The Harris Center for Mental Health and IDD
9401 Southwest Freeway Houston, TX 77074
Board Room #109
View Live: https://theharriscentertx.new.swagit.com/views/834/

Audit Committee Meeting
January 20, 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, October 21, 2025
(EXHIBIT A-1)

IV. **REVIEW AND COMMENT**

A. FY2025 Annual Audit
(EXHBITI A-2 Tracy Young, Forvis Mazars)

B. FY26 First Quarter Compliance Audit Activities
(EXHIBIT A-3 Demetria Luckett)

C. Q1 FY2026 Internal Audit Reports Presentation
(EXHIBIT A-4 David Fojtik)

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 First Quarter Compliance Department Binder
(EXHIBIT A-5)

B. Internal Audit Reports Binder Q1, 2026
(EXHIBIT A-6)

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, OCTOBER 21, 2025
MINUTES

Mr. J. Lykes, Committee Chair, called the meeting to order at 8:33 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, Dr. K. Bacon

Committee Member in Absence:

Other Board Member Present: G. Womack, N. Hurtado-videoconference, R. Thomas-videoconference

I. **DECLARATION OF QUORUM**

Mr. Lykes called the meeting to order at 8:33 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, July 15, 2025.

MOTION: BACON SECOND: LANKFORD

THEREFORE, BE IT RESOLVED that the Minutes of the Board of Trustees Audit Committee Meeting Held on Tuesday, July 15, 2025 as presented under Exhibit A-1, is approved, and recommended to the Full Board for acceptance.

V. REVIEW AND COMMENT

A. **FY25 Fourth Quarter Compliance Audit Activities-** Demetria Luckett presented the FY25 Fourth Quarter Compliance Audit Activities to the Audit Committee.

VI. EXECUTIVE SESSION

There was no Executive Session during the Audit Committee Meeting.

VII. ADJOURN-

MOTION: WOMACK **SECOND: GEARING**
With unanimous affirmative vote
BE IT RESOLVED The meeting was adjourned at 9:01 a.m.

_____

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

DRAFT

EXHIBIT A-2

The Harris Center for Mental Health and IDD

Report on the Audit of the Financial Statements
For the Year Ended August 31, 2025

forvis mazars

REQUIRED COMMUNICATIONS

- Our responsibility under professional standards
  - ✓ Obtain reasonable, rather than absolute, assurance about whether the financial statements are free from material misstatement
  - ✓ Consider internal control as a basis for designing our audit procedures…not for the purpose of expressing an opinion on the effectiveness of internal control
  - ✓ Communication of significant matters
  - ✓ The audit does not relieve management or those charged with governance of their responsibilities
  - ✓ Prepared to issue an unmodified, or clean opinion on the financial statements

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REQUIRED COMMUNICATIONS

- Other Reports Issued
  - ✓ Opinion on compliance for each major federal award program
  - ✓ Report on internal control over compliance
  - ✓ Schedule of Expenditures of Federal Awards
  - ✓ Schedule of Expenditures of State Awards

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REQUIRED COMMUNICATIONS

- Referred-To Auditors & Component Units Audited by Other Auditors
  - ✓ Certain discretely presented component units
    - ❖ Pasadena Cottages
    - ❖ Pecan Village Apartments
    - ❖ Villas at Bayou Park Apartments
    - ❖ Pear Grove Apartments
    - ❖ Acres Homes Gardens Apartments
  - ✓ Certain communications with other auditors in planning regarding their qualifications, independence and consideration of materiality
  - ✓ We did not audit or take responsibility for those separate audits

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REQUIRED COMMUNICATIONS

- Qualitative Components of the Audit:
  - ✓ Significant accounting policies were reviewed and compared to industry practice
  - ✓ Accounting treatments were reviewed for variations from GAAP
  - ✓ Financial statement disclosures were reviewed for completeness and accuracy
  - ✓ Methodologies for developing accounting estimates were challenged and recorded estimates were reviewed for reasonableness and evidence of management bias
- There were no:
  - ✓ Difficulties encountered by our team when conducting the audit
  - ✓ Disagreements with management
  - ✓ Contentious accounting issues
  - ✓ Consultation with other accountants
- Other Material Written Communications:
  - ✓ Management representation letter

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REQUIRED COMMUNICATIONS

- Significant accounting policies
  - ✓ Accounting policies are described in Note 2 and are consistent with industry practice
- Alternative accounting treatments
  - ✓ No matters reportable
- Management judgments & accounting estimates
  - ✓ Allowances for uncollectible accounts
  - ✓ Estimates of accrued compensated absences
  - ✓ Estimates of depreciation and amortization expense
  - ✓ Allocations of general revenues to programs
  - ✓ Allocations of general & administrative expense to programs
  - ✓ Estimates of unearned revenue

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REQUIRED COMMUNICATIONS

- Financial Statement Disclosures and Significant Issues Discussed with Management During the Audit Process

- ✓ Restatement due to adoption of GASB 101, Compensated Absences (Approximately $8.5 million adjustment to beginning net position at September 1, 2023)
- ✓ Real estate acquisition (reported as nonexchange transaction under GASB 33)
  - ✓ Acquired property valued at $31 million for consideration of $2 million, which resulted in a capital contribution of $29 million
    - ✓ 3809 Main St. and 1104 Alabama St. properties have continuing requirements to provide low-income housing
    - ✓ Capital contribution will be deferred and amortized into other revenues over remaining compliance period

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Statement of Net Position (Net Worth) Highlights

- Total Assets - $194 Million
  - ✓ Cash and investments - $70 Million
  - ✓ Capital assets - $89 Million
  - ✓ Accounts receivable - $30 Million
- Total Liabilities - $76 Million
  - ✓ Accounts payable - $6 Million
  - ✓ Accrued liabilities - $10 Million
  - ✓ Unearned revenue - $10 Million
  - ✓ Long-term liabilities (compensated absences, leases, SBITAs, debt) - $49 Million
- Deferred Inflows of Resources (deferred capital contributions on real estate acquisition) - $27 Million
- Net Position - $91 Million

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General Fund Highlights

- Total Revenues - $363 Million
- Total Expenditures - $371 Million
- Other Financing Sources - $29 Million

- Change in Fund Balance - $21 Million
  - ✓ Accounts payable - $6 Million
  - ✓ Accrued liabilities - $10 Million
  - ✓ Unearned revenue - $10 Million
  - ✓ Long-term liabilities (compensated absences, leases, SBITAs, debt) - $49 Million

- Ending Fund Balance - $77 Million
  - ✓ Unassigned fund balance - $45 Million
  - ✓ Assigned – $24 Million
  - ✓ Non-spendable - $8 Million

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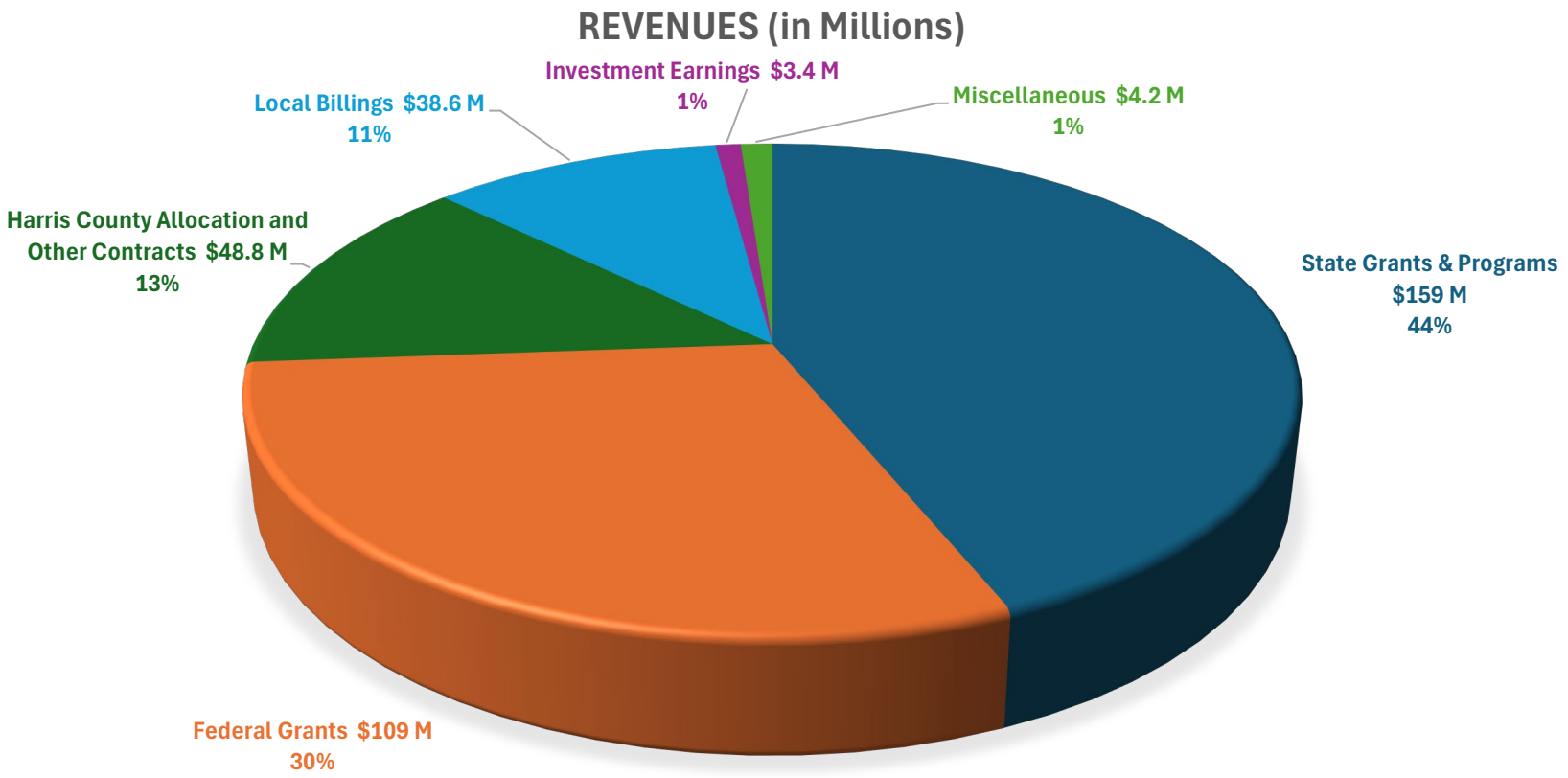
GENERAL FUND REVENUES ($363M)



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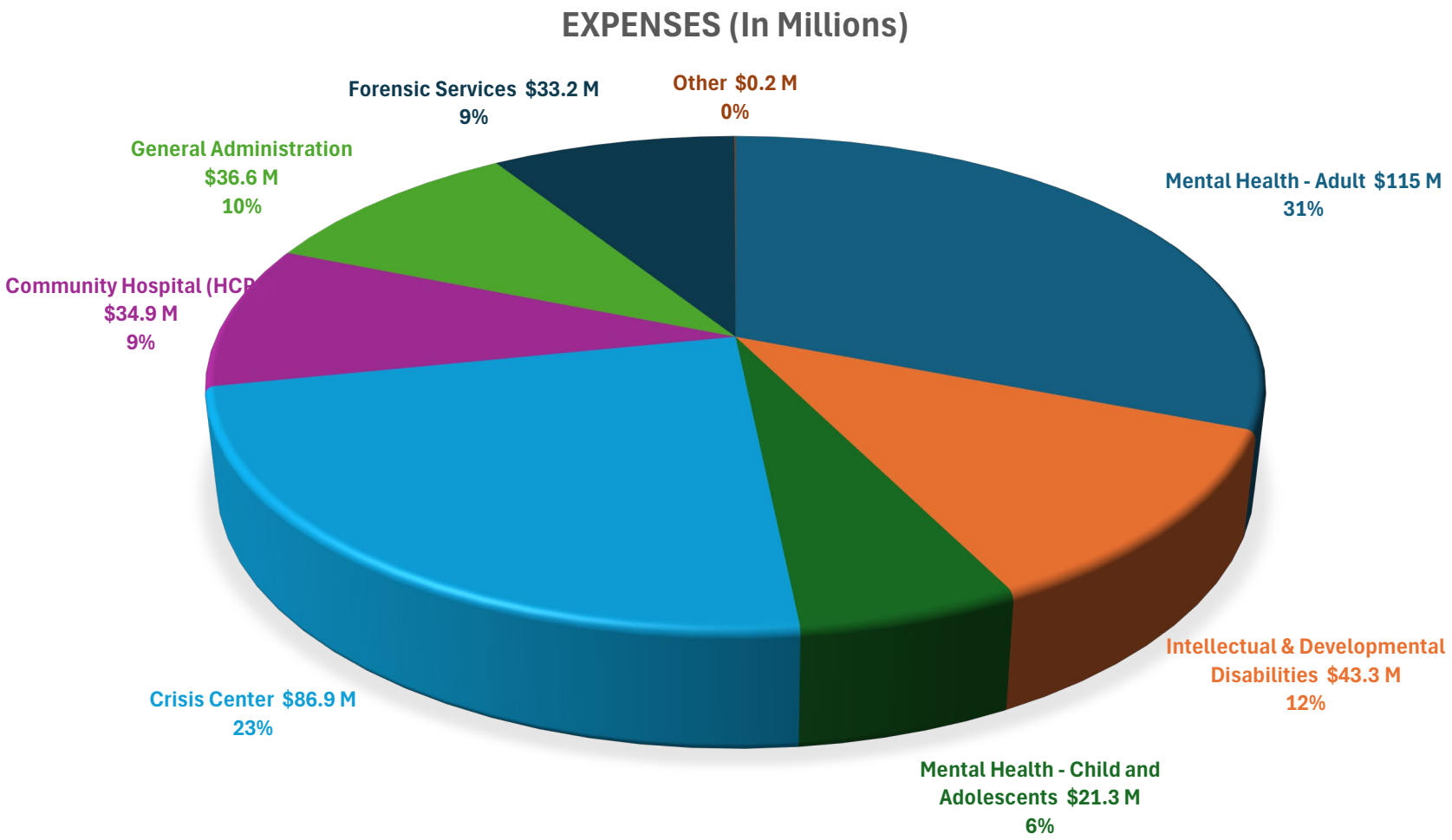
GENERAL FUND EXPENSES ($371M)



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MAJOR FEDERAL & STATE PROGRAMS

- 2025 Major Federal Programs (SEFA Total: $63M)
  - ✓ Medicaid Cluster (ALN 93.778)
  - ✓ Block Grants for Community Mental Health Services (ALN 93.958)
  - ✓ Mental Health Disaster Assistance and Emergency Mental Health (ALN 93.982)

- 2024 Major Federal Programs ($61M)
  - ✓ Coronavirus State and Local Fiscal Recovery Funds Various Programs (ALN 21.027)
  - ✓ Medicaid Cluster (ALN 93.778)
  - ✓ Substance Abuse Prevention & Treatment Block Grant (ALN 93.959)
  - ✓ Community-wide COVID Housing Program (ALN 21.023)
  - ✓ Early Childhood Intervention (ALN 84.181)

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MAJOR FEDERAL & STATE PROGRAMS

- 2025 Major State Programs (SESA Total: $155M)
  - ✓ General Revenue – Mental Health
  - ✓ Texas Correctional Office on Offenders with Medical or Mental Impairments

- 2024 Major State Programs ($147M)
  - ✓ General revenue – Mental Health, Psychiatric Hospitals, Crisis and Specialized Services
  - ✓ General Revenue IDD Eligibility
  - ✓ Health Community Collaborative
  - ✓ Harris County Jail Diversion

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SIGNIFICANT COMMUNICATIONS REGARDING SINGLE AUDIT

- Schedule of Expenditures of State Awards (SESA) overreported state expenditures by approximately $3 million
  - ✓Overreported amount was related to TOOMMII, which was determined not to be reported on the SESA

- The SESA and Schedule of Expenditures of Federal Awards (SEFA) should be prepared based upon expenditures incurred within the fiscal year
  - ✓The SESA and SEFA were reported using revenue accounts vs. expenditures incurred

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Questions?

Contact

Forvis Mazars

Tracy Young, CPA
Partner
P: 713.499.4616
Tracy.Young@us.forvismazars.com

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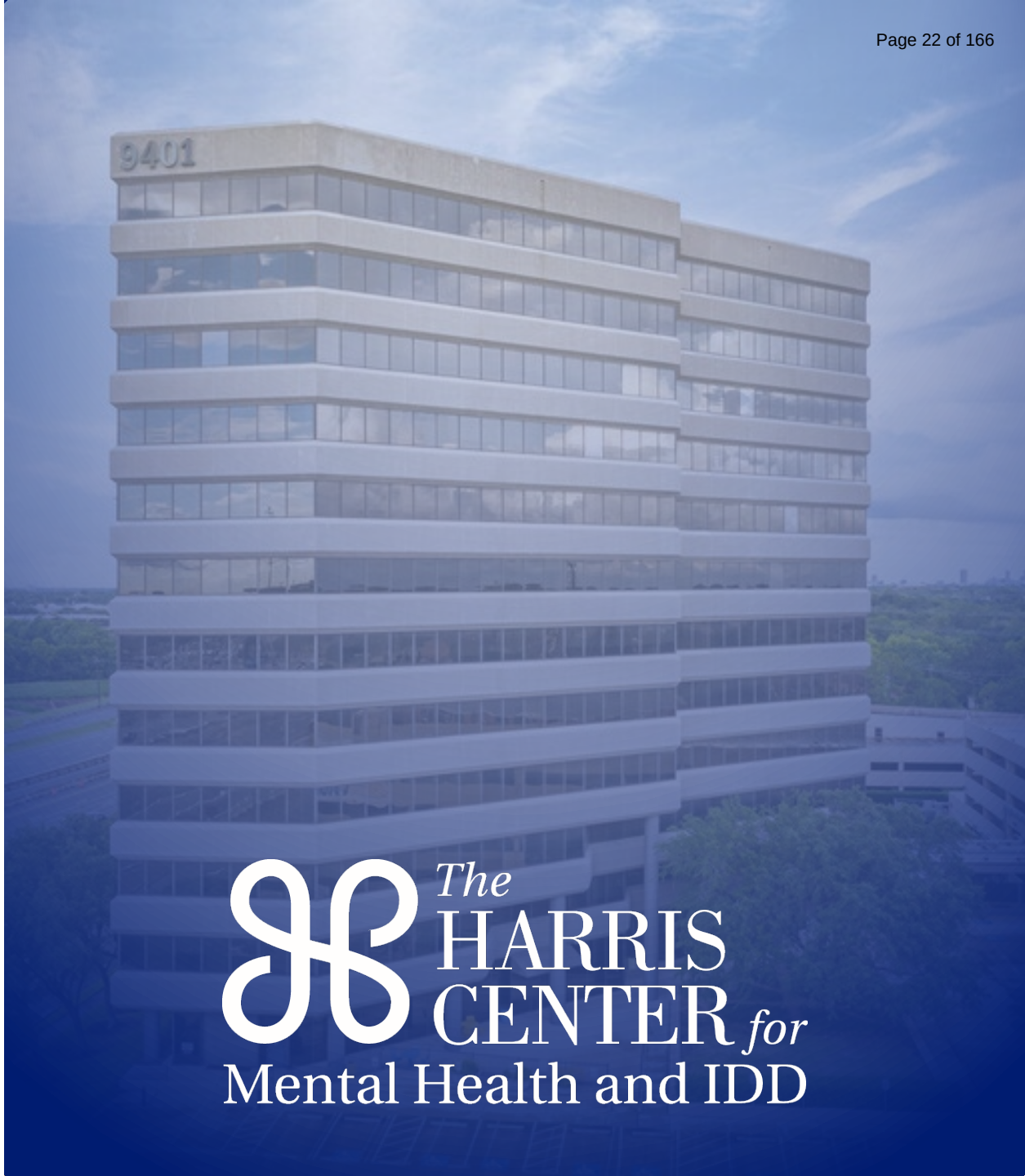
Thank You!

