14.29%	Fully Implemented
All patients receiving psychoactive medication will receive timely ongoing face-to-face evaluation and documentation by the prescribing professional	60.00%	100.00%	+40.00%	Fully Implemented
Data collected since the last follow-up, including data about the frequency, severity, and timing of target signs and symptoms	60.00%	100.00%	+40.00%	Fully Implemented
Effectiveness of the medication in treating target signs and symptoms	60.00%	100.00%	+40.00%	Fully Implemented
Assessment for side effects and adverse effects	60.00%	100.00%	+40.00%	Fully Implemented
Laboratory testing or other procedures needed for the continued safe and effective use of medication will be ordered according to accepted guidelines	60.00%	100.00%	+40.00%	Fully Implemented
Documentation of Services: The need identified in the Wraparound Plan that the service will address.	84.00%	76.85%	-7.15%	In Progress

Program Response

Program leadership reported a documentation template has been developed, distributed, and a mandatory training session provided to subcontracting providers. Additional training has been provided to clinical team leads concerning documentation requirements. Additionally, clinical team leads will increase supervisory oversight of wraparound facilitators.

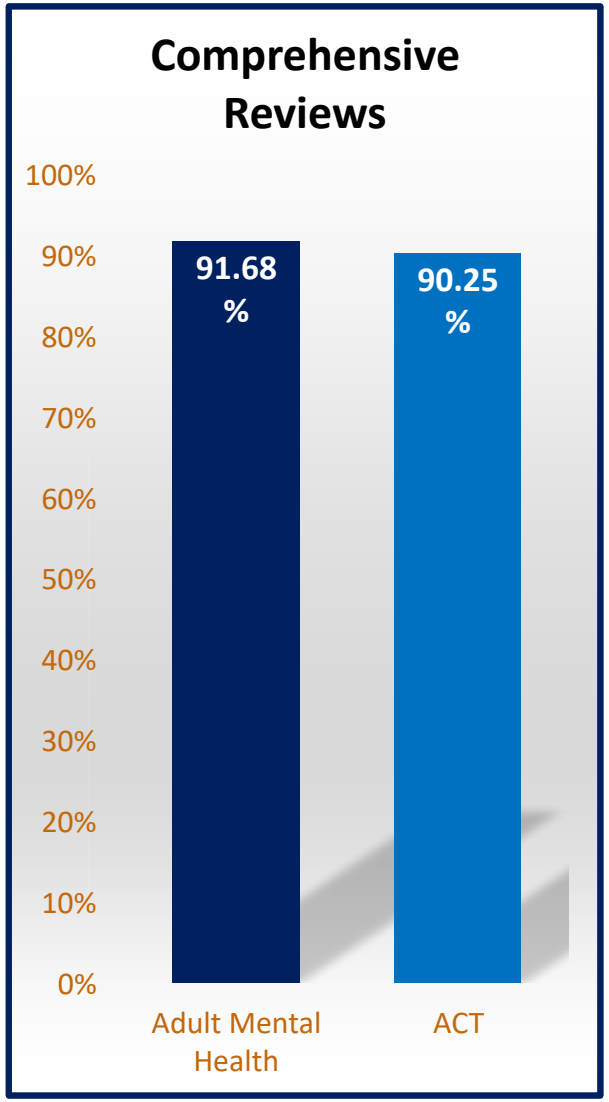
Early Onset Psychosis Program
FOLLOW-UP AUDITS

Elements below 95% Threshold	Previous Score FY25 Q4	Follow Up Score FY26 Q3	Change	CAP Status
Agency-mandated Annual Training Courses (26 Tex. Admin. Code)	80.40%	95.64%	+15.24%	Fully Implemented
Evaluation (PCN FY 2026-2027)	73.33%	100%	+26.67%	Fully Implemented
Assessment and Documentation	75.00%	91.66%	+16.66%	In Progress
Client Rights	72.01%	100%	+29.01%	Fully Implemented
Documentation Medication Training and Support (26 Tex. Admin. Code § 306.315 (c))	50.00%	100%	+50.00%	Fully Implemented
Recovery Plan	71.16%	85.96%	+14.80%	In Progress
Recovery Plan Review	69.56%	100.00%	+30.44%	Fully Implemented
Documentation of Services	90.26%	100%	+9.74%	Fully Implemented
Case Management	73.71%	100%	+26.29%	Fully Implemented
Discharge	80.00%	NA		

Program Response

POI successfully implemented, resulting in full or near full compliance. Program Leadership is continuing targeted corrective actions to address areas not meeting compliance, including staff retraining and revisions to Plan of care procedures, which are scheduled for completion by September. Leadership has also reinforced clinical oversight by directing the Medical Director to regulary remind prescribers to complete AIMS assessments and by notifying prescribers of any clients with outstanding AIMS requirements.

Adult Mental Health (AMH)



Program	Operations	Medical	Environment	Personnel	Client Records	Overall	Audit Activities
Adult Mental Health (AMH)	100%	100%	100%	88.83%	86.11%	91.68%	**Areas of improvement** • Annual training • Monthly Supervision mtgs. • Client Rights • Medication monitoring • Medication consents • Medication training and Support • Plan of Care Development, Plan of Care Revisions
Assertive Community Treatment (ACT)	N/A	N/A	N/A	91.48%	76.47%	90.25%	

Program Response

Leadership is revising clinical workflows and updating Epic documentation templates to ensure alignment with current regulatory standards. Monthly monitoring of clinical documentation has been expanded to validate compliance, identify variances, and implement timely corrective actions.

Assisted Outpatient Treatment (AOT)
Follow-up Audits

Operations	Medical	Environment	Personnel	Client Records	Overall	Audit Activities
100%	100%	100%	94.00%	99.00%	99%	S on DeTe **Areas of improvement** • Annual staff training outstanding • Declaration of Mental Health Services **Plan of Improvement Activities:** • Program Manager will consult with HR monthly to ensure all trainings are completed. • Project Director will educate clinicians on Declaration of Mental Health Service as part of the admission process during monthly supervision

Corrective Action Follow-up Comparison			
FY 2025		**FY 2026**	
Client Records		**Client Records**	
Client Rights: Declaration of Mental Health Services	5.26%	Client Rights: Declaration of Mental Health Services	89.00%
Medication Consents:	75.00%	Medication Consents	100.00%
Assessments	68.10%	Assessments	100.00
Personnel		**Personnel**	
Agency Mandated Training	100.00%	Agency Mandated Training: Handle with Care	85.00%

Agency Snapshot

Mental Health First Aid (MHFA) training

Purpose: The audit assessed The Harris Center's effectiveness in overseeing and delivering Mental Health First Aid (MHFA) training as required by the Texas Health and Human Services Commission.

Outcome: he review confirmed that The Harris Center fully meets state expectations for Mental Health First Aid (MHFA) program oversight and delivery. The agency ensures MHFA training is delivered by qualified instructors, follows required curriculum standards, and maintains fidelity to approved content. Oversight practices, documentation, and collaborative agreements are in place and functioning as intended. Additionally, The Harris Center submitted all required MHFA plans and reports to HHSC accurately and on time. Overall, the organization demonstrated complete compliance with MHFA responsibilities.

Recommendations:

The review recommends that The Harris Center maintain ongoing monitoring of Mental Health First Aid (MHFA) activities to ensure continued compliance and training quality. Additionally, establishing a formal MHFA policy and procedure would strengthen governance by defining agency expectations, clarifying roles, and identifying which employee groups should complete MHFA training as part of their professional responsibilities

External Audit Activities

Medical Record Requests	
16 Datavant Audit requests	These medical records are requested as part of a required Medicare Risk Adjustment (MRA) program. Datavant requests records on behalf of the insurance provider and the insurance company will review.
13 Additional Medical Record requests from other Managed Care Organizations.	Various MCO's requested records for MRA purposes or to review claims.

Pharmacy Audits	
14 Optum Pharmacy Audits	All clinics were audited throughout the quarter to validate claims associated with specific prescription medications. All audits are closed out with no errors, no overpayment identified, and no recoupment due.

External Audit Activities Cont.

Harris County Office of County Administration

Harris County's ARPA SLFRF program completed its Q1 2026 monitoring review of The Harris Center's Responsive Intervention Services & Engagement (RISE) program, which supports children with intellectual and developmental disabilities and their families impacted by the COVID-19 pandemic. The County found no compliance issues. The monitoring assessment confirms adherence to program requirements and alignment with ARPA SLFRF rules. The review is not a formal audit but confirms that the Harris Center is meeting operational and performance expectations. Q1 monitoring is officially closed. The next monitoring period begins July 2026.

Harris County Office of County Administration

Harris County conducted its Q1 2026 monitoring review of The Harris Center for Mental Health and IDD's Inspire program, funded through the ARPA State and Local Fiscal Recovery Funds. The review assessed compliance with federal regulations, grant requirements, and Harris County's program standards.

Texas Health and Human Services Early Childhood Intervention (ECI)

The QA team completed a comprehensive review of program processes related to enrollment, documentation, data, and staff utilization. Sandra Cavazos, Mary Adolph, and Mary Alice Alvarez, and conducted fourteen observations of ECI services. In addition, the QA team compiled and analyzed FY26 Texas Kids Intervention Data System (TKIDS) data related to quality services. FY26 monthly and year-to-date data through February 2026 were analyzed.

Areas of improvement noted:

- During observations of service delivery visits in the home and child care settings, joint planning for the current visit, practice between visits, and for the next visit were often not observed, or in instances when a plan was discussed, it was not collaborative or did not include input from the caregiver.
- In observations of eligibility determination, providers did not appear to work collaboratively with each other when completing the evaluation tool.
- In observations of eligibility determination and IFSP development, not all aspects of ECI services were communicated clearly to the parent, including the coaching approach and option to receive services via telehealth.

External Audit Activities Cont.

Harris County Housing and Community Development

The Harris County Housing and Community Development (HCD) conducted an annual monitoring desk review on May 5, 2026 to review the CBDG DR funded project Hope Harbour for the period from October 1, 2025, through April 30, 2026. The audit is still in progress.

Texas Health and Human Services

A comprehensive administrative and programmatic review was conducted of the Early Childhood Intervention (ECI) program fiscal year 2026 ECI contract on January 12-14, 2026. The purpose of this review was to review the programmatic and administrative systems of the ECI program, and to evaluate performance and compliance with policy, contract requirements, and other regulations applicable to ECI funding. The program received 10 Findings.

OBSERVATION(S)

- The program showed some staff had knowledge gaps of ECI possibly because their knowledge is limited to their role and need additional support.
- Four of the ten findings required no corrective action due to a less than 10% error rate and being deemed not systemic issues.

RECOMMENDATION(S)

- A onsite follow-up will be conducted in 6-8 months to ensure all corrective action plans have been implemented successfully and that all individual child findings have been cleared.

Harris County American Rescue Plan Act (ARPA) Coronavirus State and Local Fiscal Recovery Funds (SLFRF)

Harris County Department Office of County Administration completed an audit to determine if the Independent Living Program utilized ARPA SLFRF funding in accordance with the Final Rule, Compliance and Reporting Guidance, and all other applicable federal laws, and regulations governing the use of SLFRF funds, including those established by Harris County.

Findings: The Independent Living Program at Dennis St. has completed all monitoring and financial requirements in compliance with the grant agreement established on 12/10/2024, between The Harris Center for Mental Health and IDD and Harris County.

External Audit Activities Cont.

Texas Department of Criminal Justice

A program compliance review was conducted of the Texas Correctional Office on Offenders with Medical or Mental Impairments (TCOOMMI) program on March 30, 2026 - April 2, 2026. The purpose of the compliance review was to verify the contractor's compliance with the terms of contract #696-TC-26-27-L044 required program guidelines and processes (PGPs), and applicable statutes. The program received 41 findings.

OBSERVATION(S):

- Clients were not always being contacted, only notes stating an email was sent to the supervision officer asking to inform clients of the upcoming appointment.
- Scheduling and rescheduling of clients are not done within a timely manner.
- In the event a client refuses to apply for benefits to which they are entitled, written notification is to be sent to the supervising officer and the assigned TCOOMMI compliance monitor.

RECOMMENDATIONS(S)

- It is recommended that case workers familiarize themselves with low-cost insurance programs or community programs for client linkages. This will assist ineligible clients or those who were denied Medicaid or Social Security benefits in obtaining coverage.
- Program Director is recommended to review PGP 01.10 for oversight expectations to include benefits report submissions and self-monitoring goals.
- Reviewing TCOOMMI program guidelines for Web Application data entry and reviewing or developing best documentation practices to ensure required elements of a case note are present is encouraged. Corrective action with staff and within client files can reduce continued noncompliance.

The Compliance Department will complete a follow-up review within 90days

Thank you.

EXHIBIT A-3

The Harris Center for Mental Health and IDD

The Harris Center for Mental Health MH and IDD (The Harris Center):
Compliance Department (Compliance) FY 2027 Work Plan

Presenter: Demetria Luckett, Compliance Director

Work Plan Description: The FY 2027 Compliance Work Plan is designed to strengthen organizational readiness, reduce regulatory risk, and ensure alignment with HHSC Performance Contract requirements, Texas Administrative Code, and OIG audit priorities for both the LMHA and LIDDA. The schedule emphasizes documentation integrity, billing accuracy, compliance with service coordination requirements, and the timely implementation of corrective actions across all divisions. The schedule will be structured into four quarters, each containing a balanced mix of self-monitoring, comprehensive reviews, billing/coding audits, focus reviews, and follow-up assessments. This approach ensures continuous oversight and early identification of systemic risks.

Strategic Priorities for FY 2027

1. **Strengthening Documentation Integrity**

   OIG found repeated issues with missing recovery plan elements, lack of evidence of client participation and insufficient review. FY27 audits will evaluate the completeness of recovery plans, documentation standards, staff training, and monitoring. Whether clinical and service documentation supports claims, reflects person-centered practices, and meets TAC and Medicaid requirements.

2. **Enhancing Billing and Coding Accuracy**

   The OIG continues to prioritize Medicaid behavioral health claims across LMHAs statewide. This is the most predictable and highest-risk audit area. Key audit components include Behavioral Health claims accuracy, service authorization and utilization management, and documentation completeness for service notes. Verification of provider qualifications, compliance with Medicaid Laws, rules, and HHSC contract requirements. FY27 includes targeted billing/coding audits each quarter to reduce exposure to recoupments and sanctions.

3. **Ensuring Service Coordination Compliance**

   For LIDDA programs (HCS, TxHmL, CFC, PASRR), HHSC continues to focus on service coordination timeliness, documentation completeness, Compliance with

HCS/TxHmL requirements, and critical incident reporting. Quarterly comprehensive reviews will assess adherence to these requirements.

4. **Crisis Services Performance & Follow-up**

   Recent LMHA audits found noncompliance with crisis-follow-up timelines, incomplete assessments, and missing documentation of client participation. Key audit components have included the timeliness of crisis follow-up, the accuracy and completeness of crisis assessments, documentation of recovery plan participation, and the required elements in crisis service notes. Quarterly reviews will include a dedicated, focused review on Crisis Services, as this is a high-probability audit target

5. **Improving Organizational Accountability Through Self-Monitoring**

   Self-monitoring remains a required component of the Performance Contract. Each quarter includes a systemwide review to ensure that programs identify deficiencies, implement corrective actions, and document sustained improvement.

6. **Ensuring Compliance with Consents, Policy Acknowledgments, and Training Requirements**

   FY 2026 highlighted the need to continue monitoring incomplete consents, outdated policy acknowledgments, and incomplete required trainings. FY27 includes targeted focus reviews to mitigate these risks.

Expected Outcomes

The FY27 audit schedule is designed to reduce regulatory exposure, strengthen documentation and billing accuracy, improve service delivery consistency, enhance readiness for HHSC, OIG, and external audits, and promote a culture of accountability and continuous improvement. By aligning internal audits with state priorities, The Harris Center positions itself to maintain compliance excellence and protect the integrity of services delivered to the community.

EXHIBIT A-4

Compliance Department

FY 2027 tentative Audit Schedule

Note on survey schedule:

This survey schedule is outlined by quarter. The Compliance department may adjust the timing of audits forward or backward based on the needs of the agency. Additional focus reviews or comprehensive reviews may also be added as needed. These additional reviews could be in response to external audit results, new or revised contracts, or upcoming preparation for external audits.

****Reviews identified with two asterisks will include a billing/coding component.**

Compliance Department

Qtr. 1 FY 2027 Audit Schedule

QUARTER 1

COMPLIANCE AUDIT TYPE	DIVISION	PROGRAM	AUDIT OBJECTIVE	QUARTER
Self Monitoring	All	CPEP, Forensics, Mental Health, IDD	To determine whether programs are conducting regular self monitoring reviews to identify deficiencies and are completing corrective action plans timely.	1
Comprehensive	CPEP	Crisis Intervention Response Team	To determine whether program documentation is in line with applicable rules and guidelines. This review may include operational tours, policy acknowledgements, staff interviews (if applicable), and billing/coding requirements.	1
Comprehensive	Mental Health	Optum Integrated Care	To determine whether program documentation is in line with applicable rules and guidelines. This review may include operational tours, policy acknowledgements, staff interviews (if applicable), and billing/coding requirements.	1
Comprehensive	MH	New Start	To determine whether program documentation is in line with applicable rules and guidelines. This review may include operational tours, policy acknowledgements, staff interviews (if applicable), and billing/coding requirements.	1
Comprehensive**	IDD	Community First Choice	To determine whether program documentation is in line with applicable rules and guidelines. This review may include operational tours, policy acknowledgements, staff interviews (if applicable), and billing/coding requirements.	1
Comprehensive and Follow Up	Forensics	Texas Correctional Office on Offenders with Medical or Mental Impairments	To determine whether program documentation is in line with applicable rules and guidelines, and to determine if the program is compliant with their corrective action plan and/or plan of improvement. This review may include operational tours, policy acknowledgements, staff interviews (if applicable), and billing/coding requirements.	1
Billing and Coding	MH AMH	Telehealth and Modifier Compliance Audit	To ensure all virtual services meet state specific Medicaid telehealth regulations, including the correct utilization of modifiers and place of service codes while maintaining documentation of client consent and platform modality	1
Billing and Coding	MH AM	Medical Necessity and Treatment Plan Alignment	To confirm that billed behavioral health services are supported by a valid, active treatment plan signed by and authorized LPHA, and that progress notes document clinical interventions directly tied to the client's established goals.	1

QUARTER 1

COMPLIANCE AUDIT TYPE	DIVISION	PROGRAM	AUDIT OBJECTIVE	QUARTER
Self Monitoring	All	CPEP, Forensics, Mental Health, IDD	To determine whether programs are conducting regular self monitoring reviews to identify deficiencies and are completing corrective action plans timely.	1
Follow-up	CPEP	Crisis Residential Units	To determine if the program is compliant with their corrective action plan and/or plan of improvement.	1
Follow Up	MH	YES Waiver	To determine if the program is compliant with their corrective action plan and/or plan of improvement.	1
Follow Up	Forensics	TRIAD	To determine if the program is compliant with their corrective action plan and/or plan of improvement.	1
Follow Up	CPEP	PATH	To determine if the program is compliant with their corrective action plan and/or plan of improvement.	1
Focus	IDD	Permanency Planning	To determine if the program is compliant with their corrective action plan and/or plan of improvement.	1
Billing and Coding	All	Time Based Psychotherapy audit	To verify that all billed psychotherapy claims accurately reflect the actual face-to face time spent with the client and contain no overlapping or concurrent billing errors.	1
Billing and Coding	All	Medicaid Review	To determine whether Medicaid claims were billed in accordance with Medicaid regulations	1

QUARTER 1

COMPLIANCE AUDIT TYPE	DIVISION	PROGRAM	AUDIT OBJECTIVE	QUARTER
Self Monitoring	All	CPEP, Forensics, Mental Health, IDD	To determine whether programs are conducting regular self monitoring reviews to identify deficiencies and are completing corrective action plans timely.	1
Follow Up	CPEP	PEERS for Hope House	To determine if the program is compliant with their corrective action plan and/or plan of improvement.	1
Comprehensive	CPEP	Jail Diversion Aftercare	To determine whether program documentation is in line with applicable rules and guidelines. This review may include operational tours, policy acknowledgements, staff interviews (if applicable), and billing/coding requirements.	1
Follow Up**	MH	Adult Mental Health (All locations)	To determine if the program is compliant with their corrective action plan and/or plan of improvement.	1
Follow Up	Forensics	Peer Support and Re-Entry Services	To determine if the program is compliant with their corrective action plan and/or plan of improvement.	1
Focus	IDD	Permanency Planning	To determine if the program is compliant with their corrective action plan and/or plan of improvement.	1
Focus	All	Consents	To determine if client consents and authorizations are completed and signed in accordance with agency policy.	1
Billing and Coding	ALL	Group Therapy and Case Management Audit	To validate that group therapy and case management services feature strictly individualized documentation, adhere to regulatory group size ratios and exclude non-billable administrative activities.	1

Compliance Department

Qtr. 2 FY 2027 Audit Schedule

QUARTER 2

COMPLIANCE AUDIT TYPE	DIVISION	PROGRAM	AUDIT OBJECTIVE	QUARTER
Self Monitoring	All	CPEP, Forensics, Mental Health, IDD	To determine whether programs are conducting regular self monitoring reviews to identify deficiencies and are completing corrective action plans timely.	2
Comprehensive	CPEP	Clinician Officer Remote Evaluation	To determine whether program documentation is in line with applicable rules and guidelines. This review may include operational tours, policy acknowledgements, staff interviews (if applicable), and billing/coding requirements.	2
Comprehensive	Mental Health	SMART Innovation	To determine whether program documentation is in line with applicable rules and guidelines. This review may include operational tours, policy acknowledgements, staff interviews (if applicable), and billing/coding requirements.	2
Comprehensive**	IDD	Home and Community-based Services	To determine whether program documentation is in line with applicable rules and guidelines. This review may include operational tours, policy acknowledgements, staff interviews (if applicable), and billing/coding requirements.	2
Comprehensive	Forensics	Jail Clinical Services	To determine whether program documentation is in line with applicable rules and guidelines. This review may include operational tours, policy acknowledgements, staff interviews (if applicable), and billing/coding requirements.	2
Focus	IDD	Permanency Planning	To determine if the program is compliant with their corrective action plan and/or plan of improvement.	2
Billing and Coding	All	Peer Support Services	To verify that peer support services are rendered by certified individuals and focus strictly on recovery-oriented coaching rather than standard case-management	2

QUARTER 2

COMPLIANCE AUDIT TYPE	DIVISION	PROGRAM	AUDIT OBJECTIVE	QUARTER
Self Monitoring	All	CPEP, Forensics, Mental Health, IDD	To determine whether programs are conducting regular self monitoring reviews to identify deficiencies and are completing corrective action plans timely.	2
Follow Up	CPEP	Jail Diversion	To determine if the program is compliant with their corrective action plan and/or plan of improvement.	2
Follow Up**	MH	Assertive Community Treatment	To determine if the program is compliant with their corrective action plan and/or plan of improvement.	2
Comprehensive**	IDD	Preadmission Screening and Resident Review	To determine whether program documentation is in line with applicable rules and guidelines. This review may include operational tours, policy acknowledgements, staff interviews (if applicable), and billing/coding requirements.	2
Follow Up	Forensics	Transition Services	To determine if the program is compliant with their corrective action plan and/or plan of improvement.	2
Focus	IDD	Permanency Planning	To determine if the program is compliant with their corrective action plan and/or plan of improvement.	2
Focus	All	Policy Acknowledgements	To determine if client consents and authorizations are completed and signed in accordance with agency policy.	2
Billing and Coding	ECI	Telehealth and Modifier Compliance Audit	To ensure all virtual services meet state specific Medicaid telehealth regulations, including the correct utilization of modifiers and place of service codes while maintaining documentation of client consent and platform modality	2

QUARTER 2

COMPLIANCE AUDIT TYPE	DIVISION	PROGRAM	AUDIT OBJECTIVE	QUARTER
Self Monitoring	All	CPEP, Forensics, Mental Health, IDD	To determine whether programs are conducting regular self monitoring reviews to identify deficiencies and are completing corrective action plans timely.	2
Follow Up	CPEP	Jail Re-Entry	To determine if the program is compliant with their corrective action plan and/or plan of improvement.	2
Follow Up	MH	Early Onset Psychosis Program	To determine if the program is compliant with their corrective action plan and/or plan of improvement.	2
Follow Up	Forensics	Forensic Single Portal Program	To determine if the program is compliant with their corrective action plan and/or plan of improvement.	2
Focus	IDD	Permanency Planning	To determine if the program is compliant with their corrective action plan and/or plan of improvement.	2
Focus	Agency	ANSA/CANS Certifications	To determine staff compliance with maintain ANSA/CANS certification.	2
Billing and Coding	MH	Co-Occurring Psychiatric and Substance Use Disorders (COPSD)	To validate the integrated mental Health and substance use claims are supported by dual diagnoses and features distinct clinical interventions.	2
Billing and Coding	All	Medicaid Review	To determine whether Medicaid claims were billed in accordance with Medicaid regulations	2

Compliance Department

Qtr. 3 FY 2027 Audit Schedule

QUARTER 3

COMPLIANCE AUDIT TYPE	DIVISION	PROGRAM	AUDIT OBJECTIVE	QUARTER
Self Monitoring	All	CPEP, Forensics, Mental Health, IDD	To determine whether programs are conducting regular self monitoring reviews to identify deficiencies and are completing corrective action plans timely.	3
Comprehensive	CPEP	Chronic Consumer Assistance Program	To determine whether program documentation is in line with applicable rules and guidelines. This review may include operational tours, policy acknowledgements, staff interviews (if applicable), and billing/coding requirements.	3
Comprehensive**	Mental Health	Integrated Care	To determine whether program documentation is in line with applicable rules and guidelines. This review may include operational tours, policy acknowledgements, staff interviews (if applicable), and billing/coding requirements.	3
Comprehensive	IDD	Texas Home Living	To determine whether program documentation is in line with applicable rules and guidelines. This review may include operational tours, policy acknowledgements, staff interviews (if applicable), and billing/coding requirements.	3
Comprehensive	Forensics	Community Assistance and Resource Program	To determine whether program documentation is in line with applicable rules and guidelines. This review may include operational tours, policy acknowledgements, staff interviews (if applicable), and billing/coding requirements.	3
Focus	IDD	Permanency Planning	To determine if the program is compliant with their corrective action plan and/or plan of improvement.	3
Billing and Coding	To be determined	Medicaid Review	To determine whether Medicaid claims were billed in accordance with Medicaid regulations	3
Focus	Agency	Mental Health First Aid	To determine the efficacy of The Harris Center's oversight and delivery of Mental Health First Aid Training.	3
Comprehensive	Forensics	TCOOMMI Jr.	To determine whether program documentation is in line with applicable rules and guidelines. This review may include operational tours, policy acknowledgements, staff interviews (if applicable), and billing/coding requirements.	3

QUARTER 3

COMPLIANCE AUDIT TYPE	DIVISION	PROGRAM	AUDIT OBJECTIVE	QUARTER
Self Monitoring	All	CPEP, Forensics, Mental Health, IDD	To determine whether programs are conducting regular self monitoring reviews to identify deficiencies and are completing corrective action plans timely.	3
Follow Up	CPEP	Mobile Crisis Outreach Team	To determine if the program is compliant with their corrective action plan and/or plan of improvement.	3
Follow Up	MH	Assisted Outpatient Treatment	To determine if the program is compliant with their corrective action plan and/or plan of improvement.	3
Follow Up	Forensics	Jail-based Competency and Restoration	To determine if the program is compliant with their corrective action plan and/or plan of improvement.	3
Billing and Coding	IDD	Minimum Time Requirements	To determine whether billed services meet minimum time requirements.	3
Focus	All	Incident Reporting	Review whether critical incidents (restraints, grievances, medical emergencies) were reported, documented, and followed up on according to policy.	3
Focus	IDD	Permanency Planning	To determine if the program is compliant with their corrective action plan and/or plan of improvement.	3
Billing and Coding	MH CAS	Telehealth and Modifier Compliance Audit	To ensure all virtual services meet state specific Medicaid telehealth regulations, including the correct utilization of modifiers and place of service codes while maintaining documentation of client consent and platform modality	3
Billing and Coding	MH CAS	Medical Necessity and Treatment Plan Alignment	To confirm that billed behavioral health services are supported by a valid, active treatment plan signed by and authorized LPHA, and that progress notes document clinical interventions directly tied to the client's established goals.	3

QUARTER 3

COMPLIANCE AUDIT TYPE	DIVISION	PROGRAM	AUDIT OBJECTIVE	QUARTER
Self Monitoring	All	CPEP, Forensics, Mental Health, IDD	To determine whether programs are conducting regular self monitoring reviews to identify deficiencies and are completing corrective action plans timely.	3
Follow Up	CPEP	Hospital to Home	To determine if the program is compliant with their corrective action plan and/or plan of improvement.	3
Comprehensive	MH	Continuity of Care	To determine whether program documentation is in line with applicable rules and guidelines. This review may include operational tours, policy acknowledgements, staff interviews (if applicable), and billing/coding requirements.	3
Follow Up	Forensics	Jail-based Competency and Sanity	To determine if the program is compliant with their corrective action plan and/or plan of improvement.	3
Billing and Coding	MH	Telehealth Services	To evaluate telehealth service documentation as part of a follow-up to a previous audit.	3
Focus	IDD	Permanency Planning	To determine if the program is compliant with their corrective action plan and/or plan of improvement.	3
Follow Up	All	Consent Documentation	To determine if client consents and authorizations are completed and signed in accordance with agency policy.	3
Billing and Coding	CPEP	Group Therapy and Case Management Audit	To validate that group therapy and case management services feature strictly individualized documentation, adhere to regulatory group size ratios and exclude non-billable administrative activities.	3

Compliance Department

Qtr. 4 FY 2027 Audit Schedule

QUARTER 4

COMPLIANCE AUDIT TYPE	DIVISION	PROGRAM	AUDIT OBJECTIVE	QUARTER
Self Monitoring	All	CPEP, Forensics, Mental Health, IDD	To determine whether programs are conducting regular self monitoring reviews to identify deficiencies and are completing corrective action plans timely.	4
Follow Up	Open	Open Follow Up based on previous audit	To determine if the program is compliant with their corrective action plan and/or plan of improvement	4
Follow Up	Open	Open Follow Up based on previous audit	To determine if the program is compliant with their corrective action plan and/or plan of improvement	4
Follow Up	Open	Open Follow Up based on previous audit	To determine if the program is compliant with their corrective action plan and/or plan of improvement	4
Follow Up	Open	Open Follow Up based on previous audit	To determine if the program is compliant with their corrective action plan and/or plan of improvement	4
Focus	IDD	Permanency Planning	To determine if the program is compliant with their corrective action plan and/or plan of improvement.	4
Follow Up	Open	Open Follow Up based on previous audit	To determine if the program is compliant with their corrective action plan and/or plan of improvement	4

QUARTER 4

COMPLIANCE AUDIT TYPE	DIVISION	PROGRAM	AUDIT OBJECTIVE	QUARTER
Self Monitoring	All	CPEP, Forensics, Mental Health, IDD	To determine whether programs are conducting regular self monitoring reviews to identify deficiencies and are completing corrective action plans timely.	4
Follow Up	CPEP	Independent Living	To determine if the program is compliant with their corrective action plan and/or plan of improvement.	4
Follow Up	MH	Open Follow Up based on previous audit	To determine if the program is compliant with their corrective action plan and/or plan of improvement.	4
Follow Up	Forensics	Open Follow Up based on previous audit	To determine if the program is compliant with their corrective action plan and/or plan of improvement.	4
Focus	IDD	Permanency Planning	To determine if the program is compliant with their corrective action plan and/or plan of improvement.	4
Follow Up	Open	Open Follow Up based on previous audit	To determine if the program is compliant with their corrective action plan and/or plan of improvement	4
Follow Up	Open	Open Follow Up based on previous audit	To determine if the program is compliant with their corrective action plan and/or plan of improvement	4
Follow Up	Open	Open Follow Up based on previous audit	To determine if the program is compliant with their corrective action plan and/or plan of improvement	4

QUARTER 4

COMPLIANCE AUDIT TYPE	DIVISION	PROGRAM	AUDIT OBJECTIVE	QUARTER
Self Monitoring	All	CPEP, Forensics, Mental Health, IDD	To determine whether programs are conducting regular self monitoring reviews to identify deficiencies and are completing corrective action plans timely.	4
Follow Up	Open	Open Follow Up based on previous audit	To determine if the program is compliant with their corrective action plan and/or plan of improvement	4
Follow Up	Open	Open Follow Up based on previous audit	To determine if the program is compliant with their corrective action plan and/or plan of improvement	4
Follow Up	Open	Open Follow Up based on previous audit	To determine if the program is compliant with their corrective action plan and/or plan of improvement	4
Focus	IDD	Permanency Planning	To determine if the program is compliant with their corrective action plan and/or plan of improvement.	4
Focus	All	Policy Acknowledgements	To determine if staff are compliant with acknowledging required policies and procedures in Policy Stat	4
Follow Up	Open	Open Follow Up based on previous audit	To determine if the program is compliant with their corrective action plan and/or plan of improvement	4
Follow Up	Open	Open Follow Up based on previous audit	To determine if the program is compliant with their corrective action plan and/or plan of improvement	4

Thank you.