EXHIBIT A-3

COMPLIANCE DEPARTMENT

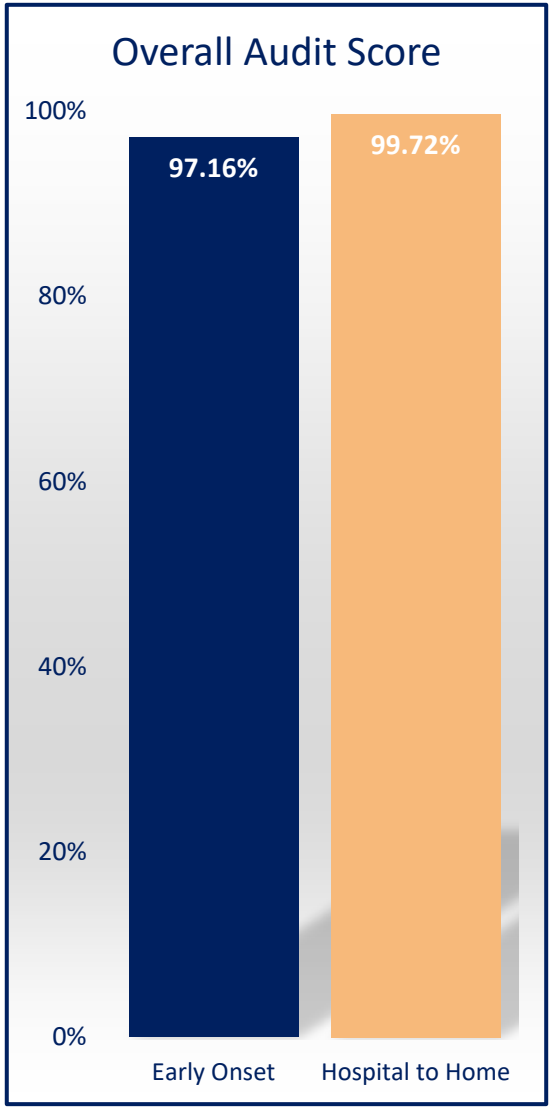
FY 2026 QUARTER 1 AUDIT REPORTS



Presented by: Demetria Luckett, Compliance Director

January 2026

Billing and Coding Focus Reviews

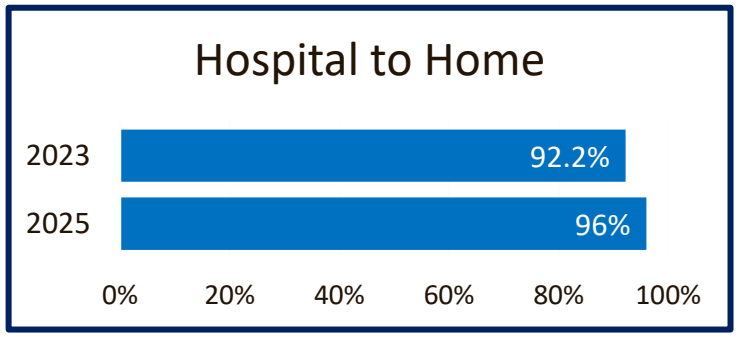


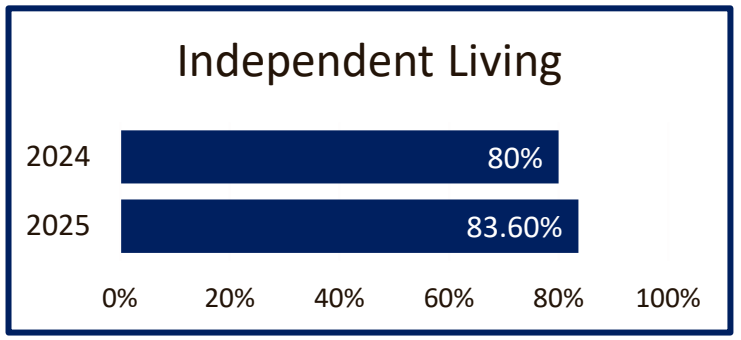
Review	Client records (coding & Documentation)	Operations (billing & Claims processes)	Overall Score	Audit Activities
Early Onset	95.42%	98.90%	**97.16%**	**Areas of Improvement identified:** • Late documentation of progress notes • Missing consents for services • Incomplete person-specific goals • Not meeting Medical Necessity • Claims not cleared for payment **Improvement Actions:** • Implement EPIC updates to include duration and frequency options for all services • Training staff on documentation standards • Monthly care team leader meetings to monitor timeliness
Hospital to Home	99.72%	NA	**99.72%**	**Improvement Actions:** • Isolated area of improvement remains: Program to ensure flowsheet time matches progress note time in EPIC for 100% accuracy

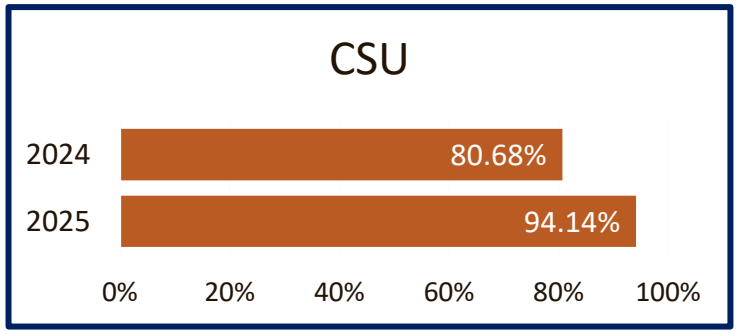
CPEP Division

The HARRIS CENTER for Mental Health and IDD

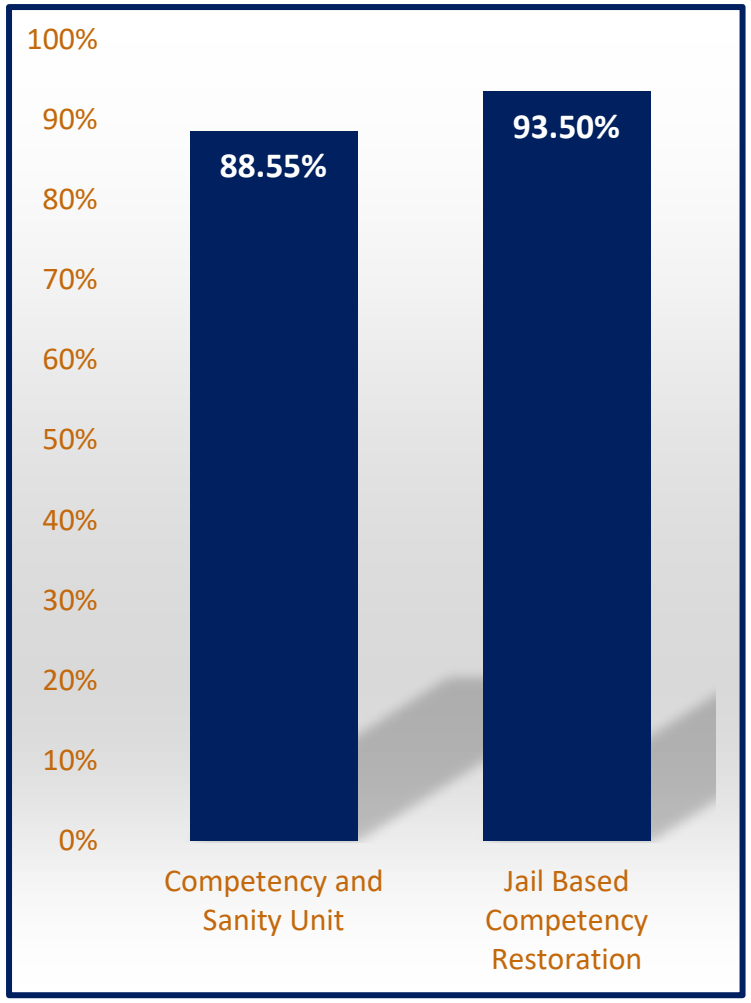
	Operations	Medical	Environment	Clinical Records	Personnel	Overall	Audit Activities
Hospital to Home	100%	100%	99%	97%	84%	**96%**	**Previous Audit:** 92.2% → **Current Audit:** 96% **Plan of Improvement Activities:** • Train staff on documentation of plan of care and service encounters • Implement annual training calendar • Await health department's annual food service permit inspection
Independent Living	100%	100%	80%	78%	60%	**83.60%**	**Previous Audit:** 80% → **Current Audit:** 83.60% **Plan of Improvement Activities:** • Program conducting in service trainings, staff supervisions, and internal chart monitoring. • Designated staff member to conduct inspections • Community partnerships in place to increase occupancy **History:** Program recently transitioned to new building within past year, undergoing major operational shift.
Crisis Stabilization Unit (CSU)	93.02%	100%	100%	86.26%	91.43%	**94.14%**	**Previous Audit:** 80.68% → **Current Audit:** 94.14% **Plan of Improvement Activities:** • Program continuing to review documentation (progress notes, treatment plans, admission/discharge records) • Leadership monitoring employee records for annual training compliance







Forensics Division

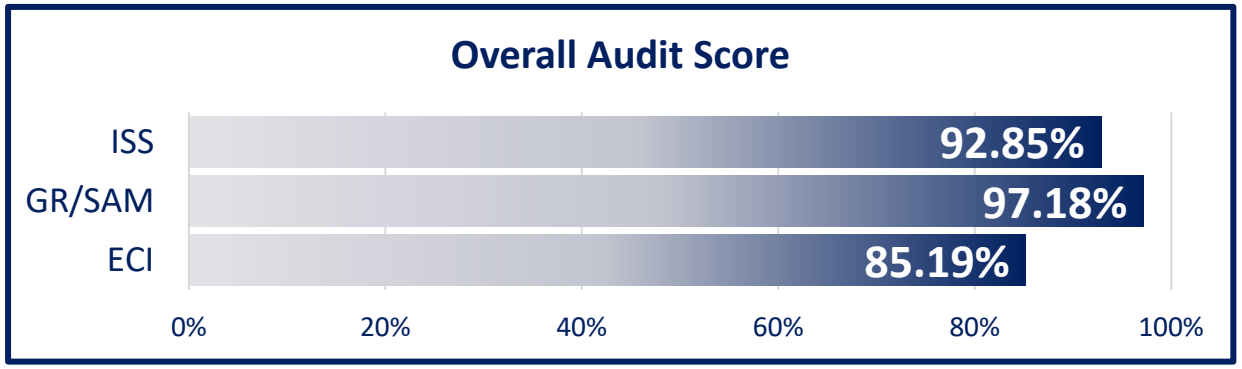


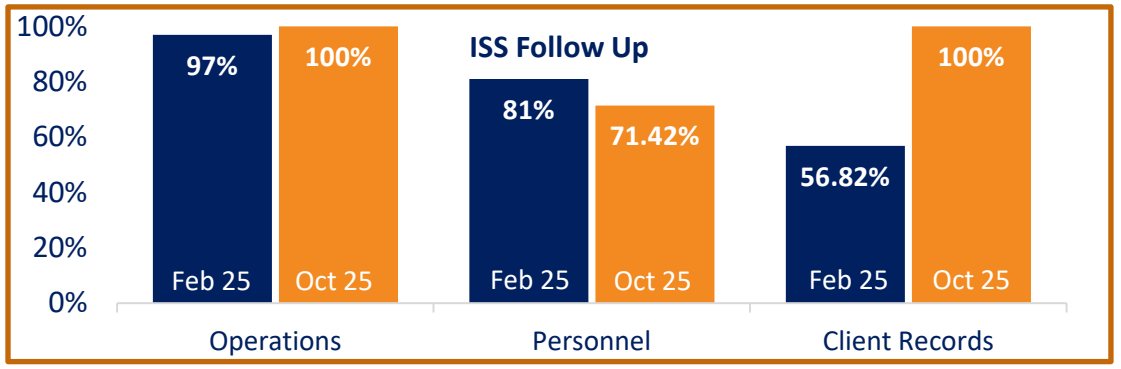
	Operations	Clinical Records	Personnel	Overall	Audit Activities
Competency and Sanity Unit	100%	Not applicable	77.10%	88.55%	**First Compliance Audit for Both Programs** **Overall Compliance** Strong performance with gaps in personnel (training completion) and HR-related functions **Plan of Improvement Activities:** Leadership is actively coordinating with staff to complete all annual required trainings
Jail Based Competency Restoration	Not applicable	100%	87%	93.50%	

IDD Division

The HARRIS CENTER for Mental Health and IDD

	Operations	Medical	Environment	Clinical Records	Personnel	Overall	Audit Activities
Early Childhood Intervention (ECI)	60.56%	100%	100%	90.50%	74.90%	85.19%	**Primary Area of Concern:** Operations Score of 60.56% which was attributed to written procedures not in place **Plan of Improvement Activities:** • Written procedures to be created for program by 3/2026 • Monthly training checks • Intake training completed 9/2025 • EHR template for case management created and training was provided 11/2025
GR/SAM Service Coordination	100%	NA	NA	96.43%	95.11%	97.18%	**Plan of Improvement Activities:** • Training reminders will be issued by program leadership
ISS	100%	NA	100%	100%	71.42%	92.85%	**Previous Audit:** 78.27% → **Current Audit:** 92.85% **Timeline Points:** • Early 2025: Initial Audit (Client Records 56.82%) • Mid 2025: Transition to EPIC from paper documentation • Follow Up Audit: Current Audit (Client records 100%) **Plan of Improvement Activities:** • Leadership developing an internal process to maintain trainings

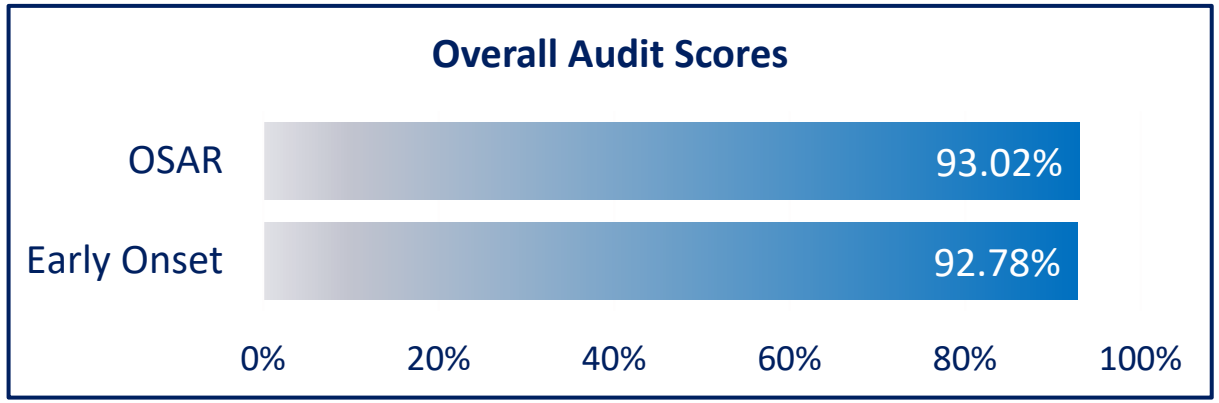


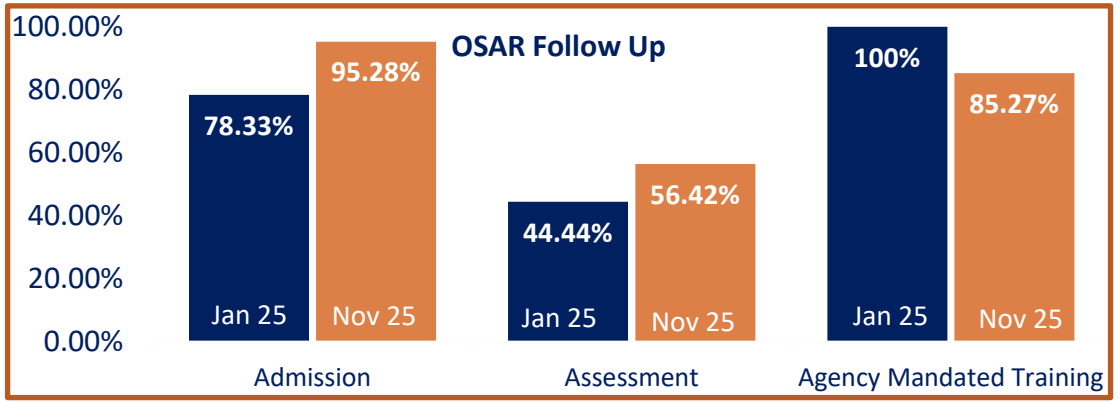


Behavioral Health Division

The HARRIS CENTER for Mental Health and IDD

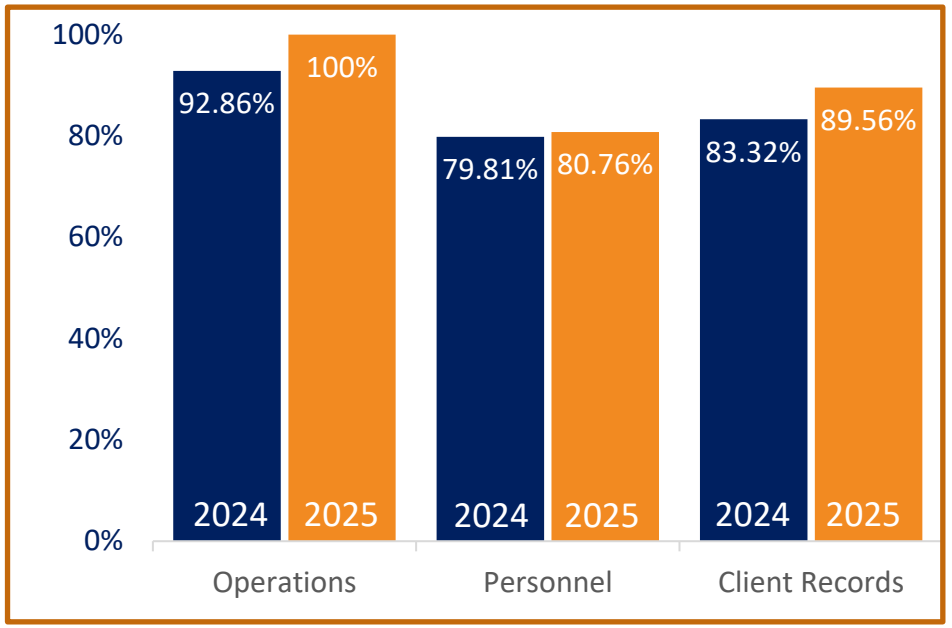
	Operations	Medical	Environment	Clinical Records	Personnel	Overall	Audit Activities
Early Onset Psychosis Program (EOPP)	100%	100%	100%	81.78%	82.13%	**92.78%**	**Identified Areas of Improvement:** Routine case management documentation, documentation of medication training and support, discharge summary including DSM-V diagnosis, annual training requirements. **Plan of Improvement Activities:** • Weekly outreach meetings to review intake procedures • Progress note training for clinical team leaders by 12/2025 • Plan of Care refresher course by 12/2025 • Program expectations training for clinical team leaders in 1/2026
Outreach, Screening, Assessment, and Referral (OSAR)	100%	100%	100%	82.49%	82.61%	**93.02%**	**Previous Audit:** 94% → **Current Audit:** 93.02% **Context:** All OSAR activities are performed by The Council on Recovery **Plan of Improvement Activities:** • Program leadership will be conducting monthly documentation reviews over the subcontractor client record findings • A plan of improvement is being presented to The Council on Recovery OSAR staff



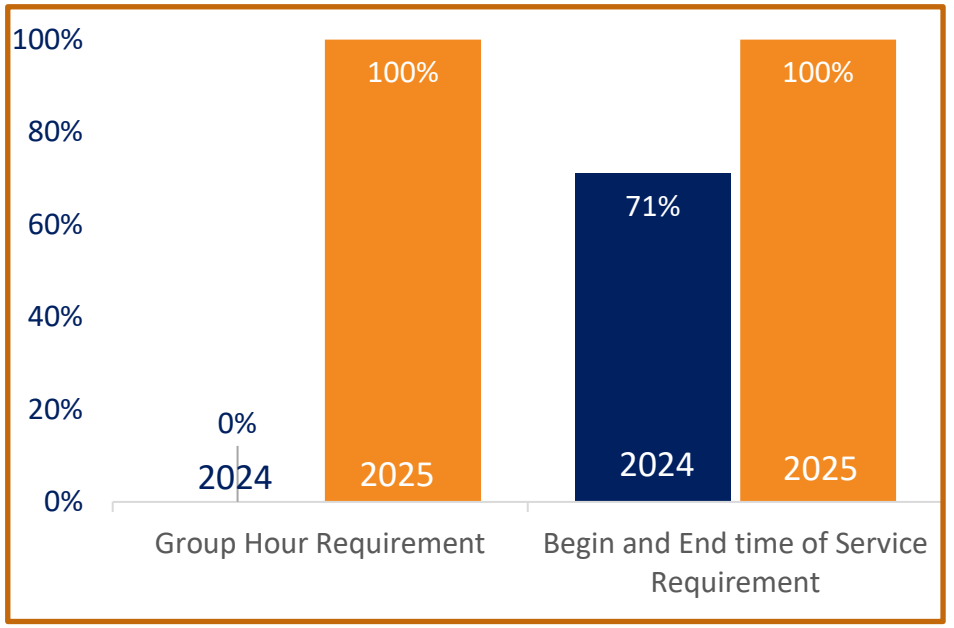


Follow Up Audits

Youth Empowerment Services (YES Waiver Follow Up)



Dual Diagnosis Residential Program (DDRP Follow Up)



YES Waiver Highlights

Program made improvements in all domains. There are still opportunities for improvement in training requirements and clinical records. The program will continue to coordinate with Performance Improvement.

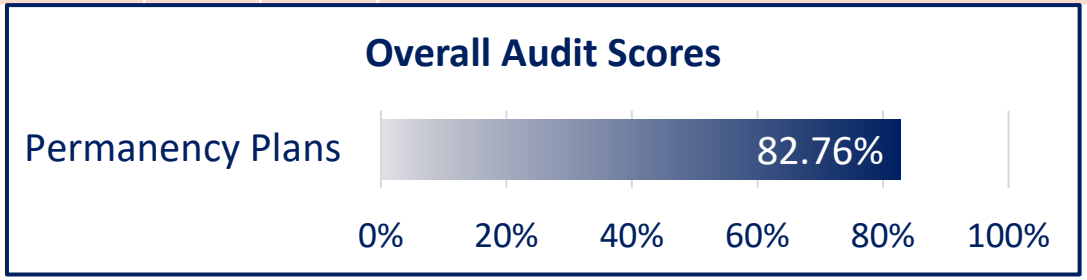
DDRP Highlights

DDRP implemented significant corrective actions outlined in their initial plan of improvement, resulting in full compliance during their follow up audit.

Follow Up and Agency Snapshot

Permanency Plan Audit

IDD	Clinical Records	Overall	Audit Activities
Permanency Plans	82.76%	**82.76%**	**Timeline Points** • HHSC imposed sanction on The Harris Center in May 2025 over contract performance measure not meeting 95% threshold for permanency plans completed • Compliance Follow Up Audit started October 2025 **Key Findings** • Due to limited access of permanency plans, compliance unable to accurately assess the performance measure • The program is not uploading permanency plans to EPIC on a consistent basis **Plan of Improvement Activities:** • The program has implemented a shared file to house all permanency plans in one location



Agency Mandated Training Audit

Purpose/Method:

Obtain high level view of current training compliance across the agency. A sample of 10% of all active employees was audited for six required trainings up to 11/2025.

Key Findings:

- Training compliance is at a rate of 81.29% across the agency
- All required trainings are assigned and accessible in Absorb
- Supervisors have had initial training of a 'manager view' during the transition in learning modules

Future Actions:

- Organizational Development to send a refresher over manager view to all leaders
- Reporting Options in Absorb slated for an early 2026 implementation

The HARRIS CENTER for Mental Health and IDD

External Reviews FY 2026 – Q1: 08/2026 – 11/2026

The HARRIS CENTER for Mental Health and IDD

Medical Record Requests	
7 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.
21 Additional Medical Record requests from other Managed Care Organizations.	Various MCO's requested records for MRA purposes or to review claims.

Pharmacy Audits	
19 Optum Pharmacy Audits	All clinics were audited throughout the quarter to validate claims associated with specific prescription medications. Two are closed out with no errors, no overpayment identified, and no recoupment due. All others are still pending audit results.
1 Texas State Board of Pharmacy Audit	NPC Clinic underwent an inspection by the Texas State Board of Pharmacy. The clinic passed the audit with no unsatisfactory findings or recommendations.

External Audit Activities Cont.

The Harris Center for Mental Health and IDD

Follow-Up Review: Plan of Correction (POC)

As part of this tier, the agency underwent biannual and closeout monitoring for SLFRF-funded activities. Harris County reviewed financial, programmatic, and administrative documentation for the period of March 1, 2025, through August 31, 2025. All requested documents were submitted by the Youth Diversion Program Director.

Texas Health & Human Services

On October 9, 2025, the Texas Health and Human Services Commission (HHSC) conducted a health, licensing, and incident inspection to determine whether the Humble Service Center met Day Activity and Health Services (DAHS) licensing standards. The inspection found the facility out of compliance with state licensure requirements. HHSC requested a Plan of Correction, and a Plan of Correction was submitted in response.

Texas Health & Human Services

The Health & Human Services Commission, Behavioral Health Services, Quality Management staff conducted a desk follow-up review of the Harris center in accordance with the Fiscal Year 2023 contract numbers: HHS001040100008 SA/TRA Outpatient, HHS001040100021 SA/RF Outpatient, HS000782500006 SA/OSR, and HHS000780700004 SA/CHW to ensure implementation of the corrective action plan reviewed on July 18, 2023. Requested information was submitted. The Harris Center has met all items on the Corrective Action Plan.

Thank you.

The HARRIS CENTER for Mental Health and IDD

EXHIBIT A-4

FY2026 Q1 Audits

Internal Audit Department

Presented by David W. Fojtik, CPA

January 20, 2026

FY2026 Q1 Audit Reports

Agenda:

Projects to be presented:

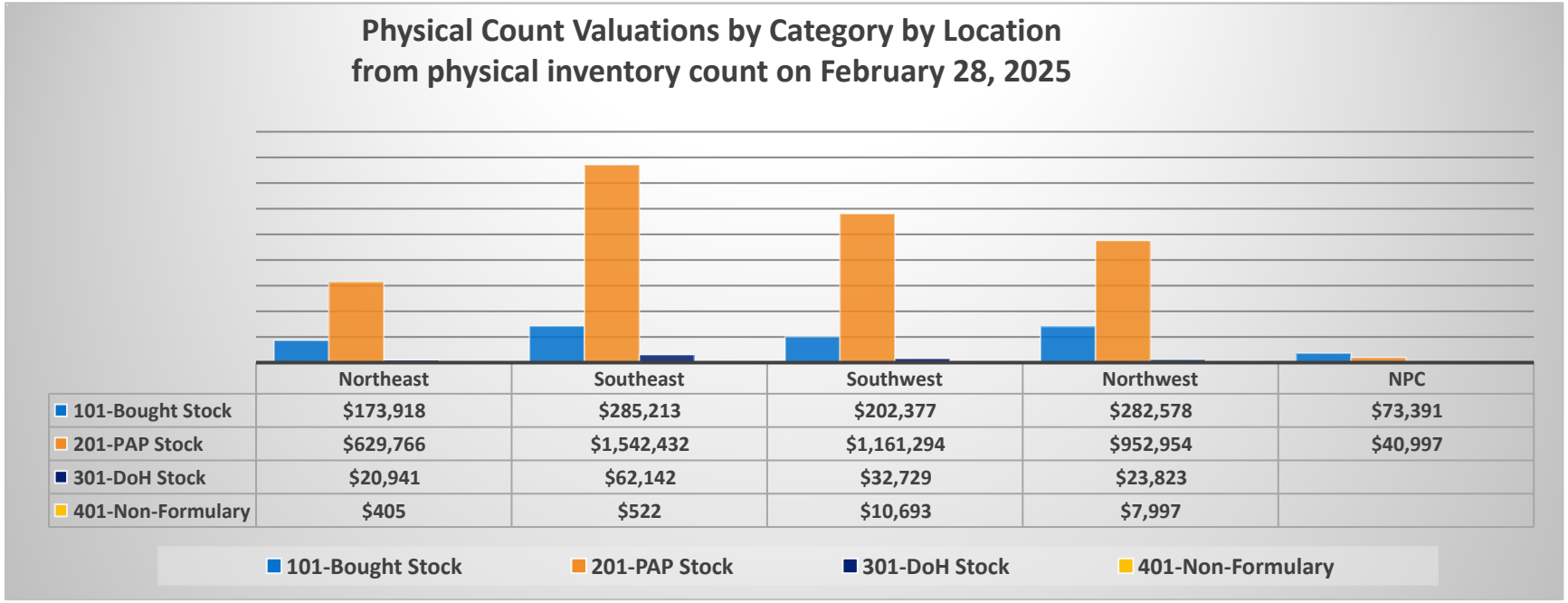
1) Pharmacy Inventory Audit_____No Findings
2) Information Technology Risk and Compliance Audit_____No Findings
3) Expense Accounts/Travel/Credit Cards Audit_____No Findings
4) Construction Audit _____No Findings
5) Follow-Up: Late Grant Contract Billing Review_____No Findings

FY2026 Q1 Audit Reports

Pharmacy Inventory Audit (2 Observations)

Observation #1 - Internal Audit found pharmacy inventory has four (4) categories of medications, including Bought Stock, PAP, Dispensary of Hope, and Non-Formulary. In the last physical count on February 2025, PAP medications represented an average of 78.6% of the counted inventory valuation.

Exhibit I – Buttons Inventory Service PAP inventory valuation as reported in biennial physical counts



	Northeast	Southeast	Southwest	Northwest	NPC
101-Bought Stock	$173,918	$285,213	$202,377	$282,578	$73,391
201-PAP Stock	$629,766	$1,542,432	$1,161,294	$952,954	$40,997
301-DoH Stock	$20,941	$62,142	$32,729	$23,823	
401-Non-Formulary	$405	$522	$10,693	$7,997	

Source: *Buttons Inventory Services invoices FY2022 through FY2025.*

FY2026 Q1 Audit Reports

Information Technology Risk and Compliance Audit (2 Observations)

Observation #1 - Internal Audit evaluated multiple sources of information regarding IT risk management and compliance from online sources and followed the recommendations cited as “best practice” for high performing Information Technology organizations.

We found responses to IT risks and Compliance matters are handled appropriately and timely.

Management Response #1: (Chief Information Officer): “IT Risks are handed in a 4-pronged process: identification, assessment, treatment/response planning, and monitoring and review. We are continually looking at our current controls and new ones to see if there is room for improvement, more functionality and/or more robust security identification/response.”

FY2026 Q1 Audit Reports

Information Technology Risk and Compliance Audit

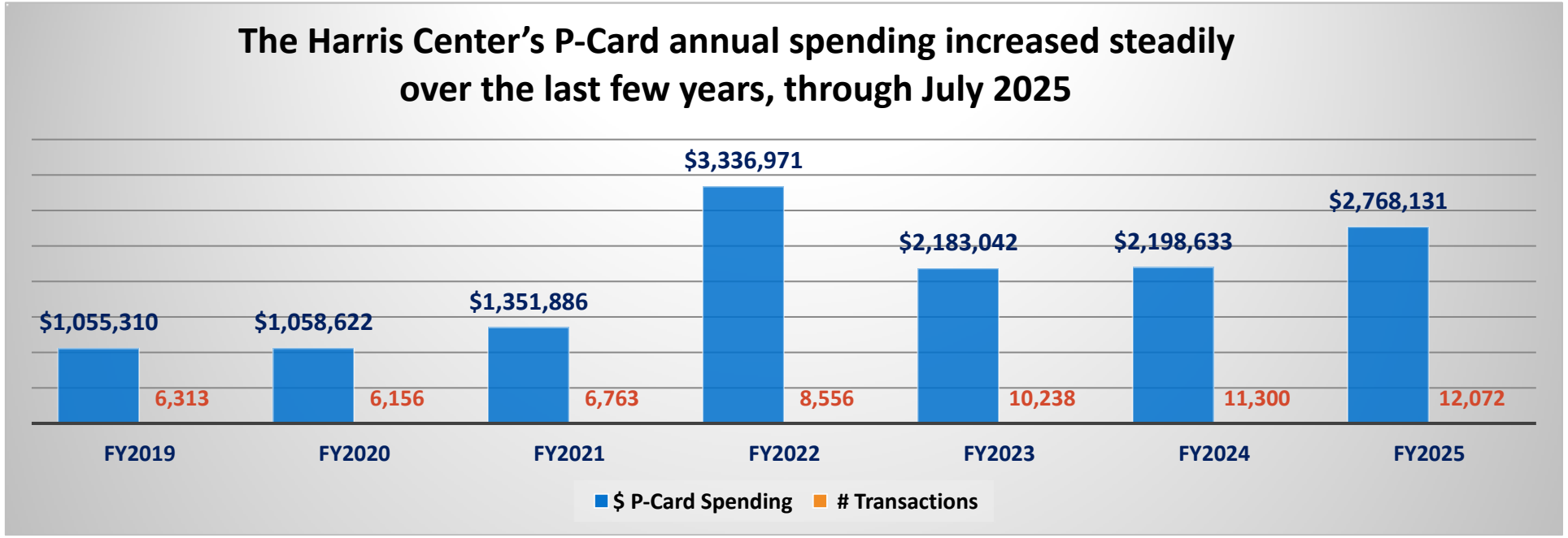
Observation #2 – Internal audit asked IT how often they test for potential security weaknesses and in what ways does IT notify stakeholders about security and/or data privacy issues?

Management Response #2: (Chief Information Officer): "Depending on the technology, IT tests daily, weekly, monthly or yearly for security weaknesses and data privacy issues. IT adheres to the applicable Policy and Procedures that are stored in PolicyStat when there are security/data privacy issues. The notification of who, when, and how often are determined by the type of incident. The risk responses are fortified continuously and proactively to address evolving threat actors' AI strategies. Rather than waiting for incidents or regulatory deadlines, the team is always looking to fortify where and when we can."

FY2026 Q1 Audit Reports

Expense Accounts/Travel/Credit Cards Audit (5 Observations)

Observation #1 – During the period Sept 2019 – July 2025**, t**he Harris Center has doubled the total annual number of p-card transactions and tripled the Center's p-card program expenditures.