EXHIBIT A-5

The HARRIS CENTER for Mental Health and IDD

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

Report Description: This report provides a summary of compliance activities for quarter three of Fiscal Year (FY) 2026, including internal audit findings, external audit involvement, and ongoing department responsibilities.

Presenter: Demetria Luckett, Compliance Director

Explanation of Auditing Format:

Audits are structured across five core components: Personnel, Operations, Environment, Client Records, and Medical. This categorization facilitates the identification of potential risks and opportunities for improvement across all programs and service lines.

This report covers audits completed between March 1, 2026, and May 31, 2026. It includes a breakdown by division and by review type: Comprehensive, Focus, and Follow-Up. There will be an overview of each audit completed and corrective action, if applicable.

Audit Format Refresher:

- Personnel: Training, licensing, certifications, and adherence to staffing requirements.
- Operations: Internal processes, documentation practices, and regulatory compliance.
- Environment: Safety protocols, emergency preparedness, vehicle compliance, and rights protections.
- Client Records: Documentation accuracy, timeliness, integrity, medical necessity, and clinical recordkeeping.
- Medical: Medication management practices, consents, clinical services, and patient safety standards.

Billing and Coding Reviews

**Reviews identified with two asterisks will include a billing/ coding component

1. **Time-Based Audit – All Divisions**
   a. The programs demonstrated strong overall performance, achieving an overall compliance score of 96.75%, reflecting high adherence to documentation, coding, and billing requirements. While compliance was strong across most areas, deficiencies were identified that require corrective action, primarily in procedure code alignment and time-based service accuracy. The review identified procedure code alignment variances, particularly within Medication Training and Support (MTS) services, where billed codes did not consistently align with documented services. Time-to-unit discrepancies resulted in instances of both overbilling and underbilling, and minor reimbursement validation inconsistencies were also noted. While the findings were isolated and not indicative of a systemic issue, they contributed to the overall score reduction and present potential compliance and financial risks, including recoupment exposure. The estimated financial impact was $144.79. To address these concerns, an additional review of previously paid claims billed under Medication Training and Support (MTS) will be conducted. The Integrated Care Team has discontinued providing MTS services, which will now be provided exclusively by the Behavioral Health team. Staff will also receive re-education on Illness Management and Recovery (IMR), Skills Training and Support, and Psychosocial Rehabilitation service requirements.

The HARRIS CENTER for Mental Health and IDD

Follow-Up Audit

CPEP Comprehensive Reviews

1. **Jail Diversion**
    a. The Jail Diversion program achieved an overall score of 95.32%. While compliance was strong in one domain, deficiencies were identified in the Personnel and Clinical Record domains that require corrective action. The Personnel Records review identified instances of non-compliance with agency-mandated training and one staff personnel file. The review revealed a lack of documented evidence confirming completion of training courses and a missed required periodic performance review, which directly contributed to the reduced score and the need to enhance internal monitoring. The Clinical Records review identified several compliance deficiencies related to incomplete and missing information. While these deficiencies have contributed to a minor reduction in not meeting the threshold score, program leadership will need to enforce documentation controls to meet regulatory standards.

2. **Jail Reentry****
    a. The Jail Reentry program demonstrated strong performance, achieving an overall score of 96.27%. The review identified strong compliance with environmental, medical, and coding requirements; however, there were instances of non-compliance with clinical record and personnel requirements, resulting in the need for a plan of improvement. The personnel records review identified occurrences of non-compliance with agency-mandated training. The review disclosed evidence that the required training courses were not completed and documented in the staff personnel file, which directly contributed to the reduced score and necessitated enhanced internal monitoring. The clinical record demonstrated progress in many of the elements reviewed; however, deficiencies were identified in several areas, resulting in failure to meet the threshold score. The coding portion of the review was conducted across ten coding and documentation elements: HCPCS coding accuracy, Plan of Care, progress note documentation, Case Management, medical necessity, Face-to-Face, Telehealth documentation, consent, total time-based services, and provider authorization. The results reflect effective operational practices and a high level of adherence to clinical documentation standards and coding guidelines across most encounters**.**

Follow-Up Audits

3. **Mobile Crisis Outreach Team (MCOT)**
    a. The program demonstrated strong overall performance and continues to show measurable improvement across each element reviewed. Performance results were exceptional, with the Abnormal Involuntary Movement Scale (AIMS) assessment scoring 100% and communication of rights scoring **90%,** which did not meet the 95% threshold; however, continued improvement is needed in this area.

4. **Hospital to Home**
    a. The program demonstrated strong overall compliance and sustained performance improvement across nearly all elements reviewed. Audit results reflected a high level of compliance, with five of the six

elements exceeding the 95% performance threshold, scoring 100%, indicating effective implementation and monitoring of corrective actions previously established. However, continued improvement is needed in the area of service encounter documentation to ensure documentation consistently reflects the individual's identified goals and objectives as outlined in the plan of care and aligns with the intended purpose and scope of the service provided, with a of score **76.67%,** this deficiency being isolated to one staff member.

5. **Independent Living**
    a. The program demonstrated measurable improvement across all elements reviewed. There were four elements that did extremely well, scoring 100% reflecting strong adherence to regulatory standards. While overall performance has increased, several elements did not meet or exceed the established compliance threshold score of 95%, demonstrating ongoing improvements are needed in achieving contract requirement of having all beds fully occupied, consistently documenting the plans of care with all required components, ensuring service documentation adheres to established standards, and staff maintaining compliance with annual training. The program acquired an overall score of 70.24%

Forensics Comprehensive Reviews

1. **Forensic Single Portal Authority (FSPA)**
    a. The program demonstrated strong overall performance, achieving an overall compliance score of 95.00%. This review reflected effective operational practices and high adherence to clinical standards. While compliance was robust in most areas, deficiencies were identified that required corrective action, primarily within the Personnel Records category. The review of Personnel Records identified multiple compliance deficiencies related to required documentation. Specifically, there were issues with a lack of current signed job descriptions for each staff member, pre-employment alcohol and drug screening that were not completed prior to service delivery, and compliance with agency-mandated staff training. Several staff files were found to be missing evidence of completion of the required training courses and of meeting other personnel requirements. These deficiencies contributed to a lower compliance score and highlighted the need for improved internal monitoring and documentation processes. On the other hand, the Clinical Records review demonstrated a high level of compliance, with only minor deficiencies related to informed medication consent documentation. Although limited in scope, these findings resulted in a slight reduction from a perfect score.

Follow-Up Audits

2. **Jail-Based Competency and Restoration (JBCR) Performance Improvement (PI) Follow -up Review**
    a. The program demonstrated strong overall performance during the audit period, with notable improvements in key compliance areas. Compliance for current signed job descriptions and criminal background checks reached full adherence, reflecting meaningful progress since the previous review. The program also showed substantial improvement in most agency-mandated training areas, achieving full compliance in numerous areas. However, performance in drug testing remained unchanged from the prior audit and continued to fall below the established compliance threshold. While the program maintained strong compliance with most required training, several areas did not meet the benchmark. Overall, the program exceeded the required compliance threshold, achieving a total score of 96.00%, reflecting strong performance with targeted opportunities for improvement in specific areas.

3. **Jail Forensic Competency and Sanity Performance Improvement (PI) Follow-up Review**
    a. The follow-up audit demonstrates substantial improvement in compliance across nearly all reviewed elements since the previous audit period. Areas that previously reflected low to moderate adherence now show strong and consistent implementation, particularly in key contractual requirements such as alcohol and drug screening, whistleblower protections, and personnel acknowledgment of HCSO policies. The program also achieved full compliance across most agency-mandated trainings, reflecting strengthened oversight and a well-established training infrastructure. Notable progress was observed in previously underperforming areas, including Handle with Care II and OSHA emergency preparedness, which now demonstrate near-full or full compliance. While a small number of elements remain slightly below the required threshold and warrant continued monitoring, overall performance reflects significant corrective action and sustained improvement. The program achieved an overall compliance score of 98.50%, indicating exceptional performance and a strong commitment to regulatory adherence and continuous quality improvement.

IDD Reviews

Follow-Up Audits

1. **Individual Skills and Socialization Follow-up Review**
    a. The follow-up review demonstrated significant improvement across all audited annual trainings that previously scored below the 95% threshold during the 1st Quarter FY2026 Comprehensive Review. Of the twelve trainings reviewed, six (6) achieved full compliance (100%). While notable progress was observed, six training courses remained below the 95% threshold, failing to meet the 95% performance standard, indicating that additional improvement is needed to achieve full compliance. Overall, results indicate that ISS has effectively implemented corrective actions in most areas, with substantial progress toward remediation of previously identified deficiencies, but no evidence of the corrective measures was provided to Compliance. The program achieved an overall compliance score of 92.34%, indicating a significant improvement from the previous review.

2. **Permanency Planning Follow-up Review**
    b. The Follow-up review indicated limited progress across the audited elements that previously scored below the 95% threshold score during the Follow-up Review. Of the four elements reviewed, none achieved full compliance, and all continued to score below the 95% threshold. Despite some efforts to address prior deficiencies, these areas failed to meet the required performance standard, demonstrating insufficient improvement and inconsistent implementation of corrective actions. Overall, the results suggest that Permanency Planning has not remediated previously identified deficiencies, and additional corrective measures are necessary to achieve compliance.

Behavioral Health Comprehensive and Focus Reviews

1. **Youth Empowerment Services (YES) Waiver Performance Improvement (PI) Follow-up Audit**
    a. The program demonstrated substantial improvement across nearly all review elements, except for identifying the specific need within the wraparound plan that each service is intended to address (i.e., documentation of services). Notably, seven (7) of the ten (10) elements surpassed the threshold score of 95.00%. The decline in the documentation of services score may be attributed to the significantly larger sample size in this audit (216 notes reviewed) and the delay between service delivery and when

notes were uploaded into Epic. Service provision is subcontracted to various providers (e.g., recreational therapy, music therapy, and community living supports), who submit their documentation to The Harris Center's medical records department for uploading. All notes reviewed were uploaded in February 2026, though the actual dates of service occurred in December 2025 and January 2026. Program leadership reported that a PI representative did not contact them after the previous review to develop additional corrective action strategies. Nevertheless, the program successfully resolved most of the previously identified deficiencies. Program leadership further stated that a documentation template has been developed and provided to subcontracting agencies, and training sessions on this template will be conducted. Clinical team leaders will also be provided with additional guidance on documentation requirements and directed to increase their supervisory oversight to ensure all documentation is completed in compliance with regulatory standards.

2. **Early Onset Psychosis Program POI Follow-up Audit**
   a. The follow-up review demonstrated significant improvement across all audited elements that previously scored below the 95% threshold during the 1st Quarter FY2026 Comprehensive Review. Of the nine elements reviewed, seven achieved full compliance (100%). While notable progress was observed in the Assessment and Documentation and Recovery Plan, these areas did not fully meet the 95% performance standard, indicating that additional improvement is needed to achieve full compliance. Overall, results indicate that EOPP has effectively implemented corrective actions in most areas, with substantial progress toward remediation of previously identified deficiencies.

3. **Adult Mental Health (AMH) Comprehensive Review ****
   a. The program demonstrated satisfactory performance across several areas of the review, with notably high results in operations, medical, environment, coding and clinical documentation, and billing components, each exceeding the 95% compliance threshold and reflecting strong adherence to policies and procedures; however, despite these high scores, compliance identified specific deficiencies within the personnel, clinical records, coding and clinical documentation, and billing components, noting that employees are not current on all required training courses and that state-mandated monthly clinical supervision of staff is not consistently occurring. Compliance further observed that staff are not fully completing agency- and state-mandated clinical documentation requirements, including eligibility and admission assessments, client rights documentation with required signatures, medication monitoring assessments for side effects and adverse effects, medication consents with appropriate signatures, provision of medication training and support services in accordance with the plan of care, inclusion of all required elements in plans of care, and timely plan of care updates at least every 180 days. AMH leadership stated that the AMH Procedures Manual is being revised to reflect compliance with statutory guidelines, staff workflows and Epic templates will be updated, and program supervisors will increase monthly monitoring of clinical documentation.

4. **Assertive Community Treatment (ACT) Comprehensive Review ****
   a. The program surpassed the threshold score in coding, clinical documentation, and billing components but did not surpass the threshold score in the personnel or clinical records domains; compliance observed that employees are not current on all required training courses, and it was further noted that staff are not completing all agency- and state-mandated clinical documentation requirements, including eligibility and admission assessments, client rights documentation with required signatures, medication consents with appropriate signatures, medication training and support services in accordance with the plan of care, inclusion of all required elements in plans of care, timely plan of care updates at least every 180 days, proper discharge documentation including the most recent DSM-5

diagnosis, and overall clinical documentation timeliness, including concerns with copying and pasting. ACT leadership stated that the AMH Procedures Manual is being revised to reflect compliance with statutory guidelines, staff workflows and Epic templates will be updated, and program supervisors will increase monthly monitoring of clinical documentation.

5. **Assisted Outpatient Treatment (AOT) Comprehensive Review**
   a. The AOT program demonstrated strong performance, achieving an overall compliance score of 99.00%. The review reflected effective operational practices and high adherence to clinical standards. While compliance was strong across most domains, deficiencies were identified that necessitate corrective action, primarily within the Personnel and Clinical Records categories. The program demonstrated 100% compliance across Operations, Medical, and Environment in this comprehensive review. The Personnel Records review identified compliance deficiencies related to required documentation. Within the Personnel domain, scores for specific components fell slightly below the established compliance threshold of 95%, with Handle with Care achieving 85% and, and Understanding CLAS, Cultural Competency, and Cultural Humility (replaced Diversity and Employment Law) achieving 92%, resulting in an overall Personnel score of 94.00%. These deficiencies directly contributed to the reduced compliance score in this category and indicate a need for strengthened internal monitoring and documentation processes. The Clinical Records review demonstrated a high level of compliance. Minor deficiencies were identified related to the Declaration of Mental Health Services during the presentation of rights of staff. The program achieved 89%. While isolated and limited in scope, this finding contributed to a slight reduction from a perfect score.

Agency Focus Audit

1. **Mental Health First Aid (MHFA)**
   a. The Mental Health First Aid (MHFA) Focus Review demonstrated that The Harris Center was compliant with MHFA statutory and regulatory requirements. The Harris Center ensures contractors deliver MHFA training consistent with §§302.9(a) and (f), that trainings are conducted by qualified instructors with all required components (§302.9(b)(1)– (3)), and that curriculum is delivered without unauthorized modification in accordance with HHSC-approved protocols (§302.9(e)). The Harris Center maintains appropriate oversight and documentation to meet planning and collaboration requirements (§302.9(c)–(d)). The Harris Center also met the MHFA reporting requirement by submitting an annual training plan to HHSC (§302.9(g)) by the required submission date. The Harris Center met all requirements and responsibilities for MHFA training.

Other Compliance Activities

1. Epic Deficiency Monitoring: Track and communicate ongoing Epic documentation deficiencies to ensure timely resolution.
2. Policy and Procedure Oversight: Facilitate and maintain the agency's policy and procedure process using the Policy Stat platform, which includes approvals, updates, and staff communication (ongoing).
3. Corrective Action Monitoring: Track and follow up on corrective action plans related to audit findings, including timelines and status updates.
4. Complaint and Grievance Review: Support the Rights Office by conducting clinical record reviews related to complaints and grievances.

The HARRIS CENTER for Mental Health and IDD

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:

External Datavant Medical Record Requests:

1. Datavant, on behalf of Oscar, requested records on 3/06/2026 for Medicare Risk Adjustment reporting. The request was for thirty-one Oscar members associated with Outreach ID:62148283. Records were submitted by our Release of Information Coordinator.
2. Datavant, on behalf of Oscar, requested records on 3/11/2026 for Medicare Risk Adjustment reporting. The request was for one Oscar member associated with Outreach ID:66627828. Records were submitted by our Release of Information Coordinator.
3. Datavant, on behalf of Oscar, requested records on 3/11/2026 for Medicare Risk Adjustment reporting. The request was for seventeen (17) Oscar members associated with Outreach ID:62148283. Records were submitted by our Release of Information Coordinator.
4. Datavant, on behalf of Aetna, requested records on 3/12/2026 for Medicare Risk Adjustment reporting. The request was for one Aetna member associated with Outreach ID:65978618. Records were submitted by our Release of Information Coordinator.
5. Datavant, on behalf of Oscar, requested records on 3/18/2026 for the Risk Adjustment medical record request. The request was for the thirteen Datavant members associated with Outreach ID: 62148283 and Site ID: 50751779. Records were submitted by our Release of Information Coordinator.
6. Datavant, on behalf of Oscar, requested records on 03/25/2026 for Risk Adjustment reporting. The request was for one Oscar member associated with Outreach ID:66670880. Records were submitted by our Release of Information Coordinator.
7. Datavant, on behalf of Oscar, requested records on 03/25/2066 for a Risk Adjustment reporting. The request was for one Oscar member associated with Outreach ID:65655240. Records were submitted by our Release of Information Coordinator.
8. Datavant, on behalf of Devoted Health, requested a record on 3/30/2026 for HEIDIS reporting. The request was for one Devoted Health Plans member with an associated Outreach ID: 66632649. Records were submitted by our Release of Information Coordinator.
9. Datavant, on behalf of Oscar, requested records on 3/30/2026 for Risk Adjustment reporting. The request was for 14 Oscar members associated with Outreach ID: 66847423. Records were released by our Release of Information Coordinator.
10. Datavant, on behalf of Ambetter, requested records on 4/7/2026 for Risk Adjustment reporting. The request was for one Ambetter member associated with Outreach ID: 62953115. Records were submitted by our Release of Information Coordinator.
11. Datavant, on behalf of Ambetter, requested records on 4/7/2026 for Risk Adjustment reporting. The request was for one Ambetter member associated with Outreach ID 65915303 and Site ID 83666102. Records were submitted by our Release of Information Coordinator.
12. Datavant, on behalf of Optum Care Arizona, requested records on 5/5/2026 for Risk Adjustment reporting. The request was for one Optum Care member associated with the Outreach ID 66293602. Records were submitted by our Release of Information Coordinator.
13. Datavant, on behalf of Aetna, requested records on 5/6/2026 for Medicare Advantage Risk Adjustment reporting. The request was for forty-seven Aetna members associated with Outreach ID: 68216521. Records were submitted by our Release of Information Coordinator.
14. Datavant, on behalf of HealthSpring, requested records on 5/12/2026 for Medicare Advantage Risk Adjustment reporting. The request was for one HealthSpring member associated with the Outreach ID 68161716. Records were submitted by our Release of Information Coordinator.

The HARRIS CENTER for Mental Health and IDD

15. Datavant, on behalf of Wellcare, requested records on 5/15/2026 for risk adjustment reporting. The request was for one WellCare member associated with Outreached ID: 68434927. Records were submitted by our Release of Information Coordinator.
16. Datavant, on behalf of Healthsprings, requested records on 5/27/2026 for Medicare Risk Adjustment reporting. The request was for 108 Healthspring members associated with Outreach ID: 68163896. Records were submitted by our Release of Information Coordinator.

Other External Medical Record Requests:

1. Advantmed, on behalf of Ambetter, requested records on 3/2/2026 for Medicare Risk Adjustment reporting. The request was for fifteen Ambetter Superior Health plan members, associated with Provider ID:17235891. Records were submitted by our Release of Information Coordinator.
2. Vitrix, on behalf of Texas Children's, requested records on 3/2/2026 for HEDIS review reporting. The request was for eight Texas Children's Healthplan members associated with Work Group ID 21_1040132. Records were submitted by our Release of Information Coordinator.
3. Vitrix, on behalf of Texas Children's, requested records on 3/5/2026 for HEDIS review reporting. The request was for two Texas Children's Healthplan members associated with Work Group ID 21_10406900. Records were submitted by our Release of Information Coordinator.
4. WellPoint requested records on 3/5/2026 for HEDIS review reporting. The request was for one member. Records were submitted by our Release of Information Coordinator.
5. EXL Audit Letter completed a behavioral health audit for multiple claims submitted by The Harris Center for Mental Health and IDD for members covering dates of service from July 2024 through July 2025. All claims were denied due to recurring documentation deficiencies, including missing CANS assessments required under Texas Administrative Code §354.2607, insufficient evidence supporting provider credentialing per §353.1415, and missing monthly clinical supervision documentation per §353.1419. Some claims also included additional issues such as incorrect service codes, conflicting telehealth versus face-to-face documentation, and missing records for billed services. Providers have 30 days to submit additional or corrective documentation through the EXL Provider Portal for reconsideration before denials become final
6. KDJ Consultants, on behalf of Community Health Choice, requested records on 3/17/2026 for an annual HEIDIS study. The request was for 10 Community Health Choice member records.
7. United Healthcare: 3/30/2026 Molina Healthcare requested IFSPs for two individuals: or HEDIS Risk Medical Record Request; Location ID# TX00007734
8. Molina Healthcare requested records on 4/13/2026 for HEDIS and Risk Adjustment reporting. The request was for one Molina Healthcare member associated with Location ID: TX00007734. Records were submitted by our Release of Information Coordinator.
9. Episource, on behalf of Aetna, requested records on 4/17/2026 for Medicare Advantage risk adjustment reporting. The request was for five Aetna members, associated with Epi Reference ID: L-05756783. Records were submitted by our Release of Information Coordinator.
10. EXL Audit Letter determined that claims for members were unsupported based on the medical record and upheld the original audit findings following appeal review. Notification was received on 4/21/2026. A Level 2 appeal may be submitted within 30 days of the notification date.
11. BCBS, on behalf of Anthem, requested records on 4/21/2026 for Risk Adjustment reporting. The request was for two Anthem members. Records were submitted by our Release of Information Coordinator.
12. Community Health Choice, on behalf of CMS Medicaid, requested records on May 6, 2026, for a Medicaid claim review. The request was by Qlarant Integrity Solution. The internal tracking number is 193421, and the UCM case number is CSE-250403-00037. A total of 26 records were requested.

The HARRIS CENTER for Mental Health and IDD

13. EXL Service on behalf of Texas Children's requested records on 5/19/2026 for behavioral health audit for the patient list on the attached medical records fax transmittal. Records were submitted by our Release of Information Coordinator.

External Pharmacy Audits:

1. Optum Rx conducted a chart review audit for Southwest Clinic Pharmacy on 3/3/26 to validate claims associated with INVEGA HAFYE INJ 1092MG. The requested documentation was submitted by the pharmacy representative on 3/10/26. Audit results are still pending. EXL ID 1472173
2. Optum Rx conducted a chart review audit for Northeast Clinic Pharmacy on 4/13/26 to validate claims associated with INVEGA HAFYE INJ 819MG. The requested documentation was submitted by the pharmacy representative on 4/17/26. Audit results are still pending. EXL ID 1485778
3. Optum Rx conducted a chart review audit for Northwest Clinic Pharmacy on 4/14/26 to validate claims associated with INVEGA HAFYE INJ 819MG. The requested documentation was submitted by the pharmacy representative on 4/17/26. Audit results are still pending. EXL ID 1486092
4. Optum Rx conducted a chart review audit for Northeast Clinic Pharmacy on 4/17/26 to validate claims associated with Abilify ASM INJ 860MG. The requested documentation was submitted by the pharmacy representative on 4/17/26. Audit results are still pending. EXL ID 1487789
5. Optum Rx conducted a chart review audit for Northeast Clinic Pharmacy on 4/22/26 to validate claims associated with Abilify ASM INJ 960MG. The requested documentation was submitted by the pharmacy representative on 5/5/26. Audit results are still pending. EXL ID 1489004
6. Optum Rx conducted a chart review audit for Northeast Clinic Pharmacy on 4/24/26 to validate claims associated with INVEGA TRINZ INJ 819MG. The requested documentation was submitted by the pharmacy representative on 5/4/26. Audit results are still pending. EXL ID 1490314
7. Optum Rx conducted a chart review for Southeast Clinic Pharmacy on 4/28/26 to validate claim associated with INVEGA SUST INJ 234/1.5. The requested documentation was submitted by the pharmacy representative on 5/4/26. Audit results are still pending. EXL ID 141242
8. Optum Rx conducted a chart review audit for Northeast Clinic Pharmacy on 4/29/26 to validate claims associated with INVEGA SUST INJ 234 1.5. The requested documentation was submitted by the pharmacy representative on 5/4/26. Audit results are still pending. EXL ID 1491242
9. Optum Rx conducted a chart review audit for Northeast Clinic Pharmacy on 4/29/26 to validate claims associated with INVEGA HAFYE INJ 819MG. The requested documentation was submitted by the pharmacy representative on 5/4/26. Audit results are still pending. EXL ID 1491759
10. Optum Rx conducted a chart review audit for Southeast Clinic Pharmacy on 5/4/2026 to validate claims associated with UZEDY INJ 200MG. The requested documentation was submitted by the pharmacy representative on 5/15/26. Audit results are still pending. EXL ID 1493276
11. Optum Rx conducted a chart review audit for Northeast Clinic Pharmacy on 5/6/2026 to validate claims associated with INVEGA TRINZ INJ 546MG. The requested documentation was submitted by the pharmacy representative on 5/15/26. Audit results are still pending. EXL ID 1494290
12. Optum Rx conducted a chart review audit for Southeast Clinic Pharmacy on 5/7/2026 to validate claims associated with INVEGA SUST INJ 234 1.5. The requested documentation was submitted by the pharmacy representative on 5/15/26. Audit results are still pending. EXL ID 1494512

13. Optum Rx conducted a chart review audit for Northeast Clinic Pharmacy on 5/8/2026 to validate claims associated with INVEGA SUST INJ 540MG. The requested documentation was submitted by the pharmacy representative on 5/19/26. Audit results are still pending. EXL ID 1495360
14. Optum Rx conducted a chart review audit for Southeast Clinic Pharmacy on 5/29/2026 to validate claims associated with VYVANSE CAP 50MG. The requested documentation was submitted by the pharmacy representative on 6/1/26. Audit results are still pending. EXL ID 1502043.

External Program Specific Audits:

1. Harris County's ARPA SLFRF program completed its Q1 2026 monitoring review of The Harris Center's Responsive Intervention Services & Engagement (RISE) program, which supports children with intellectual and developmental disabilities and their families impacted by the COVID-19 pandemic. The County found no compliance issues. The monitoring assessment confirms adherence to program requirements and alignment with ARPA SLFRF rules. The review is not a formal audit but confirms that the Harris Center is meeting operational and performance expectations. Q1 monitoring is officially closed. The next monitoring period begins in July 2026.
2. Harris County conducted its Q1 2026 monitoring review of The Harris Center for Mental Health and IDD's Inspire program, funded through the ARPA State and Local Fiscal Recovery Funds. The review assessed compliance with federal regulations, grant requirements, and Harris County's program standards.
3. A program compliance review 3/30/2026 was conducted of the TCOOMMI program on March 30, 2026, through April 2, 2026. A written response is due 20 days from the date of this notification letter, with corrective actions due by June 1, 2026
4. Harris County Housing and Community Development 4/7/2026 sent notification of a PY25 monitoring notice letter. The desk review was conducted on May 5, 2026
5. Texas Health and Human Services will be conducting an ECI QA for complete review. The reviewers will be on site starting Monday, 4/27/2026 - 4/30/2026.
6. Health and Human Services 4/13/2026 completed a Comprehensive Administrative and Programmatic review for the ECI program, fiscal year 2026 ECI contract. The final report was provided on 4/13/2016. A follow-up review will be in six months, 10/13/2026.
7. A Closeout Letter was received on 4/16/2026. The closeout process demonstrates that the program utilized ARPA SLFRF funding as intended.
8. TCHP on 5/5/2026 requested a total of 30 medical records for a post-pay review audit.