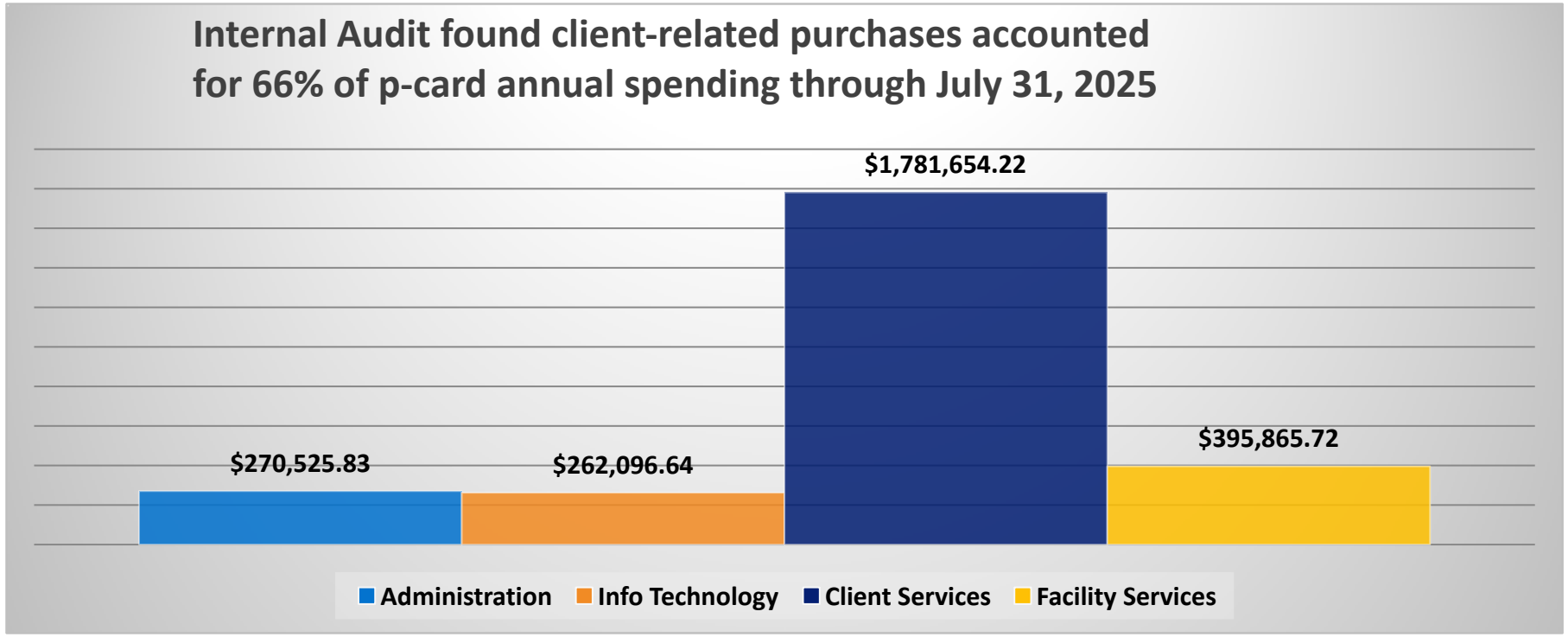


Source: *F. Otto, Procurement Department, annual totals of p-card spending and annual p-card transaction counts*

FY2026 Q1 Audit Reports

Expense Accounts/Travel/Credit Cards Audit

Observation #2 – Internal Audit reviewed p-card transactions from September 1, 2024 to July 31, 2025, and found that client-related food, supplies, medications, etc. accounted for **66%** of P-Card expenditures, followed by **14%** for facility service costs, **10%** for administration, and **10%** for information technology.



Source: *F. Otto, Procurement Department, p-card spend and transaction counts, grouped by expense descriptions*

Management Response (Chief Financial Officer): No Response Needed

FY2026 Q1 Audit Reports

Expense Accounts/Travel/Credit Cards Audit

Observation #4 – Internal Audit found annual p-card discretionary spending on **non-consumer** items totaled $62,616.06, which represents **2.31% of overall p-card spending of $2,710,142 as of July 31, 2025**.

Select discretionary p-card purchases found in p-card statement expense descriptions

	Purchases for Staff Food and T-shirts	Purchases for Awards	Misc. Expenses
Award		$6,039.37	
Cake	$1,747.91		
Trophy		$473.70	
Plaques		$1,437.94	
Birthday	$1,645.98		
Gifts for retirement, etc.			$185.57
Staff	$3,970.11		
Lunch (staff)	$6,606.98		
Breakfast (staff)	$10,255.98		
Appreciation (staff)			$7,008.64
Care package postage			$2,612.17
Food (for staff mtg)	$5,324.56		
t-shirt (staff) - ½ Reimbursed	$15,307.18		
$62,616.09	$44,858.70	$7,951.01	$9,806.38

Source: *F. Otto, Procurement Department, P-card Spend and Transaction Counts, grouped by reported expense descriptions*

FY2026 Q1 Audit Reports

Expense Accounts/Travel/Credit Cards Audit

Observation #5

Management Response (Chief Financial Officer): "*From a Finance Leadership perspective, we're starting the process of drilling down to apply the rigor necessary to see where we have some opportunities to reduce costs in FY26, of course particularly in those cases where we're seeing excessive costs not directly tied to grants, contracts, etc. Having said that we met as a team last week and developed the initial list where we believe we have the greatest opportunity to do so, and staff food/non-patient travel/misc. other costs are high on the list".*

FY2026 Q1 Audit Reports

Construction Audit

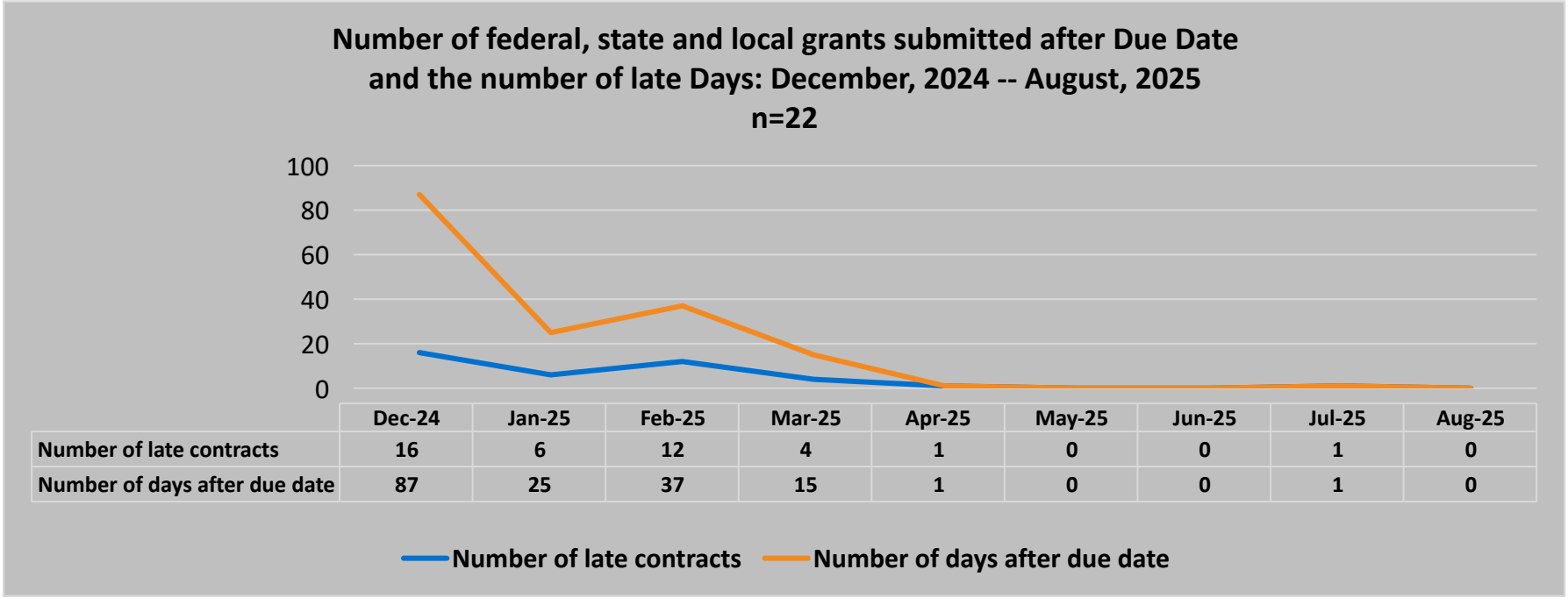
Observations

- Focused on the adequacy of the internal controls over administering construction projects.
- The audit scope included several process reviews with Facility Services, Purchasing, Contracts and Accounts Payable Departments during the 2025/2026 fiscal year.
- The Facility Services Department hired a construction project manager in October 2024 to oversee the building projects.
- This oversight had previously been managed by a third-party project manager, mStrategic Partners.
- There were no erroneous transactions detected during the audit period.

FY2026 Q1 Audit Reports

Follow-Up: Grant Contract Billing Review (2 Observations)

Observation #1 – As a follow-up in relation to the timely grant billing process at the Harris Center**,** 22 **Federal and State** grant contracts were reviewed for late submission from May 2025 – August 2025. **We found no billings were submitted late during this time period.**



	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25
Number of late contracts	16	6	12	4	1	0	0	1	0
Number of days after due date	87	25	37	15	1	0	0	1	0

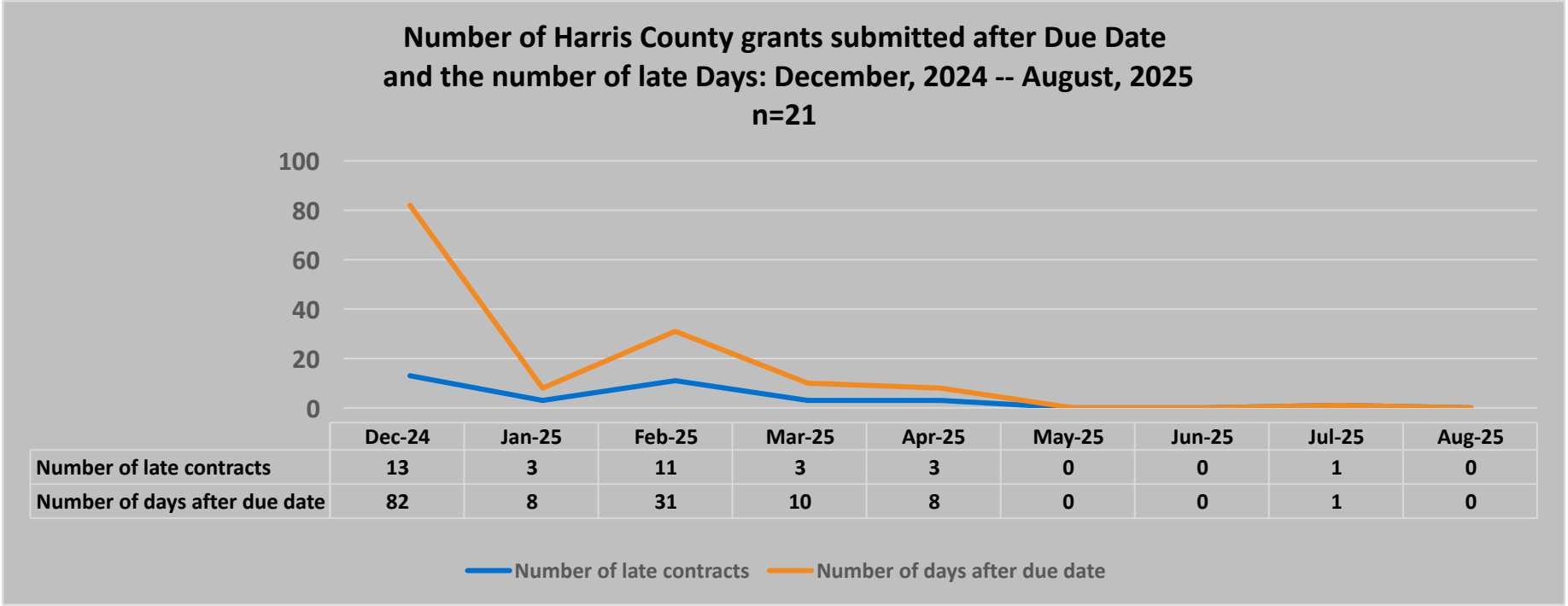
Source: *Internal Audit review of grant invoices for sample of FY2025 reimbursable services contracts*

Management Response #1 (Chief Financial Officer): No response required.

FY2026 Q1 Audit Reports

Follow-Up: Grant Contract Billing Review

Observation #2 – Internal Audit also tracked 21 **Harris County and Local** grant contracts for late submission for the period May 2025 – August 2025. **We found only one (MCOT) invoice in July 2025 that was submitted late during the period. The invoice was submitted 1 day late.**



	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25
Number of late contracts	13	3	11	3	3	0	0	1	0
Number of days after due date	82	8	31	10	8	0	0	1	0

Source: *Internal Audit review of grant invoices for sample of FY2025 reimbursable services contracts*

Management Response #1 (Chief Financial Officer): No response required.

Questions

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EXHIBIT A-5

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 one 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 September 1, 2025, and November 30, 2025. It includes a breakdown by division and type of review: 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.

There were a total of two (2) Billing and Coding Focus Reviews completed for the first quarter of FY26. Each billing and coding focus audit consists of two core areas: billing and coding/clinical documentation.

1. **Mental Health - Early Onset Coding Audit**
    a. The Early Onset program was reviewed to assess documentation accuracy, coding compliance, and adherence to clinical documentation and billing; the review focused solely on coding compliance and clinical documentation. The overall audit score was 97.16%. The program demonstrated positive engagement and organization, but several areas of improvement were identified, including incorrect CPT coding (90792 billed while documentation supported 99213), absence of a current Plan of Care, untimely progress notes and completion, lack of individualized goals and detailed assessment/plan, and insufficient documentation to support billing and reimbursement, rendering the service non-reimbursable. The program is implementing targeted improvements and reinforcing documentation standards in areas that did not meet the required threshold. A follow-up audit will be conducted within 90 days to verify corrective actions and ensure ongoing compliance.
2. **CPEP – Hospital to Home Coding Audit**
    a. This audit was conducted to assess the accuracy, completeness, and compliance of clinical documentation and coding practices within the Hospital to Home program. The overall audit score was 99.72%; billing was excluded from the assessment because the program is grant-funded and does not bill. The Hospital-to-Home program demonstrated exemplary performance during the

coding audit. All documentation reviewed met agency and regulatory standards, with evidence of accurate code selection, strong clinical justification, and thorough alignment between services rendered. The program's adherence to compliance expectations reflects effective oversight, provider diligence, and commitment to maintaining high-quality documentation practices. No deficiencies or opportunities for correction were identified during the audit cycle.

Within the four (4) divisions, Compliance completed a total of eight (8) comprehensive, three (3) focus, and three (3) follow-up audits. Comprehensive reviews cover the five components applicable to the program, follow-up reviews cover the component(s) which previously needed a plan of improvement, operational reviews cover physical requirements of a facility, and focus reviews cover specific domains within a program.

CPEP Comprehensive Reviews

1. **CPEP – Hospital to Home Comprehensive Audit**
    a. Compliance completed a comprehensive audit of the Hospital to Home Program, with an overall score of 96.00%. All domains were audited, with operations and medical, each scoring 100%. The areas of improvement consists of environment with a score of 99% due to having an expired health department food service permit, personnel had a score of 84% with the program not having a signed periodic performance review for one (1) staff member and staff not being current with required annual trainings, and the clinical record which scored 97% attributing to service encounter documentation not evidencing the consumer demonstrating progress or lack of progress towards recovery goals, and services provided that were not identified as a treatment goal on the plan of care. Program management addressed the findings and provided feedback that staff will be trained in the relevance of documenting service encounters that support the accuracy of treatment outcomes and staff will create an annual training calendar to track timeliness to assist in maintaining compliance with ongoing trainings to meet expectations as part of their corrective action plan.
2. **CPEP – Independent Living Comprehensive Audit**
    a. Compliance completed a comprehensive audit of the Independent Living Program, with an overall score of 83.60%. All domains were audited, with operations and medical scoring 100%. The areas of improvement consist of environment with a score of 80% due to not meeting the required occupancy rate and not completing monthly fire extinguisher inspections, staff were not current on annual training which resulted in a personnel score of 60%. The clinical record domain scored 78%, attributing to the rights acknowledgement form not signed by staff, the plans of care missing several required elements, service encounter documentation not reflecting progress or the lack of progress for the person served, and not having a completed safety plan in the EHR. Program management addressed the findings and provided a timeline to meet expectations as part of their corrective action plan.
3. **CPEP – Crisis Stabilization Unit Comprehensive Audit**
    a. The review evaluated CSU Program compliance with Texas Administrative Code (TAC) standards and The Harris Center policies, including rights communication, informed consent, restraint/seclusion, competency and credentialing, crisis services, treatment planning, supervision, case management, admission/discharge processes, medical and nursing services, safety requirements, and staff training. The overall score was 94.14% and was an improvement from the previous overall score of 80.68%. The strengths for this review were the following: Medical requirements: 100%, Environment requirements: 100%. The Areas of Improvement: Operations requirement: 93.02%, Personnel requirements: 91.43%, and Client Records: 86.26%. History from

the previous review (4th Quarter FY 2024): 80.68% overall score. The recommendation was to continue reviewing client documentation (progress notes, treatment plans, admission/discharge records), employee annual training compliance. The program should also continue to work on updating their operational guidelines and continue to implement the plan of improvement from previous review.

Forensics Comprehensive Reviews

1. **Forensics - Competency and Sanity Unit Focus Audit**
    a. Compliance had not previously conducted a focus review of the Jail Forensic Competency and Sanity Program. The program demonstrated strong overall performance, achieving an overall compliance score of 88.55%. In the Operations domain, the program excelled with a perfect score of 100%, reflecting robust operational practices; however, the review identified several compliance issues related to personnel records. Specifically, multiple staff members did not complete the required agency training courses, resulting in a compliance score of 77.10% in this area. Additionally, the program must develop a plan to ensure staff acknowledgment of policies and procedures. This gap was attributed to staff not activating their Policy Stat accounts, which are essential for confirming policy review and compliance.
2. **Forensics - Jail Based Competency Restoration (JBCR) Focus Audit**
    a. The Texas Health and Human Services Commission (HHSC) conducted a desk review of the JBCR to confirm completion of actions from the Fiscal Year 2024 comprehensive audit. The program successfully completed all the identified actions. Compliance had not previously conducted a focus review of the Jail-Based Competency Restoration Program. The program demonstrated strong overall performance, achieving an overall compliance score of 93.50%. In the Clinical record review category, the program excelled with a perfect score of 100%, reflecting robust operational practices; however, the review identified several compliance issues related to personnel records. Specifically, multiple staff members did not complete the required agency training courses, resulting in a compliance score of 87.00% in this area. Additionally, the program must develop a plan to ensure staff acknowledgment of policies and procedures.

IDD Comprehensive Reviews

1. **IDD - Early Childhood Intervention (ECI) Comprehensive Audit**
    a. The program had an overall score of 85.19%. The program surpassed minimum threshold scores (i.e., 95.00%) in the medical and environment components of the review with respective domain scores of 100%. The program did not surpass minimum threshold scores in the operations, personnel, or client records components. Compliance noted opportunities in the development of written policies and procedures (operations component: 60.56%); employee training requirements (personnel component: 74.90%); and ensuring families receive the ECI sliding fee scale, documenting transition conversations, and including the family's case management needs in the individualized family service plan (client records component: 90.50%). The program has submitted a Plan of Improvement indicating that written procedures will be developed before March 31, 2026; program staff will be instructed to review Absorb monthly for training requirements; and staff have received training on the intake process (9/5/2025 and 9/12/2025); a case management note template has been implemented in the EHR and staff were provided training on the template in November 2025; and staff will receive periodic refresher training.

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2. **IDD - GR/SAM Service Coordination Comprehensive Audit**
    a. Compliance had not previously conducted a comprehensive review of the GR/SAM–Service Coordination Program. The program performed well overall, achieving an overall score of 97.18%. In the area of client records, the program demonstrated strong performance with a score of 96.43%. However, several compliance gaps were identified. Many staff members failed to complete required agency training courses, resulting in a training compliance score of 95.11%, with specific deficiencies noted under Areas of Improvement. Additionally, the program will need to develop a plan for acknowledgement of policies. This was largely due to staff not claiming their Policy Stat accounts, which likely contributed to missed acknowledgements and limited access to updated policies. On a positive note, the program excelled in operational and environmental standards, earning a perfect score of 100%. These findings underscore the need for enhanced oversight and increased engagement with compliance protocols, particularly in the areas of training and policy acknowledgement. The Program should continue to evaluate its internal processes and regularly review documentation to ensure all required standards are met in accordance with applicable regulatory requirements.
3. **IDD - Individualized Skills and Socialization (ISS) Comprehensive Audit**
    a. Compliance previously conducted a comprehensive review of the ISS Program during the third quarter of FY 2024 (December 1, 2024, through February 28, 2025), which resulted in a score of 78.27%. In the current review (August 2025 through November 2025), the program demonstrated significant improvement, achieving an overall score of 92.85%. Performance in client records was exemplary, with a perfect score of 100%, and operation and environment standards also earned a perfect score of 100%. However, several compliance gaps were identified, primarily related to staff training. Many staff members did not complete the required agency training courses, resulting in a personnel domain score of 71.42%, with specific deficiencies outlined under areas of improvement. These findings highlight the need for strengthened oversight and increased engagement with compliance protocols, particularly in staff training. Overall, the program has made notable progress and should continue to evaluate its internal processes and regularly review documentation to ensure all required standards are met in accordance with applicable regulatory requirements.

Behavioral Health Comprehensive and Focus Reviews

1. **Early Onset Psychosis Program Comprehensive Audit**
    a. The program had an overall score of 92.78%, with the operations, medical, and environment components surpassing the minimum threshold score with 100% in the three domains. The program did not surpass minimum threshold scores in the personnel and client records components (82.13% and 81.78%, respectively), with Compliance noting opportunities for improvement in employee monthly supervision requirements and timely completion of training courses, and client record documentation (e.g., annual rights notifications; and required items for progress notes, case management notes, and plans of care). Program leadership submitted a plan of improvement indicating clinical team leaders will complete weekly meetings with the outreach team to review intake procedures; clinical team leaders will complete progress note training by December 17, 2025; Organizational Development will provide a plan of care refresher course by December 18, 2025; and clinical team leaders will complete program expectations training during January 2026.

2. **Outreach, Screening, Assessment, Referrals (OSAR) Comprehensive and Plan of Improvement Follow-up Audit**
    a. The program had an overall score of 93.02% which was a slight decrease compared to the FY 2025 audit (previous overall score of 94%). The program surpassed the minimum threshold score of 95.00% in the operations, medical, and environment components. The program did not surpass the minimum threshold score in the personnel or client records components (82.61% and 82.49%, respectively). The program partially resolved issues noted during the FY 2025 comprehensive review, such as operating according to a current operational plan (operations component), and including the client's response during motivational interviewing sessions (client records component). Compliance noted opportunities for improvement in employee training requirements (timely completion of assigned training courses) and client records documentation (e.g., completing follow-ups with clients within 48 hours of the initial screening and including all required elements in case closure notes). Program leadership submitted a Plan of Improvement indicating a corrective action plan will be requested from The Council on Recovery (all OSAR services are provided through a subcontract with The Council on Recovery) to address the opportunities noted (due January 15, 2026), and Harris Center OSAR staff will immediately institute monthly self-monitoring reviews.

Follow-Up Audits

1. **Youth Empowerment Services (YES) Waiver Follow Up Audit**
    a. The program had an overall score of 90.10% which was a slight decrease from the FY 2025 audit. The program surpassed the minimum threshold score of 95.00% in the operations component but did not surpass the minimum threshold score in the personnel or client records components (80.76% and 89.56%, respectively). The program partially resolved issues noted during the FY 2025 comprehensive review, such as wraparound supervisor to wraparound facilitator ratio (operations component), program specific training courses required by HHSC (personnel component), and submission of Critical Incident Reports to HHSC within 72 hours of being informed of the incident (client records component). Compliance noted opportunities for improvement in employee training requirements (i.e., timely completion of assigned training courses) and client records documentation (e.g., ensuring subcontracted agencies include needs addressed by the service provided and ensuring clients are provided with the annual rights notifications). The program is being referred to Performance Improvement (PI) for additional assistance in rectifying these ongoing opportunities.
2. **Forensics – Dual Diagnosis Residential Program (DDRP) Follow Up Audit**
    a. Compliance previously conducted a comprehensive review of the DDRP Program, identifying two metrics below the 95.00% compliance threshold. In the initial audit, the program scored 0% for group hour requirements and 71.00% for documenting beginning and end time of service. In the follow-up audit, compliance reassessed these metrics, and the program demonstrated exceptional performance, achieving 100.00% compliance on both items. The program successfully addressed prior deficiencies and completed its plan of improvement.
3. **IDD - Permanency Plans Follow Up Audit**
    a. The program had an overall score of 82.76%. It was observed that permanency plans are not consistently completed and uploaded into the client's record within Epic, as required by documentation standards. Furthermore, a copy of the Permanency Planning Review Approval Status View Screen from the HHSC data system is not being maintained in the applicant's record, which is necessary to demonstrate compliance with state requirements and ensure accurate recordkeeping. While documentation within client records was consistent, several compliance

gaps were identified. The gaps were primarily related to incomplete permanency plans (which may be due to limited access or lack of documentation indicating a permanency plan was not required) and failure to retain in the client's record a copy of the Permanency Planning Review Approval Status View Screen from the HHSC data system.

Agency Focus Audit

1. **Agency Mandated Trainings**
    a. This audit reviewed training compliance across the agency by sampling 10% of active employees and assessing completion of six required courses in Absorb (learning module system), following a 2024 transition from Saba (learning module system). All training courses were assigned in Absorb and accessible, with an overall compliance rate of 81.29%. While no system gaps were found, delays may occur due to unclear prioritization. Recommendations include providing supervisors with guidance on monitoring progress, reinforcing communication of required courses to all employees, and establishing regular compliance checks to ensure consistency and reduce risk of non-compliance.

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 PolicyStat 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.
5. **2025 Compliance and Ethics Week:** During Compliance week (November 3-7, 2025), the compliance team visited multiple programs across the agency to increase visibility, answer staff questions, and deliver targeted training on compliance requirements and departmental functions.

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 Wellpoint) requested records on 10/02/25 for two members for Medicare risk adjustment data purposes, associated with Outreach ID: 57382993. Records were submitted by our ROI department.
2. Datavant (on behalf of Wellpoint) requested records on 10/16/25 for one patient for Medicare risk adjustment data purposes, associated with Outreach ID: 61247712. Records were submitted by our ROI department.
3. Datavant (on behalf of Wellpoint) requested records on 10/21/25 for one patient for Medicare risk adjustment data purposes, associated with Outreach ID: 59822719. Records were submitted by our ROI department.
4. Datavant (on behalf of Devoted) requested records 10/22/2025 for one patient from Datavant on behalf of Devoted for Medicare Risk adjustment data purposes, associated with Outreach ID: 59828134.

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5. Datavant (on behalf of Aetna) requested records on 11/11/25 for one patient for Medicare risk adjustment data purposes, associated with Outreach ID: 63045191. Records were submitted by our ROI department.
6. Datavant (on behalf of Cigna) requested records on 11/20/25 for one patient for Medicare risk adjustment data purposes, associated with Outreach ID: 61661826. Records were submitted by our ROI department
7. Datavant (on behalf of United Healthcare) requested records on 11/26/25 for three United healthcare members for Medicare risk adjustment data purposes, associated with Outreach ID: 61799971. Records were submitted by our ROI department

Other External Medical Record Requests:

1. Wellpoint requested records on 9/29/2025 for the Annual HEDIS reporting. The request was for four Ambetter members. Records were submitted by our ROI department.
2. Optum (on behalf of UHC) requested records on 9/29/2025 for Risk Adjustment Data Collection reporting. The request was for six hundred and forty-five members. Records were submitted by our ROI department.
3. Episource (on behalf of Aetna) requested records on 10/16/25 for Risk Adjustment Data Collection reporting. The request was for one Aetna member. Records were submitted by our ROI department.
4. WellCare (on behalf of Centene) requested records on 10/16/2025 for the Annual HEDIS reporting. The request was for one Centene member. Records were submitted by our ROI department.
5. Advantmed (on behalf of Blue Cross Blue Shield) requested records on 10/17/25 for HEDIS reporting. The request was for one Blue Cross Blue Shield of Texas member. Records were submitted by our ROI department.
6. Texas Children's Health Plan requested records on 10/28/2025 for one patient for Encounter data Validation Medical Record review for STAR and STR Kids Providers. Records were submitted by our ROI department.
7. Wellpoint requested records on 10/28/25 for Medicare Risk Adjustment reporting. The request was for one Ambetter member. Records were submitted by our ROI department.
8. Optum (on behalf of UHC) requested records on 10/30/25 for Risk Adjustment Data Collection reporting. The request was for thirteen members. Records were submitted by our ROI department.
9. Advantmed (on behalf of Ambetter) requested records on 11/3/25 for Risk Adjustment Data Collection reporting. The request was for one Ambetter member. Records were submitted by our ROI department.
10. Advantmed (on behalf of Ambetter) requested records on 11/6/25 for Risk Adjustment Data Collection reporting. The request was for two Ambetter members. Records were submitted by our ROI department.
11. Advantmed (on behalf of Ambetter) requested records on 11/7/25 for Risk Adjustment Data Collection reporting. The request was for five Ambetter members. Records were submitted by our ROI department.
12. Advantmed (on behalf of Ambetter) requested records on 11/7/25 for Risk Adjustment Data Collection reporting. The request was for one Ambetter member. Records were submitted by our ROI department.
13. Humana requested records on 11/11/25 for Risk Adjustment Data Collection reporting. The request was for one member who is not associated with the agency. Records were not submitted by our ROI department.
14. Advantmed (on behalf of Ambetter) requested records on 11/12/25 for Risk Adjustment Data Collection reporting. The request was for one hundred and forty-seven Ambetter members. Records were submitted by our ROI department.
15. Centauri Health Solutions (on behalf of Anthem BCBS Healthcare Solutions) requested records on 11/12/25 for Risk Adjustment Data Collection and HEDIS reporting. The request was for two Anthem members. Records were submitted by our ROI department.

The HARRIS CENTER for Mental Health and IDD

16. United Healthcare requested records on 11/12/25 for Quality Review reporting. Records were submitted by our ROI department.
17. Texas Children's Health Plan requested records on 11/18/2025 for one patient for Encounter data Validation Medical Record review for STAR and STAR Kids Providers. Records were submitted by our ROI department.
18. WellCare (on behalf of Centene) requested records on 1120/2025 for the Annual HEDIS reporting. The request was for one Centene member. Records were submitted by our ROI department.
19. WellCare (on behalf of Centene) requested records on 1120/2025 for the Annual HEDIS reporting. The request was for one Centene member. Records were submitted by our ROI department.
20. Anthem requested records on 11/24/2025 for Risk Adjustment Data Collection reporting. The request was for one hundred and forty-seven Ambetter members. Records were submitted by our ROI department.
21. Wellpoint (on behalf of Anthem) requested records on 11/25/25 for Medicare Risk Adjustment reporting. The request was for one Ambetter member. Records were submitted by our ROI department

External Pharmacy Audits:

22. Optum Rx conducted a chart review audit for Southwest Clinic Pharmacy on 9/2/25 to validate claims associated with Invega Hafye INJ 1092mg. The requested documentation was submitted by the pharmacy representative on 9/3/25. Optum Rx validated the claim with no errors identified, confirmed no overpayment, and determined that no recoupment is required from the pharmacy.
23. Optum Rx conducted a chart review audit for Southwest Clinic Pharmacy on 9/11/25 to validate claims associated with Invega Trinz INJ 546 mg. The requested documentation was submitted by the pharmacy representative on 9/12/25. Optum Rx validated the claim with no errors identified, confirmed no overpayment, and determined that no recoupment is required from the pharmacy.
24. Optum Rx conducted a chart review audit for Northeast Clinic Pharmacy on 9/17/25 to validate claims associated with Invega Sust INJ 234/1.5. The requested documentation was submitted by the pharmacy representative on 9/19/25. Optum Rx validated the claim with no errors identified, confirmed no overpayment, and determined that no recoupment is required from the pharmacy.
25. Optum Rx conducted a chart review audit for Northeast Clinic Pharmacy on 9/17/25 to validate claims associated with Uzedy INJ 200mg. The requested documentation was submitted by the pharmacy representative on 9/19/25. Optum Rx validated the claim with no errors identified, confirmed no overpayment, and determined that no recoupment is required from the pharmacy.
26. Optum Rx conducted a chart review audit for Southeast Clinic Pharmacy on 9/19/25 to validate claims associated with Vyvanse Cap 50 mg. The requested documentation was submitted by the pharmacy representative on 9/19/25. Optum Rx validated the claim with no errors identified, confirmed no overpayment, and determined that no recoupment is required from the pharmacy.
27. Optum Rx conducted a chart review audit for Southeast Clinic Pharmacy on 9/30/25 to validate claims associated with Invega Trinz INJ 156mg. The requested documentation was submitted by the pharmacy representative on 09/25/25. Optum Rx validated the claim with no errors identified, confirmed no overpayment, and determined that no recoupment is required from the pharmacy.
28. Optum Rx conducted a chart review audit for Northeast Clinic Pharmacy on 10/08/25 to validate claims associated with Invega Trinz INJ 546mg. The requested documentation was submitted by the pharmacy representative on 10/03/25. Optum Rx validated the claim with no errors identified, confirmed no overpayment, and determined that no recoupment is required from the pharmacy.
29. Optum Rx conducted a chart review audit for Southeast Clinic Pharmacy on 10/08/25 to validate claims associated with Invega Trinz INJ 234/1.5. The requested documentation was submitted by the pharmacy

representative on 10/03/25. Optum Rx validated the claim with no errors identified, confirmed no overpayment, and determined that no recoupment is required from the pharmacy.

30. Optum Rx conducted a chart review audit for Southeast Clinic Pharmacy on 10/07/25 to validate claims associated with Uzedy INJ 200mg. The requested documentation was submitted by the pharmacy representative on 10/02/25. Optum Rx validated the claim with no errors identified, confirmed no overpayment, and determined that no recoupment is required from the pharmacy.
31. Optum Rx conducted a chart review audit for Northwest Clinic Pharmacy on 10/09/25 to validate claims associated with Invega Trinz INJ 546mg. The requested documentation was submitted by the pharmacy representative on 10/06/25. Optum Rx validated the claim with no errors identified, confirmed no overpayment, and determined that no recoupment is required from the pharmacy.
32. Optum Rx conducted a chart review audit for Northeast Clinic Pharmacy on 10/20/25 to validate claims associated with Abilify Asim INJ 960mg. The requested documentation was submitted by the pharmacy representative on 10/15/25. Optum Rx validated the claim with no errors identified, confirmed no overpayment, and determined that no recoupment is required from the pharmacy.
33. Optum Rx conducted a chart review audit for Northwest Clinic Pharmacy on 10/15/25 to validate claims associated with Abilify Asim INJ 960mg. The requested documentation was submitted by the pharmacy representative on 10/10/25. Optum Rx validated the claim with no errors identified, confirmed no overpayment, and determined that no recoupment is required from the pharmacy.
34. Optum Rx conducted a chart review audit for Southeast Clinic Pharmacy on 10/28/25 to validate claims associated with Invega INJ 234/1.5. The requested documentation was submitted by the pharmacy representative on 10/23/25. Optum Rx validated the claim with no errors identified, confirmed no overpayment, and determined that no recoupment is required from the pharmacy.
35. Optum Rx conducted a chart review audit for Northeast Clinic Pharmacy on 10/31/25 to validate claims associated with Invega INJ 410mg and 819mg. The requested documentation was submitted by the pharmacy representative on 10/28/25. Optum Rx validated the claim with no errors identified, confirmed no overpayment, and determined that no recoupment is required from the pharmacy.
36. Optum Rx conducted a chart review audit for Southwest Clinic Pharmacy on 10/27/25 to validate claims associated with Invega INJ 546 mg. The requested documentation was submitted by the pharmacy representative on 11/10/25. Optum Rx validated the claim with no errors identified, confirmed no overpayment, and determined that no recoupment is required from the pharmacy.
37. Optum Rx conducted a chart review audit for Northwest Clinic Pharmacy on 11/7/25 to validate claims associated with Invega INJ 546 mg. The requested documentation was submitted by the pharmacy representative on 11/10/25. Optum Rx validated the claim with no errors identified, confirmed no overpayment, and determined that no recoupment is required from the pharmacy.
38. Optum Rx conducted a chart review audit for Southeast Clinic Pharmacy on 11/11/25 to validate claims associated with Invega INJ 819mg. The requested documentation was submitted by the pharmacy representative on 11/12/25. Optum Rx validated the claim with no errors identified, confirmed no overpayment, and determined that no recoupment is required from the pharmacy.
39. Optum Rx conducted a chart review audit for Southeast Clinic Pharmacy on 11/12/25 to validate claims associated with Invega INJ 546mg. The requested documentation was submitted by the pharmacy representative on 11/12/25. Optum Rx validated the claim with no errors identified, confirmed no overpayment, and determined that no recoupment is required from the pharmacy.
40. Optum Rx conducted a chart review audit for Southwest Clinic Pharmacy on 11/19/25 to validate claims associated with Invega Trinz INJ 819mg. The requested documentation was submitted by the pharmacy representative on 11/12/25. Optum Rx validated the claim with no errors identified, confirmed no overpayment, and determined that no recoupment is required from the pharmacy.