The Harris Center for Mental Health and IDD
The Compliance Department
Executive Summary Cover Sheet
Time-Based Code Audit – All Divisions
Review Dates: May 13, 2026 – June 9, 2026

I. Audit Type:
Focus Audit

II. Purpose:
This audit was conducted to assess program compliance with applicable Texas Administrative Code, Medicaid billing requirements, HCPCS coding standards, and internal documentation policies. The review focused on time-based service codes to ensure alignment between documented service duration and billed units.

III. Audit Method:
A random sample of 102 encounters was selected from active records using the *Compliance PB Transaction Report* within the EPIC Electronic Health Record system for services provided during the second quarter of FY 2026 (December 1, 2025–February 28, 2026). The sample included services across multiple programs: CPEP–MCOT (Crisis Intervention), AMH Integrated Care (Medication Training and Support), IDD–STARS Clinic (Therapeutic Behavioral Services), and Forensic TCOOMMI (Skills Training and Development). The review was conducted utilizing a standardized audit tool developed by the Compliance Department.

IV. Audit Findings/History:
The overall compliance score was **96.75%**, reflecting strong adherence to documentation, coding, and billing requirements across reviewed programs. Strengths were identified in provider credentialing, consent documentation, service authorization, and time-based documentation practices.
Despite overall strong performance, targeted deficiencies were identified. These included procedure code alignment variances, particularly within Medication Training and Support (MTS) services, where billed codes did not consistently correspond with documented services. Additionally, time-to-unit discrepancies resulted in instances of both overbilling and underbilling, as well as minor reimbursement validation inconsistencies. These findings were limited in occurrence and do not appear systemic; however, they present potential compliance risks, including reduced support for billed services and exposure to recoupment. The estimated financial impact identified was **$144.79** in potential reimbursements. Programs such as CPEP–MCOT and IDD–STARS Clinic demonstrated strong compliance, while TCOOMMI reflected minor documentation timeliness and unit alignment issues.

V. Recommendations:
It is recommended that programs strengthen compliance oversight by implementing standardized processes to ensure accurate time-based documentation and alignment between documented service duration and billed units. Programs should reinforce adherence to HCPCS coding requirements, improve procedure code selection accuracy, and enhance reimbursement validation practices. Additionally, program leadership should implement routine internal monitoring and periodic audits focusing on documentation quality, coding accuracy, and time-to-unit alignment to support sustained compliance.

VI. Corrective Actions:
Staff will receive re-education on Illness Management and Recovery (IMR), Skills Training and Support, and Psychosocial Rehabilitation service requirements. An additional review of previously paid claims billed under Medication Training and Support (MTS) will be conducted. The Integrated Care Team has discontinued providing MTS services, which will now be provided solely by the Behavioral Health team. Compliance will conduct follow-up monitoring to verify implementation and compliance.

The Harris Center for Mental Health and IDD:
The Compliance Department
3rd Quarter (Qtr.) of Fiscal Year (FY) 2026
Executive Summary Cover Sheet
Comprehensive Psychiatric Emergency Program (CPEP) Division
Jail Diversion
Comprehensive Audit
Review Date: May 12, 2026, to June 10, 2026

I. Audit Type:
Comprehensive Review.

II. Purpose:
The purpose of this review was to assess the Jail Diversion Environmental, Personnel, and Clinical Record requirements for compliance with the Texas Administrative Code (Tex. Admin. Code) 26 *Tex. Admin. Code §301.361 Documentation of Service Provision, 26 Tex. Admin. Code 2 §301.331 (h) (1-2) (4) Competency and Credentialing, Jail Diversion Statement of Work SOW VI.A.(1-2), VI.D.4, VI.E.(1-2), VI.E.3.(a-e) Facility Environment, VI.C. (1-2) Medication Standards, SOW II.F.12.(a) Screening and Assessment, SOW II.F.12 (b.i-v) Discharge Planning, SOW II.F.12 (c.i-v) Treatment Plan, and Jail Diversion Interlocal Agreement.*

III. Audit Method:
Active records were randomly selected from the Affiliated Harris Center Encounter Data Inpatient Service Detail Auditing report in the Electronic Health Record (EHR) for persons served during the 2nd Qtr. of FY 2026 (December 1, 2025, to February 28, 2026), and the Organizational Development Staff Training Roster Report. Compliance conducted a desk review, sampling ten (10) consumer records of those records, thirty (30) service encounters were selected, and twelve (12) personnel records were chosen and reviewed using the Mental Health (MH) Diversion Master Review Tool.

IV. Audit Findings and History:
The Jail Diversion program achieved an overall score of **95.32%.** While compliance was strong in one domain, deficiencies were identified that require corrective action within the Personnel and Clinical Record domains. The Personnel Records review identified instances of non-compliance with agency-mandated training and one staff personnel file. The review revealed a lack of documented evidence confirming completion of training courses and missing one required periodic performance review, which directly contributed to the reduced score resulting in the need to enhance internal monitoring. The Clinical Records review identified several compliance deficiencies related to incomplete and or missing information. While these deficiencies have contributed to a minor reduction in not meeting the threshold score, program leadership will need to enforce documentation controls to meet regulatory standards

V. Recommendations:
Compliance recommends that the Jail Diversion program review the findings and continue to assess its processes to ensure all required standards are completed in accordance with the Interlocal Agreement, the Jail Diversion Statement of Work, and Tex Admin Code: Staff Member Training, Provider Responsibilities for Treatment Planning, Documentation of Service Provision, and Competency and Credentialing. The Vice President (VP) of CPEP Division and the Program Manager/Director must sign and return the report with management response along with the POI to Compliance.

VI. Corrective Actions:
The Jail Diversion program is required to collaborate with Performance Improvement (PI) and submit a Plan of Improvement (POI) designed to mitigate Personnel and Clinical Record deficiencies. Program leadership communicated that ongoing training will be conducted, supported by weekly and monthly reviews beginning July 1, 2026. Compliance will conduct a follow-up review within 90-180 days.

The Harris Center for Mental Health and IDD:
The Compliance Department
3rd Quarter (Qtr.) of Fiscal Year (FY) 2026
Executive Summary Cover Sheet
Comprehensive Psychiatric Emergency Program (CPEP) Division
Jail Reentry
Comprehensive Audit
Review Date: May 12, 2026, to June 10, 2026

I. Audit Type:
Comprehensive Review.

II. Purpose:
The purpose of this review was to assess the Jail Re-Entry program's medical, environmental, personnel, clinical record, and coding requirements for compliance with the Texas Administrative Code (Tex. Admin. Code), Healthcare Common Procedure Coding System (HCPCS) Coding Guidelines, and the Jail Re-Entry Interlocal Agreement.

III. Audit Method:
Active records were randomly selected from the Affiliated Harris Center Encounter Data Inpatient Service Detail Auditing report in the Electronic Health Record (EHR) for person's served during the 2nd Qtr. of FY 2026 (December 1, 2025, to February 28, 2026), and the Organizational Development Staff Training Roster Report. Compliance conducted a desk review; sampling of twenty (20) consumer records of those records sixty-two (62) service encounters were selected for each person served and seven (7) personnel records chosen and reviewed using a tool developed by the Compliance department.

IV. Audit Findings and History:
The Jail Reentry program demonstrated strong performance, achieving an overall score of 96.27%. The review identified strong compliance in environmental, medical, and coding requirements; however, there were instances of non-compliance with the clinical record and the personnel requirements resulting in the need for a plan of improvement. The personnel records review identified occurrences of non-compliance with agency mandated training. The review disclosed evidence confirming that the required training courses were not completed and documented in the staff personnel file, which directly contributed to the reduced score resulting in the need to enhance internal monitoring. The clinical record demonstrated progress in many of the elements reviewed; however, deficiencies were recognized in several areas, which lead to not meeting the threshold score. The coding portion of review was conducted across ten coding and documentation elements: HCPCS coding accuracy, Plan of Care, progress note documentation, Case Management, medical necessity, Face-to-Face, Telehealth documentation, consent, total time-based services, and provider authorization. The results reflect effective operational practices and a high level of adherence to clinical documentation standards and coding guidelines across most encounters**.**

V. Recommendations:
Compliance recommends that the Jail Reentry program review the findings and continue to assess its processes to ensure all required standards are completed in accordance with Interlocal Agreement Texas, and TEX Admin Code: Staff Member Training, Competency and Credentialing, Communication of Rights, Provider Responsibilities for Treatment Planning, Documentation of Service Provision, and Competency and Credentialing, and Medication Monitoring. The Vice President (VP) of CPEP Division and the Program Manager/Director must sign and return the report with management response along with the POI to Compliance.

VI. Corrective Actions:
The Jail Reentry Program is required to collaborate with Performance Improvement (PI) and has submitted a plan of improvement targeting code-to-service training, code accuracy review, evaluation of personal files and clinical record requirements which will be ongoing occurring weekly and monthly beginning July 1, 2026. Compliance will conduct a follow-up review within 90–180 days.

The Harris Center for Mental Health and IDD:
The Compliance Department
3rd Quarter (Qtr.) of Fiscal Year (FY) 2026
Executive Summary Cover Sheet
Comprehensive Psychiatric Emergency Program (CPEP) Division
Mobile Crisis outreach Team (MCOT)
Plan of Improvement (POI) Follow-Up Audit
Review Date: April 6, 2026, to April 10, 2026

I. Audit Type:
Plan of Improvement Follow-Up.

II. Purpose:
The purpose of this review was to assess the Projects The purpose of this review was to assess the MCOT program for implementation of its POI requirements to ensure compliance with Texas Administrative Code (*Tex. Admin. Code*) *26 Tex. Admin. Code Communication of Rights to Individuals Receiving Mental Health Services §320.25 (a-b);* and *26 Tex. Admin. Code Medication Monitoring §320.217 (e)*.

III. Audit Method:
Active records were randomly selected from the *Affiliated Harris Center Encounter Data OP Service Detail Auditing* report in the Electronic Health Record (EHR) for persons served during the 3rd Qtr. of FY 2026 (March 1, 2026, to March 31, 2026), Compliance conducted a desk review, sampling ten (10) consumer records using a modified version of the STATE Review Tool. Detailed data for this review is presented below.

IV. Audit Findings and History:
The program demonstrated strong overall performance and continues to show measurable improvement across each element reviewed. Performance results were exceptional with completing the Abnormal Involuntary Movement Scale (AIMS) assessment element scoring 100% and the other element communication of rights was high scoring 90% which did not meet the threshold score of 95%; however, continued improvement is needed in this area.

V. Recommendations:
Program leadership should reinforce the significance of completing the annual Consent to Services/Rights Acknowledgement form. The Vice President of the CPEP Division and the Program Director must sign the report and return it to the Compliance Department.

VI. Corrective Actions:
Compliance provided the program with an updated Plan of Improvement to complete in collaboration with the Performance Improvement (PI) Department and will conduct a follow-up review within 90-180 days. MCOT Clinical Team Leads (CTLs) will conduct a targeted supervisory review with the SAI who did not obtain the updated and signed Rights Acknowledgement Form by July 15, 2026. This review will reinforce required documentation standards and outline expectations for timely completion. Additionally, MCOT CTLs will implement ongoing weekly documentation reviews to verify compliance with all program requirements and to promptly address deficiencies.

The Harris Center for Mental Health and IDD:
The Compliance Department
3rd Quarter (Qtr.) of Fiscal Year (FY) 2026
Executive Summary Cover Sheet
Comprehensive Psychiatric Emergency Program (CPEP) Division
Hospital to Home (H2H)
Review Date: April 27, 2026, to May 1, 2026

I. Audit Type:
Plan of Improvement Follow Up review.

II. Purpose:
The purpose of this review was to assess the Hospital to Home program for implementation of its POI requirements to ensure compliance with Texas Administrative Code (*Tex. Admin. Code*) *26 Tex. Admin. Code Competency and Credentialing §301.331 (h)(2)*; *26 Tex. Admin. Code Staff Member Training § 320.113 (c)(2); Texas Health and Human Services Information Item V: Interventions for Facility-based Crisis Respite and the Hospital to Home Operational Guidelines.*

III. Audit Method:
Active records were randomly selected from the *Affiliated Harris Center Encounter Data IP Service Detail Auditing* report in the Electronic Health Record (EHR) for persons served during the 3rd Qtr. of FY 2026 (March 1, 2026, to March 31, 2026), Compliance conducted a desk review, sampling ten (10) consumer records using a tool that was developed by the Compliance Department. Detailed data for this review is presented below

IV. Audit Findings and History:
The program demonstrated strong overall compliance and sustained performance improvement across nearly all elements reviewed. Audit results reflected a high level of compliance, with five of six elements exceeding the 95% performance threshold, indicating effective implementation and monitoring of corrective actions previously established. However, continued improvement is needed in the area of service encounter documentation to ensure documentation consistently reflects the individual's identified goals and objectives as outlined in the plan of care and aligns with the intended purpose and scope of the service provided.

V. Recommendations:
Program leadership should review the finding and assess its processes to ensure all required standards are completed in accordance with TEX. ADMIN. CODE: Documentation of Service Provision. The Hospital to Home program is required to submit a Plan of Improvement (POI) focusing on the Clinical Record Requirements. The Vice President of the CPEP division and the Program Director must sign the report and return along with POI document to the Compliance Department.

VI. Corrective Actions:
Compliance provided the program with an updated Plan of Improvement to complete in collaboration with the Performance Improvement (PI) Department and will conduct a follow-up review within 90-180 days. The Hospital to Home Care Coordinators have been directed by the Program Manager to begin incorporating smart phrase statements. These statements ensure that the encounter documentation consistently reflects the individual's goals and objectives as outlined in the Plan of Care. This action strengthens alignment between service delivery and documented treatment goals and reinforce compliance with person-centered planning requirements.

The Harris Center for Mental Health and IDD:
The Compliance Department
3rd Quarter (Qtr.) of Fiscal Year (FY) 2026
Executive Summary Cover Sheet
Comprehensive Psychiatric Emergency Program (CPEP) Division
Independent Living
Plan of Improvement Follow Up
Review Date: April 28, 2026, to May 1, 2026

I. Audit Type:
Plan of Improvement Follow Up

II. Purpose:
The purpose of this review was to assess the Independent Living program for implementation of its POI requirements to ensure compliance with Texas Administrative Code (*Tex. Admin. Code*) *26 Tex. Admin. Code Competency and Credentialing §301.331 (h)(2)*; *26 Tex. Admin. Code Staff Member Training § 320.113 (c)(2); 1 Tex. Admin. Code Supervision of Peer Specialists §354.3103 (b) (1-2)(d)*; *26 Tex. Admin. Code Communication of Rights to Individuals Receiving Mental Health Services § 320.25 (a)(b); 26 Tex. Admin. Code Provider Responsibilities for Treatment Planning and Service Authorization §301.353 (e)(1)(2); 26 Tex. Admin. Code Documentation of Service Provision §301.361 (a)(1-14); Harris Community Housing and Community Development Contract and independent Living Operational Guidelines.*

III. Audit Method:
Active records were randomly selected from the Affiliated Harris Center Encounter Data IP Service Detail Auditing report in the Electronic Health Record (EHR) for persons served during the 3rd Qtr. of FY 2026 (March 1, 2026, to March 31, 2026), Compliance conducted a desk review, sampling ten (10) consumer records using a tool that was developed by the Compliance Department.

IV. Audit Findings and History:
The program demonstrated measurable improvement across thirteen of the seventeen elements reviewed. While overall performance has increased, several elements did not meet or exceed the established compliance threshold score of 95%. Continued focus is required to achieve full occupancy, consistently documenting the plans of care with all required components, and ensure service documentation adheres to established standards while accurately reflecting the identified goals and objectives listed in the plans of care

V. Recommendations:
Program leadership should review the findings and assess it processes to ensure all required standards are completed in accordance with TEX. ADMIN. CODE: Documentation of Service Provision, Provider Responsibilities for Treatment Planning and Service Authorization and the Harris County Housing and Community Development Contract. The Independent Living program is required to submit a Plan of Improvement (POI) focusing on Environmental and Clinical Record Requirements. Compliance provided the program with an updated Plan of Improvement to complete in collaboration with the Performance Improvement (PI) department. The Vice President of the CPEP division and the Program Director must sign the report and return along with the POI document to the Compliance Department.

VI. Corrective Actions:
Compliance provided the program with an updated Plan of Improvement to complete in collaboration with the Performance Improvement (PI) Department and will conduct a follow-up review within 90-180 days. The program has prioritized three core corrective action areas: error mitigation, in-service training and workflow enhancements. Focused initiatives are underway to reduce documentation and process errors, reinforce staff competency through targeted training, and optimize operational workflows to ensure consistent compliance with program standards.

The Harris Center for Mental Health and IDD:
The Compliance Department
Executive Summary Cover Sheet
Forensic Single Portal Authority (FSPA) Comprehensive Review
Review Dates: April 1, 2026-April 14, 2026

I. Audit Type:
Comprehensive Review

II. Purpose:
This review was conducted to determine if the Forensic Single Portal Authority (FSPA) program was compliant with the Texas Administrative Code (Tex. Admin. Code) Competency and Credentialing); Staff Training in Rights of Individuals Receiving Mental Health Services; Forensic Single Portal Authority statement of Work; Agency Mandated Training Credentialing, Re-Credentialing Guideline & Procedure & Competency of All Staff and Volunteers: Critical competencies, Infection Control Policy and Procedures, FSPA policy and Procedures, HCSO Policy and Procedures and Interlocal Agreement Between Harris County and Harris Center for Mental Health and IDD for Expansion of Jail Based Competency Restoration Program and Texas Criminal Code Procedures (CCP)46B.

III. Audit Method:
Program leadership provided a list of clients seen during the review period, the second (2nd) quarter of FY 2026 (December 1, 2025 – February 28, 2026), and a list of employees. Thirty (30) active records were randomly selected, and all eight (8) employees were included in this review. The review used an audit tool developed by Compliance.

IV. Audit Findings and History:
The FSPA program demonstrated strong performance, achieving an **overall compliance score of 95.00%**. The review reflected effective operational practices and high adherence to clinical standards. While compliance was strong across most domains, deficiencies were identified that necessitate corrective action, primarily within the **Personnel Records** category. **The Personnel Records** review identified multiple compliance deficiencies related to required documentation for current signed job descriptions for each staff member, pre-employment alcohol and drug screening completed prior to service delivery, and agency-mandated staff training. Specifically, several staff files lacked evidence of completion of the training courses required and of meeting other personnel requirements. These deficiencies directly contributed to the reduced compliance score in this category and indicate a need for strengthened internal monitoring and documentation processes. **The Clinical Records** review demonstrated a high level of compliance, with only minor deficiencies related to informed medication consent documentation. Although limited in scope, these findings resulted in a slight reduction from a perfect score.

V. Recommendations
The Program leadership should implement standardized processes to ensure personnel records are complete and current, including verification of required pre-employment documentation, completing and tracking all agency-mandated training, and maintaining signed job descriptions. While clinical compliance is strong, the program should reinforce informed medication consent requirements and ensure consistent use of approved consent documentation through periodic internal reviews to sustain regulatory compliance and reduce the risk of recurrence. A Plan of Improvement (POI) is required to address the identified deficiencies. Compliance will also refer the program to Performance Improvement (PI) for support in POI development and implementation. Compliance will assess the program's progress toward completion of the POI within 90 days. The Vice President of the Forensic Division and the Senior Program Director are required to sign and return both this report and the completed POI to the Compliance department within seven (7) business days.

VI. Corrective Actions:
Compliance provided the program with a Plan of Improvement (POI) to be completed in collaboration with PI.

The Harris Center for Mental Health and IDD
The Compliance Department
Executive Summary Cover Sheet
Jail-Based Competency and Restoration (JBCR) Program
Review Dates: April 20, 2026-April 22, 2026

I. Audit Type:
Performance Improvement (PI) Follow-up Review

II. Purpose:
The purpose of this review was to determine the program's compliance with Texas Administrative Code (*Tex. Admin. Code*) *Competency and Credentialing; Staff Training in Rights of Individuals Receiving Mental Health Services; Interlocal Agreement; JBCR Program Description; T*he Harris Center procedures, *Credentialing, Re-Credentialing Guideline & Procedure,* and *Suicide/Violence Behavioral Crisis Intervention; Agency Mandated Training*.

III. Audit Method:
Program leadership provided a list of personnel working in the program during the review period (December 1, 2025-February 28, 2026). All 17 employees were reviewed. The review used an audit tool developed by Compliance.

IV. Audit Findings/History:
The program demonstrated strong overall performance during the audit period, with full compliance achieved in key areas such as staff job descriptions and criminal background checks, as well as across most agency-mandated trainings. Significant improvements were observed in several training areas that were previously below standard, reflecting effective corrective actions and increased compliance. However, drug testing compliance remained below the required threshold and unchanged from the prior review. Additionally, a small number of training areas—including Basic Pharmacology, Co-Occurring Psychiatric and Substance Use Disorders (COPSD), Bloodborne Pathogens, Emergency and Fire Preparedness, and CPR/Basic Life Support and drug testing—did not meet the established compliance requirement. Despite these targeted gaps, the program exceeded the overall compliance threshold, indicating strong performance with focused opportunities for continued improvement. The program achieved an overall score was 96.00%.

Drug Testing
Each staff member must pass alcohol and drug screening before performing any services, with evidence properly maintained in their personnel records.
Documentation of Agency-mandated training
Ongoing monitoring and timely review of staff training records are required to maintain compliance and ensure staff remain qualified to perform their duties.

V. Recommendations:
Program leadership should reinforce the importance of maintaining current training by implementing regular monitoring and communication to ensure all required training courses are completed prior to expiration. Additionally, program leadership should collaborate with Human Resources to verify that all pre-employment requirements, including background checks and drug screenings, are completed and documented before staff are assigned duties.

VI. Corrective Actions:
Compliance provided the program with a revised Plan of Improvement (POI) to be completed in collaboration with the Performance Improvement (PI) team to address identified deficiencies and ensure ongoing compliance.
Follow-Up

The Harris Center for Mental Health and IDD
The Compliance Department
Executive Summary Cover Sheet
Jail Forensic Competency and Sanity Program
Review Dates: April 27, 2026-April 30, 2026

I. Audit Type:
Performance Improvement (PI) Follow-up Review

II. Purpose:
The purpose of this review was to determine the program's compliance with Texas Administrative Code (*Tex. Admin. Code*); *Staff Training in Rights of Individuals Receiving Mental Health Services; Interlocal Agreement; Jail Forensic Competency and Sanity Program Description; T*he Harris Center procedures, Credentialing*, Re-Credentialing Guideline & Procedure,* and *Suicide/Violence Behavioral Crisis Intervention; Agency Mandated Training*.

III. Audit Method:
Program leadership provided a list of personnel working in the program during the review period (December 1, 2025-February 28, 2026). All eleven (11) employees were reviewed. The review used an audit tool developed by Compliance.

IV. Audit Findings/History:

The follow-up audit demonstrates significant improvement in overall compliance across nearly all reviewed elements. Areas that previously reflected low to moderate adherence now exhibit strong and consistent implementation of required standards. The program made substantial progress in key contractual requirements, including alcohol and drug screening, whistleblower rights and protections, and personnel acknowledgment of HCSO policies, reflecting improved alignment with interlocal agreement expectations and stronger communication of requirements to staff.

The program also achieved full compliance across most agency-mandated training areas, demonstrating a well-established training infrastructure and effective monitoring of staff requirements. Notable improvements were observed in previously underperforming areas, including Handle with Care II and OSHA Emergency and Fire Preparedness, which now reflect near-full compliance and indicate effective corrective action and follow-through. Continued progress in areas such as Basic Pharmacology further highlights an increased focus on clinical competency and workplace safety.

While most elements meet or exceed expectations, a small number remain slightly below the 95% compliance threshold and should continue to be monitored to ensure sustained performance and prevent regression. Overall, the program achieved an exceptional compliance rate of **98.50%**, demonstrating a strong commitment to regulatory adherence and continuous improvement.

Key Focus Areas: Drug Testing: All staff must successfully complete required alcohol and drug screening prior to providing services, with documentation maintained in personnel records. **Training Documentation:** Ongoing monitoring and timely review of staff training records are essential to ensure continued compliance and staff readiness.

V. Recommendations:

Program leadership should reinforce the importance of maintaining current training by implementing regular monitoring and communication to ensure all required training courses are completed prior to expiration. Additionally, program leadership should collaborate with Human Resources to verify that all pre-employment requFollow-Upirements, including background checks and drug screenings, are completed and documented before staff are assigned duties.

VI. Corrective Actions:
Compliance provided the program with a revised Plan of Improvement (POI) to be completed in collaboration with the Performance Improvement (PI) team to address identified deficiencies and ensure ongoing compliance.

The Harris Center for Mental Health and IDD
The Compliance Department
Executive Summary Cover Sheet
Individualized Skills and Socialization (ISS) Program
Review Dates: June 8, 2026 – June 12, 2026

I. Audit Type:
Follow-up Review

II. Purpose:
The purpose of this follow-up review was to evaluate the ISS program's compliance with annual training requirements and to assess the implementation and effectiveness of the corrective actions previously issued in the Comprehensive Review conducted during the 1st Qtr. of FY 2026. The review examines whether the program has established sustainable processes, monitoring practices, accountability measures to achieve the organizational compliance threshold of 95% and to prevent the recurrence of training deficiencies

III. Audit Method:
The review focused on agency required training. Program leadership provided a staff roster of persons working in the ISS program during the 2nd and 3rd Qtr. FY 2026 February 1 – April 30, 2026. A staff training transcript covering the review period was provided by Organizational Development. A sample of ten (10) staff was selected as part of a follow-up review.

IV. Audit Findings/History:
Twelve (12) training courses were reviewed. Of these, staff met expectations in completing 6 annual training courses, demonstrating full compliance. For the remaining six (6), the program showed partial improvement. Six (6) training courses reflected an increased percentage of staff completing the annual requirement compared to the previous cycle; however, none of these training courses met the organizational compliance threshold of 95%. While progress is evident, the program has not yet achieved sustained compliance as required by the corrective action plan. The performance indicated that corrective actions have been initiated but not fully institutionalized, and current monitoring and accountability mechanisms are insufficient to ensure timely completion of all annual training requirements. Compliance previously conducted a comprehensive review of the ISS Program during the 3rd quarter of FY 2024. Compliance also completed a Follow-up Review of the ISS program during the 1st Qtr. FY 2026.

V. Recommendations:
Program leadership should reinforce the importance of remaining current on all training courses. A Plan of Improvement (POI) is required to address the deficiencies identified in this report. Compliance will also refer ISS to Performance Improvement (PI) for assistance with developing their corrective actions. Compliance will conduct a follow-up review of the corrective action plan within 180 days. The Vice President (VP) of the IDD Division and the Program Manager/Director are required to provide a management response and sign and return this report as soon as possible.

VI. Corrective Actions:
All outstanding annual trainings will be completed online by July 15th and all in-person trainings by August 1, 2026. In-person training will be scheduled around facility coverage to ensure operational needs are met. On-Going tracking will be monitored by Absorb system notifications to each individual staff, monthly supervisions with classroom facilitators and Day Hab Manager, and Quarterly audits in Absorb by Program Assistant.

The Harris Center for Mental Health and IDD
The Compliance Department
Executive Summary Cover Sheet
Permanency Planning Follow-up Review
Review Dates: May 11, 2026 – June 5, 2026

I. Audit Type:
Follow-up

II. Purpose:
The purpose of this POI Follow-up review was to evaluate the implementation and effectiveness of the Permanency Planning program corrective actions in addressing elements identified during previous Follow-up Review conducted during the 1st Qtr. of FY 2026 for elements performing below the 95% threshold score.

III. Audit Method:
A client roster of individuals served during the 2nd and 3rd Qtr. of Fiscal Year (FY) 2026 was obtained from the Intellectual and Developmental Disabilities Home and Community-Based Services (HCS) and Enhanced Community Coordination (ECC) programs. A sample of twenty-eight (28) client records was selected for review to assess the effectiveness of corrective actions. The review was conducted using a state-approved audit tool, which was adapted by the Compliance Department to align with Plan of Improvement (POI) follow-up elements.

IV. Audit Findings/History:
The POI Follow-up review indicated limited progress across the audited elements that previously scored below the 95% threshold score during the Follow-up Review. Despite some efforts to address prior deficiencies, this program failed to meet required performance standards in these areas, demonstrating insufficient improvement and inconsistent implementation of corrective actions. Overall, the results suggest that Permanency Planning has not remediated the previously identified deficiencies, and additional corrective measures are necessary to achieve compliance. HHSC imposed a sanction of $4,768.45 against The Harris Center for Mental Health and IDD regarding non-compliance for Permanency Plans not meeting the 95% completion rate in May 2025, as a result, a follow-up review was conducted in the 1st Qtr. of FY 2026 to evaluate the implementation and effectiveness of the Permanency Planning program's corrective actions.

V. Recommendations:
Program must develop a structured Performance Improvement Plan (PIP) with PI,
including: 1) Root-cause analysis; 2) Staffing review (caseload distribution, documentation expectations, supervision structure); 3) Targeted training modules and 4) Weekly or biweekly progress checkpoints. Compliance will conduct monthly focused audits for a minimum of six months starting after the implementation of the Performance Improvement Plan (PIP). The Vice President must present a remediation strategy to General Counsel and Compliance Director and must sign and provide a management response and return this report to Compliance as soon as possible.

VI. Corrective Actions:
Permanency Planning was escalated to a Level 2 Repeat Noncompliance performer under the Audit Performance Escalation Pathway. Permanency Planning will have to develop a structured Performance Improvement Plan (PIP) with assistance from Performance Improvement.

The Harris Center for Mental Health and IDD
The Compliance Department
Executive Summary Cover Sheet
Youth Empowerment Services (YES) Waiver Program
Review Dates: March 16, 2026-March 25, 2026

I. Audit Type:
Performance Improvement (PI) Follow-up Review

II. Purpose:
The purpose of this review was to determine the program's compliance with Texas Administrative Code (Tex. Admin. Code) 26 Tex. Admin. Code Competency and Credentialing §§ 301.331 (a)(3)(A)(v), (viii), and (x); (a)(3)(B)(iii) and (v); and (a)(3)(C)(ii), (viii), and (xii); 26 Tex. Admin. Code Communication of Rights to Individuals Receiving Mental Health Services §§ 320.25 (a) and (b); 26 Tex. Admin. Code Staff Training in Rights of Individuals Receiving Mental Health Services §§ 320.29 (1) and (3); and 26 Tex. Admin. Code Medication Monitoring §§320.217 (a); the Texas Health and Human Services (HHS) Youth Empowerment Services Waiver Policy Manual; and the Harris Center procedures HR.B.35 Credentialing, Re-Credentialing Guideline & Procedure and MED.MH.B.1 Suicide/Violence Behavioral Crisis Intervention.