The HARRIS CENTER for Mental Health and IDD

External Program Specific Audits

1. **Harris County Office of County Administration Monitoring Review**
    a. On October 6, 2025, the agency was assessed as having a low program risk and placed in the standard monitoring tier. As part of this tier, the agency underwent biannual and closeout monitoring for SLFRF-funded activities. Harris County reviewed financial, programmatic, and administrative documentation for the period of March 1, 2025, through August 31, 2025. All requested documents were submitted by the Youth Diversion Program Director.
2. **Texas Health & Human Services Licensing Inspection**
    a. On October 9, 2025, the Texas Health and Human Services Commission (HHSC) conducted a health, licensing, and incident inspection to determine whether the Humble Service Center met Day Activity and Health Services (DAHS) licensing standards. The inspection found the facility out of compliance with state licensure requirements. HHSC requested a Plan of Correction. In response, A Plan of Correction was submitted.
3. **Texas Health & Human Services Behavioral Health Services Quality Management Review**
    a. The Health & Human Services Commission, Behavioral Health Services, Quality Management staff conducted a desk follow-up review of The Harris Center accordance with the Fiscal Year 2023 contract numbers: HHS001040100008 SA/TRA Outpatient, HHS001040100021 SA/RF Outpatient, HS000782500006 SA/OSR, and HHS000780700004 SA/CHW to ensure implementation of the corrective action plan reviewed on July 18, 2023. Requested information was submitted. The Harris Center has met all items on the Corrective Action Plan.
4. **Texas State Board of Pharmacy Audit:**
    a. NPC Clinic underwent an inspection by the Texas State Board of Pharmacy. The clinic passed the audit with no unsatisfactory findings or recommendations.

Compliance Executive Audit Summaries

The Harris Center for Mental Health and IDD
The Compliance Department
Executive Summary Cover Sheet
Adult Mental Health (AMH) Early Onset Focus Coding and Billing Review
Review Dates: Review Dates: June 1, 2025-August 31, 2025,

I. Audit Type:

Focus Review

II. Purpose:

The purpose of this audit was to ensure the review emphasized ensuring consistency with Texas Administrative Code (TAC), Centers for Medicare & Medicaid Services (CMS) regulations and guidelines, and internal agency policies and procedures. It also examined adherence to 2025 Current Procedural Terminology (CPT) guidelines, TAC 26 §306.323, documentation requirements for mental health (MH) rehabilitative services, TAC 26 §301.329, the Medical Records System, TAC26 §320.25, communication of rights to individuals receiving mental health services, TAC26§320.59, documentation of informed consent, TAC26 §301.361, documentation of service provision, and the Behavioral Health & Case Management Services Handbook—Texas Medicaid Provider Procedures Manual, Vol. 2, December 2024. The review also considered the Texas Administrative Code regarding MH case management Medicaid reimbursement (26 TEX.) and other relevant statutes, such as TAC§306.277, Telemedicine and telehealth benefits and limitations, HIM.EHR.A.6, MED.B.6, along with policies like the Corporate Compliance Documentation and Claims Integrity Plan (EM.P.4), Code of Ethics (LD.A.13), State Service Contract Monitoring and Performance Reporting (ACC.A.13), Financial Assessment (ACC.A.11), writing off self-pay balances (FM.B.10), charity care procedures (FM.B.11), and Telehealth & Telemedicine procedures (MED.B.6). The audit aimed to identify strengths and areas for improvement to support high-quality care and ensure compliance with regulations.

III. Audit Method:

Active records were randomly selected from the Affiliated Harris Center Encounter Data Inpatient Service Detail Auditing report in the EPIC (EHR) system for individuals served during the 4th quarter of FY 2025 (June 1, 2025 – August 31, 2025). Compliance reviewed thirty-five (35) client encounters containing qualified mental health care provider documentation. The sample size was obtained on October 6, 2025. A desk review was conducted using the Compliance Coding and Billing tool and Clinical Documentation requirements (Client records).

IV. Audit Findings/History:

The Early Onset program was reviewed to assess the accuracy of documentation, coding compliance, and adherence to clinical standards and had an overall score of 97.16%. Overall, the program demonstrated positive engagement and organization; however, several areas were identified for improvement. The audit identified discrepancies including incorrect CPT coding (90792) billed while documentation supports (99213), absence of current Plan of Care, untimely progress notes and completion, lack of individualized goals and detailed assessment/plan, and no evidence of documentation supporting billing and reimbursement, making the service non-reimbursable.

V. Recommendations:

It is recommended that the program leadership of the Adult Mental Health (AMH) Division and the Program Director of the Early Onset Program review the findings and collaborate with the appropriate personnel to assess and ensure that physician and other QMHP services are clinically documented, accurate, and aligned with TAC, CPT, CMS guidelines, and Agency P&P. Compliance will re-evaluate provider documentation and coding in the next ninety days (90 days) to ensure the program has implemented its plan of improvement (POI) regarding documentation integrity and service authorization requirements. Compliance will continue to provide essential support to the AMH Division and Early Onset team regarding their documentation of services, including review of clinical documentation from a credentialed professional coder.

VI. Corrective Actions:

A follow-up will be conducted within 90 days to verify corrective actions and compliance

The Harris Center for Mental Health and IDD
The Compliance Department
Executive Summary Cover Sheet
Comprehensive Psychiatric Emergency (CPEP) Division
Hospital-to-Home Program
Review Dates: 06/01/2025-08/31/2025

I. Audit Type:

Focus

II. Purpose:

The purpose of this audit was to assess the accuracy, completeness, and compliance of clinical documentation and coding practices within the Hospital-to-Home program. The review emphasized ensuring consistency with Texas Administrative Code (TAC), Centers for Medicare & Medicaid Services (CMS) regulations and guidelines, and internal agency policies and procedures. It also examined adherence to 2025 Current Procedural Terminology (CPT) guidelines, Healthcare Common Procedure Coding System (HCPCS)TAC 26 §306.323, documentation requirements for mental health (MH) rehabilitative services, TAC 26 §301.329, the Medical Records System, TAC26 §320.25, communication of rights to individuals receiving mental health services, TAC26 §320.59, documentation of informed consent, TAC26 §301.361, documentation of service provision, TAC 26 §354.2711 Psychosocial Rehabilitative services, the Behavioral Health & Case Management Services Handbook—Texas Medicaid Provider Procedures Manual, Vol. 2, December 2024. The review also considered the Texas Administrative Code regarding MH case management Medicaid reimbursement (26 TEX.) and other relevant statutes, such as TAC§306.277, Telemedicine and telehealth benefits and limitations, HIM.EHR.A.6, MED.B.6, along with policies like the Corporate Compliance Documentation and Claims Integrity Plan (EM.P.4), Code of Ethics (LD.A.13).The audit aimed to identify strengths and areas for improvement to support high-quality care and ensure compliance with regulations.

III. Audit Method:

Active records were randomly selected from the Affiliated Harris Center Encounter Data Inpatient Service Auditing report in the EPIC (EHR) system for individuals served during the 1st quarter of FY 2026 (June 1, 2025 – August 31, 2025). Compliance reviewed Thirty-six (36) client encounters containing qualified mental health care provider documentation, The sample size was obtained on October 20, 2025, A desk review was conducted using the compliance coding tool and clinical documentation requirements (Client records)

IV. Audit Findings/History: Overall Score 99.72%

The Hospital-to-Home program demonstrated exemplary performance during the coding and billing audit. All documentation reviewed met agency and regulatory standards, with evidence of accurate code selection, strong clinical justification, and thorough alignment between services rendered. The program's adherence to compliance expectations reflects effective oversight, provider diligence, and commitment to maintain high-quality documentation practices. No deficiencies or opportunities for correction were identified during the audit cycle.

V. Recommendations:

The hospital-to-Home program demonstrated strong compliance with documentation and coding standards during this audit. Records reflected accurate code selection, appropriate linkage between diagnoses and service rendered, and proper documentation to support medical necessity. It is recommended that the program continue its current documentation and coding practices, as they demonstrate strong compliance with regulatory standards. Ongoing internal monitoring and periodic refresher training are encouraged to maintain this high level of performance.

VI. Corrective Actions:

No corrective actions are required based on the results of this review.

The Harris Center for Mental Health and IDD:
The Compliance Department
Executive Summary Cover Sheet
Comprehensive Psychiatric Emergency Program (CPEP) Division
Hospital to Home Program Comprehensive Audit
Review Dates: November 17, 2025, to November 24, 2025

I. Audit Type:
Comprehensive Review.

II. Purpose:
The purpose of this review was to assess Hospital to Home Operation Guidelines, Medical Requirements, Environmental Requirements, Personnel Requirements, and Clinical Record Requirements for compliance with Health and Human Service (HHS) Information Item V for *Crisis Residential Services* and Texas Administrative Code (TEX. ADMIN. CODE) *26 §301.355 Utilization Management, TEX. ADMIN. CODE 26 §320.75 Monitoring Compliance with Policies and Procedures, TEX. ADMIN. CODE 26 §301.323 Environment of Care and Safety, TEX. ADMIN. CODE 26 §301.359 Telemedicine Services, TEX. ADMIN. CODE 26 §301.351 Crisis Services, TEX. ADMIN. CODE 26 §301.329 Medical Records System, TEX. ADMIN. CODE 26 §320.25 Communication of Rights to Individuals Receiving Mental Health Services, TEX. ADMIN. CODE 26 §320.59 Documentation of Informed Consent, Health and Human Service (HHS) Information Item V for Crisis Respite Services.*

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 4th Qtr. of FY 2025 (June 1, 2025, to August 31, 2025), and the Organizational Development Staff Training Roster Report. Compliance conducted a desk review, sampling ten (10) consumer records and nine (9) personnel records using a modified version of them State Review Tool. Detailed data for this review is presented below.

IV. Audit Findings and History:
The Hospital to Home Program had an overall score of 96.00%. All domains were audited, with operations and medical each scoring 100%. The area of improvements domains consists of environmental with a score of 99% due to an expired health department food service permit, the personnel have a score of 84% with the program not having a signed periodic performance review for one (1) staff member and staff not being current with required annual trainings, and the clinical record which scored 97% attributing to service encounter documentation not evidencing the consumer demonstrating progress or lack of progress towards recovery goals, services provided that was not identified as a treatment goal on the plan of care.

Compliance previously conducted a comprehensive review of the Hospital to Home program in 2023 and had a previous overall score of 92.2%. In the course of the audit, there were identified metrics under the 95% threshold and the program was required to submit a Plan of Improvement (POI). With this most recent review, the program made significant improvements. Results from the most recent review demonstrated that the program scores increased in four (4) of the domains; however, the program is still deficient in the personnel domain. The program provided feedback that staff will be trained on documenting the plan of care and service encounter documentation with all accurate and relevant information as it relates to treatment outcomes, and have staff create an annual training calendar to assist in helping staff stay current with ongoing trainings.

V. Recommendations:
Compliance recommends that the Hospital to Home program review the findings and continue to assess its processes to ensure all required standards are completed in accordance with TEX. ADMIN. CODE: Environment of Care and Safety, Staff Member Training, Provider Responsibilities for Treatment Planning and Service Authorization, Documentation of Service Provision, and Information Item V for Crisis Respite Services. The Hospital to Home program is required to submit a Plan of Improvement (POI) focusing on the elements in Environmental Requirement, Personnel Requirement and the Clinical Record Requirement.

The Harris Center for Mental Health and IDD:
The Compliance Department
Executive Summary Cover Sheet
Comprehensive Psychiatric Emergency Program (CPEP) Division
Independent Living Comprehensive Audit
Review Date: October 6, 2025, to October 17, 2025

I. Audit Type:

Comprehensive Review.

II. Purpose:

The purpose of this review was to assess Independent Living Operation Guidelines, Medical Requirements, Environmental Requirements, Personnel Requirements, and Clinical Record Requirements for compliance with Health and Human Service (HHS) Information Item V for *Crisis Residential Services* and Texas Administrative Code (TEX. ADMIN. CODE) *26 §301.355 Utilization Management, TEX. ADMIN. CODE 26 §320.75 Monitoring Compliance with Policies and Procedures, TEX. ADMIN. CODE 26 §301.323 Environment of Care and Safety, TEX. ADMIN. CODE 26 §301.359 Telemedicine Services, TEX. ADMIN. CODE 26 §301.351 Crisis Services, TEX. ADMIN. CODE 26 §301.329 Medical Records System, TEX. ADMIN. CODE 26 §320.25 Communication of Rights to Individuals Receiving Mental Health Services, TEX. ADMIN. CODE 26 §320.59 Documentation of Informed Consent, Independent Living Operational Guidelines, and Harris County Housing & Community Development (HCD) 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 4th Qtr. of FY 2025 (June 1, 2025, to August 31, 2025), and the Organizational Development Staff Training Roster Report. Compliance conducted a desk review, sampling ten (10) consumer records and eight (8) personnel records using a modified version of the STATE Review Tool. Detailed data for this review is presented below.

IV. Audit Findings and History:

Independent Living Program has an overall score of 83.60%. All domains were audited, with operations and medical each scoring 100%. The area of improvements domains consist of environmental with a score of 80% due to not meeting the required occupancy rate and not completing monthly fire extinguisher inspections, personnel has a score of 60% resulting in staff not being current with annual trainings, and the clinical record which scored 78% attributing to the rights acknowledgement form not signed by staff, the plan of cares missing several required elements, service encounter documentation does not reflect progress or the lack of progress for the person served, and not having a completed safety plan in the EHR.

Compliance previously conducted a comprehensive review of the Independent Living program in April 2024. The program achieved a previous overall score of 80%. The audit revealed metrics below the 95% compliance threshold and the program was required to submit a Plan of Improvement (POI). The results from the most recent review demonstrated that the program scores increased in four (4) of the domains. However, the program is still below the 95% threshold in three domains. The program submitted a POI detaining the action steps that will be taken to correct the deficiencies to ensure that program operations are in compliance with regulatory requirements.

V. Recommendations:

Compliance recommends that the Independent Living program review the findings and continue to assess its processes to ensure all required standards are completed in accordance with TEX. ADMIN. CODE: Environment of Care and Safety, Staff Member Training, Communication of Rights to Individuals Receiving Mental Health Services, Provider Responsibilities for Treatment Planning and Service Authorization, Documentation of Service Provision, HCD Project Contract Agreement, Independent Living Operational Guidelines and Information Item V for Crisis Residential Services. The Independent Living program is required to submit a Plan of Improvement (POI) focusing on the elements in Environmental Requirement, Personnel Requirement, and the Clinical Record Requirement.

The Harris Center for Mental Health and IDD:
The Compliance Department
Crisis Stabilization Unit (CSU)
1st Quarter (Qtr.) of Fiscal Year (FY) 2026
Executive Summary Cover Sheet

I. Audit Type:
Comprehensive Review

II. Purpose:
The purpose of this review was to determine if the Crisis Stabilization Unit (CSU) program had made improvements to program process and if there were following the rules and regulations governing the Crisis program. The program was under a Plan of Improvement (POI) from a Comprehensive review conducted during the 4th Qtr. of FY 24.

III. Audit Method:
A client roster that included persons served during the 4thQtr. FY 2025 (June 1, 2025-August 31, 2025) and an employee roster was requested from and provided by program leadership. Fifteen (15) client records were selected by using an Excel formula to generate a random number list. Three (3) employee records were reviewed. The review utilized an audit tool developed by Compliance. It consisted of five (5) components: policy and procedure requirements (policy), environment requirements (environment), medical requirements (medical), personnel requirements (personnel), and client record requirements (client records).

IV. Audit Findings and History: Overall Program Score:
The comprehensive overall review score for CSU was 94.14%. All domains were reviewed with strengths noted in medical and environment with a respective 100% score. Areas of improvement were noted in Operations (93.02%), Personnel (91.43%), and Client Records (86.26%). Compliance noted the program did not complete updating the program's Operational guidelines and are still in the process of updating those guidelines. Compliance also noted that the program was not documenting any evidence of discharge activities prior to discharge, which is a program requirement. The program charts did not contain all elements mandated by TEX. ADMIN. CODE or Item V; staff were not trained or recertified in Handle with Care; discharge planning was not being completed; discharge planning activities were not documented; intake assessments, and crisis services did not include all required information. Compliance has previously completed a Comprehensive review of the CSU Program and noted that there was some improvement in program documentation. Compliance completed a comprehensive review of the CSU program during quarter four of Fiscal Year 2024. The program previously scored 80.68% and has shown a significant improvement in FY26.

V. Recommendations:
The Program should continue to review client documentation (e.g., progress notes, treatment plans, admission documentation, and discharge documentation), employee records (i.e., annual training requirements), and program documentation (i.e., operational guidelines) for compliance with regulatory standards. A Plan of Improvement (POI) is required to address the deficiencies noted in this report. The program should also continue to address the POI from previous review.

The Harris Center for Mental Health and IDD:
The Compliance Department
Executive Summary Cover Sheet
Jail Forensic Competency and Sanity Focus Review
Review Date: September 30, 2025, to October 20, 2025

I. Audit Type:
Focus Review

II. Purpose:
This review was conducted to determine if the Jail Forensic Competency and Sanity program was compliant with the Texas Administrative Code (Tex. Admin. Code) Competency and Credentialing 26 Tex. Admin. Code § § 301.331 (h)(1), (h)(2), (h)(4), 301.331(a)(3)(A)(v), (viii), (x); Health Insurance Portable and Accountability Act(HIPAA) Authority CFR Parts 160 and 164; Staff Training in Rights of Individuals Receiving Mental Health Services 26 Tex. Admin. Code §§ 320.29; Interlocal Agreement; Jail Forensic Competency and Sanity Program Description; Harris Center policies and procedures HR.B.35 Credentialing, Re-Credentialing Guideline & Procedure and MED.MH.A.1 Suicide/Violence Behavioral Crisis Intervention.

III. Audit Method:
A client roster for individuals served during the fourth quarter of FY 2025 (June 1, 2025- August 31, 2025) was not available for review. However, program leadership provided a list of all eleven (11) employees assigned to the program during this period. The review was conducted using an audit tool developed by the Compliance department

IV. Audit Findings and History:
Compliance had not previously conducted a focused review of the Jail Forensic Competency and Sanity Program. The program demonstrated strong overall performance, achieving an overall compliance score of 88.55%. In the Operations category, the program excelled with a perfect score of 100%, reflecting robust operational practices; however, the review identified several compliance issues related to personnel records. Specifically, multiple staff members did not complete the required agency training courses, resulting in a compliance score of 77.10% in this area. Additionally, the program must develop a plan to ensure staff acknowledgment of policies and procedures. This gap was attributed to staff not activating their Policy Stat accounts, which are essential for confirming policy review and compliance.

V. Recommendations
The Program should continue to review staff records to ensure compliance with applicable regulatory standards. Regular coordination with Human Resources should be maintained to verify training records and ensure all employees remain current on required training courses. Additionally, internal policies and procedures should be developed and aligned with the requirements outlined in the Texas Administrative Code. A Plan of Improvement (POI) is required to address the deficiencies identified in this report. Compliance will assess the program's progress toward completion of the POI within 90 days.