III. Audit Method:
Program leadership provided a list of clients seen during the review period (February 1, 2026-February 26, 2026) and a list of employees. All clients (85) and employees (26) were included. The review used an audit tool developed by Compliance.

IV. Audit Findings/History:
The program demonstrated strong overall performance and continues to show measurable improvement across nearly all reviewed elements. Performance results were notably high, with seven of ten evaluated elements exceeding the 95% compliance threshold, reflecting effective implementation, staff adherence to policy, and meaningful progress in service delivery and oversight practices. At the time of review, only three discrete areas remain in need of improvement, all of which are documentation-related and procedural in nature rather than systemic deficiencies. The remaining improvement areas are limited to the following:

Annual and Updated Notification of Rights
Documentation must consistently reflect that notification of rights occurs at least annually and whenever there are changes to the information provided.

Documentation of Oral Communication of Rights
Oral explanations of rights must be documented on a signed and dated form that includes the individual (and/or parent, conservator, or guardian, as applicable) and the staff member who provided the explanation.

Documentation of Services
Service records must clearly identify the specific need within the wraparound plan that each service is intended to address, in alignment with HHS YES Procedure Manual requirements.

V. Recommendations:
Program leadership should reinforce the significance of being current on all training courses and the requirements of completing the annual Consent to Services/Rights Acknowledgement document. Program leadership should also ensure all subcontracted service providers include the wraparound need addressed by the service in service documentation notes.

VI. Corrective Actions:
Program leadership reported a documentation template has been developed, distributed, and a mandatory training session provided to subcontracting providers. Additional training has been provided to clinical team leads concerning documentation requirements. Additionally, clinical team leads will increase supervisory oversight of wraparound facilitators.

The Harris Center for Mental Health and IDD
The Compliance Department
Executive Summary Cover Sheet
Mental Health Division
Early Onset Psychosis Program POI Follow up Review
Review Dates: 4/16/2026 – 5/14/2026

I. Audit Type:
POI Follow up Review

II. Purpose:
The purpose of this follow-up review was to evaluate the implementation and effectiveness of EOPP's corrective actions in addressing elements identified in the Comprehensive Review as performing below the 95% threshold.

III. Audit Method:

Program leadership provided a client roster of persons served during the 2nd and 3rd Qtr. FY 2026 February 1 – April 30, 2026, and a staff roster, including those admitted or discharged within the review period. A sample of 8 clients was reviewed ensuring representation of new enrollments and admissions to ensure a sample that would show if corrective actions had been implemented across admission, discharge, and enrollment categories. Additionally, an employee roster of 13 was provided, and all staff members were included in the review, except for one individual hired during the review period. An appropriate review tool was developed by Compliance.

IV. Audit Findings/History:

The follow-up review demonstrated significant improvement across all audited elements that previously scored below the 95% threshold during the 1st Quarter FY2026 Comprehensive Review. Of the nine elements reviewed, seven achieved full compliance (100%). While notable progress was observed in the Assessment and Documentation and Recovery Plan, these areas did not fully meet the 95% performance standard, indicating that additional improvement is needed to achieve full compliance. Overall, results indicate that EOPP has effectively implemented corrective actions in most areas, with substantial progress toward remediation of previously identified deficiencies.

V. Recommendations:
Continued monitoring and targeted corrective efforts are recommended for the remaining elements below the 95% threshold to ensure sustained compliance. A Plan of Improvement (POI) is required to address the deficiencies noted in this report. Compliance will conduct a POI Follow-up Review in 180 days. The Vice President of the MH Division and the EOPP Program Director must sign and return this report and the completed POI to Compliance within seven (7) business days.

VI. Corrective Actions:
Compliance will review the program's progress towards completion of its Plan of Improvement within 180 days.

The Harris Center for Mental Health and IDD
The Compliance Department
Executive Summary Cover Sheet
Adult Mental Health (AMH) Program
Review Dates: April 28, 2026-June 18, 2026

I. Audit Type:
Comprehensive Review

II. Purpose:
The purpose of this review was to determine if the AMH locations (Northeast, Southeast, Southwest, and Northwest) were compliant with the Texas Administrative Code (Tex. Admin. Code), the Texas Labor Code, the Texas Health and Safety Code, the Texas Government Code (Tex. Gov't Code), the United States Code (U.S.C.), the Code of Federal Regulations (C.F.R.), the Texas Health and Human Services Commission's (HHSC) Performance Contract Notebook (PCN) FY 26-27, Texas Medicaid Provider Procedures Manual (TMPPM), Healthcare Common Procedure Coding System (HCPCS) Coding Guidelines, Utilization Management, and Harris Center policies and procedures. An operational review was conducted of the Northeast Community Service Center.

III. Audit Method:
Program leadership provided client rosters of persons served during the 2nd Qtr. FY 2026 (December 1, 2025-February 28, 2026). A random sample of 70 clients (approximately 3% of the caseload of 20% of staff members with a caseload) was generated using Excel functions. A total of ninety-six (96) encounters were selected from these clients. A random sample of approximately 20% of AMH employees (total of 39 employees) was selected using Excel functions. An appropriate review tool was developed by Compliance.

IV. Audit Findings/History:
The program demonstrated satisfactory performance across several areas of the review, with notably high results in operations, medical, environment, coding and clinical documentation, and billing components, each exceeding the 95% compliance threshold and reflecting strong adherence to policies and procedures; however, despite these high scores, compliance identified specific deficiencies within the personnel, clinical records, coding and clinical documentation, and billing components, noting that employees are not current on all required training courses and that state-mandated monthly clinical supervision of staff is not consistently occurring. Compliance further observed that staff are not fully completing agency- and state-mandated clinical documentation requirements, including eligibility and admission assessments, client rights documentation with required signatures, medication monitoring assessments for side effects and adverse effects, medication consents with appropriate signatures, provision of medication training and support services in accordance with the plan of care, inclusion of all required elements in plans of care, and timely plan of care updates at least every 180 days.

V. Recommendations:
Program leadership should reinforce the significance of being current on all training courses and the requirements of completing service documentation. Compliance recommends program and team leaders increase the frequency of documentation reviews to ensure staff are adhering to regulatory requirements when entering clinical documentation. Furthermore, reimbursement validation processes should be strengthened to ensure payments align with expected amounts.

VI. Corrective Actions:
Compliance provided the program with a Plan of Improvement (POI) to be completed in collaboration with PI and will conduct a follow-up review within 90-180 days. AMH leadership has indicated that the AMH Procedures Manual is being revised to reflect compliance with statutory guidelines, staff workflows and Epic templates will be updated, and program supervisors will increase monthly monitoring of clinical documentation.

The Harris Center for Mental Health and IDD
The Compliance Department
Executive Summary Cover Sheet
Assertive Community Treatment (ACT) Program
Review Dates: June 4, 2026-June 22, 2026

I. Audit Type:
Comprehensive Review

II. Purpose:
The purpose of this review was to determine if the ACT program was compliant with the Texas Administrative Code (Tex. Admin. Code), the Texas Health and Human Services Commission's (HHSC) Performance Contract Notebook (PCN) FY 26-27, Texas Medicaid Provider Procedures Manual (TMPPM), Healthcare Common Procedures Coding System/Current Procedure Terminology (HCPCS/CPT) Coding Guidelines, Utilization Management, and Harris Center policies and procedures.

III. Audit Method:
Program leadership provided a client roster of persons served during the 2nd Qtr. FY 2026 (December 1, 2025-February 28, 2026). A random sample of 21 clients (approximately 40% of the caseload of 20% of staff members with a caseload) was generated using Excel functions. A total of seventy-one (71) encounters were selected from these clients. A random sample of approximately 40% of AMH employees (total of 14 employees) was selected using Excel functions. An appropriate review tool was developed by Compliance.

IV. Audit Findings/History:
The program surpassed the threshold score in coding, clinical documentation, and billing components but did not surpass the threshold score in the personnel or clinical records domains; compliance observed that employees are not current on all required training courses, and it was further noted that staff are not completing all agency- and state-mandated clinical documentation requirements, including eligibility and admission assessments, client rights documentation with required signatures, medication consents with appropriate signatures, medication training and support services in accordance with the plan of care, inclusion of all required elements in plans of care, timely plan of care updates at least every 180 days, proper discharge documentation including the most recent DSM-5 diagnosis, and overall clinical documentation timeliness, including concerns with copying and pasting.

V. Recommendations:
Program leadership should reinforce the significance of being current on all training courses and the requirements of completing service documentation. Compliance recommends program and team leaders increase the frequency of documentation reviews to ensure staff are adhering to regulatory requirements when entering clinical documentation. Furthermore, reimbursement validation processes should be strengthened to ensure payments align with expected amounts.

VI. Corrective Actions:
Compliance provided the program with a Plan of Improvement (POI) to be completed in collaboration with PI and will conduct a follow-up review within 90-180 days. AMH leadership has indicated that the AMH Procedures Manual is being revised to reflect compliance with statutory guidelines, staff workflows and Epic templates will be updated, and program supervisors will increase monthly monitoring of clinical documentation.

The Harris Center for Mental Health and IDD
The Compliance Department
Executive Summary Cover Sheet
Assisted Outpatient Treatment (AOT) Program
Review Dates: May 13, 2026-June 8, 2026

I. Audit Type:
Comprehensive Review

II. Purpose:
This review was conducted to determine whether the AOT program was compliant with the Texas Administrative Code (TEX. ADMIN. CODE): Environment of Care and Safety; Monitoring Compliance with Policies and Procedures; Supervision; *Competency and Credentialing*; *Provider Responsibilities for Treatment Planning and Service Authorization*; *Documentation of Service Provision*; *Documenting MH Case Management Services*; *Medication Training and Support Services*; *Services to Individuals with COPSD*; *Rights Handbooks for Individuals Receiving Mental Health Services at Health and Human Services Commission Facilities, Community Centers, and Psychiatric Hospitals Operated by Community Centers*; *Communication of Rights to Individuals Receiving Mental Health Services*; *Documentation of Informed Consent*; *General Principles* ; *Medication Monitoring* ; the Texas Health and Human Services Commission's (HHSC) *Performance Contract Notebook*; the Harris Center's *Assisted Outpatient Treatment Project Narrative Submission;* and the Harris Center's procedures *Referral, Transfer, and Discharge*; *Declaration of Mental Health Treatment*; *and Patient/Individual Records Administration*; *HR.B.35 Credentialing, Re-Credentialing Guideline & Procedure*; *Suicide/Violence Behavioral Crisis Intervention*; and *Assurance of Individual Rights;* and if the POI implemented by the program had resolved deficiencies identified during the Plan of Improvement (POI Follow-up Review conducted during the 3rd Qtr. FY 2025.

III. Audit Method:
Client rosters for persons served during the second quarter of Fiscal Year 2026 (December 1, 2025, through February 28, 2026) were provided by program leadership. The roster was obtained from the Electronic Health Record (EHR) system (Epic) to facilitate the selection of a sample of admissions and discharges. Additionally, an employee roster was provided by program leadership. A sample of 20 persons served, consisting of recently enrolled or discharged clients, was selected for review. All eleven (11) employees were included in the review. The review was conducted using an audit tool developed by the Compliance department.

IV. Audit Findings/History:

The AOT program demonstrated strong performance, achieving an **overall compliance score of 99.00%**. The review reflected effective operational practices and high adherence to clinical standards. While compliance was strong across most domains, deficiencies were identified that necessitate corrective action, primarily within the **Personnel** and C**linical Records** categories. The program demonstrated 100% compliance across Operations, Medical, and Environment in this comprehensive review. The Personnel Records review identified compliance deficiencies related to required documentation. Within the Personnel domain, scores for specific components fell slightly below the established compliance threshold of 95%, including Handle with Care, achieving 85%, and Understanding CLAS, Cultural Competency, and Cultural Humility (replaced Diversity and Employment Law), achieving 92%, resulting in an overall Personnel score of 94.00%. These deficiencies directly contributed to the reduced compliance score in this category and indicate a need for strengthened internal monitoring and documentation processes. The Clinical Records review demonstrated a high level of compliance. Minor deficiencies were identified related to the Declaration of Mental Health Services during the presentation of rights staff. The program achieved 89%. While isolated and limited in scope, this finding contributed to a slight reduction from a perfect score.

Key Focus Areas: Patient Rights: Educate clinicians on the Declaration of Mental Health Services as part of the admission process. **Training Documentation:** Ongoing monitoring and timely review of staff training records are essential to ensure continued compliance and staff readiness.

V. Recommendations:

Program leadership should reinforce the importance of maintaining current training by implementing regular monitoring and communication to ensure that all required training courses are completed before expiration. Additionally, program leadership should collaborate with Human Resources to verify that all pre-employment requirements, including background checks and drug screenings, are completed and documented before staff are assigned duties.

VI. Corrective Actions:

Compliance provided the program with a revised Plan of Improvement (POI) to be completed in collaboration with the Performance Improvement (PI) team to address identified deficiencies and ensure ongoing compliance.

The Harris Center for Mental Health and IDD
The Compliance Department
Executive Summary Cover Sheet
Mental Health First Aid (MHFA) Focus Review
Review Dates: 3/31/2026 – 4/30/2026

I. Audit Type:
Focus Review

II. Purpose:
The purpose of this audit was to evaluate The Harris Center who is the Local Mental Health Authority (LMHA) / Local Behavioral Health Authority (LBHA)'s compliance with TEX. ADMIN. CODE §302.9, which establishes LMHA/LBHA responsibilities related to the oversight, implementation, and reporting of MHFA training under the authority of the Texas Health and Human Services Commission (HHSC).

III. Audit Method:
The audit was conducted in accordance with generally accepted auditing standards and included a review of agency governing MHFA oversight responsibilities under §302.9(a) and §302.9(f); examination of MHFA training documentation to verify required content, trainer qualifications, and instructional components per §302.9(b)(1)–(3); verification that training was delivered without unauthorized modification in compliance with §302.9(e); review of applicable collaborative agreements or contracts pursuant to §302.9(c) and §302.9(d); and review of required annual MHFA planning and reporting submissions to HHSC in accordance with §302.9(g).

IV. Audit Findings/History:
The Focus Review demonstrated that The Harris Center was compliant with MHFA statutory and regulatory requirements. The Harris Center ensures contractors deliver MHFA training consistent with §§302.9(a) and (f), that trainings are conducted by qualified instructors with all required components (§302.9(b)(1)– (3)), and that curriculum is delivered without unauthorized modification in accordance with HHSC-approved protocols (§302.9(e)). The Harris Center maintains appropriate oversight and documentation to meet planning and collaboration requirements (§302.9(c)–(d)). The Harris Center also met the MHFA reporting requirement by submitting an annual training plan to HHSC (§302.9(g)) by the required submission date. The Harris Center met all requirements and responsibilities for MHFA.

V. Recommendations:
It is recommended that the Organizational Development Training Department and Community Engagement continue routine monitoring of MHFA to ensure ongoing compliance with all training requirements. Additionally, it is recommended that the Organizational Development Department develop and implement a formal policy and procedure that clearly identifies which agency staff are required to complete MHFA training to strengthen consistency and accountability. At this time, no Plan of Improvement (POI) is required, as no deficiencies were identified during the review. However, Compliance will conduct a follow-up review within 180 days to confirm that the MHFA Training continues to meet all applicable requirements. It is further recommended that the Senior Director of Human Resources, the Program Director of Organizational Development, the Training Manager of Community Engagement and the V.P. of Access and Community Engagement sign and return this report to Compliance within seven (7) business days, no later than June 18, 2026.

VI. Corrective Actions:
No corrective Actions are needed currently. MHFA met all required regulatory requirements.

datavant
Formerly named Ciox Health

Outreach ID: [redacted]	Site ID: [redacted]

Chart Review Request

To:	medical records	Date:	3/5/2026
Fax Number:	(713) 970-3817	Phone Number:	(713) 970-7330

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

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

Medical records can be submitted through the following options:

1. Provider Portal:
Securely respond to Datavant-managed requests in a single, up-to-date queue. Login or Signup here: https://datavant.com/provider/setup or use the following for a one-time response: https://datavant.com/provider/upload with credentials

- Username: [redacted]
- Password: [redacted]

2. Remote EMR Retrieval:
Set up secure remote connection from an EMR directly to Datavant for timely remote retrieval by trained Datavant associates.
Contact

3. Onsite Chart Retrieval:
Schedule on-site retrieval with a complimentary Datavant Chart Retrieval Specialist or review any aspects of the on-site retrieval services at Datavant.
Contact

4.Fax:
Send secure faxes to 1-972-729-6164

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

MAR 06 2026

RECEIVED

Datavant 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 staff time with centralized and outsourced chart retrievals

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

oscar

Dear Medical Records Department,

Oscar has partnered with Datavant 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 Datavant 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 1/1/2025 - 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
- 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)
- Chemo/Radiation Reports and Encounters

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

Sincerely,

[redacted]

[Electronically Signed]

[redacted]

Medical Officer
Oscar Health

Confidentiality: We have entered into a Business Associate Agreement ("BAA") with Datavant in accordance with the Health Insurance Portability and Accountability Act of 1996 and regulations promulgated thereunder (collectively "HIPAA"). The BAA allows Datavant 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 Datavant, our Business Associate, for risk adjustment purposes.

datavant
Formerly named Ciox Health

PULL LIST

Outreach ID: [redacted] Site ID: [redacted]
1502 TAUB LOOP FL 4
HOUSTON, TX 77030

Charts
31

PULL	CNA	MEMBER/REQUESTER	DOB	CHART ID	PROVIDER	NOTES
○	○	[redacted]	[redacted]	[redacted]	[redacted]	
			DOS: [redacted]		Pull chart detail from 01/01/2025 - Present	
○	○	[redacted]	[redacted]	[redacted]	[redacted]	
			DOS: [redacted]		Pull chart detail from 01/01/2025 - Present	
○	○	[redacted]	[redacted]	[redacted]	[redacted]	
					Pull chart detail from 01/01/2025 - Present	
○	○	[redacted]	[redacted]	[redacted]	[redacted]	
			DOS: [redacted]		Pull chart detail from 01/01/2025 - Present	
○	○	[redacted]	[redacted]	[redacted]		
			DOS: [redacted]		Pull chart detail from 01/01/2025 - Present	
○	○	[redacted]	[redacted]	[redacted]	[redacted]	
					Pull chart detail from 01/01/2025 - Present	
○	○	[redacted]	[redacted]	[redacted]	[redacted]	
			DOS: [redacted]		Pull chart detail from 01/01/2025 - Present	
○	○	[redacted]	[redacted]	[redacted]	[redacted]	
					Pull chart detail from 01/01/2025 - Present	
○	○	[redacted]	[redacted]	[redacted]	[redacted]	
			DOS: [redacted]		Pull chart detail from 01/01/2025 - Present	
○	○	[redacted]	[redacted]	[redacted]	[redacted]	
					Pull chart detail from 01/01/2025 - Present	

datavant

Health Plan Medical Records Request

Outreach ID: [redacted]

Your immediate response is required for the attached
outstanding request for your patient's Medical Records

Please submit the requested records using one of the following methods:

Preferred Method:

- **Secure Provider Portal: datavant.com/provider/upload**

Additional Options:

- Secure Fax: 1-972-729-6164
- Mail: If necessary, you may mail records in an envelope marked "Confidential", addressed to:
  Datavant
  2222 W. Dunlap Ave
  Phoenix, AZ 85021

For questions, assistance, or to schedule complimentary on-site retrieval by a Retrieval Specialist, contact us at 1-877-445-9293 or email chartreview@datavant.com

We value your partnership and appreciate your prompt attention to this time-sensitive matter

oscar

Dear Medical Records Department,

Oscar has partnered with Datavant 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 Datavant 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 1/1/2025 - 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
- 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)
- Chemo/Radiation Reports and Encounters

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

Sincerely,

[redacted]

[Electronically Signed]

[redacted]

Medical Officer
Oscar Health

Confidentiality: We have entered into a Business Associate Agreement ("BAA") with Datavant in accordance with the Health Insurance Portability and Accountability Act of 1996 and regulations promulgated thereunder (collectively "HIPAA"). The BAA allows Datavant 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 Datavant, our Business Associate, for risk adjustment purposes.

datavant
Formerly named Ciox Health

PULL LIST	Outreach ID: [redacted] Site ID: [redacted] 1502 TAUB LOOP HOUSTON, TX 77030	Charts 1

PULL	CNA	MEMBER/REQUESTER	DOB	CHART ID	PROVIDER	NOTES
○	○	[redacted]	[redacted]	[redacted]	All Treating Providers	[redacted]

[redacted]

[redacted]

[redacted]

datavant
Formerly named Ciox Health

Outreach ID: [redacted]	Site ID: [redacted]

Chart Review Request

To:	Medical Records	Date:	3/11/2026
Fax Number:	(713) 970-3817	Phone Number:	(713) 970-3800

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

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

Medical records can be submitted through the following options:

1. Provider Portal:
Securely respond to Datavant-managed requests in a single, up-to-date queue. Login or Signup here: https://datavant.com/provider/setup or use the following for a one-time response: https://datavant.com/provider/upload with credentials

- Username: [redacted]
- Password: [redacted]

2. Remote EMR Retrieval:
Set up secure remote connection from an EMR directly to Datavant for timely remote retrieval by trained Datavant associates.
Contact

3. Onsite Chart Retrieval:
Schedule on-site retrieval with a complimentary Datavant Chart Retrieval Specialist or review any aspects of the on-site retrieval services at Datava[redacted]
Contact

4.Fax:
Send secure faxes to 1-972-957-2198

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

Datavant 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 staff time with centralized and outsourced chart retrievals

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

MAR 12 2026

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.

RECEIVED

datavant
Formerly named Ciox Health

PULL LIST	Outreach ID: [redacted] Site ID: [redacted] 1941 EAST RD STE 3236 HOUSTON, TX 77054	Charts 1

PULL	CNA	MEMBER/REQUESTER	DOB	CHART ID	PROVIDER	NOTES
○	○	[redacted]	[redacted]	[redacted]	All Treating Providers	[redacted]

Pull chart detail from 01/01/2025 - Present

PL65978618

datavant
Formerly named Ciox Health

Outreach ID: [redacted]	Site ID: [redacted]

Chart Review Request

To:	medical records	Date:	3/17/2026
Fax Number:	(713) 970-3817	Phone Number:	(713) 970-7330

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

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

Medical records can be submitted through the following options:

1. Provider Portal:
Securely respond to Datavant-managed requests in a single, up-to-date queue. Login or Signup here: https://datavant.com/provider/setup or use the following for a one-time response: https://datavant.com/provider/upload with credentials

- Username: [redacted]
- Password: [redacted]

2. Remote EMR Retrieval:
Set up secure remote connection from an EMR directly to Datavant for timely remote retrieval by trained Datavant associates.
Contact

3. Onsite Chart Retrieval:
Schedule on-site retrieval with a complimentary Datavant Chart Retrieval Specialist or review any aspects of the on-site retrieval services at Datavant.
Contact

4.Fax:
Send secure faxes to 1-972-729-6164

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

Datavant 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 staff time with centralized and outsourced chart retrievals

MAR 18 2026

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

RECEIVED

oscar

Dear Medical Records Department,

Oscar has partnered with Datavant 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 Datavant 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 1/1/2025 - 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
- 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)
- Chemo/Radiation Reports and Encounters

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

Sincerely,

[redacted]

[Electronically Signed]

[redacted]

Medical Officer
Oscar Health

Confidentiality: We have entered into a Business Associate Agreement ("BAA") with Datavant in accordance with the Health Insurance Portability and Accountability Act of 1996 and regulations promulgated thereunder (collectively "HIPAA"). The BAA allows Datavant 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 Datavant, our Business Associate, for risk adjustment purposes.

datavant
Formerly named Ciox Health

PULL LIST

Outreach ID: [redacted] Site ID: [redacted]
1502 TAUB LOOP FL 4
HOUSTON, TX 77030

Charts
13

PULL	CNA	MEMBER/REQUESTER	DOB	CHART ID	PROVIDER	NOTES
○	○	[redacted]	[redacted]	[redacted]	[redacted]	Pull chart detail from 01/01/2025 - Present
○	○	[redacted]	[redacted]	[redacted]	[redacted]	DOS: 02/24/2025 2/24/2025 Pull chart detail from 01/01/2025 - Present
○	○	[redacted]	[redacted]	[redacted]	[redacted]	Pull chart detail from 01/01/2025 - Present
○	○	[redacted]	[redacted]	[redacted]	[redacted]	Pull chart detail from 01/01/2025 - Present
○	○	[redacted]	[redacted]	[redacted]	[redacted]	DOS: 04/24/2025 04/25/2025 4/24/2025 4/25/2025 Pull chart detail from 01/01/2025 - Present
○	○	[redacted]	[redacted]	[redacted]	[redacted]	DOS: 01/23/2025 01/29/2025 01/31/2025 1/23/2025 1/29/2025 1/31/2025 Pull chart detail from 01/01/2025 - Present
○	○	[redacted]	[redacted]	[redacted]	[redacted]	Pull chart detail from 01/01/2025 - Present
○	○	[redacted]	[redacted]	[redacted]	[redacted]	DOS: 05/30/2025 05/31/2025 06/12/2025 5/30/2025 5/31/2025 6/12/2025 Pull chart detail from 01/01/2025 - Present
○	○	[redacted]	[redacted]	[redacted]	[redacted]	Pull chart detail from 01/01/2025 - Present

datavant
Formerly named Ciox Health

PULL LIST

Outreach ID: 62148283 Site ID: 50751779
1502 TAUB LOOP FL 4
HOUSTON, TX 77030

Charts
13

PULL	CNA	MEMBER/REQUESTER	DOB	CHART ID	PROVIDER	NOTES
○	○	MILSON, ROBERT (RA)	11/16/1968	552363191	MATORIN, ANU	
			DOS: 01/14/2025 1/14/2025		Pull chart detail from 01/01/2025 - Present	
○	○	ROSE, TATIANA (RA)	12/19/1991	552383410	MATORIN, ANU	
			DOS: 05/14/2025 5/14/2025		Pull chart detail from 01/01/2025 - Present	
○	○	ROSE, TATIANA (RA)	12/19/1991	553091821	AOSHIMA-KILROY, CRISTIN	
			DOS: 05/15/2025 5/15/2025		Pull chart detail from 01/01/2025 - Present	
○	○	WILEY, REGINALD (RA)	11/18/1961	552263753	AOSHIMA-KILROY, CRISTIN	
					Pull chart detail from 01/01/2025 - Present	

PL62148283

datavant
Formerly named Ciox Health

Outreach ID: [redacted]	Site ID: [redacted]

Chart Review Request

To:	UNK	Date:	3/18/2026
Fax Number:	(713) 970-4749	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@datavant.com with any questions.

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

Medical records can be submitted through the following options:

1. Provider Portal:
Securely respond to Datavant-managed requests in a single, up-to-date queue. Login or Signup here: https://datavant.com/provider/setup or use the following for a one-time response: https://datavant.com/provider/upload with credentials

- Username: [redacted]
- Password: [redacted]

2. Remote EMR Retrieval:
Set up secure remote connection from an EMR directly to Datavant for timely remote retrieval by trained Datavant associates.
Contact

3. Onsite Chart Retrieval:
Schedule on-site retrieval with a complimentary Datavant Chart Retrieval Specialist or review any aspects of the on-site retrieval services at Datavant.
Contact

4.Fax:
Send secure faxes to 1-972-729-6164

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

Datavant 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 staff time with centralized and outsourced chart retrievals

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

datavant
Formerly named Ciox Health

PULL LIST

Outreach ID: [redacted] Site ID: [redacted]
1502 BEN TAUB LOOP
HOUSTON, TX 77030

Charts
1

PULL	CNA	MEMBER/REQUESTER	DOB	CHART ID	PROVIDER	NOTES
○	○	[redacted]	[redacted]	[redacted]	All Treating Providers	[redacted]

Pull chart detail from 01/01/2025 - Present

PL66670880

datavant

Health Plan Medical Records Request

Outreach ID: [redacted]

Your immediate response is required for the attached
outstanding request for your patient's Medical Records

Please submit the requested records using one of the following methods:

Preferred Method:

- **Secure Provider Portal: datavant.com/provider/upload**

Additional Options:

- Secure Fax: 1-972-729-6164
- Mail: If necessary, you may mail records in an envelope marked "Confidential", addressed to:
  Datavant
  2222 W. Dunlap Ave
  Phoenix, AZ 85021

For questions, assistance, or to schedule complimentary on-site retrieval by a Retrieval Specialist, contact us at 1-877-445-9293 or email chartreview@datavant.com

We value your partnership and appreciate your prompt attention to this time-sensitive matter

datavant
Formerly named Ciox Health

PULL LIST

Outreach ID: [redacted] Site ID: [redacted]
2219 SAWDUST RD
SPRING, TX 77380

Charts
1

PULL	CNA	MEMBER/REQUESTER	DOB	CHART ID	PROVIDER	NOTES
○	○	[redacted]	[redacted]	[redacted]	All Treating Providers	N/A

Pull chart detail from 01/01/2025 - Present

PL65655240

datavant
Formerly named Ciox Health

Outreach ID: [redacted]	Site ID: [redacted]

Chart Review Request

To:	medical records	Date:	3/25/2026
Fax Number:	(713) 970-4749	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@datavant.com with any questions.

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

Medical records can be submitted through the following options:

1. Provider Portal:
Securely respond to Datavant-managed requests in a single, up-to-date queue. Login or Signup here: https://datavant.com/provider/setup or use the following for a one-time response: https://datavant.com/provider/upload with credentials

- Username: [redacted]
- Password: [redacted]

2. Remote EMR Retrieval:
Set up secure remote connection from an EMR directly to Datavant for timely remote retrieval by trained Datavant associates.
Contact

3. Onsite Chart Retrieval:
Schedule on-site retrieval with a complimentary Datavant Chart Retrieval Specialist or review any aspects of the on-site retrieval services at Datavant.
Contact

4.Fax:
Send secure faxes to 1-972-729-6140

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

MAR 30 2026

Datavant 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 staff time with centralized and outsourced chart retrievals

RECEIVED

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

Devoted HEALTH PLANS

January 2026

RE: Request for medical records

Dear Physician or Office Administrator:

We are contacting you to request medical records for your Devoted Health-covered patient(s). This medical record request is part of the annual Healthcare Effectiveness Data and Information Set (HEDIS) reporting project. The HEDIS data is used by the Centers for Medicare & Medicaid Services (CMS), the National Committee for Quality Assurance, and many employer groups for monitoring the performance of managed care organizations.

Enclosed is a list of your Devoted Health-covered patient(s) for whom medical record documents are needed, along with the relevant time periods of the required documentation.

Devoted Health has contracted with Datavant, a medical record-retrieval company, to collect medical records on behalf of Devoted Health.

For your convenience, we have enclosed a HEDIS MY2025 measure specific checklist, which details the specific chart components and relevant time periods for each measure. To facilitate the HEDIS review, when submitting the medical records, please ensure each record is signed and the record submitted includes the signature.

Datavant has executed a business associate agreement with Devoted Health that requires Datavant to implement physical, technical and administrative safeguards to protect Devoted Health's members' information. Datavant's goal is to retrieve the records Devoted Health has requested while creating as little burden as possible on your office staff.

This information is time-sensitive; your collaboration in obtaining the requested medical records is appreciated.

If you have questions regarding this process, or if there is any discrepancy in the list provided, please contact Datavant Provider Relations, toll-free, at 1-877-445-9293. Thank you for your support and cooperation with this review.

Sincerely,

[redacted]

[redacted]

Enclosures

datavant
Formerly named Ciox Health

PULL LIST	Outreach ID: [redacted] Site ID: [redacted] 9401 SOUTHWEST FWY HOUSTON, TX 77074	Charts 1

ATTN: PLEASE COLLECT THE CHARTS FOR THESE MEMBERS, EVEN IF THE PROVIDER LISTED IS NO LONGER AT THIS LOCATION

PULL	CNA	MEMBER/HEALTH PLAN	DOB	CHART ID	PROVIDER	NOTES
○	○	[redacted]	[redacted]	[redacted]	All Treating Providers	[redacted]

TRC - Transitions of Care

ATTN: PLEASE INCLUDE THIS PULL LIST WHEN SENDING BACK CHARTS/IMAGES*

The Medical Records provided by this office, as requested on March 2026, 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

*Person within the company who is responsible for managing and maintaining records.

Securely respond to Datavant-managed requests in a single, up-to-date queue. Login or Signup here:
https://datavant.com/provider/setup
or use the following for a one-time response: https://datavant.com/provider/upload with credentials:

Username: C66632649
Password: 287#bceB

Alternatively, fax to 1-972-729-6140. Questions? Email us at chartreview@datavant.com

PL66632649

datavant
Formerly named Ciox Health

Outreach ID: [redacted]	Site ID: [redacted]

Chart Review Request

To:	medical records	Date:	3/25/2026
Fax Number:	(713) 970-7007	Phone Number:	(713) 970-8435

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

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

Medical records can be submitted through the following options:

1. Provider Portal:
Securely respond to Datavant-managed requests in a single, up-to-date queue. Login or Signup here: https://datavant.com/provider/setup or use the following for a one-time response: https://datavant.com/provider/upload with credentials

- Username: [redacted]

2. Remote EMR Retrieval:
directly to Datavant for timely remote retrieval by trained Datavant associates.
Contact

3. Onsite Chart Retrieval:
Schedule on-site retrieval with a complimentary Datavant Chart Retrieval Specialist or review any aspects of the on-site retrieval services at Datavant.
Contact

4.Fax:
Send secure faxes to 1-972-729-6161

5. Mail:
medical records to:
Datavant
2222 W. Dunlap Ave
Phoenix, AZ 85021

Datavant 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 staff time with centralized and outsourced chart retrievals

MAR 30 2026

RECEIVED

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

datavant
Formerly named Ciox Health

PULL LIST	Outreach ID: [redacted] Site ID: [redacted] 9401 SOUTHWEST FWY HOUSTON, TX 77074	Charts 14

PULL	CNA	MEMBER/REQUESTER	DOB	[redacted]	[redacted]	[redacted]
○	○	[redacted])	[redacted]	[redacted]	[redacted] [redacted]	
○	○	[redacted]	[redacted]	[redacted]	[redacted] [redacted]	
○	○	[redacted]	[redacted]	[redacted]	 Pull chart detail from 01/01/2025 - Present	
○	○	[redacted]	[redacted]	[redacted]	All Treating Providers Pull chart detail from 01/01/2025 - Present	
○	○	[redacted]	[redacted]	[redacted]	All Treating Providers Pull chart detail from 01/01/2025 - Present	
○	○	[redacted]	[redacted]	[redacted]	All Treating Providers Pull chart detail from 01/01/2025 - Present	
○	○	[redacted]	[redacted]	[redacted]	All Treating Providers Pull chart detail from 01/01/2025 - Present	
○	○	[redacted]	[redacted]	[redacted]	All Treating Providers [redacted]	
○	○	[redacted]	[redacted]	[redacted]	All Treating Providers Pull chart detail from 01/01/2025 - Present	
○	○	[redacted]	[redacted]	[redacted]	All Treating Providers Pull chart detail from 01/01/2025 - Present	
○	○	[redacted]	[redacted]	[redacted]	All Treating Providers Pull chart detail from 01/01/2025 - Present	

datavant
Formerly named Cio‹ Health

Outreach ID: [redacted]	Site ID: [redacted]

Chart Review Request

To:	Medical Records	Date:	4/6/2026
Fax Number:	(713) 970-3817	Phone Number:	(225) 621-5775

ACTION REQUESTED: Please respond within 15 days of receipt of this request.

Datavant has been contracted to obtain the medical record information for a select list of members included in the attached pull list. Please review the attached request letter for more information and a list of components required for these records.

Medical records can be submitted through the following options:

1. PROVIDER PORTAL:

Securely respond to Datavant-managed requests in a single, up-to-date queue. Login or Signup here: https://datavant.com/provider/setup or use the following for a one-time response: https://datavant.com/provider/upload with credentials

- Username: [redacted]
- Password: [redacted]

2. REMOTE EMR Retrieval:

Set up secure remote connection from an EMR directly to Datavant for timely remote retrieval by trained Datavant associates. contacting

3. ONSITE Chart Retrieval:

Schedule on-site retrieval with a complimentary Datavant Chart Retrieval Specialist or review any aspects of the on-site retrieval services at Datavant Contact

4.FAX:

Send secure faxes to 1-972-957-2143

5. MAIL:

Mark "Confidential" on the envelope and mail the medical records to:

Datavant
2222 W. Dunlap Ave
Phoenix, AZ 85021

When submitting via Fax or Mail, please notate on the pull list for each record as Pull or CNA (chart not available) by marking the associated circle. If CNA, please provide a reason in the notes section. Please place the pull list with the markings first or on top when sending.

If you want to set up Remote EMR or Onsite Retrieval or have any issues with the Provider Portal, contact Datavant at and please reference your Outreach ID at the top of the page.

We appreciate your efforts to complete this chart review for the requester. Our goal is to make the retrieval process as easy as possible for you. Thank you in advance for your assistance with this important endeavor.

Datavant

chartreview@datavant.com

APR 07 2026

RECEIVED

ambetter. FROM | peach state health plan.

October 2025

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 based on the health status of the member. For this reason, Ambetter from Peach State Health Plan is requesting your cooperation by providing access to specific member medical records.

Ambetter has contracted with Datavant to conduct this process.

What does this mean to you?

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

Datavant has signed a Business Associate Agreement with Ambetter from Peach State Health Plan 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 (providers) 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 healthcare operations, as long as both parties have a relationship with the patient and the PHI pertains to that relationship.

Your cooperation in helping Datavant 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, 2025, through December 31, 2025:

- 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 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.

datavant
Formerly named Ciox Health

PULL LIST	Outreach ID: [redacted] Site ID: [redacted] 9401 SOUTHWEST FWY STE F HOUSTON, TX 77074	Charts 1

PULL	CNA	MEMBER/REQUESTER	DOB	CHART ID	PROVIDER	NOTES
○	○	[redacted]	[redacted]	[redacted]	All Treating Providers	[redacted]

Pull chart detail from 01/01/2025 - 12/31/2025

PL62953115

datavant
Formerly named Ciox Health

Outreach ID: [redacted]	Site ID: [redacted]

Chart Review Request

To:	Medical Records	Date:	4/6/2026
Fax Number:	(713) 970-3817	Phone Number:	(713) 970-7000

ACTION REQUESTED: Please respond within 15 days of receipt of this request.

Datavant has been contracted to obtain the medical record information for a select list of members included in the attached pull list. Please review the attached request letter for more information and a list of components required for these records.

Medical records can be submitted through the following options:

1. PROVIDER PORTAL:

Securely respond to Datavant-managed requests in a single, up-to-date queue. Login or Signup here: https://datavant.com/provider/setup or use the following for a one-time response: https://datavant.com/provider/upload with credentials

- Username: [redacted]
- Password [redacted]

2. REMOTE EMR Retrieval:

Set up secure remote connection from an EMR directly to Datavant for timely remote retrieval by trained Datavant associates. contacting

3. ONSITE Chart Retrieval:

Schedule on-site retrieval with a complimentary Datavant Chart Retrieval Specialist or review any aspects of the on-site retrieval services at Datavant Contact

4.FAX:

Send secure faxes to 1-972-957-2143

5. MAIL:

Mark "Confidential" on the envelope and mail the medical records to:

Datavant
2222 W. Dunlap Ave
Phoenix, AZ 85021

When submitting via Fax or Mail, please notate on the pull list for each record as Pull or CNA (chart not available) by marking the associated circle. If CNA, please provide a reason in the notes section. Please place the pull list with the markings first or on top when sending.

If you want to set up Remote EMR or Onsite Retrieval or have any issues with the Provider Portal, contact Datavant at and please reference your Outreach ID at the top of the page.

We appreciate your efforts to complete this chart review for the requester. Our goal is to make the retrieval process as easy as possible for you. Thank you in advance for your assistance with this important endeavor.

Datavant

chartreview@datavant.com

APR 07 2026

RECEIVED

datavant
Formerly named Ciox Health

PULL LIST

Outreach ID: [redacted] Site ID: [redacted]
9401 SOUTHWEST FWY
HOUSTON, TX 77074

Charts
1

PULL	CNA	MEMBER/REQUESTER	DOB	CHART ID	PROVIDER	NOTES
○	○	[redacted]	[redacted]	[redacted]	All Treating Providers	N/A

DOS: 03/04/2025
3/4/2025

Pull chart detail from 01/01/2025 - 12/31/2025

PL65915303

datavant
Formerly named Ciox Health

Outreach ID: [redacted]	Site ID: [redacted]

Chart Review Request

To:	MEDICAL RECORDS	Date:	5/4/2026
Fax Number:	(713) 970-3817	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@datavant.com with any questions.

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

Medical records can be submitted through the following options:

1. Provider Portal:
Securely respond to Datavant-managed requests in a single, up-to-date queue. Login or Signup here: https://datavant.com/provider/setup or use the following for a one-time response: https://datavant.com/provider/upload with credentials

- Username: [redacted]
- Password: [redacted]

2. Remote EMR Retrieval:
Set up secure remote connection from an EMR directly to Datavant for timely remote retrieval by trained Datavant associates.
Contact

3. Onsite Chart Retrieval:
Schedule on-site retrieval with a complimentary Datavant Chart Retrieval Specialist or review any aspects of the on-site retrieval services at Datavant.
Contact

4.Fax:
Send secure faxes to 1-972-729-6132

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

MAY 05 2026

RECEIVED

Datavant 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 staff time with centralized and outsourced chart retrievals

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

datavant
Formerly named Ciox Health

PULL LIST

Outreach ID: [redacted] Site ID: 7[redacted]
5901 LONG DR
HOUSTON, TX.77087

Charts
1

PULL	CNA	MEMBER/HEALTH PLAN	DOB	CHART ID	PROVIDER	NOTES
○	○	[redacted]	[redacted]	[redacted]	All Treating Providers	N/A

Pull chart detail from 01/01/2025 - 12/31/2026

The Medical Records provided by this office, as requested on May 2026, 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
*Person within the company who is responsible for managing and maintaining records.

Date

Securely respond to Datavant-managed requests in a single, up-to-date queue. Login or Signup here:
https://datavant.com/provider/setup
or use the following for a one-time response: https://datavant.com/provider/upload with credentials:

Username: C66293602
Password: A7*aa2be

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

PL66293602

datavant
Formerly named Ciox Health

Outreach ID: [redacted]	Site ID: [redacted]

Chart Review Request

To:	MEDICAL RECORDS	Date:	5/4/2026
Fax Number:	(713) 970-3817	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@datavant.com with any questions.

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

Medical records can be submitted through the following options:

1. Provider Portal:
Securely respond to Datavant-managed requests in a single, up-to-date queue. Login or Signup here: https://datavant.com/provider/setup or use the following for a one-time response: https://datavant.com/provider/upload with credentials

- Username: [redacted]
- Password: [redacted]

2. Remote EMR Retrieval:
Set up secure remote connection from an EMR directly to Datavant for timely remote retrieval by trained Datavant associates.
Contact

3. Onsite Chart Retrieval:
Schedule on-site retrieval with a complimentary Datavant Chart Retrieval Specialist or review any aspects of the on-site retrieval services at Datavant.
Contact

4.Fax:
Send secure faxes to 1-972-729-6132

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

MAY 05 2026

RECEIVED

Datavant 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 staff time with centralized and outsourced chart retrievals

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

datavant
Formerly named Ciox Health

PULL LIST

Outreach ID: [redacted] Site ID: [redacted]
5901 LONG DR
HOUSTON, TX.77087

Charts
1

PULL	CNA	MEMBER/HEALTH PLAN	DOB	CHART ID	PROVIDER	NOTES
○	○	[redacted]	[redacted]	[redacted]	All Treating Providers	N/A

Pull chart detail from 01/01/2025 - 12/31/2026

The Medical Records provided by this office, as requested on May 2026, 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
*Person within the company who is responsible for managing and maintaining records.

Date

Securely respond to Datavant-managed requests in a single, up-to-date queue. Login or Signup here:
https://datavant.com/provider/setup
or use the following for a one-time response: https://datavant.com/provider/upload with credentials:
Username: [redacted]
Password: [redacted]
Alternatively, fax to 1-972-729-6132. Questions? Email us at chartreview@datavant.com

PL66293602

datavant
Formerly named Ciox Health

Outreach ID: [redacted]	Site ID: [redacted]

Chart Review Request

To:	Medical Records	Date:	5/5/2026
Fax Number:	(713) 970-3817	Phone Number:	(713) 970-7330

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

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

Medical records can be submitted through the following options:

1. Provider Portal:
Securely respond to Datavant-managed requests in a single, up-to-date queue. Login or Signup here: https://datavant.com/provider/setup or use the following for a one-time response: https://datavant.com/provider/upload with credentials

- Username: [redacted]
- Password: [redacted]

2. Remote EMR Retrieval:
Set up secure remote connection from an EMR directly to Datavant for timely remote retrieval by trained Datavant associates.
Contact

3. Onsite Chart Retrieval:
Schedule on-site retrieval with a complimentary Datavant Chart Retrieval Specialist or review any aspects of the on-site retrieval services at Datavant.
Contact

4.Fax:
Send secure faxes to 1-972-729-6127

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

Datavant 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 staff time with centralized and outsourced chart retrievals

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

MAY 06 2026

RECEIVED

datavant
Formerly named Ciox Health

PULL LIST	Outreach ID: [redacted] Site ID: [redacted] 9401 SOUTHWEST FWY STE 610 HOUSTON, TX 77074	Charts 47

PULL	CNA	MEMBER/REQUESTER	DOB	CHART ID	PROVIDER	NOTES
○	○	[redacted]	[redacted]	[redacted]	All Treating Providers Pull chart detail from 01/01/2025 - Present	
○	○	[redacted]	[redacted]	[redacted]	All Treating Providers Pull chart detail from 01/01/2025 - Present	
○	○	[redacted]	[redacted]	[redacted]	All Treating Providers Pull chart detail from 01/01/2025 - Present	
○	○	[redacted]	[redacted]	[redacted]	All Treating Providers Pull chart detail from 01/01/2025 - Present	
○	○	[redacted]	[redacted]	[redacted]	All Treating Providers Pull chart detail from 01/01/2025 - Present	
○	○	[redacted]	[redacted]	[redacted]	All Treating Providers Pull chart detail from 01/01/2025 - Present	
○	○	[redacted]	[redacted]	[redacted]	All Treating Providers Pull chart detail from 01/01/2025 - Present	
○	○	[redacted]	[redacted]	[redacted]	All Treating Providers Pull chart detail from 01/01/2025 - Present	
○	○	[redacted]	[redacted]	[redacted]	All Treating Providers Pull chart detail from 01/01/2025 - Present	
○	○	[redacted]	[redacted]	[redacted]	All Treating Providers Pull chart detail from 01/01/2025 - Present	
○	○	[redacted]	[redacted]	[redacted]	All Treating Providers Pull chart detail from 01/01/2025 - Present	

datavant
Formerly named Ciox Health

Outreach ID: [redacted]	Site ID: [redacted]

Chart Review Request

To:	Unknown	Date:	5/11/2026
Fax Number:	(713) 970-3817	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@datavant.com with any questions.

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

Medical records can be submitted through the following options:

1. Provider Portal:
Securely respond to Datavant-managed requests in a single, up-to-date queue. Login or Signup here: https://datavant.com/provider/setup or use the following for a one-time response: https://datavant.com/provider/upload with credentials

- Username: [redacted]
- Password: [redacted]

2. Remote EMR Retrieval:
Set up secure remote connection from an EMR directly to Datavant for timely remote retrieval by trained Datavant associates.
Contact

3. Onsite Chart Retrieval:
Schedule on-site retrieval with a complimentary Datavant Chart Retrieval Specialist or review any aspects of the on-site retrieval services at Datavant.
Contact

4.Fax:
Send secure faxes to 972-729-6174

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

Datavant 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 staff time with centralized and outsourced chart retrievals

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

MAY 12 2026

RECEIVED

datavant
Formerly named Ciox Health

PULL LIST

Outreach ID: [redacted] Site ID: [redacted]
7011 SOUTHWEST FWY
HOUSTON, TX 77074

Charts
1

PULL	CNA	MEMBER/REQUESTER	DOB	CHART ID	PROVIDER	NOTES
○	○	[redacted]	[redacted]	[redacted]	All Treating Providers	[redacted]

Pull chart detail from 01/01/2025 - Present

PL68161716

datavant
Formerly named Ciox Health

Outreach ID: [redacted]	Site ID: [redacted]

Chart Audit Request

To:	Medical Records	Date:	5/14/2026
Fax Number:	(713) 970-3817	Phone Number:	(713) 970-8400

ACTION REQUESTED: Please respond within 8 days of receipt of this request.

Datavant has been contracted to obtain the medical record information for a select list of members included in the attached pull list. Please review the attached request letter for more information and a list of components required for these records.

Medical records can be submitted through the following options:

1. Provider Portal:

Securely respond to Datavant-managed requests in a single, up-to-date queue. Login or Signup here: https://datavant.com/provider/setup or use the following for a one-time response: https://datavant.com/provider/upload with credentials

- Username: [redacted]
- Password: [redacted]

2. Remote EMR Retrieval:

Set up secure remote connection from an EMR directly to Datavant for timely remote retrieval by trained Datavant associates.
Contact

3. Onsite Chart Retrieval:

Schedule on-site retrieval with a complimentary Datavant Chart Retrieval Specialist or review any aspects of the on-site retrieval services at Datavant.
Contact

4.Fax:

Send secure faxes to 1-972-957-2143

5. Mail:

Mark "Confidential" on the envelope and mail the medical records to:

Datavant
2222 W. Dunlap Ave
Phoenix, AZ 85021

When submitting via Fax or Mail, please notate on the pull list for each record as Pull or CNA (chart not available) by marking the associated circle. If CNA, please provide a reason in the notes section. Please place the pull list with the markings first or on top when sending.

If you want to set up Remote EMR or Onsite Retrieval or have any issues with the Provider Portal, contact Datavant at and please reference your Outreach ID at the top of the page.

We appreciate your efforts to complete this chart review for the requester. Our goal is to make the retrieval process as easy as possible for you. Thank you in advance for your assistance with this important endeavor.

Datavant

chartreview@Datavant.com

MAY 15 2026

RECEIVED

datavant
Formerly named Ciox Health

PULL LIST	Outreach ID [redacted] Site ID: [redacted] 3737 DACOMA ST HOUSTON, TX 77092	Charts 1

PULL	CNA	MEMBER/REQUESTER	DOB	CHART ID	PROVIDER	NOTES
○	○	[redacted]	[redacted]	[redacted]	All Treating Providers	[redacted]

Pull chart detail from 01/01/2019 - 12/31/2019

PL68434927

Dear Participating Provider:

Thank you for your continued partnership with **Wellcare**. The Centers for Medicare & Medicaid Services (CMS) is conducting its **contract-level Risk Adjustment Data Validation (RADV) audit** and has selected Wellcare to participate in the audit.

This is part of a routine evaluation to validate documentation for the **2020** Medicare Advantage (MA) risk adjustment data payments. In response to the audit, Wellcare has contracted with **Optum** to obtain medical records on the plan's behalf. In accordance with 42 CFR §422.310(e), providers are required to submit the requested medical records for CMS review and compliance.

Providers are requested to supply all medical record documentation for each member listed in the attached spreadsheet for all dates of service 1/1/2019 through 12/31/2019. If any of the members listed were not your patients during this time period, please indicate this next to the member's name. Medical record documentation should include, but is not limited to, the following:

Physician(s)	Hospital(s)
• Progress notes (office visits) • History and physical examinations, including annual physicals • Emergency room records • Consultation reports	• Consultation reports • Discharge summary • Emergency room records • Progress notes • Radiology reports

In accordance with CMS documentation and RADV audit requirements, medical records must clearly identify the treating or rendering provider and be authenticated by the provider's handwritten or electronic signature, along with appropriate professional credentials (e.g., MD, DO, PA, NP). Documentation must support the authenticity of the record and allow CMS reviewers to verify the provider responsible for the services rendered.

To ensure compliance with CMS audit requirements, the requested records are due to Wellcare within 48 hours of this request. Please submit copies of records for the identified member(s), via mail or secure fax, as follows:

Datavant
2222 W. Dunlap Ave.
Phoenix, AZ 85021
Fax: 972-957-2158

datavant
Formerly named Ciox Health

Outreach ID: [redacted]	Site ID: [redacted]

Chart Review Request

To:	[redacted]	Date:	5/26/2026
Fax Number:	(713) 970-3817	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@datavant.com with any questions.

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

Medical records can be submitted through the following options:

1. Provider Portal:
Securely respond to Datavant-managed requests in a single, up-to-date queue. Login or Signup here: https://datavant.com/provider/setup or use the following for a one-time response: https://datavant.com/provider/upload with credentials

- Username: [redacted]
- Password: [redacted]

2. Remote EMR Retrieval:
Set up secure remote connection from an EMR directly to Datavant for timely remote retrieval by trained Datavant associates.
Contact

3. Onsite Chart Retrieval:
Schedule on-site retrieval with a complimentary Datavant Chart Retrieval Specialist or review any aspects of the on-site retrieval services at Datavant.
Contact

4.Fax:
Send secure faxes to 972-729-6174

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

Datavant 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 staff time with centralized and outsourced chart retrievals

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

MAY 27 2026

datavant
Formerly named Ciox Health

PULL LIST	Outreach ID: [redacted] Site ID: [redacted] 9401 SOUTHWEST FWY HOUSTON, TX 77074	Charts 108

PULL	CNA	MEMBER/REQUESTER	DOB	CHART ID	PROVIDER	NOTES
○	○	[redacted]	[redacted]	[redacted]	All Treating Providers Pull chart detail from 01/01/2025 - Present	
○	○	[redacted]	[redacted]	[redacted]	All Treating Providers Pull chart detail from 01/01/2025 - Present	
○	○	[redacted]	[redacted]	[redacted]	All Treating Providers Pull chart detail from 01/01/2025 - Present	
○	○	[redacted]	[redacted]	[redacted]	All Treating Providers Pull chart detail from 01/01/2025 - Present	
○	○	[redacted]	[redacted]	[redacted]	All Treating Providers Pull chart detail from 01/01/2025 - Present	
●	○	[redacted]	[redacted]	[redacted]	All Treating Providers Pull chart detail from 01/01/2025 - Present	
○	○	[redacted]	[redacted]	[redacted]	All Treating Providers Pull chart detail from 01/01/2025 - Present	
○	○	[redacted]	[redacted]	[redacted]	All Treating Providers Pull chart detail from 01/01/2025 - Present	
○	○	[redacted]	[redacted]	[redacted]	All Treating Providers Pull chart detail from 01/01/2025 - Present	
○	○	[redacted]	[redacted]	[redacted]	All Treating Providers Pull chart detail from 01/01/2025 - Present	
○	○	[redacted]	[redacted]	[redacted]	All Treating Providers Pull chart detail from 01/01/2025 - Present	

Advantmed

URGENT REQUEST FOR MEDICAL RECORDS

Request Send Date: February 27, 2026

Provider ID: [redacted]

ATTENTION TO: Medical Records

TO:	FROM: ADVANTMED
THE HARRIS CENTER SOUTHWEST COMMUNITY SERVICE CENTER	17981 Sky Park Circle, Building 39/Suite B & C, Irvine, CA 92614
9401 Southwest Freeway, Houston, TX 77074	(800)698-1690
(713)970-7326	(800)340-7804
(713)970-3817	providerconnect@advantmed.com
	https://www.advantmed.com/

Dear Physician or Office Administrator:

Ambetter from Superior HealthPlan has partnered with Advantmed to collect medical records for Risk Adjustment Data Collection & Reporting.

REQUESTOR: Ambetter from Superior HealthPlan

DUE DATE: March 13, 2026

Advantmed offers multiple methods to submit records in response to this request. Please consider uploading records through our "**SECURE UPLOAD PORTAL**" to expedite the process.

Please use link for sharing your feedback: 'https://secure1.advantmed.com/ClientPortals/SurveyForm'

Most Convenient and Secure Method:
To upload records securely visit https://www.advantmed.com/uploadrecords
OR email records to our secure server at **records@advantmed.com**

To begin set up for remote EMR download by Advantmed's trained Medical Record Technicians, email necessary forms to RemoteAccess@advantmed.com. Please provide a point of contact and number for further communication.

To fax records toll free, use our secure fax lines:
(800)340-7804 (Main Fax Line)
(949)222-0185 (Alternate Fax Line)

To mail records, please send to:
17981 Sky Park Circle, Building 39/Suite B & C, Irvine, CA 92614

MAR 02 2026

RECEIVED

To schedule an onsite appointment, please contact us at (800)698-1690

Advantmed

PLEASE ACKNOWLEDGE RECEIPT OF THIS REQUEST BY UPDATING THE INFORMATION BELOW AND FAXING IT TO (800)340-7804. PLEASE CONTACT (800)698-1690 OR EMAIL US AT PROVIDERCONNECT@ADVANTMED.COM WITH ANY QUESTIONS.

- **Preferred Communication Method:** ☐ PHONE: _____ ☐ EMAIL: _____
- **Contact Name:** [Medical Record (MR)] _____
- **Method of Record Submission:** ☐ FAX ☐ EMAIL ☐ MAIL ☐ UPLOAD ☐ ONSITE ☐ REMOTE DOWNLOAD
- **Expected Date to Send Records:** _____
- **Single Charts Maintained for Patients Who See More Than One Doctor:** ☐ YES ☐ NO

IF YOUR OFFICE PROCESSES MEDICAL RECORD REQUESTS THROUGH A COPY SERVICE, PLEASE CONTACT ADVANTMED PRIOR TO SUBMITTING THIS MEMBER LIST TO YOUR COPY SERVICE.

Record Required: All medical records for 1/1/2025 thru 12/31/2025 including Member Biographical Information Sheet

NO:	ADVANTMED RECORD ID:	PATIENT NAME: (LAST, FIRST)	DOB:	MEMBER ID:	PROVIDER NAME:	CHARTS AVAILABLE:
1	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	☐Yes ☐No
2	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	☐Yes ☐No
3	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	☐Yes ☐No
4	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	☐Yes ☐No
5	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted] ☐No
6	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	☐Yes ☐No
7	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	☐Yes ☐No
8	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	☐Yes ☐No
9	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	☐Yes ☐No
10	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	☐Yes ☐No
11	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	☐Yes ☐No
12	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	☐Yes ☐No
13	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	☐Yes ☐No
14	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	☐Yes ☐No
15	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	☐Yes ☐No

Medical records request list from Advantmed on behalf of Ambetter from Superior HealthPlan.

Medical Records Request

Purpose: 2026 Hedis
On Behalf of: TXCH HEDIS

To: HIM
Date: 2/27/2026

Fax Number: (713) 970-3817
Provider Group: The Harris Center for Ment

Due Date: 03/06/2026
Work Group ID: 21_1040132
Location ID:

Delivery Options

Provider Portal	https://cclinxportal.virtixhealth.com
● Username:	[redacted]
● Password:	[redacted]
Secure Fax	956-368-7983
Mail	6509 Windcrest Drive Suite 165 Plano, TX 75024

Thank you for addressing this important request for medical records in a timely manner. Our goal at Virtix Health is to minimize any disruption to your practice and we are available to assist at any time.

- Please review all the contents in this packet, particularly:
  - The letter from TXCH HEDIS explaining the purpose of this request as well as the desired medical record components and date range.
  - The Member List, which provides the patient name, date of birth (DOB), provider and date of service (DOS) information for each record being requested.
- Please return the records using one of the three Delivery Options provided above.
  - We recommend using our secure, easy to use Provider Portal at https://cclinxportal.virtixhealth.com. From the portal you can view an electronic version of the Record List, securely upload images and monitor real-time status at a record level.
  - When sending Records via secure fax or mail, please ensure that you include the Medical Records Request cover sheet with the Records.
- Should you have any questions or require assistance, please contact the Virtix Support line at 888-405-4426 and reference your Work Group ID 21_1040132.