The Harris Center for Mental Health and IDD:
The Compliance Department
Executive Summary Cover Sheet
Jail-Based Competency Restoration Focus Review
Review Date: November 11, 2025, to November 25, 2025

I. Audit Type:
Focus Review

II. Purpose:
This review was conducted to determine if the Jail-Based Competency Restoration program was compliant with the Texas Administrative Code (Tex. Admin. Code) Competency and Credentialing §26 Tex. Admin. Code §§ 301.331 (h)(1), (h)(2), (h)(4), 301.331(a)(3)(A)(vi), (viii), (x),301.331(a)(B)(i)(ii); Service Standards §307.109(b)(2)(3)(4) Health Insurance Portable and Accountability Act(HIPAA) Authority CFR Parts 160 and 164; Staff Training in Rights of Individuals Receiving Mental Health Services 26 Tex. Admin. Code §§ 320.29(1)(3); Jail-Based Competency Restoration Statement of Work; Interlocal Agreement; Jail-Based Competency Restoration Program Description; Harris Center policies and procedures HR.B.35 Credentialing, Re-Credentialing Guideline & Procedure and MED.MH.A.1 Suicide/Violence Behavioral Crisis Intervention

III. Audit Method:
A client roster for individuals served during the fourth quarter of FY 2025 (June 1, 2025 - August 31, 2025) was provided by program leadership for review. Ten (10) active records were randomly selected for this review. The program leadership provided a list of seventeen (17) employees assigned to the program during this review period. All seventeen employees (17) were reviewed. The review was conducted using an audit tool developed by the Compliance department.

IV. Audit Findings and History:
The recent audit of the Jail-Based Competency Restoration program revealed an overall compliance score of 93.50%, highlighting strong performance in Clinical Records, which achieved a perfect score of 100%. However, the review identified several areas for improvement related to personnel requirements and mandatory trainings. Specifically, multiple staff members did not complete the required agency training courses, resulting in a compliance score of 87.00% in this area. Additionally, gaps were observed in policy and procedure acknowledgments. This was the first focused compliance review of the program. There was an earlier HHSC audit in September 2024 that required a Corrective Action Plan (CAP). The CAP was approved, and a follow-up review in August 2025 confirmed that all prior citations were successfully cleared, demonstrating significant progress and commitment to compliance.

V. Recommendations:
The Program should continue to review staff records to ensure compliance with applicable regulatory standards. Regular coordination with Human Resources should be maintained to verify training records and ensure all employees remain current on required training courses. Additionally, internal policies and procedures should be developed and aligned with the requirements outlined in the Texas Administrative Code. A Plan of Improvement (POI) is required to address the deficiencies identified in this report. Compliance will assess the program's progress toward completion of the POI within 90 days.

The Harris Center for Mental Health and IDD
The Compliance Department
Executive Summary Cover Sheet
Intellectual & Developmental Disabilities (IDD) Division Early Childhood Intervention Services (ECI) Comprehensive Review
Review Dates: August 11, 2025-September 29, 2025

I. Audit Type:
Comprehensive

II. Purpose:
This review was conducted to determine if the ECI program was compliant with the Texas Administrative Code Title 26, Part 1, Health and Human Services Commission, Chapters 301, 350, 558, and 564; Title 28, Part 2, Texas Department of Insurance, Division of Workers' Compensation, Chapter 110; Title 28, Part 6, Office of Injured Employee Counsel, Chapter 276; and Title 40, Part 20, Texas Workforce Commission, Chapter 815; the Texas Labor Code; the Texas Government Code; United States Code Titles 29 and 42; Code of Federal Regulations Titles 26, 29, and 41; and Harris Center Policies and Procedures.

III. Audit Method:
A client roster for persons served during the 3rd Qtr. FY 2025 (March 1, 2025-May 31, 2025) and employee roster was provided by program leadership. Twenty (20) clients and ten (10) employees were randomly selected using an Excel formula to generate a random number list. The review used an audit tool developed by Compliance.

IV. Audit Findings/History:
The overall score was 85.19%. Compliance noted that agency staff are not fulfilling annual training requirements or annual policy acknowledgements; are not accurately completing consent and client rights documentation; are not including all required elements of Individualized Family Service plans, progress notes, or case management notes; are not documenting transition discussions; clients are being provided required information during the enrollment process (e.g., the HHSC sliding fee scale or information that would make the child ineligible for the program); and the program has not developed internal procedures in accordance with Administrative Code requirements. Compliance has not previously conducted a comprehensive review of the ECI program.

V. Recommendations:
Program leadership should continue to review client documentation for compliance with regulatory standards, periodically provide targeted training based on self-monitoring results, ensure employees remain current on all required training courses, and develop internal policies and procedures as indicated by the Texas Administrative Code.

VI. Corrective Actions:
Compliance will review the program's progress towards completion of its Plan of Improvement within 90 days.

The Harris Center for Mental Health and IDD
The Compliance Department
Executive Summary Cover Sheet
General Revenue (GR) and Service Authorization Monitoring (SAM)
Review Dates: September 22,2025-October 13,2025

I. Audit Type:

Comprehensive Review

II. Purpose:

Compliance conducted this review to determine whether the General Revenue (GR) and Service Authorization Monitoring (SAM) programs effectively implemented the corrective action plan submitted to the Texas Health and Human Services Commission (HHSC). The review assessed adherence to specific provisions of the Texas Administrative Code, including: *26 Tex. Admin. Code §330.9(e)(1)(A)* (Process for Enrollment of Applicants); *26 Tex. Admin. Code §§301.155(c)(d)* (Complaint Process); *26 Tex. Admin. Code §334.117(c)* (Rights/Guardianship); *26 Tex. Admin. Code §330.15(b)(1–3)* (Personalized PDP/IPC Development); 26 Tex. Admin. Code §331.7(a)(1) (Behavior Planning and Restriction Approvals); 26 Tex. Admin. Code *§§331.5(29)(B), 331.5(32)(A–D)*, and *331.11(g–h*) (Initial/Annual Required Documentation); 26 Tex. Admin. Code §331.7(a)(1)(A) (Service Coordination Assessment); *26 Tex. Admin. Code §331.11(a)* (Discovery Process and Person-Directed Planning); *26 Tex. Admin. Code §331.11(b)(1)(A), §331.11(d)(1–2)* (Service Coordination Monitoring and Minimum Contact); and *26 Tex. Admin. Code §331.21(a)(5), §330.9(d)(1–2).*

III. Audit Method:

During the first quarter of Fiscal Year 2026, reviewing the period from June 1, 2025, through August 30, 2025, the Compliance Department conducted a comprehensive review of client records from the IDD Service Coordination (SC) programs funded through General Revenue (GR) and Service Authorization Monitoring
(SAM). A sample of twenty-five (25) client records was randomly selected from the roster of individuals served during this timeframe. The review was performed using a state audit tool that had been modified by Compliance to align with internal standards and expectations. The primary objective of the audit was to evaluate the accuracy, completeness, and timeliness of documentation related to service delivery, person-centered planning, eligibility verification, and coordination activities along with personnel and operational.

IV. Audit Findings/History:

Compliance had not previously conducted a comprehensive review of the GR/SAM-Service Coordination Program. Key findings included staff failing to complete the required agency training and mandatory policy acknowledgments, which raise concerns about regulatory alignment and accountability. Additionally, many staff members did not claim their Policy Stat accounts, potentially contributing to missed acknowledgments and limiting access to updated policies. These issues highlight the need for improved oversight and engagement with compliance protocols across the program. The program had an overall Score of 97.18%.

V. Recommendations:

To support a culture of compliance and ensure alignment with organizational standards, it is recommended that all program staff be immediately notified of the requirement to claim their Policy Stat accounts and complete any outstanding policy acknowledgments. In addition, guidance or training sessions should be provided to help staff understand how to access and use Policy Stat effectively. A follow-up audit will be conducted within 90 days to assess progress and verify full compliance. Program leadership is encouraged to actively monitor staff compliance and address any barriers that may hinder completion. Prompt attention to these matters will reinforce accountability and promote consistent adherence to organizational policies.

VI. Corrective Actions:

A follow-up audit will be conducted within 90 days to assess progress and verify full compliance.

The Harris Center for Mental Health and IDD
The Compliance Department
Executive Summary Cover Sheet
Individualized Skills and Socialization Service (ISS)
Review Dates: October 28,2025 – December 1,2025

I. Audit Type:
Comprehensive Review

II. Purpose:
The purpose of this compliance review was to evaluate whether the Individualized Skills and Socialization (ISS) programs operate in accordance with the Texas Administrative Code. The review focused on key provisions, including *26 Tex. Admin. Code §566.7(b)(1)*, which outlines service delivery requirements such as maintaining individual records, participating in service planning, and documenting progress toward outcomes; *§566.9*, which sets standards for staff qualifications, training, and responsibilities to ensure safe and effective service delivery; *§566.11*, which addresses quality assurance by requiring providers to assist individuals in understanding program requirements, maintain communication rights, and protect individuals from harm; and *§566.15*, which mandates education and reporting procedures related to abuse, neglect, and exploitation, including immediate reporting to DFPS and annual staff training on prevention and reporting protocols.

III. Audit Method:
A client roster of individuals served during the fourth quarter of Fiscal Year (FY) 2025, covering August 1, 2025, through October 31, 2025, was obtained from the Intellectual and Developmental Disabilities ISS program. This audit was conducted during the first quarter of FY 2026. A sample of twenty (20) client records were selected for review as part of a comprehensive compliance audit. The review utilized a state-approved audit tool, which was adapted by the Compliance Department to align with internal protocols and regulatory requirements. Each record was assessed for compliance with applicable standards, service documentation, and program guidelines. Additionally, a staff training transcript was provided through the Organizational Development Staff Training Roster Report.

IV. Audit Findings/History:
Compliance previously conducted a comprehensive review of the ISS Program during the third quarter of FY 2025 (December 1, 2024, through February 28, 2025), which resulted in a score of 78.27%. In the current review, the program demonstrated significant improvement, achieving an overall score of 92.85%. Performance in client records was exemplary, with a perfect score of 100%. However, several compliance gaps were identified, primarily related to staff training. Many staff members did not complete the required agency training courses, resulting in a training compliance score of 71.42%, with specific deficiencies outlined under Areas of Improvement. On a positive note, the program excelled in operations and environment standards, earning a perfect score of 100%. These findings highlight the need for strengthened oversight and increased engagement with compliance protocols, particularly in staff training.

V. Recommendations:
The Program should continue to evaluate its internal processes and regularly review documentation to ensure all required standards are met in accordance with applicable regulatory requirements. The Vice President (VP) of the IDD Division, in collaboration with Program leadership, is responsible for overseeing this initiative and ensuring that corrective actions are implemented where necessary. required documentation is in the record. A Plan for Improvement (POI) is required to address the deficiencies noted in this report.

VI. Corrective Actions:
A follow-up audit will be conducted within 90 days to assess progress and verify full compliance.

The Harris Center for Mental Health and IDD
The Compliance Department
Executive Summary Cover Sheet
Permanency Plan (PPI)
Review Dates: October 28,2025 – December 9,2025

I. Audit Type:

Follow-up Review

II. Purpose:

The purpose of this compliance review was to assess whether the required Permanency Plan is being completed in accordance with the Texas Administrative Code. This review specifically examined compliance with 26 Tex. Admin. Code §330.11(c)(1)(B), which establishes eligibility, enrollment, and review requirements for permanency planning. Under this provision, a Local Intellectual and Developmental Disability Authority (LIDDA) is required to conduct permanency planning for individuals under 22 years of age who are receiving residential support or supervised living services from Home and Community-based Services (HCS) or Enhanced Community Coordination (ECC) Program provider within the LIDDA's local service area. The review evaluated documentation and processes to ensure that these requirements are consistently met, with particular attention to timeliness, completeness, and adherence to regulatory standards. Findings from this review will inform recommendations for corrective actions or process improvements where necessary to maintain compliance and support quality care for individuals served.

III. Audit Method:

A client roster of individuals served during the fourth quarter of Fiscal Year (FY) 2025 (July 1, 2025, through September 30, 2025) was obtained from the Intellectual and Developmental Disabilities Home and Community-Based Services (HCS) and Enhanced Community Coordination (ECC) programs. The compliance audit was conducted during the first quarter of FY 2026. A stratified sample of twenty-eight (28) client records was selected for review to assess adherence to regulatory and internal requirements. The evaluation utilized a state-approved audit instrument, which was customized by the Compliance Department to reflect organizational protocols and applicable statutory and contractual standards. Each record was examined for compliance with governing regulations, service documentation accuracy, and program-specific guidelines.

IV. Audit Findings/History:

The Health and Human Services Commission (HHSC) recently conducted an audit to verify The Harris Center's compliance with the permanency plan completion target of 95%, as stipulated in the Fiscal Year (FY) 2025 Performance Contract for second-quarter performance measures. In accordance with Attachment D-1, Article 3, Section 3.5 of the Contract, HHSC issued notice to The Harris Center for Mental Health and IDD regarding its failure to meet the required performance outcome for permanency plan completions. Based on FY 2025 second-quarter data, the Local Intellectual and Developmental Disability Authority achieved a completion rate of 77%, which falls below the required 95% target. Pursuant to Attachment D-1, Article 3, Section 3.4 of the Contract, HHSC imposed a sanction of $4,768.45 against The Harris Center for Mental Health and IDD. This amount aligns with the sanction schedule outlined in the Contract. During the current review, the program was unable to provide complete access to the data to validate the current completion target. The overall score of the permanency plans received was 82.76%. While documentation within client records was consistent, several compliance gaps were identified, primarily related to incomplete permanency plans and failure to retain a copy of the Permanency Planning Review Approval Status View Screen from the HHSC data system in the client's record.

V. Recommendations:

The Program should continue to evaluate its internal processes and conduct regular reviews of documentation to ensure compliance with all applicable regulatory standards. Oversight of this initiative, including the implementation of corrective actions where necessary, rests with the Vice President (VP) of the IDD Division in collaboration with Program leadership. All required documentation must be maintained in the record. A Plan of Improvement (POI) is required to address the deficiencies identified in this report.

VI. Corrective Actions:

A follow-up audit should be conducted within 90 days (February 2026) to assess progress and verify full compliance.

The Harris Center for Mental Health and IDD
The Compliance Department
Executive Summary Cover Sheet
Early Onset Psychosis Program
Review Dates: October 1, 2025-October 24, 2025

I. Audit Type:
Comprehensive

II. Purpose:
The purpose of this review was to determine if the program was 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, and Harris Center policies and procedures. An annual Operational Review was also conducted as part of the comprehensive review.

III. Audit Method:
Program leadership provided a client roster of persons served during the 4th Qtr. FY 2025, including those admitted or discharged within the review period. Excel-based formulas were used to calculate the ratios of admitted and discharged clients relative to the total roster. A random sample of 21 clients was generated using Excel functions, ensuring representation across admission, discharge, and enrollment categories. Additionally, an employee roster was provided, and all staff members were included in the review, except for one individual hired during the review period.

IV. Audit Findings/History:
The program had an overall score of 92.78%. Compliance noted staff are not completing annually-required training courses or policy acknowledgements in a timely manner; are not completing required Consent for Service/Rights Acknowledgement documents correctly; are not providing all services listed on the client's plan of care (POC); are not including all required elements of a plan of care or plan of care review, obtaining required signature on POCs within established timeframes, providing the client a copy of the POC, or completing plan of care reviews within required timeframes; and are not including all required elements of progress notes or case management notes.

V. Recommendations:
The program should continue to review client documentation for compliance with regulatory standards, provide periodic targeted training based on self-monitoring results, and ensure employees remain current on all training courses.

VI. Corrective Actions:
Program leadership submitted a Plan of Improvement with focused strategies and clear accountability to address key opportunities and ensure measurable results.

The Harris Center for Mental Health and IDD
The Compliance Department
Executive Summary Cover Sheet
Outreach, Screening, Assessment, and Referral Program (OSAR)
Review Dates: November 18, 2025-December 11, 2025

I. Audit Type:
Comprehensive/Plan of Improvement Follow-up

II. Purpose:
The purpose of this review was to determine if the program was 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) Attachment A Scope of Grant Project (SOG) document, HHSC's Performance Contract Notebook (PCN) FY 26-27, and Harris Center policies and procedures; and if the program had successfully implemented processes to rectify the deficiencies noted in the comprehensive review conducted during the 2nd Qtr. FY 2025. An annual Operational Review was also conducted as part of the comprehensive review.

III. Audit Method:
Program leadership provided a client roster of persons served during the 1st Qtr. FY 2026 (September 1, 2025-November 1, 2025). Excel-based formulas were used to calculate the ratios of clients to each licensed chemical dependency counselor (LCDC) relative to the total roster. A random sample of 56 clients (approximately 20% of clients seen during the review period) was generated using Excel functions, ensuring representation across all LCDCs. An employee roster was also provided by program leadership. All Harris Center OSAR employees (total of 3) were included in the review. An appropriate review tool was developed by Compliance.

IV. Audit Findings/History:
The program had an overall score of 93.02%--a slight decrease compared to the FY 2025 audit score of 94%. The program surpassed the minimum threshold score of 95.00% in the operations, medical, and environment components. The program did not surpass the minimum threshold score in the personnel or client records components. The program partially resolved issues noted during the FY 2025 comprehensive review, such as operating according to a current operational plan (operations component), and including the client's response during motivational interviewing sessions (client records component). Compliance noted opportunities for improvement in employee training requirements (i.e., timely completion of assigned training courses) and client records documentation (e.g., completing follow-ups with clients within 48 hours of the initial screening and including all required elements in case closure notes).

V. Recommendations:
The program should continue to review client documentation for compliance with regulatory standards, provide periodic targeted training based on self-monitoring results, and ensure employees remain current on all training courses.

VI. Corrective Actions:
The program director stated the Harris Center OSAR team would conduct monthly documentation audits of The Council on Recovery's provision of OSAR services to resolve the client records deficiencies. Compliance also provided the program director with a Plan of Improvement to present to OSAR leadership at The Council on Recovery.

The Harris Center for Mental Health and IDD
The Compliance Department
Executive Summary Cover Sheet
YES Waiver Program
Review Dates: October 27, 2025-November 7, 2025

I. Audit Type:

Plan of Improvement (POI)/ Corrective Action Plan (CAP) Follow-Up Audit

II. Purpose:

The purpose of this review was to determine the YES Waiver program's compliance with Texas Administrative Code (Tex. Admin. Code), the Texas Health and Human Services Commission's (HHSC) *YES Policy Manual*, and Harris Center policies and procedures; and to determine if the program had successfully completed its Plan of Improvement issued after the 1st Qtr. FY 2025 comprehensive review.

III. Audit Method:

Program leadership provided a client roster of persons served during the 4th Qtr. FY 2025. Excel-based formulas were used to calculate the ratios of clients to each wraparound facilitator relative to the total roster. A random sample of 42 clients was generated using Excel functions, ensuring representation across all facilitators. An employee roster was also provided by program leadership. A random sample of 13 employees was generated using Excel functions. An appropriate review tool was developed by Compliance.