Sincerely,
Shantoria Holman
888-405-4426

MAR 02 2026

RECEIVED

Member List

Work Group [redacted]
The Harris Center for Mental Health and IDD

Total Records Requested: 8

For all available records, please provide all chart detail per the minimum documentation to copy instructions included in this request for each measure noted
*Indicate any unavailable records be checking RNA (Record Not Available)

Record ID	Member	DOB	Measure	Provider	Account Number	RNA
[redacted]	[redacted]	[redacted]	[redacted]	THE HARRIS CENTER FOR MENTAL HEALTH AND IDD		○
[redacted]	[redacted]	[redacted]	[redacted]	THE HARRIS CENTER FOR MENTAL HEALTH AND IDD		○
[redacted]	[redacted]	[redacted]	[redacted]	THE HARRIS CENTER FOR MENTAL HEALTH AND IDD		○
[redacted]	[redacted]	[redacted]	[redacted]	THE HARRIS CENTER FOR MENTAL HEALTH AND IDD		○
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]		○
[redacted]	[redacted]	[redacted]	[redacted]	THE HARRIS CENTER FOR MENTAL HEALTH AND IDD		○
[redacted]	[redacted]	[redacted]	[redacted]	THE HARRIS CENTER FOR MENTAL HEALTH AND IDD		○
[redacted]	[redacted]	[redacted]	[redacted]	THE HARRIS CENTER FOR MENTAL HEALTH AND IDD		○
[redacted]	[redacted]	[redacted]	[redacted]	THE HARRIS CENTER FOR MENTAL HEALTH AND IDD		○
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]		○
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]		○
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]		○

Medical Records Request

Purpose: 2026 Hedis

On Behalf of: TXCH HEDIS

[redacted]

Work Group ID: [redacted]

Location ID:

Suite 165

Plano, TX 75024

Thank you for addressing this important request for medical records in a timely manner. Our goal at Virtix Health is to minimize any disruption to your practice and we are available to assist at any time.

- Please review all the contents in this packet, particularly:
  - The letter from TXCH HEDIS explaining the purpose of this request as well as the desired medical record components and date range.
  - The Member List, which provides the patient name, date of birth (DOB), provider and date of service (DOS) information for each record being requested.
- Please return the records using one of the three Delivery Options provided above.
  - We recommend using our secure, easy to use Provider Portal at https://cclinxportal.virtixhealth.com. From the portal you can view an electronic version of the Record List, securely upload images and monitor real-time status at a record level.
  - When sending Records via secure fax or mail, please ensure that you include the Medical Records Request cover sheet with the Records.
- Should you have any questions or require assistance, please contact the Virtix Support line at 888-405-4426 and reference your Work Group ID [redacted]

Sincerely,

[redacted]

888-405-4426

MAR 05 2026

RECEIVED

Member List

Work Group [redacted]

The Harris Center for Mental Health and IDD

Total Records Requested: 2

For all available records, please provide all chart detail per the minimum documentation to copy instructions included in this request for each measure noted

*Indicate any unavailable records be checking RNA (Record Not Available)

Record ID	Member	DOB	Measure	Provider	Account Number	RNA
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
21[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	

Wellpoint

Wellpoint Texas, Inc.

3/3/2026

Attention to:
The Harris Center For Mental Health and IDD
Site ID: 6519741
Houston, TX
Phone: 17139707000
Fax: 17139703315

HEDIS MEMBER LIST

*** TIME SENSITIVE — please send all records within 5 business days ***

If you use a copy service, please note that the provider office is ultimately responsible for fulfilling this request for medical records.

We are requesting medical records for the members on the attached list. Note that a member may be selected for more than one measure. Only copy the portion of your records specific to the Healthcare Effectiveness Data and Information Set® (HEDIS®) measure noted in the cover letter.

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

Return the attached member list with a copy of the medical record(s). Best practice is to name the files with the request ID located on the attached member list.

Use one of the following options to return medical record(s):

- **Upload**: Upload the record image to the secure portal (sFTP) site that we have with your provider office — or at **submitrecords.com** with the password [redacted] (Keep the reference number for each record image uploaded to the portal.)
- **Fax:** Send a secure fax to **1-888-864-6654**. (Keep the date and time of the fax and the fax number used to send the documentation in your records.)
- **Mail**: Send via United States Postal Service to:

  Wellpoint Texas, Inc.
  10701 S Riverfront Pkwy, Dept 3150
  Box 12002
  South Jordan, UT 84095

- **EMR** remote access: Save time and let Wellpoint Texas, Inc. pull the records. Set up electronic medical record (EMR) remote access with our Centralized HEDIS EMR team. Send an email to Centralized_EMR_Team@elevancehealth.com with the Site ID number and request information on remote access.

MAR 05 2026

RECEIVED

Member List

					Refer to letter for HEDIS measure requirement	Select[one]: A — Record attached B — Not our patient	
Request ID#	Member name	Insurance ID#	Date of birth	Insurance type	HEDIS Measure	A	B
[redacted]	[redacted]	[redacted]	[redacted]	TX Medicaid Star Plus - HHSC	GSD	N/A	
			Admit	Discharge	Delivery		

*** If records are not attached, please explain:

Protected Health Information (PHI) These documents contain PHI. Federal and state laws prohibit inappropriate use of PHI. If you are not the intended recipient or the person responsible for delivering these documents, you must properly dispose of them. If you need instructions, please call us at **833-461-0360.**

Providers: You are required to return, destroy or further protect any PHI you receive pertaining to patients that you are not currently treating. You are required to immediately destroy any such PHI, or safeguard the PHI for as long as it is retained. In no event are you permitted to use or re-disclose such PHI.

Important note: You are not permitted to use or disclose protected health information about individuals who you are not treating or are not enrolled in your practice. This applies to protected health information accessible in any online tool or sent in any medium, including mail, email, fax, or other electronic transmission.

Alternate Method(s) of Record Retrieval: *Please notate if applicable*

- HEDIS medical records for this office are processed and submitted by a copy service. Please provide the name of your copy service vendor: _____.
- HEDIS medical records for this location are stored on an electronic medical record system and we would like Wellpoint Texas, Inc. to remotely access the records (25 record request minimum). Our EMR system is _____. Please reach out to (name)_____ at (phone number or email address) _____.
- Medical records for this provider are handled by an alternate or centralized location. Please reach out to (name)_____ at (phone number) _____ and fax any future requests to (fax number) _____.
- I prefer to be contacted via email. Please email all HEDIS medical record inquiries to _____.

KDJ Consultants
Empowering Healthcare Outcomes

Measurement Year 2025 HEDIS® Study for Community Health Choice

Date Faxed: 03/17/2026 **From:** Pam West **Call Back #:** 817-320-6339	**Contact Name:** Medical Records **Group Name:** THE HARRIS CENTER FOR MENTAL HEALTH AND IDD **Provider Fax:** 7139703817

Additional Comments:
Thank you for participating in the Community Health Choice HEDIS MY2025- Please Fax your records to 866-786-6026. If you prefer a portal please call 817-320-6339.
-First Request- 3/17/2026

KDJ Consultants has been contracted by **Community Health Choice** to collect medical information for the annual HEDIS®* study. Included in this fax is a patient instruction sheet, for each patient, explaining in detail what documentation is required (some patients have more than one sheet). Please review the faxed instructions carefully for each patient and then fax the following to KDJ's secure fax line @ 1-866-786-6026 within 7 days. **Please note that KDJ may request charts for other health plans as well. This request is specifically for Community Health Choice.**

- The patient instruction sheet(s).
- Copies of the patient records, as described on the patient instruction sheet(s).
  - For ARRA compliance, DO NOT fax the entire chart.
  - Any invoices received by KDJ will be submitted to Community Health Choice and paid for at their discretion. KDJ Consultants is not responsible for medical record charges.
  - If you do not have the requested records, please note the reason on the bottom of the patient instruction sheet.
  - If you receive a failed transmission or a busy signal when faxing records to us, please contact us immediately.
  - A link to a portal for chart delivery can be provided upon request.

HIPAA allows the release of patient information to health plans for treatment, payment, and health care operations, without specific signed consent or authorization. KDJ is covered under this provision as well. Your assistance in completing the data collection within the mandated time frame is very much appreciated.

**Healthcare Effectiveness Data & Information Set (HEDIS®) is an annual study required of Health Plans by the NCQA. HEDIS® is the most widely used set of performance measures in the managed care industry. HIPAA final privacy regulations eliminate the consent requirement when personal health information is used or disclosed for Treatment, Payment, and Health Care Operations (67 FR 53182). The final privacy regulations clarify that the definition of "Health Care Operations" includes quality improvement activities which includes HEDIS® (45 CFR 164.506). The American Recovery and Reinvestment Act of 2009 (ARRA) also permits release of records.*

MAR 17 2026

RECEIVED

Blood Pressure Control for Patients with Diabetes (BPD)
Instruction Sheet – HEDIS® MY2025

Group Name: THE HARRIS CENTER FOR MENTAL HEALTH AND IDD **Address:** 9401 Southwest Fwy Houston TX 77074 **Phone:** (713) 970-7000 **Fax:** 7139703817	**Member Name:** [redacted] **Date of Birth:** [redacted] **Chase ID:** [redacted] **Project:** MY2025 - CHC

Please verify that the patient's name and date of birth match the chart.

Documentation Required:

- Two most recent blood pressure readings in 2025 (closest to 12/31/2025, progress notes, and vital signs flow sheet)
- Problem list and/or medical history
- Medication Record for 2025

If no evidence found for Blood Pressure reading, please send:

- Vital signs flow sheet and visit notes for 2025

Exclusions: If any of the following criteria apply, also provide supporting documentation.

- Problem list, medical history, medication list and all visit notes for 2024 & 2025
- Evidence patient was admitted to hospice or palliative care in 2025
- Patient is deceased in 2025

If the requested documentation is unavailable, indicate the reason(s) below:

- Patient never seen here.
- Unable to retrieve patient chart from remote storage.
- No office visits during pertinent time frame. Member last seen on _____.

Please fax the documents listed below to KDJ's secure fax line at 1-866-786-6026.

- This instruction sheet
- The patient's face sheet (for confirmation of date of birth)
- The requested chart copies (with patient name clearly shown on each page)

Thank you!

KDJ Consultants
Empowering Healthcare Outcomes

For alternative delivery options contact CHC at HEDIS@communityhealthchoice.org.

[redacted]

UnitedHealthcare®
COMMUNITY & STATE

uhc.com

FAX

To: 17139703817	From: [redacted]
Fax: 17139703817	From Fax: 8448971679
Phone:	From Phone:
Pages (Including Cover): 3	Date/Time: 03-27-2026 11:10 AM CT

Comment:
Good morning…

Please see IFSP requests for members[redacted]
Give me a call if you have any questions.

Thanks in advance for your assistance.

[redacted]
Certified Community Health Worker
UnitedHealthcare Community Plan – Texas STAR/CHIP
Member Services 888-887-9003 - Direct 832-939-4286[redacted]
[redacted] any dissemination, distribution or copying of this e-mail is prohibited. If you have received this e-mail in error, please notify the sender by replying to this message and delete this e-mail immediately.

MAR 30 2026
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.

2026 HEDIS
Medical Record Review Project

MOLINA HEALTHCARE

1st Request

Attention: Quality Improvement
Molina Healthcare of TX
2200 Hwy 121 Ste. 270A
Bedford, Texas 76021
Fax: 866-504-7247

Return Deadline	Wednesday, April 1, 2026

Location Key : [redacted]

Location Name : NEURO PSYCH CENTER

Location Phone : (713) 970-7330

[redacted]

Reporting/Member Record Pull List:

Member Name	DOB	Sex	Measure	ChaseID	LOB	Location Name	Not My Patient	Last Seen
[redacted]	[redacted]	F	TRC	[redacted]	Medicare	NEURO PSYCH CENTER	☐	

[redacted]

2026 HEDIS
Medical Record Review Project

MOLINA HEALTHCARE

Total Pages: 6

2nd Request

Attention: Quality Improvement
Molina Healthcare of TX
2200 Hwy 121 Ste. 270A
Bedford, Texas 76021
Fax: 866-504-7247

To:	NEURO PSYCH CENTER	**From:**	[redacted]
Attention:	**MEDICAL RECORDS**	**Date:**	04/10/2026
Phone:	(713) 970-7330	**Phone:**	1-915-308-9379
Fax:	(713) 970-3817	**Deadline:**	04/15/2026

Re: Medical Record Request; Location ID # [redacted]
We value our relationship with you and appreciate the quality care you provide to Molina members. Molina Healthcare plans are contractually required to collect and provide medical record documentation from our providers to fulfill our state and federal regulatory and accreditation requirements regarding annual HEDIS (Healthcare Effectiveness Data and Information Set) and Risk Adjustment (RAD) quality reporting. The Health Insurance Portability and Accountability (HIPAA) regulation CFR 164.506(c)(4) permits a covered entity, such as a physician practice, to disclose protected health information (PHI) to another covered entity, such as a health plan, without obtaining authorization or consent for the purpose of facilitating health care operations.

Please take a moment to review the following:
- Medical record information is required for patients on the attached list. The entire medical record **may be** required. Please see the copy instructions attached.
- Please return the attached "Return Cover Fax Sheet" with all documents so your office can be easily identified.
- Please indicate on the patient list, the reason for any records that you are unable to locate.
- Please return all records by the deadline listed above.
- Please call the specialist on this request if you have any questions or concerns regarding this request.

Record Return Methods:
- **Fax:** Records can be fax to: (866) 504-7247.
- **Secure Email or SFTP:** Send Records quickly and securely using the following email or call for more information on SFTP portal accounts: tx_medrecords@molinahealthcare.com
- **Electronic Medical Record (EMR) or Health Information Exchange (HIE) system access:** If your office uses an EMR system for medical record keeping, you may arrange secure remote access or file sharing for Molina office staff to download the records without inconveniencing your staff. Please contact the specialist on this request for details.
- **Mail:** Records can be mailed to: Attn: Quality Improvement 2200 Hwy 121 Ste. 270A, Bedford TX 76021
- **On-site request:** If your office would prefer retrieval and/or abstraction completed on-site by our staff, please contact the specialist on this request for more information and appointment availability.

Reminder note:
- **Third Party Vendor:** If your Office is contracted with a third-party vendor to facilitate, process and fulfill medical record requests please use the following reference request number. Datavant, formerly known as CIOX Health 1460872, MRO: 191573

Sincerely,

Dr. David A. Valdez MD
Chief Medical Officer

[redacted]
Chief Medical Officer
[redacted]

APR 13 2026

RECEIVED

2026 HEDIS
Medical Record Review Project

MOLINA HEALTHCARE

2nd Request

Attention: Quality Improvement
Molina Healthcare of TX
2200 Hwy 121 Ste. 270A
Bedford, Texas 76021
Fax: 866-504-7247

Return Deadline	Wednesday, April 15, 2026

Location Key : [redacted]

Location Name : NEURO PSYCH CENTER

Location Phone : (713) 970-7330

Reporting/Member Record Pull List:

Member Name	DOB	Sex	Measure	ChaseID	LOB	Location Name	Not My Patient	Last Seen
[redacted]	[redacted]	F	TRC	[redacted]	Medicare	NEURO PSYCH CENTER	☐	

episource

aetna

Epi Reference ID: [redacted]

Episource, LLC on behalf of Aetna
Address: 1 E Washington Street, STE 900, Phoenix, AZ 85004.
Phone: 1-209-299-3563 or 1-860-316-2982
Fax: 1-888-300-0970 or 1-800-893-7048
Email: aetnachartretrieval@episource.com (for questions regarding chart retrieval)

Medical Records Request
Medicare Risk Adjustment Review

Attention To: Medical Records
Phone: (713) 970-7330
Fax: (713) 970-3817
Request Date: 04/16/2026
Epi Reference ID: L-05756783

Episource is now part of Optum.

As our Episource and Optum teams integrate, you may see the Optum name appear within communications and requests you receive. On behalf of both Episource and Optum, we want to assure you that we are committed to providing you with high-quality level of service and data security you deserve and have come to expect.

Requested patient list, dates of service, and submission options attached. Please contact Optum/Episource within 7 days of receiving this request:
1-209-299-3563 or 1-860-316-2982
Email: aetnachartretrieval@episource.com

If you have received this in error, please contact aetnachartretrieval@episource.com.

APR 17 2026

RECEIVED

episource aetna

Epi Reference ID: [redacted]

Episource, LLC on behalf of Aetna

Aetna Medical Record Request: Patient List

Please contact Optum/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: [redacted]
Password: [redacted]

Please submit member list in all communications:
Fax to: 1-888-300-0970 or 1-800-893-7048
Traceable mail to: 1 E Washington Street, STE 900, Phoenix, AZ 85004.
Email 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
- Progress Notes
- Consult Notes
- Hospital Records
- History & Physical Reports
- Pathology reports
- Diagnostics
- Medication & Problem List
- Past Medical History Log

Required Dates of Service: January 1, 2025– Present

Total Charts Requested: 5

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

Epi Reference ID: L-05756783

3	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	
4	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	
5	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	

Epi Reference ID: L-05756783

Anthem

Colorado · Connecticut · Georgia · Indiana · Kentucky · Maine · Missouri · Nevada · New Hampshire · New York · Ohio · Virginia · Wisconsin | Anthem Blue Cross and Blue Shield | Commercial

Request for Medical Records

TIME SENSITIVE

COMMERCIAL RISK ADJUSTMENT

RECORDS NEEDED ON OR BEFORE

06-May-2026

Date: 21-Apr-2026

To: The Harris Center for Mental Health and IDD
ATTN: MEDICAL RECORDS
1901 Medi Park Dr Ste 2058

From: Anthem
Anthem/Verisma Provider Relations
(915) 273-3481
anthem_bcbs_multi@verisma.com

We are reaching out to you for assistance in retrieving medical records for a Risk Adjustment Data Validation chart review. We are conducting a review and require access to member's medical records for compliance and validation. Based on correspondence Received from your office, the patient's weren't seen in at your office on the mentioned date however, we have claims data showing those dates of service. Please advise us on the process of retrieving the records and expected turn around time.

We appreciate your prompt response and assistance with meeting the short chart review deadlines.

Thanks, in advance, for your assistance...

Anthem

Colorado · Connecticut · Georgia · Indiana · Kentucky · Maine · Missouri · Nevada · New Hampshire · New York · Ohio · Virginia · Wisconsin | Anthem Blue Cross and Blue Shield | Commercial

Request for Medical Records

TIME SENSITIVE – RECORDS NEEDED FOR RISK ADJUSTMENT
ON OR BEFORE: 06-May-2026

We need the information below for your patients:

1) Dates of Service: </DOS Start Date> - current
2) All documentation for face-to-face encounters between the patient and the provider
3) All documentation for telehealth encounters between the patient and the provider
4) All documentation from consulting providers
5) Emergency care visit notes
6) Urgent care visit notes
7) Pathology reports
8) Medication lists
9) Inpatient hospital notes
10) Inpatient discharge summary signature logs

PATIENT PULL LIST: If possible, please include the Req ID with record submissions

REQ ID	MEMBER FIRST NAME	MEMBER LAST NAME	MEMBER DOB	DATE OF SERVICE	RECORD SENT	NO RECORD?
[redacted]	[redacted]	[redacted]	[redacted]	01-Jan-25 to Current		✓
[redacted]	[redacted]	[redacted]	[redacted]	01-Jan-25 to Current		✓

If no record can be submitted, please let us know why:

We want to accommodate your preferred submission method:

1) **Portal Upload** – simply email anthem_bcbs_multi@verisma.com to obtain user access.
2) **Remote Access** – we will provide a resource to access your EMR remotely; for this option, please email anthem_bcbs_multi@verisma.com
3) **Secure Fax** – you may fax the records to (915) 273-3481
4) **Secure Email** – follow your organization's protocol for secure email and send to anthem_bcbs_multi@verisma.com

verisma

Delivery Method: Kiteworks

May 6, 2026

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

Re: Request for Information
NPI Number: [redacted]
Managed Care Plan: Community Health Choice
Internal Tracking Number: [redacted]
UCM Case Number: [redacted]
Sample Identification Number: [redacted]

Dear The Harris Center for Mental Health and Idd:

This is to inform you that you have been selected by Qlarant Integrity Solutions, LLC (Qlarant) for a review of sampled claims billed to Medicaid with dates of services from October 1, 2022 through September 30, 2024. The objective of our review is to determine whether the claims for services were billed and paid in accordance with applicable federal and state Medicaid laws, regulations, and policies.

In order to fulfill its contractual obligation with the Centers for Medicare & Medicaid Services (CMS), Qlarant, the Unified Program Integrity Contractor (UPIC) for the South Western Jurisdiction (Arkansas, Colorado, Louisiana, Mississippi, New Mexico, Oklahoma, and Texas), performs reviews for program integrity. As a UPIC, Qlarant is authorized by CMS to review any service provided in the South Western Jurisdiction and billed to Medicare or Medicaid.

Section 6034 of the Deficit Reduction Act of 2005 (DRA) established the Medicaid Integrity Program, through which CMS shall conduct reviews of claims submitted by Medicaid providers. As a Medicaid provider and a recipient of funds under the State Medicaid program, you are subject to these reviews. The DRA authorizes CMS to utilize contractors, including Qlarant, to conduct such reviews.

In accordance with the DRA and other applicable state and federal laws, you are required to provide CMS and its contractor, Qlarant, with timely, unrestricted access to all documents and records that relate in any way to Medicaid claims and payments. In this respect, if certain records supporting the services rendered are at another facility, as the billing provider, you are responsible for obtaining those records for our review.

Qlarant understands that the request for documentation, including patient records, may raise questions about the disclosure of protected health information (PHI). The Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule (45 CFR § 164.501-512) permits disclosure of PHI without beneficiary authorization to carry out treatment,

payment, or health care operations. When Medicaid beneficiaries enroll in the program, they are informed of Medicaid's use of their protected health information to carry out health care operations. UPICs, including Qlarant, perform health care operations as business associates of CMS with respect to the HIPAA Privacy Rule. Providing the requested documentation does not violate the minimum necessary provision of the HIPAA Privacy Rule and does not require beneficiary authorization.

We have enclosed a list of claim(s) and types of documentation that may be required to support the claim(s). Please submit to Qlarant this requested documentation for each claim listed. The documents must be legible and arranged in an orderly manner. Be aware that this list is not all inclusive and that Qlarant may request additional documentation necessary to conduct and complete its review.

The requested information should be submitted to Qlarant within 30 calendar days of the date this letter was issued, due on June 5, 2026**. The information shall be submitted electronically via Qlarant's Secure File Transfer (Kiteworks), by selecting "Upload" in the toolbar at the top of the screen.** We **cannot** accept this documentation by email. No exceptions. You must not send PHI by email because it would be in violation of federal HIPAA statutes.

Any applicable State sanctions may be imposed against you if you fail to provide the information that is requested. Depending on the laws in your State, sanctions may include, but not be limited to, vendor hold and/or exclusion from participation as a provider in the State Medicaid program until the matter is resolved. Additionally, payments for services for which you fail to produce records to Qlarant will be recovered from you.

Please refrain from any adjusting or voiding of claims under review during the dates of service without prior discussion with Qlarant and the State.

Thank you for your cooperation. If you have any questions regarding our review or the enclosed documentation requested, please respond to [redacted]
You can request a contact phone number if additional information is needed.

Sincerely,

Managed Care Plan Team
UPICSW
Qlarant Integrity Solutions, LLC

Enclosures: Claims Listing
Records Request List

cc: Texas Health and Human Services Commission, Office of Inspector General

Fax

[redacted]

To:
Fax: 7139703817
Company:

From: [redacted]
Fax:
Voice:

Date: May 19, 2026
Subject: RECORD REQUEST

Comments:

ATTN: [redacted]

MAY 20 2026

RECEIVED

EXL

111 Ryan Court, Suite 300
Pittsburgh, PA 15205

MEDICAL RECORDS TRANSMITTAL

Facility	Audit ID	Patient Name	Dates of Service	Date of Birth
[redacted]	[redacted]	[redacted]	03/28/2025 - 03/28/2025	[redacted]
[redacted]	[redacted]	[redacted]	09/12/2025 - 09/12/2025	[redacted]
[redacted]	[redacted]	[redacted]	09/05/2025 - 09/05/2025	[redacted]
[redacted]	[redacted]	[redacted]	09/19/2025 - 09/19/2025	[redacted]
[redacted]	[redacted]	[redacted]	10/24/2025 - 10/24/2025	[redacted]
[redacted]	[redacted]	[redacted]	12/05/2025 - 12/05/2025	[redacted]
[redacted]	[redacted]	[redacted]	10/17/2025 - 10/17/2025	[redacted]
[redacted]	[redacted]	[redacted]	01/09/2026 - 01/09/2026	[redacted]
[redacted]	[redacted]	[redacted]	08/08/2025 - 08/08/2025	[redacted]
[redacted]	[redacted]	[redacted]	08/01/2025 - 08/01/2025	[redacted]
[redacted]	[redacted]	[redacted]	05/23/2025 - 05/23/2025	[redacted]
[redacted]	[redacted]	[redacted]	02/28/2025 - 02/28/2025	[redacted]
[redacted]	[redacted]	[redacted]	05/16/2025 - 05/16/2025	[redacted]
[redacted]	[redacted]	[redacted]	04/25/2025 - 04/25/2025	[redacted]
[redacted]	[redacted]	[redacted]	07/18/2025 - 07/18/2025	[redacted]
[redacted]	[redacted]	[redacted]	07/09/2025 - 07/09/2025	[redacted]
[redacted]	[redacted]	[redacted]	06/20/2025 - 06/20/2025	[redacted]
[redacted]	[redacted]	[redacted]	06/13/2025 - 06/13/2025	[redacted]

SCIO0131313001A00003486400000277757 Reference Key: AF-9D-94-B8-68-21-85-61

EXL

111 Ryan Court, Suite 300
Pittsburgh, PA 15205

[redacted]	[redacted]	[redacted]	09/26/2025 - 09/26/2025	[redacted]

RECORDS TO SEND	• Entire medical records for services delivered • Staff Credentials and Certifications • Supervision Documentation

PLEASE RETURN THIS FORM WITH THE MEDICAL RECORDS WITHIN 30 DAYS.

[redacted]

Optum Rx®

EXL

NABP #: [redacted]

March 3, 2026

833-717-0389, ext. 57414
www.exlservice.com

NABP #: [redacted]
SOUTHWEST CLINIC PHARMACY 3
9401 SOUTHWEST FWY STE 100
HOUSTON, TX 77074

*****PRESCRIPTION VALIDATION REQUEST*****

Dear Pharmacy Provider,

ExlService.com, LLC is an authorized vendor of Optum Rx, Inc. (ORx) for performance of pharmacy audits and prescription validation reviews. A validation of the claim(s) attached is being requested by EXL Service to ensure proper adjudication and compliance with Benefit Plan contractual agreements.

Your pharmacy has **fourteen (14) business** days from the date of this letter to provide all requested prescription hardcopies (front and back) and any additional supporting documentation (e.g., electronically stored prescription clarifications) for validation.

Please make note of the following:

- Documentation provided should support the dispensed prescription claim. ORx will correct the claim, if necessary, based on the documentation provided.
- If the medication has not yet been dispensed and the claim is still valid, the requested documentation for the claim is still required for validation.
- If there is any additional annotation regarding the prescription that is readily retrievable from the electronic patient profile, please include it along with the prescription copy/image.

Pharmacies are required to provide access to records under their Pharmacy Network Agreement with ORx. Failure to do so may result in a claim being determined as a non-supported adjudication and subject to full reversal or recoupment.

All documentation should be submitted to EXL Service via fax or encrypted email as indicated on the Records Transmittal Page of this request. Please include the **Records Transmittal Page** with the submission of your documentation to ensure proper handling and validation of the claim(s).

Pharmacies will be notified of discrepant results from the prescription validation reviews. This includes educational results. Non-discrepant results will not be reported to the pharmacies.

Should you have any questions or require additional information, please contact EXL's Pharmacy Compliance Department at 833-717-0389, ext. 57414.

Please Note: This is a request for records. No claims are being reversed or recouped at this time.

Sincerely,

Pharmacy Compliance Department

EXL Service
Pharmacy Manual is now available on-line at https://professionals.optumrx.com/resources/manuals-guides/provider-manual.html.

CC: ORx Prescription Validation Request

SCIO0780202019A000147217300014864 18

Optum Rx®

EXL

NABP #: [redacted]

Records Transmittal Page

PLEASE COMPLETE & RETURN THIS FORM WITH ALL SUPPORTING DOCUMENTATION WITHIN 14 BUSINESS DAYS.

FROM: [redacted] **TO: EXL Service**

(Sender's Name)

Secure Fax: 844-505-8246
Encrypted Email: Optum.RxPVR@exlservice.com

# of Pages:_____ (Including Cover)

Pharmacy Name: SOUTHWEST CLINIC PHARMACY 3
NABP #: [redacted]
Date: March 3, 2026

EXL ID	Claim Number	Rx #	Fill Date	Drug Name	Medicare Claim	Pharmacy Comment
[redacted]	[redacted]	[redacted]	02/26/2026	INVEGA HAFYE INJ 1092MG	No	

Please Remember to:

1. **Add Comments above, if needed.**
2. **Check the appropriate box below, as applicable.**
3. **Submit a copy (front and back) of the prescription listed and any additional supporting documentation (e.g., electronically stored prescription clarifications).**
4. **Include this Records Transmittal Page with document submission.**

[ ] I ATTEST TO THE CLAIM(S) BEING BILLED CORRECTLY.

[ ] I ATTEST TO THE CLAIM(S) BEING BILLED INCORRECTLY AND REVERSED (ORx will verify and reverse as appropriate).

[ ] I ATTEST TO THE CLAIM(S) BEING CORRECTED TO_____
(ORx will verify and correct as appropriate).

*Specify details in the Comments for each Rx number.

Pharmacy Manager / Representative PRINT_____

_____
Pharmacy Manager / Representative Signature Date

SCIO0780202019A000147217300014864 18

Optum Rx®

EXL

NABP #: [redacted]

April 13, 2026

833-717-0389, ext. 57414
www.exlservice.com

NABP #: [redacted]
NORTHEAST CLINIC PHARMACY
7200 NORTH LOOP E
HOUSTON, TX 77028-5951

*****PRESCRIPTION VALIDATION REQUEST*****

Dear Pharmacy Provider,

ExlService.com, LLC is an authorized vendor of Optum Rx, Inc. (ORx) for performance of pharmacy audits and prescription validation reviews. A validation of the claim(s) attached is being requested by EXL Service to ensure proper adjudication and compliance with Benefit Plan contractual agreements.

Your pharmacy has **fourteen (14) business** days from the date of this letter to provide all requested prescription hardcopies (front and back) and any additional supporting documentation (e.g., electronically stored prescription clarifications) for validation.

Please make note of the following:

- Documentation provided should support the dispensed prescription claim. ORx will correct the claim, if necessary, based on the documentation provided.
- If the medication has not yet been dispensed and the claim is still valid, the requested documentation for the claim is still required for validation.
- If there is any additional annotation regarding the prescription that is readily retrievable from the electronic patient profile, please include it along with the prescription copy/image.

Pharmacies are required to provide access to records under their Pharmacy Network Agreement with ORx. Failure to do so may result in a claim being determined as a non-supported adjudication and subject to full reversal or recoupment.

All documentation should be submitted to EXL Service via fax or encrypted email as indicated on the Records Transmittal Page of this request. Please include the **Records Transmittal Page** with the submission of your documentation to ensure proper handling and validation of the claim(s).

Pharmacies will be notified of discrepant results from the prescription validation reviews. This includes educational results. Non-discrepant results will not be reported to the pharmacies.

Should you have any questions or require additional information, please contact EXL's Pharmacy Compliance Department at 833-717-0389, ext. 57414.

Please Note: This is a request for records. No claims are being reversed or recouped at this time.

Sincerely,

Pharmacy Compliance Department

EXL Service
Pharmacy Manual is now available on-line at https://professionals.optumrx.com/resources/manuals-guides/provider-manual.html.

CC: ORx Prescription Validation Request

SCIO0780202019A000148577800015016661

Optum Rx®

EXL

NABP #: [redacted]

Records Transmittal Page

PLEASE COMPLETE & RETURN THIS FORM WITH ALL SUPPORTING DOCUMENTATION WITHIN 14 BUSINESS DAYS.

FROM: [redacted]/Northeast Clinic Pharmacy **TO: EXL Service**

(Sender's Name)

Secure Fax: 844-505-8246
Encrypted Email: Optum.RxPVR@exlservice.com

# of Pages:_____ (Including Cover)

Pharmacy Name: NORTHEAST CLINIC PHARMACY
NABP #: [redacted]
Date: April 13, 2026

EXL ID	Claim Number	Rx #	Fill Date	Drug Name	Medicare Claim	Pharmacy Comment
[redacted]	[redacted]	[redacted]	[redacted]	INVEGA TRINZ INJ 819MG	No	

Please Remember to:

1. **Add Comments above, if needed.**
2. **Check the appropriate box below, as applicable.**
3. **Submit a copy (front and back) of the prescription listed and any additional supporting documentation (e.g., electronically stored prescription clarifications).**
4. **Include this Records Transmittal Page with document submission.**

[ ] I ATTEST TO THE CLAIM(S) BEING BILLED CORRECTLY.

[ ] I ATTEST TO THE CLAIM(S) BEING BILLED INCORRECTLY AND REVERSED (ORx will verify and reverse as appropriate).

[ ] I ATTEST TO THE CLAIM(S) BEING CORRECTED TO_____
(ORx will verify and correct as appropriate).

*Specify details in the Comments for each Rx number.

Pharmacy Manager / Representative PRINT_____

_____

Pharmacy Manager / Representative Signature Date

SCIO0780202019A000148577800015016661

Optum Rx®

EXL

NABP #: [redacted]

April 14, 2026

833-717-0389, ext. 57414
www.exlservice.com

NABP #: [redacted]
NORTHWEST CLINIC PHARMACY
3737 DACOMA ST
HOUSTON, TX 77092-8905

*****PRESCRIPTION VALIDATION REQUEST*****

Dear Pharmacy Provider,

ExlService.com, LLC is an authorized vendor of Optum Rx, Inc. (ORx) for performance of pharmacy audits and prescription validation reviews. A validation of the claim(s) attached is being requested by EXL Service to ensure proper adjudication and compliance with Benefit Plan contractual agreements.

Your pharmacy has **fourteen (14) business** days from the date of this letter to provide all requested prescription hardcopies (front and back) and any additional supporting documentation (e.g., electronically stored prescription clarifications) for validation.

Please make note of the following:

- Documentation provided should support the dispensed prescription claim. ORx will correct the claim, if necessary, based on the documentation provided.
- If the medication has not yet been dispensed and the claim is still valid, the requested documentation for the claim is still required for validation.
- If there is any additional annotation regarding the prescription that is readily retrievable from the electronic patient profile, please include it along with the prescription copy/image.

Pharmacies are required to provide access to records under their Pharmacy Network Agreement with ORx. Failure to do so may result in a claim being determined as a non-supported adjudication and subject to full reversal or recoupment.

All documentation should be submitted to EXL Service via fax or encrypted email as indicated on the Records Transmittal Page of this request. Please include the **Records Transmittal Page** with the submission of your documentation to ensure proper handling and validation of the claim(s).

Pharmacies will be notified of discrepant results from the prescription validation reviews. This includes educational results. Non-discrepant results will not be reported to the pharmacies.

Should you have any questions or require additional information, please contact EXL's Pharmacy Compliance Department at 833-717-0389, ext. 57414.

Please Note: This is a request for records. No claims are being reversed or recouped at this time.

Sincerely,

Pharmacy Compliance Department

EXL Service
Pharmacy Manual is now available on-line at https://professionals.optumrx.com/resources/manuals-guides/provider-manual.html.

CC: ORx Prescription Validation Request

SCIO0780202019A000148609200015021 23

Optum Rx®

EXL

NABP #: [redacted]

Records Transmittal Page

PLEASE COMPLETE & RETURN THIS FORM WITH ALL SUPPORTING DOCUMENTATION WITHIN 14 BUSINESS DAYS.

FROM: [redacted] Northwest Clinic Pharmacy **TO: EXL Service**

(Sender's Name)

Secure Fax: 844-505-8246
Encrypted Email: Optum.RxPVR@exlservice.com

# of Pages:_____ (Including Cover)

Pharmacy Name: NORTHWEST CLINIC PHARMACY
NABP #: [redacted]
Date: April 14, 2026

EXL ID	Claim Number	Rx #	Fill Date	Drug Name	Medicare Claim	Pharmacy Comment
[redacted]	[redacted]	[redacted]	[redacted]	INVEGA TRINZ INJ 819MG	No	

Please Remember to:

1. **Add Comments above, if needed.**
2. **Check the appropriate box below, as applicable.**
3. **Submit a copy (front and back) of the prescription listed and any additional supporting documentation (e.g., electronically stored prescription clarifications).**
4. **Include this Records Transmittal Page with document submission.**

[ ] I ATTEST TO THE CLAIM(S) BEING BILLED CORRECTLY.

[ ] I ATTEST TO THE CLAIM(S) BEING BILLED INCORRECTLY AND REVERSED (ORx will verify and reverse as appropriate).

[ ] I ATTEST TO THE CLAIM(S) BEING CORRECTED TO_____
(ORx will verify and correct as appropriate).

*Specify details in the Comments for each Rx number.

Pharmacy Manager / Representative PRINT_____

_____

Pharmacy Manager / Representative Signature Date

Optum Rx®

EXL

NABP #: [redacted]

April 17, 2026

833-717-0389, ext. 57414
www.exlservice.com

NABP #: [redacted]
NORTHEAST CLINIC PHARMACY
7200 NORTH LOOP E
HOUSTON, TX 77028-5951

*****PRESCRIPTION VALIDATION REQUEST*****

Dear Pharmacy Provider,

ExlService.com, LLC is an authorized vendor of Optum Rx, Inc. (ORx) for performance of pharmacy audits and prescription validation reviews. A validation of the claim(s) attached is being requested by EXL Service to ensure proper adjudication and compliance with Benefit Plan contractual agreements.

Your pharmacy has **fourteen (14) business** days from the date of this letter to provide all requested prescription hardcopies (front and back) and any additional supporting documentation (e.g., electronically stored prescription clarifications) for validation.

Please make note of the following:

- Documentation provided should support the dispensed prescription claim. ORx will correct the claim, if necessary, based on the documentation provided.
- If the medication has not yet been dispensed and the claim is still valid, the requested documentation for the claim is still required for validation.
- If there is any additional annotation regarding the prescription that is readily retrievable from the electronic patient profile, please include it along with the prescription copy/image.

Pharmacies are required to provide access to records under their Pharmacy Network Agreement with ORx. Failure to do so may result in a claim being determined as a non-supported adjudication and subject to full reversal or recoupment.

All documentation should be submitted to EXL Service via fax or encrypted email as indicated on the Records Transmittal Page of this request. Please include the **Records Transmittal Page** with the submission of your documentation to ensure proper handling and validation of the claim(s).

Pharmacies will be notified of discrepant results from the prescription validation reviews. This includes educational results. Non-discrepant results will not be reported to the pharmacies.

Should you have any questions or require additional information, please contact EXL's Pharmacy Compliance Department at 833-717-0389, ext. 57414.

Please Note: This is a request for records. No claims are being reversed or recouped at this time.

Sincerely,

Pharmacy Compliance Department

EXL Service
Pharmacy Manual is now available on-line at https://professionals.optumrx.com/resources/manuals-guides/provider-manual.html.

CC: ORx Prescription Validation Request

SCIO0780202019A000147789000150344 9

Optum Rx®

EXL

NABP #: [redacted]

Records Transmittal Page

PLEASE COMPLETE & RETURN THIS FORM WITH ALL SUPPORTING DOCUMENTATION WITHIN 14 BUSINESS DAYS.

FROM: [redacted]/Northeast Clinic Pharmacy **TO: EXL Service**

(Sender's Name)

Secure Fax: 844-505-8246
Encrypted Email: Optum.RxPVR@exlservice.com

# of Pages:_____ (Including Cover)

Pharmacy Name: NORTHEAST CLINIC PHARMACY
NABP #: [redacted]
Date: April 17, 2026

EXL ID	Claim Number	Rx #	Fill Date	Drug Name	Medicare Claim	Pharmacy Comment
[redacted]	[redacted]	[redacted]	[redacted]	ABILIFY ASIM INJ 960MG	No	

Please Remember to:

1. **Add Comments above, if needed.**
2. **Check the appropriate box below, as applicable.**
3. **Submit a copy (front and back) of the prescription listed and any additional supporting documentation (e.g., electronically stored prescription clarifications).**
4. **Include this Records Transmittal Page with document submission.**

[ ] I ATTEST TO THE CLAIM(S) BEING BILLED CORRECTLY.

[ ] I ATTEST TO THE CLAIM(S) BEING BILLED INCORRECTLY AND REVERSED (ORx will verify and reverse as appropriate).

[ ] I ATTEST TO THE CLAIM(S) BEING CORRECTED TO_____
(ORx will verify and correct as appropriate).

*Specify details in the Comments for each Rx number.

Pharmacy Manager / Representative PRINT_____

_____

Pharmacy Manager / Representative Signature Date

Optum Rx®

EXL

NABP #: [redacted]

April 22, 2026

833-717-0389, ext. 57414
www.exlservice.com

NABP #[redacted]
NORTHEAST CLINIC PHARMACY
7200 NORTH LOOP E
HOUSTON, TX 77028-5951

*****PRESCRIPTION VALIDATION REQUEST*****

Dear Pharmacy Provider,

ExlService.com, LLC is an authorized vendor of Optum Rx, Inc. (ORx) for performance of pharmacy audits and prescription validation reviews. A validation of the claim(s) attached is being requested by EXL Service to ensure proper adjudication and compliance with Benefit Plan contractual agreements.

Your pharmacy has **fourteen (14) business** days from the date of this letter to provide all requested prescription hardcopies (front and back) and any additional supporting documentation (e.g., electronically stored prescription clarifications) for validation.

Please make note of the following:

- Documentation provided should support the dispensed prescription claim. ORx will correct the claim, if necessary, based on the documentation provided.
- If the medication has not yet been dispensed and the claim is still valid, the requested documentation for the claim is still required for validation.
- If there is any additional annotation regarding the prescription that is readily retrievable from the electronic patient profile, please include it along with the prescription copy/image.

Pharmacies are required to provide access to records under their Pharmacy Network Agreement with ORx. Failure to do so may result in a claim being determined as a non-supported adjudication and subject to full reversal or recoupment.

All documentation should be submitted to EXL Service via fax or encrypted email as indicated on the Records Transmittal Page of this request. Please include the **Records Transmittal Page** with the submission of your documentation to ensure proper handling and validation of the claim(s).

Pharmacies will be notified of discrepant results from the prescription validation reviews. This includes educational results. Non-discrepant results will not be reported to the pharmacies.

Should you have any questions or require additional information, please contact EXL's Pharmacy Compliance Department at 833-717-0389, ext. 57414.

Please Note: This is a request for records. No claims are being reversed or recouped at this time.

Sincerely,

Pharmacy Compliance Department

EXL Service
Pharmacy Manual is now available on-line at https://professionals.optumrx.com/resources/manuals-guides/provider-manual.html.

CC: ORx Prescription Validation Request

SCIO0780202019A000148900400001505164

Optum Rx®

EXL

NABP #: [redacted]

Records Transmittal Page

PLEASE COMPLETE & RETURN THIS FORM WITH ALL SUPPORTING DOCUMENTATION WITHIN 14 BUSINESS DAYS.

FROM: [redacted]/Northeast Clinic Pharmacy **TO: EXL Service**

(Sender's Name)

Secure Fax: 844-505-8246
Encrypted Email: Optum.RxPVR@exlservice.com

# of Pages:_____ (Including Cover)

Pharmacy Name: NORTHEAST CLINIC PHARMACY
NABP #: [redacted]
Date: April 22, 2026

EXL ID	Claim Number	Rx #	Fill Date	Drug Name	Medicare Claim	Pharmacy Comment
[redacted]	[redacted]	[redacted]	[redacted]	ABILIFY ASIM INJ 960MG	No	

Please Remember to:

1. **Add Comments above, if needed.**
2. **Check the appropriate box below, as applicable.**
3. **Submit a copy (front and back) of the prescription listed and any additional supporting documentation (e.g., electronically stored prescription clarifications).**
4. **Include this Records Transmittal Page with document submission.**

[ ] I ATTEST TO THE CLAIM(S) BEING BILLED CORRECTLY.

[ ] I ATTEST TO THE CLAIM(S) BEING BILLED INCORRECTLY AND REVERSED (ORx will verify and reverse as appropriate).

[ ] I ATTEST TO THE CLAIM(S) BEING CORRECTED TO_____
(ORx will verify and correct as appropriate).

*Specify details in the Comments for each Rx number.

Pharmacy Manager / Representative PRINT_____

_____

Pharmacy Manager / Representative Signature Date

SCIO0780202019A000148900400001505164

Optum Rx®

EXL

NABP #: [redacted]

April 24, 2026

833-717-0389, ext. 57414
www.exlservice.com

NABP #: [redacted]
NORTHEAST CLINIC PHARMACY
7200 NORTH LOOP E
HOUSTON, TX 77028-5951

*****PRESCRIPTION VALIDATION REQUEST*****

Dear Pharmacy Provider,

ExlService.com, LLC is an authorized vendor of Optum Rx, Inc. (ORx) for performance of pharmacy audits and prescription validation reviews. A validation of the claim(s) attached is being requested by EXL Service to ensure proper adjudication and compliance with Benefit Plan contractual agreements.

Your pharmacy has **fourteen (14) business** days from the date of this letter to provide all requested prescription hardcopies (front and back) and any additional supporting documentation (e.g., electronically stored prescription clarifications) for validation.

Please make note of the following:

- Documentation provided should support the dispensed prescription claim. ORx will correct the claim, if necessary, based on the documentation provided.
- If the medication has not yet been dispensed and the claim is still valid, the requested documentation for the claim is still required for validation.
- If there is any additional annotation regarding the prescription that is readily retrievable from the electronic patient profile, please include it along with the prescription copy/image.

Pharmacies are required to provide access to records under their Pharmacy Network Agreement with ORx. Failure to do so may result in a claim being determined as a non-supported adjudication and subject to full reversal or recoupment.

All documentation should be submitted to EXL Service via fax or encrypted email as indicated on the Records Transmittal Page of this request. Please include the **Records Transmittal Page** with the submission of your documentation to ensure proper handling and validation of the claim(s).

Pharmacies will be notified of discrepant results from the prescription validation reviews. This includes educational results. Non-discrepant results will not be reported to the pharmacies.

Should you have any questions or require additional information, please contact EXL's Pharmacy Compliance Department at 833-717-0389, ext. 57414.

Please Note: This is a request for records. No claims are being reversed or recouped at this time.

Sincerely,

Pharmacy Compliance Department

EXL Service
Pharmacy Manual is now available on-line at https://professionals.optumrx.com/resources/manuals-guides/provider-manual.html.

CC: ORx Prescription Validation Request

SCIO0780202019A000149031400015067l9

Optum Rx®

EXL

NABP #: [redacted]

Records Transmittal Page

PLEASE COMPLETE & RETURN THIS FORM WITH ALL SUPPORTING DOCUMENTATION WITHIN 14 BUSINESS DAYS.

FROM: [redacted]/Northeast Clinic Pharmacy **TO: EXL Service**

(Sender's Name)

Secure Fax: 844-505-8246
Encrypted Email: Optum.RxPVR@exlservice.com

# of Pages:_____ (Including Cover)

Pharmacy Name: NORTHEAST CLINIC PHARMACY
NABP #: [redacted]
Date: April 24, 2026

EXL ID	Claim Number	Rx #	Fill Date	Drug Name	Medicare Claim	Pharmacy Comment
[redacted]	[redacted]	[redacted]	[redacted]	INVEGA TRINZ INJ 819MG	Yes	

Please Remember to:

1. **Add Comments above, if needed.**
2. **Check the appropriate box below, as applicable.**
3. **Submit a copy (front and back) of the prescription listed and any additional supporting documentation (e.g., electronically stored prescription clarifications).**
4. **Include this Records Transmittal Page with document submission.**

[ ] I ATTEST TO THE CLAIM(S) BEING BILLED CORRECTLY.

[ ] I ATTEST TO THE CLAIM(S) BEING BILLED INCORRECTLY AND REVERSED (ORx will verify and reverse as appropriate).

[ ] I ATTEST TO THE CLAIM(S) BEING CORRECTED TO_____
(ORx will verify and correct as appropriate).

*Specify details in the Comments for each Rx number.

Pharmacy Manager / Representative PRINT_____

_____

Pharmacy Manager / Representative Signature Date

SCIO0780202019A000149031400015067l9

Optum Rx®

EXL

NABP #: [redacted]

April 28, 2026

833-717-0389, ext. 57414
www.exlservice.com

NABP #: [redacted]
SOUTHEAST CLINIC PHARMACY
5901 LONG DR
HOUSTON, TX 77087

*****PRESCRIPTION VALIDATION REQUEST*****

Dear Pharmacy Provider,

ExlService.com, LLC is an authorized vendor of Optum Rx, Inc. (ORx) for performance of pharmacy audits and prescription validation reviews. A validation of the claim(s) attached is being requested by EXL Service to ensure proper adjudication and compliance with Benefit Plan contractual agreements.

Your pharmacy has **fourteen (14) business** days from the date of this letter to provide all requested prescription hardcopies (front and back) and any additional supporting documentation (e.g., electronically stored prescription clarifications) for validation.

Please make note of the following:

- Documentation provided should support the dispensed prescription claim. ORx will correct the claim, if necessary, based on the documentation provided.
- If the medication has not yet been dispensed and the claim is still valid, the requested documentation for the claim is still required for validation.
- If there is any additional annotation regarding the prescription that is readily retrievable from the electronic patient profile, please include it along with the prescription copy/image.

Pharmacies are required to provide access to records under their Pharmacy Network Agreement with ORx. Failure to do so may result in a claim being determined as a non-supported adjudication and subject to full reversal or recoupment.

All documentation should be submitted to EXL Service via fax or encrypted email as indicated on the Records Transmittal Page of this request. Please include the **Records Transmittal Page** with the submission of your documentation to ensure proper handling and validation of the claim(s).

Pharmacies will be notified of discrepant results from the prescription validation reviews. This includes educational results. Non-discrepant results will not be reported to the pharmacies.

Should you have any questions or require additional information, please contact EXL's Pharmacy Compliance Department at 833-717-0389, ext. 57414.

Please Note: This is a request for records. No claims are being reversed or recouped at this time.

Sincerely,

Pharmacy Compliance Department

EXL Service
Pharmacy Manual is now available on-line at https://professionals.optumrx.com/resources/manuals-guides/provider-manual.html.

CC: ORx Prescription Validation Request

SCIO0780202019A00014912420001507730

Optum Rx®

EXL

NABP #: [redacted]

Records Transmittal Page

PLEASE COMPLETE & RETURN THIS FORM WITH ALL SUPPORTING DOCUMENTATION WITHIN 14 BUSINESS DAYS.

FROM:_____ **TO: EXL Service**

(Sender's Name)

Secure Fax: 844-505-8246

Encrypted Email: Optum.RxPVR@exlservice.com

# of Pages:_____ (Including Cover)

Pharmacy Name: SOUTHEAST CLINIC PHARMACY

NABP #: [redacted]

Date: April 28, 2026

EXL ID	Claim Number	Rx #	Fill Date	Drug Name	Medicare Claim	Pharmacy Comment
[redacted]	[redacted]	[redacted]	04/23/2026	INVEGA SUST INJ 234/1.5	Yes	

Please Remember to:

1. **Add Comments above, if needed.**
2. **Check the appropriate box below, as applicable.**
3. **Submit a copy (front and back) of the prescription listed and any additional supporting documentation (e.g., electronically stored prescription clarifications).**
4. **Include this Records Transmittal Page with document submission.**

[ ] I ATTEST TO THE CLAIM(S) BEING BILLED CORRECTLY.

[ ] I ATTEST TO THE CLAIM(S) BEING BILLED INCORRECTLY AND REVERSED (ORx will verify and reverse as appropriate).

[ ] I ATTEST TO THE CLAIM(S) BEING CORRECTED TO_____
(ORx will verify and correct as appropriate).

*Specify details in the Comments for each Rx number.

Pharmacy Manager / Representative PRINT_____

_____

Pharmacy Manager / Representative Signature Date

Optum Rx®

EXL

NABP #: [redacted]

April 29, 2026

833-717-0389, ext. 57414
www.exlservice.com

NABP #: [redacted]
NORTHEAST CLINIC PHARMACY
7200 NORTH LOOP E
HOUSTON, TX 77028-5951

*****PRESCRIPTION VALIDATION REQUEST*****

Dear Pharmacy Provider,

ExlService.com, LLC is an authorized vendor of Optum Rx, Inc. (ORx) for performance of pharmacy audits and prescription validation reviews. A validation of the claim(s) attached is being requested by EXL Service to ensure proper adjudication and compliance with Benefit Plan contractual agreements.

Your pharmacy has **fourteen (14) business** days from the date of this letter to provide all requested prescription hardcopies (front and back) and any additional supporting documentation (e.g., electronically stored prescription clarifications) for validation.

Please make note of the following:

- Documentation provided should support the dispensed prescription claim. ORx will correct the claim, if necessary, based on the documentation provided.
- If the medication has not yet been dispensed and the claim is still valid, the requested documentation for the claim is still required for validation.
- If there is any additional annotation regarding the prescription that is readily retrievable from the electronic patient profile, please include it along with the prescription copy/image.

Pharmacies are required to provide access to records under their Pharmacy Network Agreement with ORx. Failure to do so may result in a claim being determined as a non-supported adjudication and subject to full reversal or recoupment.

All documentation should be submitted to EXL Service via fax or encrypted email as indicated on the Records Transmittal Page of this request. Please include the **Records Transmittal Page** with the submission of your documentation to ensure proper handling and validation of the claim(s).

Pharmacies will be notified of discrepant results from the prescription validation reviews. This includes educational results. Non-discrepant results will not be reported to the pharmacies.

Should you have any questions or require additional information, please contact EXL's Pharmacy Compliance Department at 833-717-0389, ext. 57414.

Please Note: This is a request for records. No claims are being reversed or recouped at this time.

Sincerely,

Pharmacy Compliance Department

EXL Service
Pharmacy Manual is now available on-line at https://professionals.optumrx.com/resources/manuals-guides/provider-manual.html.

CC: ORx Prescription Validation Request

SCIO0780202019A00014917590001508175

Optum Rx®

EXL

NABP #: [redacted]

Records Transmittal Page

PLEASE COMPLETE & RETURN THIS FORM WITH ALL SUPPORTING DOCUMENTATION WITHIN 14 BUSINESS DAYS.

FROM: [redacted]/Northeast Clinic Pharmacy **TO: EXL Service**

(Sender's Name)

Secure Fax: 844-505-8246
Encrypted Email: Optum.RxPVR@exlservice.com

# of Pages:_____ (Including Cover)

Pharmacy Name: NORTHEAST CLINIC PHARMACY
NABP #: [redacted]
Date: April 29, 2026

EXL ID	Claim Number	Rx #	Fill Date	Drug Name	Medicare Claim	Pharmacy Comment
[redacted]	[redacted]	[redacted]	04/24/2026	INVEGA TRINZ INJ 819MG	Yes	

Please Remember to:

1. **Add Comments above, if needed.**
2. **Check the appropriate box below, as applicable.**
3. **Submit a copy (front and back) of the prescription listed and any additional supporting documentation (e.g., electronically stored prescription clarifications).**
4. **Include this Records Transmittal Page with document submission.**

[ ] I ATTEST TO THE CLAIM(S) BEING BILLED CORRECTLY.

[ ] I ATTEST TO THE CLAIM(S) BEING BILLED INCORRECTLY AND REVERSED (ORx will verify and reverse as appropriate).

[ ] I ATTEST TO THE CLAIM(S) BEING CORRECTED TO_____
(ORx will verify and correct as appropriate).

*Specify details in the Comments for each Rx number.

Pharmacy Manager / Representative PRINT_____

_____

Pharmacy Manager / Representative Signature Date

SCIO0780202019A00014917590001508175

Harris County
Housing & Community Development
1111 Fannin Street, 9th floor
Houston, TX 77002
(832) 927-4955
hcd.harriscountytx.gov

April 7, 2026 **Sent via Electronic Mail**

[redacted], CEO
Harris Center for Mental Health and IDD
3816 Fannin Street
Houston, Texas 77004

Attn: [redacted]

Re: PY2025 Monitoring Notice Letter
Hope Harbor
Project No. 2017-0038

Dear Mr. Young,

This letter is to inform you that Harris County Housing and Community Development (HCD) will be conducting an annual monitoring desk review on May 5, 2026, to review the CDBG-DR funded project referenced above for the period from October 1, 2025, through April 30, 2026. [redacted], Project Coordinator, will conduct the program review and [redacted], Senior Accountant, will conduct the financial review.

Please submit the following documents electronically for programmatic review:

- Current Compliance Report
- Housing unit inspections
- Self-Certification of Continued Compliance[1] (attached)
- Rent and Utility Allowance Schedules
- Proof of property insurance and flood insurance (if applicable)
- Annual property budget
- Tenant Selection Plan and amendments
- Other documents as required

In addition to the items above, please have the following information available for financial review:

- Financial Statements
- Audit
- Rent Roll
- Current Property Tax Statement

Please ensure that all programmatic documentation listed above is submitted electronically to [redacted] at [redacted] and all financial documentation listed above is submitted to [redacted] at [redacted] for review by April 28, 2026.

[1] Please do not sign Certificate of Continued Compliance until all requested monitoring documentation is ready to submit to HCD and you have confirmed all listed requirements have been met.

Additionally, all personnel responsible for this contract should be available throughout the desk review in order to respond to HCD staff questions or concerns. This would include compliance, property, and financial personnel that deal with documents identified above.

Should you have any questions, please contact [redacted] at (832) 927-4877.

Sincerely,

DocuSigned by:
[redacted]
90E6A904C9504E8...
[redacted]
Director of Stewardship and Performance

ERW/jcv/mh

cc: [redacted]

Enclosure

Texas Children's Hospital

To: The Harris Center for Mental Health and IDD
Company:
Fax: 7139707246
Phone:

From:
Fax:
Phone:
E-mail:

NOTES:

Please find attached the TIME SENSITIVE Medical Record Request.
Please make effort to submit the request on or before the due date.
Failure to submit the medical records, CAN/WILL result in provider payment offse

RECEIVED
MAY 05 2026
REVENUE MANAGEMENT

Date and time of transmission: 5/4/2026 11:45:08 PM
Number of pages including this cover sheet: 5

Texas Children's® Health Plan
The best decision a family can make.

Controls and Compliance
P.O. Box 301011
Houston, TX 77230-1011

RECEIVED
MAY 05 2026
REVENUE MANAGEMENT

Record Request

The Harris Center for Mental Health and IDD
9401 Southwest Freeway
Houston, TX 77074-1407

May 4, 2026

Due Date: June 10, 2026
Date Range: December 01/2022-12/31/2025

Medical Record Request

Dear Provider:

Texas Children's Health Plan (TCHP) in compliance with Title 1, Part 15, Chapter 353, Subchapter F and Title 1, Part 15, Chapter 370, Subchapter F of the Texas Administrative Code is required to conduct provider audits to stratify the obligation of program oversight.

The attached list of members/claims has been selected for a post pay review audit. As part of the audit process, Texas Children's Health Plan must request and review the medical records all the selected patients for the dates of service identified.

Please submit a complete copy of the medical record for each date of service on the attached list of claims to support billed services, including but not limited to the following documentations:

- All progress/visit/procedure notes
- Timesheets / EVV Visit Log
- Laboratory results
- Diagnostic results
- Surgical reports
- Referral requests and consultation reports
- Physician , Lab, Radiology, etc - Orders
- Immunization records
- Medication Administration Records
- Billing Services Authorization Records
- Any/All information that supports the diagnosis, and procedure(s) performed

Texas Children's Health Plan

The best decision a family can make.

Controls and Compliance
P.O. Box 301011
Houston, TX 77230-1011

	Medicaid ID	Member Full Name	Member DOB
1	[redacted]		
2			
3			
4			
5			
6			
7			
8			5
9			
10			
11			
12			
13			
14			
15			4
16			
17			
18			
19			
20			
21			3
22			
23			
24			
25			
26			
27			
28			
29			
30			

Optum Rx®

EXL

NABP #: [redacted]

May 4, 2026

833-717-0389, ext. 57414
www.exlservice.com

NABP #: [redacted]
SOUTHEAST CLINIC PHARMACY
5901 LONG DR
HOUSTON, TX 77087

*****PRESCRIPTION VALIDATION REQUEST*****

Dear Pharmacy Provider,

ExlService.com, LLC is an authorized vendor of Optum Rx, Inc. (ORx) for performance of pharmacy audits and prescription validation reviews. A validation of the claim(s) attached is being requested by EXL Service to ensure proper adjudication and compliance with Benefit Plan contractual agreements.

Your pharmacy has **fourteen (14) business** days from the date of this letter to provide all requested prescription hardcopies (front and back) and any additional supporting documentation (e.g., electronically stored prescription clarifications) for validation.

Please make note of the following:

- Documentation provided should support the dispensed prescription claim. ORx will correct the claim, if necessary, based on the documentation provided.
- If the medication has not yet been dispensed and the claim is still valid, the requested documentation for the claim is still required for validation.
- If there is any additional annotation regarding the prescription that is readily retrievable from the electronic patient profile, please include it along with the prescription copy/image.

Pharmacies are required to provide access to records under their Pharmacy Network Agreement with ORx. Failure to do so may result in a claim being determined as a non-supported adjudication and subject to full reversal or recoupment.

All documentation should be submitted to EXL Service via fax or encrypted email as indicated on the Records Transmittal Page of this request. Please include the **Records Transmittal Page** with the submission of your documentation to ensure proper handling and validation of the claim(s).

Pharmacies will be notified of discrepant results from the prescription validation reviews. This includes educational results. Non-discrepant results will not be reported to the pharmacies.

Should you have any questions or require additional information, please contact EXL's Pharmacy Compliance Department at 833-717-0389, ext. 57414.

Please Note: This is a request for records. No claims are being reversed or recouped at this time.

Sincerely,

Pharmacy Compliance Department

EXL Service
Pharmacy Manual is now available on-line at https://professionals.optumrx.com/resources/manuals-guides/provider-manual.html.

CC: ORx Prescription Validation Request

SCIO0780202019A00014932760001509516

Optum Rx®

EXL

NABP #: [redacted]

Records Transmittal Page

PLEASE COMPLETE & RETURN THIS FORM WITH ALL SUPPORTING DOCUMENTATION WITHIN 14 BUSINESS DAYS.

FROM:_____
(Sender's Name)

TO: EXL Service
Secure Fax: 844-505-8246
Encrypted Email: Optum.RxPVR@exlservice.com

# of Pages:_____ (Including Cover)

Pharmacy Name: SOUTHEAST CLINIC PHARMACY
NABP #: [redacted]
Date: May 4, 2026

EXL ID	Claim Number	Rx #	Fill Date	Drug Name	Medicare Claim	Pharmacy Comment
[redacted]	[redacted]	[redacted]	04/29/2026	UZEDY INJ 200MG	No	

Please Remember to:

1. **Add Comments above, if needed.**
2. **Check the appropriate box below, as applicable.**
3. **Submit a copy (front and back) of the prescription listed and any additional supporting documentation (e.g., electronically stored prescription clarifications).**
4. **Include this Records Transmittal Page with document submission.**

[ ] I ATTEST TO THE CLAIM(S) BEING BILLED CORRECTLY.

[ ] I ATTEST TO THE CLAIM(S) BEING BILLED INCORRECTLY AND REVERSED (ORx will verify and reverse as appropriate).

[ ] I ATTEST TO THE CLAIM(S) BEING CORRECTED TO_____
(ORx will verify and correct as appropriate).

*Specify details in the Comments for each Rx number.

Pharmacy Manager / Representative PRINT_____

_____
Pharmacy Manager / Representative Signature Date

SCIO0780202019A00014932760001509516

Optum Rx®

EXL

NABP #: [redacted]

May 7, 2026

833-717-0389, ext. 57414
www.exlservice.com

NABP #: [redacted]
SOUTHEAST CLINIC PHARMACY
5901 LONG DR
HOUSTON, TX 77087

*****PRESCRIPTION VALIDATION REQUEST*****

Dear Pharmacy Provider,

ExlService.com, LLC is an authorized vendor of Optum Rx, Inc. (ORx) for performance of pharmacy audits and prescription validation reviews. A validation of the claim(s) attached is being requested by EXL Service to ensure proper adjudication and compliance with Benefit Plan contractual agreements.

Your pharmacy has **fourteen (14) business** days from the date of this letter to provide all requested prescription hardcopies (front and back) and any additional supporting documentation (e.g., electronically stored prescription clarifications) for validation.

Please make note of the following:

- Documentation provided should support the dispensed prescription claim. ORx will correct the claim, if necessary, based on the documentation provided.
- If the medication has not yet been dispensed and the claim is still valid, the requested documentation for the claim is still required for validation.
- If there is any additional annotation regarding the prescription that is readily retrievable from the electronic patient profile, please include it along with the prescription copy/image.

Pharmacies are required to provide access to records under their Pharmacy Network Agreement with ORx. Failure to do so may result in a claim being determined as a non-supported adjudication and subject to full reversal or recoupment.

All documentation should be submitted to EXL Service via fax or encrypted email as indicated on the Records Transmittal Page of this request. Please include the **Records Transmittal Page** with the submission of your documentation to ensure proper handling and validation of the claim(s).

Pharmacies will be notified of discrepant results from the prescription validation reviews. This includes educational results. Non-discrepant results will not be reported to the pharmacies.

Should you have any questions or require additional information, please contact EXL's Pharmacy Compliance Department at 833-717-0389, ext. 57414.

Please Note: This is a request for records. No claims are being reversed or recouped at this time.

Sincerely,

Pharmacy Compliance Department

EXL Service
Pharmacy Manual is now available on-line at https://professionals.optumrx.com/resources/manuals-guides/provider-manual.html.

CC: ORx Prescription Validation Request

SCIO0780202019A000149451200015119 71

Optum Rx®

EXL

NABP #: [redacted]

Records Transmittal Page

PLEASE COMPLETE & RETURN THIS FORM WITH ALL SUPPORTING DOCUMENTATION WITHIN 14 BUSINESS DAYS.

FROM: [redacted]/Southeast Clinic Pharmacy **TO: EXL Service**

(Sender's Name)

Secure Fax: 844-505-8246
Encrypted Email: Optum.RxPVR@exlservice.com

# of Pages:_____ (Including Cover)

Pharmacy Name: SOUTHEAST CLINIC PHARMACY
NABP #: [redacted]
Date: May 7, 2026

EXL ID	Claim Number	Rx #	Fill Date	Drug Name	Medicare Claim	Pharmacy Comment
[redacted]	[redacted]	[redacted]	05/04/2026	INVEGA SUST INJ 234/1.5	No	

Please Remember to:

1. **Add Comments above, if needed.**
2. **Check the appropriate box below, as applicable.**
3. **Submit a copy (front and back) of the prescription listed and any additional supporting documentation (e.g., electronically stored prescription clarifications).**
4. **Include this Records Transmittal Page with document submission.**

[ ] I ATTEST TO THE CLAIM(S) BEING BILLED CORRECTLY.

[ ] I ATTEST TO THE CLAIM(S) BEING BILLED INCORRECTLY AND REVERSED (ORx will verify and reverse as appropriate).

[ ] I ATTEST TO THE CLAIM(S) BEING CORRECTED TO_____
(ORx will verify and correct as appropriate).

*Specify details in the Comments for each Rx number.

Pharmacy Manager / Representative PRINT_____

_____

Pharmacy Manager / Representative Signature Date

SCIO0780202019A000149451200015119 71

Optum Rx®

EXL

NABP #: [redacted]

May 8, 2026

833-717-0389, ext. 57414
www.exlservice.com

NABP #: [redacted]
[redacted] PHARMACY
7200 NORTH LOOP E
HOUSTON, TX 77028-5951

*****PRESCRIPTION VALIDATION REQUEST*****

Dear Pharmacy Provider,

ExlService.com, LLC is an authorized vendor of Optum Rx, Inc. (ORx) for performance of pharmacy audits and prescription validation reviews. A validation of the claim(s) attached is being requested by EXL Service to ensure proper adjudication and compliance with Benefit Plan contractual agreements.

Your pharmacy has **fourteen (14) business** days from the date of this letter to provide all requested prescription hardcopies (front and back) and any additional supporting documentation (e.g., electronically stored prescription clarifications) for validation.

Please make note of the following:

- Documentation provided should support the dispensed prescription claim. ORx will correct the claim, if necessary, based on the documentation provided.
- If the medication has not yet been dispensed and the claim is still valid, the requested documentation for the claim is still required for validation.
- If there is any additional annotation regarding the prescription that is readily retrievable from the electronic patient profile, please include it along with the prescription copy/image.

Pharmacies are required to provide access to records under their Pharmacy Network Agreement with ORx. Failure to do so may result in a claim being determined as a non-supported adjudication and subject to full reversal or recoupment.

All documentation should be submitted to EXL Service via fax or encrypted email as indicated on the Records Transmittal Page of this request. Please include the **Records Transmittal Page** with the submission of your documentation to ensure proper handling and validation of the claim(s).

Pharmacies will be notified of discrepant results from the prescription validation reviews. This includes educational results. Non-discrepant results will not be reported to the pharmacies.

Should you have any questions or require additional information, please contact EXL's Pharmacy Compliance Department at 833-717-0389, ext. 57414.

Please Note: This is a request for records. No claims are being reversed or recouped at this time.

Sincerely,

Pharmacy Compliance Department

EXL Service
Pharmacy Manual is now available on-line at https://professionals.optumrx.com/resources/manuals-guides/provider-manual.html.

CC: ORx Prescription Validation Request

SCIO0780202019A000149536000001512681

Optum Rx®

EXL

NABP #: [redacted]

Records Transmittal Page

PLEASE COMPLETE & RETURN THIS FORM WITH ALL SUPPORTING DOCUMENTATION WITHIN 14 BUSINESS DAYS.

FROM: [redacted]/Northeast Clinic Pharmacy **TO:** **EXL Service**

(Sender's Name)

Secure Fax: 844-505-8246
Encrypted Email: Optum.RxPVR@exlservice.com

# of Pages:_____ (Including Cover)

Pharmacy Name: NORTHEAST CLINIC PHARMACY
NABP #: [redacted]
Date: May 8, 2026

EXL ID	Claim Number	Rx #	Fill Date	Drug Name	Medicare Claim	Pharmacy Comment
[redacted]	[redacted]	[redacted]	05/05/2026	INVEGA TRINZ INJ 546MG	Yes	

Please Remember to:

1. **Add Comments above, if needed.**
2. **Check the appropriate box below, as applicable.**
3. **Submit a copy (front and back) of the prescription listed and any additional supporting documentation (e.g., electronically stored prescription clarifications).**
4. **Include this Records Transmittal Page with document submission.**

[ ] I ATTEST TO THE CLAIM(S) BEING BILLED CORRECTLY.

[ ] I ATTEST TO THE CLAIM(S) BEING BILLED INCORRECTLY AND REVERSED (ORx will verify and reverse as appropriate).

[ ] I ATTEST TO THE CLAIM(S) BEING CORRECTED TO_____
(ORx will verify and correct as appropriate).

*Specify details in the Comments for each Rx number.

Pharmacy Manager / Representative PRINT_____

_____

Pharmacy Manager / Representative Signature Date

SCIO0780202019A00014953600001512681

Optum Rx®

EXL

NABP #: [redacted]

May 29, 2026

833-717-0389, ext. 57414
www.exlservice.com

NABP #: [redacted]
SOUTHEAST CLINIC PHARMACY
5901 LONG DR
HOUSTON, TX 77087

*****PRESCRIPTION VALIDATION REQUEST*****

Dear Pharmacy Provider,

ExlService.com, LLC is an authorized vendor of Optum Rx, Inc. (ORx) for performance of pharmacy audits and prescription validation reviews. A validation of the claim(s) attached is being requested by EXL Service to ensure proper adjudication and compliance with Benefit Plan contractual agreements.

Your pharmacy has **fourteen (14) business** days from the date of this letter to provide all requested prescription hardcopies (front and back) and any additional supporting documentation (e.g., electronically stored prescription clarifications) for validation.

Please make note of the following:

- Documentation provided should support the dispensed prescription claim. ORx will correct the claim, if necessary, based on the documentation provided.
- If the medication has not yet been dispensed and the claim is still valid, the requested documentation for the claim is still required for validation.
- If there is any additional annotation regarding the prescription that is readily retrievable from the electronic patient profile, please include it along with the prescription copy/image.

Pharmacies are required to provide access to records under their Pharmacy Network Agreement with ORx. Failure to do so may result in a claim being determined as a non-supported adjudication and subject to full reversal or recoupment.

All documentation should be submitted to EXL Service via fax or encrypted email as indicated on the Records Transmittal Page of this request. Please include the **Records Transmittal Page** with the submission of your documentation to ensure proper handling and validation of the claim(s).

Pharmacies will be notified of discrepant results from the prescription validation reviews. This includes educational results. Non-discrepant results will not be reported to the pharmacies.

Should you have any questions or require additional information, please contact EXL's Pharmacy Compliance Department at 833-717-0389, ext. 57414.

Please Note: This is a request for records. No claims are being reversed or recouped at this time.

Sincerely,

Pharmacy Compliance Department

EXL Service
Pharmacy Manual is now available on-line at https://professionals.optumrx.com/resources/manuals-guides/provider-manual.html.

CC: ORx Prescription Validation Request

SCIO0780202019A000150204300015199 32

Optum Rx®

EXL

NABP #: [redacted]

Records Transmittal Page

PLEASE COMPLETE & RETURN THIS FORM WITH ALL SUPPORTING DOCUMENTATION WITHIN 14 BUSINESS DAYS.

[redacted] Southeast Clinic Pharmacy **TO: EXL Service**

(Sender's Name)

Secure Fax: 844-505-8246
Encrypted Email: Optum.RxPVR@exlservice.com

# of Pages:_____ (Including Cover)

Pharmacy Name: SOUTHEAST CLINIC PHARMACY
NABP #: [redacted]
Date: May 29, 2026

EXL ID	Claim Number	Rx #	Fill Date	Drug Name	Medicare Claim	Pharmacy Comment
[redacted]	[redacted]	[redacted]	05/26/2026	VYVANSE CAP 50MG	No	

Please Remember to:

1. **Add Comments above, if needed.**
2. **Check the appropriate box below, as applicable.**
3. **Submit a copy (front and back) of the prescription listed and any additional supporting documentation (e.g., electronically stored prescription clarifications).**
4. **Include this Records Transmittal Page with document submission.**

[ ] I ATTEST TO THE CLAIM(S) BEING BILLED CORRECTLY.

[ ] I ATTEST TO THE CLAIM(S) BEING BILLED INCORRECTLY AND REVERSED (ORx will verify and reverse as appropriate).

[ ] I ATTEST TO THE CLAIM(S) BEING CORRECTED TO_____
(ORx will verify and correct as appropriate).

*Specify details in the Comments for each Rx number.

Pharmacy Manager / Representative PRINT_____

_____

Pharmacy Manager / Representative Signature Date

SCIO0780202019A000150204300015199 32

March 9, 2026

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

RE: The Harris Center for Mental Health and IDD Quarter 1 (Q1) 2026 Monitoring Results for the **Responsive Intervention Services & Engagement (RISE)** program funded by the American Rescue Plan Act (ARPA) Coronavirus State and Local Fiscal Recovery Funds (SLFRF)

Dear The Harris Center for Mental Health and IDD,

In January 2026, Harris County, TX, (the County) ARPA SLFRF program received monitoring documentation from The Harris Center for Mental Health and IDD (the Harris Center) for the RISE program. The County reviewed the submitted documentation and conducted monitoring activities to assess compliance with the program's design, operations, and intended outcomes. This report outlines the review process and presents the final evaluation of the monitoring session.

Background

The Harris Center RISE program mitigates and responds to the negative impacts incurred by the COVID-19 pandemic by expanding access to Interventional and Transitional Services for Children and Families and promote healthy childhood environments. The program will support children with intellectual and developmental disabilities and their families, enhance early intervention services for children and families most impacted by the COVID-19 pandemic that meets the age requirements for the Program and have expressed an interest in participating.

Monitoring Review

The County ARPA SLFRF program developed a monitoring review tool to guide the monitoring review. The monitor uses this tool to review and evaluate the Harris Center's program administration processes,

ensuring compliance with requirements set forth by Harris County, 2 CFR 200[1], the ARPA SLFRF Final Rule[2], the U.S. Department of Treasury (Treasury) Compliance and Reporting Guidance for SLFRF[3], the Coronavirus State and Local Fiscal Recovery Funds Frequently Asked Questions (FAQ)[4], the Final Rule (2022)[5], and the Interim Final Rule (2023)[6].

The monitor reviewed the following information:

- Monthly Invoices
- Program/Operations Budget
- Program Design Description
- Program/Operations Report
- Project Plan
- Key Performance Indicators (KPIs)
- Monitoring Report

Results

1. **Documentation:** The Harris Center maintains timely and sufficient documentation of financial, administrative, and operational activities. The County finds that the Harris Center has the organizational capacity to administer the program described in its grant agreement.

2. **Financial Management:** The Harris Center manages its grant funds in accordance with the grant agreement and demonstrates sound financial stewardship.

---

[1] 2 CFR 200, available at: https://www.ecfr.gov/current/title-2/subtitle-A/chapter-II/part-200
[2] US Treasury, "2022 Final Rule," available at: https://www.govinfo.gov/content/pkg/FR-2022-01-27/pdf/2022-00292.pdf
[3] U.S. Department of the Treasury "SLFRF Compliance and Reporting Guidance", available at: https://home.treasury.gov/system/files/136/SLFRF-Compliance-and-Reporting-Guidance.pdf
[4] Coronavirus State and Local Fiscal Recovery Funds Frequently Asked Questions [page no. 62-63], available at: https://home.treasury.gov/system/files/136/SLFRF-Final-Rule-FAQ.pdf
[5] U.S. Department of the Treasury, "2022 Final Rule," Available at: https://www.govinfo.gov/content/pkg/FR-2022-01-27/pdf/2022-00292.pdf
[6] U.S. Department of the Treasury, "2023 Interim Final Rule," Available at: https://home.treasury.gov/system/files/136/2023-Interim-Final-Rule.pdf

3. **Programmatic Activities:** The Harris Center appropriately tracks and allocates funding to the approved activities within the period of performance.

Conclusions

The County conducted the monitoring review in alignment with the Office of County Administration (OCA), and the approved Standard Operating Procedures for Harris County's ARPA SLFRF program. The monitor used official monitoring checklists to assess general grant administration, compliance, and program performance.

This review does not constitute an audit; rather, it evaluates compliance across key areas of program operations.[7, 8]

The documentation submitted by the Harris Center demonstrates collection and maintenance of grant-related records. The Harris Center shows a clear understanding of the grant's objectives and the program's operational requirements and appears to comply with the terms of its grant agreement.

Right to Appeal

If the Harris Center chooses to appeal any aspect of this monitoring review, it must submit the request on official letterhead. Appeals must be submitted within 10 business days, from the date of this letter, to:

[redacted], CFM
Hagerty Compliance and Monitoring Project Manager
[redacted]

[7] *Monitoring versus Auditing:* Monitoring is not a formal audit. Monitoring is a requirement to track activities to ensure they are compliant with all requirements and meeting performance expectations (2 CFR 200.329(a)). Monitoring is more frequent and less formal than an audit, offering an opportunity to identify technical assistance opportunities and assess or prevent possible misuse of funding. Auditing is less frequent and more formal than monitoring, focusing on financial accuracy and compliance with laws and regulations.

[8] *Monitoring Findings versus Auditing Findings:* Monitoring offers an opportunity to detect and mitigate issues early and work to resolve them prior to an audit occurring. If there is a finding during monitoring, steps will be taken to make any necessary changes to ensure compliance and resolve the finding. Audit findings are issued in formal audit reports and reported to the Federal Audit Clearinghouse.

Next Steps

This letter concludes and formally closes the Q1 2026 monitoring period. The next round of monitoring begins in July 2026.

Sincerely,

[redacted]

Compliance Manager, American Rescue Plan PMO
Harris County, Office of County Administration
[redacted]

Harris County
Housing & Community Development
1111 Fannin Street, 9th floor
Houston, TX 77002
(832) 927-4955
hcd.harriscountytx.gov

April 7, 2026 **Sent via Electronic Mail**

[redacted], CEO
Harris Center for Mental Health and IDD
3816 Fannin Street
Houston, Texas 77004

Attn: [redacted]

Re: PY2025 Monitoring Notice Letter
Hope Harbor
Project No. 2017-0038

Dear [redacted],

This letter is to inform you that Harris County Housing and Community Development (HCD) will be conducting an annual monitoring desk review on May 5, 2026, to review the CDBG-DR funded project referenced above for the period from October 1, 2025, through April 30, 2026. Ms. Michelle Herran, Project Coordinator, will conduct the program review and David Picazo, Senior Accountant, will conduct the financial review.

Please submit the following documents electronically for programmatic review:

- Current Compliance Report
- Housing unit inspections
- Self-Certification of Continued Compliance[1] (attached)
- Rent and Utility Allowance Schedules
- Proof of property insurance and flood insurance (if applicable)
- Annual property budget
- Tenant Selection Plan and amendments
- Other documents as required

In addition to the items above, please have the following information available for financial review:

- Financial Statements
- Audit
- Rent Roll
- Current Property Tax Statement

Please [redacted] at [redacted] and all financial documentation listed above is submitted to [redacted] for review by April 28, 2026.

[1] Please do not sign Certificate of Continued Compliance until all requested monitoring documentation is ready to submit to HCD and you have confirmed all listed requirements have been met.

Additionally, all personnel responsible for this contract should be available throughout the desk review in order to respond to HCD staff questions or concerns. This would include compliance, property, and financial personnel that deal with documents identified above.

Should you have any questions, please contact [redacted] at (832) 927-4877.

Sincerely,

[redacted]
90E6A904C95504E8...
[redacted]
Director of Stewardship and Performance

ERW/jcv/mh

cc: [redacted]

Enclosure

Texas Department of Criminal Justice

[redacted]
Executive Director

May 11, 2026 **VIA E-MAIL**

[redacted] Program Director
The Harris Center
5901 Long Drive
Houston, Texas 77087

Re: Compliance Review # [redacted]

Please find attached the program compliance review conducted by TCOOMMI staff on March 30-April 2, 2026. As discussed during the exit conference, it was determined there were areas of non-compliance which require a corrective action response on the part of the Center.

In accordance with contract section XIV.B, a written response is required **within 20 days of receipt** of this correspondence detailing the corrective action taken to address each finding of non-compliance. You are encouraged to coordinate with local probation departments as well as the Parole Division on your proposed corrective action plan in order to provide a more comprehensive response to the findings.

The Center's corrective action is to be noted in the "Center Response" area under each finding and should include specific details and timeframes for accomplishing the proposed corrective action. **Your response is due no later than June 1, 2025.**

Please feel free to contact your Compliance Monitor, Program Specialist VI [redacted] at [redacted] or at (512) 552-4491 should you have any questions.

Sincerely,

[redacted]

[redacted]
Manager III
TDCJ - TCOOMMI

cc: [redacted], Division Director, TDCJ-Rehabilitation and Reentry Division / TCOOMMI
[redacted], Deputy Director, TDCJ – TCOOMMI
[redacted], Program Specialist VI, TDCJ TCOOMMI
[redacted], Fiscal Manager, TDCJ-Rehabilitation and Reentry Division
[redacted]oung, The Harris Center Chief Executive Officer

Harris County
Housing & Community Development
1111 Fannin Street, 9th floor
Houston, TX 77002
(832) 927-4955
hcd.harriscountytx.gov

April 7, 2026 **Sent via Electronic Mail**

[redacted], CEO
Harris Center for Mental Health and IDD
3816 Fannin Street
Houston, Texas 77004

Attn: [redacted]

Re: PY2025 Monitoring Notice Letter
Hope Harbor
Project No. 2017-0038

Dear Mr. Young,

This letter is to inform you that Harris County Housing and Community Development (HCD) will be conducting an annual monitoring desk review on May 5, 2026, to review the CDBG-DR funded project referenced above for the period from October 1, 2025, through April 30, 2026. [redacted], Project Coordinator, will conduct the program review and [redacted], Senior Accountant, will conduct the financial review.

Please submit the following documents electronically for programmatic review:

- Current Compliance Report
- Housing unit inspections
- Self-Certification of Continued Compliance[1] (attached)
- Rent and Utility Allowance Schedules
- Proof of property insurance and flood insurance (if applicable)
- Annual property budget
- Tenant Selection Plan and amendments
- Other documents as required

In addition to the items above, please have the following information available for financial review:

- Financial Statements
- Audit
- Rent Roll
- Current Property Tax Statement

Please ensure that all programmatic documentation listed above is submitted electronically to [redacted] at [redacted] and all financial documentation listed above is submitted to [redacted] at [redacted] for review by April 28, 2026.

[1] Please do not sign Certificate of Continued Compliance until all requested monitoring documentation is ready to submit to HCD and you have confirmed all listed requirements have been met.

Additionally, all personnel responsible for this contract should be available throughout the desk review in order to respond to HCD staff questions or concerns. This would include compliance, property, and financial personnel that deal with documents identified above.

Should you have any questions, please contact [redacted] at (832) 927-4877.

Sincerely,

DocuSigned by:
[redacted]
90E6A904C9504E8...
[redacted]
Director of Stewardship and Performance

ERW/jcv/mh

cc: [redacted]

Enclosure

HHSC ECI QUALITY ASSURANCE COMPLETE REVIEW REPORT

June 5, 2026

Subrecipient: The Harris Center

Date of Review: April 27 through April 30, 2026

HHSC QA Reviewers: [redacted], CTCM, Quality Assurance Specialist

[redacted], M.Ed., LBA, BCBA, Quality Assurance Therapist Consultant,

[redacted], CCC-SLP, Quality Assurance Therapist Consultant,

Purpose

The purpose of the Fiscal Year 2026 (FY26) Quality Assurance (QA) Complete Review is to evaluate processes implemented by Early Childhood Intervention (ECI) subrecipients and to identify challenges experienced in providing services and meeting required program metrics. The QA team provides resources and technical assistance to enhance program performance and quality services to children and families.

The QA team completed a comprehensive review of program processes related to enrollment, documentation, data, and staff utilization. [redacted], and [redacted], and conducted fourteen observations of ECI services. In addition, the QA team compiled and analyzed FY26 Texas Kids Intervention Data System (TKIDS) data related to quality services. FY26 monthly and year-to-date data through February 2026 were analyzed.

Based on observations, review of the program's self-assessment, discussion with the program's leadership team, and analysis of quality and performance indicators, the QA team identified strengths, areas for improvement, recommendations, and resources for the following areas.

Observations of ECI Services:

Strengths

Texas Children's Hospital

To: The Harris Center for Mental Health and IDD
Company:
Fax: 7139707246
Phone:

From:
Fax:
Phone:
E-mail:

NOTES:

Please find attached the TIME SENSITIVE Medical Record Request.
Please make effort to submit the request on or before the due date.
Failure to submit the medical records, CAN/WILL result in provider payment offse

RECEIVED
MAY 05 2026
REVENUE MANAGEMENT

Date and time of transmission: 5/4/2026 11:45:08 PM
Number of pages including this cover sheet: 5

Texas Children's® Health Plan
The best decision a family can make.

Controls and Compliance
P.O. Box 301011
Houston, TX 77230-1011

RECEIVED
MAY 05 2026
REVENUE MANAGEMENT

Record Request

The Harris Center for Mental Health and IDD
9401 Southwest Freeway
Houston, TX 77074-1407

May 4, 2026

Due Date: June 10, 2026
Date Range: December 01/2022-12/31/2025

Medical Record Request

Dear Provider:

Texas Children's Health Plan (TCHP) in compliance with Title 1, Part 15, Chapter 353, Subchapter F and Title 1, Part 15, Chapter 370, Subchapter F of the Texas Administrative Code is required to conduct provider audits to stratify the obligation of program oversight.

The attached list of members/claims has been selected for a post pay review audit. As part of the audit process, Texas Children's Health Plan must request and review the medical records all the selected patients for the dates of service identified.

Please submit a complete copy of the medical record for each date of service on the attached list of claims to support billed services, including but not limited to the following documentations:

- All progress/visit/procedure notes
- Timesheets / EVV Visit Log
- Laboratory results
- Diagnostic results
- Surgical reports
- Referral requests and consultation reports
- Physician , Lab, Radiology, etc - Orders
- Immunization records
- Medication Administration Records
- Billing Services Authorization Records
- Any/All information that supports the diagnosis, and procedure(s) performed

Texas Children's Health Plan

The best decision a family can make.

Controls and Compliance
P.O. Box 301011
Houston, TX 77230-1011

	Medicaid ID	Member Full Name	Member DOB
1	[redacted]		
2			
3			
4			
5			
6			
7			
8			5
9			
10			
11			
12			
13			
14			
15			4
16			
17			
18			
19			
20			
21			3
22			
23			
24			
25			
26			
27			
28			
29			
30			

April 16, 2026

[redacted] CEO
The Harris Center for Mental Health and IDD
9401 Southwest Freeway
Houston, TX 77074

RE: **Closeout Notification Letter for the Independent Living Program at Dennis St. funded by the American Rescue Plan Act ("ARPA") Coronavirus State and Local Fiscal Recovery Funds ("SLFRF")**

Dear Mr. Young,

Congratulations! Our records indicate that the **Independent Living Program at Dennis St.** has completed all monitoring and financial requirements in compliance with the grant agreement established on **12/10/2024**, between **The Harris Center for Mental Health and IDD** and Harris County, with a total award allocation of [redacted] The program was funded by the American Rescue Plan Act ("ARPA") Coronavirus State and Local Fiscal Recovery Funds ("SLFRF") and is subject to all compliance standards in adherence to SLFRF guidelines. By signing this letter, the organization confirms that all engagements for the project are complete, and all award funds have been expended. Harris County will begin formulating a Closeout Guidebook to encompass program outcomes established with the grant award.

The purpose of the closeout process is to demonstrate the program utilized ARPA SLFRF funding in accordance with the Final Rule, Compliance and Reporting Guidance, and all other applicable federal laws, and regulations governing the use of SLFRF funds, including those established by Harris County.[1] The closeout process will verify liquidation of all expenditures, and ensure any unspent funds are returned to the County. The Closeout Guidebook will be retained by the organization and Harris County until December 31, 2031, in accordance with grant requirements. During the closeout process, additional information or documentation may be requested from the organization to ensure a complete and accurate summary of the grant award usage. The consolidated information may serve as supporting documentation for future audits, program validation, or financial review.

[1] Compliance and Reporting Guidance, State and Local Fiscal Recovery Funds [page no. 4], available at: https://home.treasury.gov/system/files/136/SLFRF-Compliance-and-Reporting-Guidance.pdf

[redacted]

Establishment: Harris County, Office of County Administration
Name and Title: [redacted]
Email: [redacted]

Date: [redacted]

Signature: [redacted]

Organization Name: The Harris Center for Mental Health and IDD

Name and Title: [redacted]

[redacted]

[redacted]

Signed by:
[redacted]