IV. Audit Findings/History:

Th program had an overall score of 90.10% which was a slight decrease from the FY 2025 audit score of 91%. The program surpassed the minimum threshold score of 95% in the operations component but did not surpass the minimum threshold in the personnel or client records components. The program partially resolved issues noted during the FY 2025 comprehensive review, such as wraparound supervisor to facilitator ratio, HHSC required training courses, and timely submission of critical incident reports. Compliance noted staff are not completing annually-required training courses or policy acknowledgements in a timely manner; are not completing required Consent for Services/Rights Acknowledgement documents correctly; are not providing all services listed on the client's wraparound plan; are not completing clinical eligibility assessments within accepted timeframes, are not submitting critical incident reports in a timely manner; and subcontractors are not including all required elements on progress notes.

V. Recommendations:

The program should continue to review client documentation for compliance with regulatory standards, provide periodic targeted training based on self-monitoring results, and ensure employees remain current on all training courses and policy acknowledgements. Program leadership should continue implementing the previous POI protocols and communicate with Performance Improvement to resolve the remaining deficiencies.

VI. Corrective Actions:

The program should continue its most recent POI and consult with Performance Improvement to resolve remaining deficiencies.

The Harris Center for Mental Health and IDD:
The Compliance Department
Executive Summary Cover Sheet
Dual Diagnosis Residential Program (DDRP) Follow-up Review
Review Date: November 18, 2025, to November 20, 2025

I. Audit Type:
Follow-up Review

II. Purpose:
This follow-up review was conducted to assess whether the Dual Diagnosis Residential Program (DDRP) is in compliance with its Plan of Improvement action plan, the Texas Administrative Code requirements for *Documentation of Service Provision (including begin and end times of service) as outlined in 26 Tex. Admin. Code §301.361(a)(4*), as well as the *Interlocal Contract Modification for the Supportive Residential Treatment Program (Group Hours)*.

III. Audit Method:
A client roster for individuals served during the fourth quarter of FY 2025 (June 1, 2025 - August 31, 2025) was provided by the program. From this roster, ten (10) individuals enrolled in the DDRP program were randomly selected for review. The review was conducted using an audit tool developed by the Compliance department.

IV. Audit Findings and History:
Compliance previously conducted a comprehensive review of the DDRP Program, identifying two metrics below the 95.00% compliance threshold. In the initial audit, the program scored 0% for group hour requirements and 71.00% for documenting beginning and end time of service. In the follow-up audit, compliance reassessed these metrics, and the program demonstrated exceptional performance, achieving 100.00% compliance on both items**.** The program successfully addressed prior deficiencies and completed its plan of improvement.

V. Recommendations
The Program should continue to review staff and client records to ensure compliance with applicable regulatory standards and the Interlocal Contract Modifications. A Plan of Improvement (POI) is not required.

VI. Corrective Actions
The program successfully met its outlined requirements in the plan of improvement. No further actions are necessary.

The Harris Center for Mental Health and IDD
The Compliance Department
Executive Summary Cover Sheet
Agency Wide Training Audit
Review Dates: November 2025

I. Audit Type:

Focus

II. Purpose:

The purpose of this focused audit was to obtain a high-level view of current training compliance across divisions by reviewing assignment and completion status for six required trainings in Absorb (learning module system for the agency). This review was designed to assess current visibility, progress monitoring, and consistency across divisions, rather than historical annual due dates.

During the transition in learning module systems from Saba to Absorb in 2024, annual training timelines were not emphasized, as delays during the system migration created inconsistencies that do not accurately reflect current compliance practices. All reviewed trainings are present and assigned in Absorb.

III. Audit Method:

A sample size of 10% of all active employees was selected for review across six required trainings applicable across the agency. Training was analyzed for active employees only and results are broken down by overall scores and individual training. The trainings were audited up until November 1st, 2025. Detailed findings and data analysis from this review are presented in the sections below.

IV. Key Findings/History:

Compliance has not previously conducted a Focus review over our agency wide training compliance. Individual programs are audited for training records within comprehensive audits. Late 2024, there was a change in the learning module system from Saba to Absorb. Key findings are as follows:

1. All required trainings reviewed are assigned and accessible in Absorb. No gaps were identified in system assignment for active employees at the time of the review.
2. Supervisors have had initial training to Absorb 'Manager View' upon the change in learning module systems. Organizational Development will be sending a refresher to leaders.
3. Employees have access to a large volume of content within Absorb, which may contribute to required trainings being delayed without clear prioritization guidance. Starting in July 2025, a training checklist was implemented and is currently being provided to new hires during orientation.

V. Recommendations:

To maintain compliance across the agency, supervisors should receive targeted guidance on how to monitor training progress in Absorb. Training supervisors on how to review assignments, identify overdue trainings, and conduct regular compliance checks will help create accountability and standard practices across the agency. Clearer communication to employees about which training courses are required is also important and is already underway for new employees. Employees who started prior to summer 2025 should receive the same training guidelines and refer to our intranet for a requirement list. As a longer-term strategy, leadership may consider setting standard expectations for supervisors to review training compliance at specific intervals (during supervision meetings, quarterly check-ins, or annual performance review). This proactive approach would help ensure consistency and improve oversight across all divisions.

Datavant Medical Record Requests

datavant
Formerly named Ciox Health

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

Chart Review Request

To:	Medical Records	Date:	10/1/2025
Fax Number:	[redacted]	Phone Number:	[redacted]

ACTION REQUESTED: Please respond within 8 days of receipt of this request.
Please call [redacted] 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

- [redacted]
- [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:
[redacted]

5. Mail:
Mark "Confidential" on the envelope and mail the medical records to:
Datavant
[redacted]

OCT 02 2025

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

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.

Wellpoint

Arizona • Iowa • New Jersey • Tennessee • Texas • Washington | Medicare Advantage

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

Dear Provider:

The CMS requires us to submit complete and accurate diagnostic data regarding members enrolled in certain Medicare covered health plans. Accordingly, we request your cooperation in facilitating a medical record review of January 1,2024- Present for some of your patients enrolled in such plans.

We have engaged Datavant to retrieve records and/or perform reviews of medical charts. A Datavant representative will work with you to provide retrieval options and a list of the requested members' medical records for services rendered from January 1,2024-Present.

Please include all medical record documentation available for this chart review, including:

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

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

If there are no encounter notes for the member, please indicate CNA (chart not available) by the chart ID and provide comments explaining why the chart is not available.

If available, also include:

- *Health Maintenance Form*

https://provider.wellpoint.com

Coverage provided by: In Arizona: Wellpoint Texas, Inc., Wellpoint Ohio, Inc., or Wellpoint Insurance Company. In Iowa: Wellpoint Iowa, Inc. In New Jersey: Wellpoint New Jersey, Inc. or Wellpoint Insurance Company. In Tennessee: Wellpoint Tennessee, Inc. or Wellpoint Insurance Coverage. In Texas: Wellpoint Insurance Company or Wellpoint Texas, Inc. In Washington: Wellpoint Washington, Inc., who profoundly acknowledges and respects the inherent sovereignty of the federally recognized tribes in Washington state. In our efforts to promote high-quality healthcare, we honor the tribal right of self-governance, holding in deep esteem the government-to-government relationship existing between the state and the tribes, a bond reiterated by the *Centennial Accord* and established by *RCW 43.376*. We heartily commit to enhancing our coordination, collaboration, and communication with tribal health programs and providers. Our activities are driven by an intent of respect, understanding, and recognition of the deeply rooted traditions and values of the tribal communities.

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

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

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

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

Thank you in advance for your help. If you have any questions about scheduling this review, please email chartreview@datavant.com or call [redacted] during Mon-Fri 9:00 AM ET to 8:00 PM ET.

Sincerely,

Wellpoint

Privacy information

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

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

In this case, Datavant is a business associate of ours and, consistent with federal law, is conducting chart reviews for the purposes of risk adjustment, quality assessment, and improvement activities on our behalf. Datavant has entered into a business associate subcontract with Datavant in accordance with the applicable HIPAA and ARRA requirements.

These agreements allow Datavant to access and use PHI on behalf of us for the purposes of, among other things, risk adjustment, quality assessment, and improvement activities.

datavant
Formerly named Ciox Health

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

Chart Review Request

To:	Medical Records	Date:	10/15/2025
Fax Number:	[redacted]	Phone Number:	[redacted]

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:

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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

- [redacted]
- [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 [redacted]

5. Mail:
Mark "Confidential" on the envelope and mail the medical records to:
Datavant
[redacted]

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> **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

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OCT 16 2025

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RECEIVED

Wellpoint

Arizona • Iowa • New Jersey • Tennessee • Texas • Washington | Medicare Advantage

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

Dear Provider:

We are committed to improving the quality of care provided to our members and required by CMS to submit complete and accurate diagnostic data for members enrolled in certain health plans. Accordingly, we request your cooperation to facilitate a medical record review of January 1, 2024, through December 31, 2025, for a certain number of your patients enrolled in such plans.

We have engaged Optum and Datavant to conduct retrieval of records for the medical chart review. A Datavant representative will work with you to provide retrieval options and a list of the requested members' medical records.

Please include all medical record documentation available for this chart review, including:

- Progress notes
- History and physical
- Consult and specialist notes or letters • Operative and pathology notes

https://provider.wellpoint.com

Coverage provided by: In Arizona: Wellpoint Texas, Inc., Wellpoint Ohio, Inc., or Wellpoint Insurance Company. In Iowa: Wellpoint Iowa, Inc. In New Jersey: Wellpoint New Jersey, Inc. or Wellpoint Insurance Company. In Tennessee: Wellpoint Tennessee, Inc. or Wellpoint Insurance Coverage. In Texas: Wellpoint Insurance Company or Wellpoint Texas, Inc. In Washington: Wellpoint Washington, Inc., who profoundly acknowledges and respects the inherent sovereignty of the federally recognized tribes in Washington state. In our efforts to promote high-quality healthcare, we honor the tribal right of self-governance, holding in deep esteem the government-to-government relationship existing between the state and the tribes, a bond reiterated by the *Centennial Accord* and established by *RCW 43.376*. We heartily commit to enhancing our coordination, collaboration, and communication with tribal health programs and providers. Our activities are driven by an intent of respect, understanding, and recognition of the deeply rooted traditions and values of the tribal communities.

MULTI-WP-CR-080847-25-CPN79922 | April 2025

- Procedure notes and reports
- Physical, speech, and/or occupational therapist reports
- Emergency department records
- Discharge summary

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

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

If available, also include:

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

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

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

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

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

Sincerely,

Wellpoint

Privacy information

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

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

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

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

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

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

Is this an audit?

No, this is an industry-wide process for requesting medical record documentation to support health plan obligations in submitting complete and accurate data to CMS.

Why do you need my fax number?

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

We do not allow technicians at our office — can we send you the charts?

Yes, you can send the charts in a variety of ways, including via secure website, direct electronic medical record (EMR) access, fax, mail, or place them on a secured flash drive or CD. There is also a way for you to send the files through a secured email site.

What equipment or workstation will need to be made available for the technician?

- For EMR flash drive retrieval — One terminal per technician with a USB port to access your EMR system.
- For EMR print to scan — One of your terminals and printer per technician.
- For paper scan — Just enough room to set up their laptop and scanner with access to a power supply.

datavant
Formerly named Ciox Health

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

Chart Review Request

To:	[redacted]	Date:	10/17/2025
Fax Number:	[redacted]	Phone Number:	[redacted]

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

- [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:
[redacted]

5. Mail:
Mark "Confidential" on the envelope and mail the medical records to:
Datavant
[redacted]

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

OCT 21 2025

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

Wellpoint

Arizona • Iowa • New Jersey • Tennessee • Texas • Washington | Medicare Advantage

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

Dear Provider:

We are committed to improving the quality of care provided to our members and required by CMS to submit complete and accurate diagnostic data for members enrolled in certain health plans. Accordingly, we request your cooperation to facilitate a medical record review of January 1, 2024, through December 31, 2025, for a certain number of your patients enrolled in such plans.

We have engaged Optum and Datavant to conduct retrieval of records for the medical chart review. A Datavant representative will work with you to provide retrieval options and a list of the requested members' medical records.

Please include all medical record documentation available for this chart review, including:

- Progress notes
- History and physical
- Consult and specialist notes or letters • Operative and pathology notes

Coverage provided by: In Arizona: Wellpoint Texas, Inc., Wellpoint Ohio, Inc., or Wellpoint Insurance Company. In Iowa: Wellpoint Iowa, Inc. In New Jersey: Wellpoint New Jersey, Inc. or Wellpoint Insurance Company. In Tennessee: Wellpoint Tennessee, Inc. or Wellpoint Insurance Coverage. In Texas: Wellpoint Insurance Company or Wellpoint Texas, Inc. In Washington: Wellpoint Washington, Inc., who profoundly acknowledges and respects the inherent sovereignty of the federally recognized tribes in Washington state. In our efforts to promote high-quality healthcare, we honor the tribal right of self-governance, holding in deep esteem the government-to-government relationship existing between the state and the tribes, a bond reiterated by the *Centennial Accord* and established by *RCW 43.376*. We heartily commit to enhancing our coordination, collaboration, and communication with tribal health programs and providers. Our activities are driven by an intent of respect, understanding, and recognition of the deeply rooted traditions and values of the tribal communities.

MULTI-WP-CR-080847-25-CPN79922 | April 2025

- Procedure notes and reports
- Physical, speech, and/or occupational therapist reports
- Emergency department records
- Discharge summary

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

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

If available, also include:

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

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

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

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

Thank you in advance for your assistance. If you have any questions related to the scheduling of this review, please email chartreview@datavant.com or call Datavant at [redacted] from 7 a.m. to 8 p.m. CT, Monday through Friday.

Sincerely,

Wellpoint

Privacy information

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

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

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

datavant
Formerly named Ciox Health

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

Chart Review Request

To:	Medical Records	Date:	10/20/2025
Fax Number:	[redacted]	Phone Number:	[redacted]

ACTION REQUESTED: Please respond within 8 days of receipt of this request.
Please call [redacted] 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:
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- [redacted]

2. Remote EMR Retrieval:
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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 [redacted]

5. Mail:
Mark "Confidential" on the envelope and mail the medical records to:
Datavant
[redacted]

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OCT 22 2025

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PROCESSED

Date: February 2025
To: Healthcare Providers and Office Managers
From: Devoted Health
Re: **Datavant Authorized Retrieval of Records for Risk Adjustment Chart Review**

As part of the Medicare Risk Adjustment Review, Devoted Health will be reviewing medical records for our Medicare Advantage members to examine encounter data submitted and validate ICD-10-CM diagnoses. We hope to identify areas of improvement in the identification and documentation of diagnosis codes. This effort will support our mission to submit accurate and complete data to CMS for our members.

We have partnered with Datavant to assist in the collection of medical records and to perform Medicare Risk Adjustment coding reviews. The agreement between Datavant and Devoted Health requires that only Datavant collect requested medical records. Please do not send this request to other medical record collection services.

We appreciate your cooperation with this medical record review, and we will work with you to minimize disruptions. Please anticipate receiving a call from Datavant to schedule the medical record retrieval.

The items listed below are components requested, if applicable, for all **dates of service from January 1, 2024, to present:**

- Demographic/Face Sheet
- History & Physical
- Consult Notes
- Progress Notes
- Demographic Sheet
- Problem List
- Signature Log

Please be aware that *Devoted Health* has executed a Business Associate Agreement with Datavant. All information shared during this review will be kept in the strictest of confidence in accordance with any applicable State and Federal laws regarding the confidentiality of patient records including current HIPAA requirements.

Should you have any questions regarding this project, please feel free to call the Datavant Health Provider Support center at [redacted], Monday through Friday, 7 a.m. to 7 p.m. MST. Thank you in advance for your cooperation with this chart review process.

Sincerely,

Devoted Health

Confidentiality:

Devoted Health has entered into a Business Associate Agreement with Datavant in accordance with the privacy regulations of the Health Insurance Portability and Accountability Act of 1996 (HIPAA). This agreement allows Datavant to perform activities involving the use or disclosure of individually identifiable health information on behalf of *Devoted Health*. In addition, it only permits Datavant to use the information as permitted in accordance with Business Associate Agreement. The regulations promulgated under HIPAA are the federal rules that govern the privacy of enrollees protected health information (PHI) and establish requirements for the use and disclosure of PHI by physicians/health care professionals and *Devoted Health* in connection with their "health care operations" activities. HIPAA allows a covered entity to disclose PHI to another covered entity for the healthcare operations of the entity receiving the information, without an enrollee's authorization or consent, under certain circumstances. Under this provision, you are permitted to disclose PHI to Datavant, as Datavant is a business associate of *Devoted Health* and acting on behalf of *Devoted Health*.

In adapting this regulation under HIPPA, the Department of Health and Human Services (HHS) explicitly recognized in the preamble to the HIPAA privacy regulations that *Devoted Health* may need to obtain PHI from physicians and other healthcare professionals for the plans' quality related activities, accreditation, and performance measures. HHS confirmed that the provision" was intended to allow information to flow from one covered entity to another for activities important to providing quality and effective health care."

Devoted Health is an HMO and/or PPO plan with a Medicare contract. Our D-SNPs also have contracts with State Medicaid programs. Enrollment in our plans depends on contract renewal.

datavant
Formerly named Ciox Health

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

Chart Review Request

To:	Unknown	Date:	11/10/2025
Fax Number:		Phone Number:	[redacted]

ACTION REQUESTED: Please respond within 8 days of receipt of this request.
Please call ([redacted] 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

- [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 [redacted]

5. Mail:
Mark "Confidential" on the envelope and mail the medical records to:
Datavant
[redacted]

NOV 11 2025

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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

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[redacted]

aetna

Robin Collins
Assistant Vice President, Revenue Integrity Operations and Compliance

Dear Physician or Office Administrator:

As a commercial health plan, we're required to submit risk adjustment data on our Aetna members to the U.S. Department of Health and Human Services (HHS). This is part of our annual risk adjustment data collection of medical records.

To comply with the federal government's request for data, we're requesting medical records for your Aetna patients. These records will only be used for annual risk adjustment submissions to the U.S. Department of Health and Human Services. (HHS). These records will be kept for ten (10) years, after which time they will be destroyed.

We've contracted with Datavant to collect medical records on our behalf. In the next few weeks, they'll contact your office to collect medical records for patients enrolled in one of our commercial health plans, either on or off the exchange. Once they've contacted you, we ask that you respond promptly.

To prepare for this collection, see the details on the next page. This page includes the information Datavant will collect along with how to contact Datavant if needed. It also tells you how you can send records. We ask that you provide a full and complete copy of the medical records for patients on the enclosed list for dates of service from January 1, 2025 to present.

Under federal law, patient consent is not needed in order to provide medical and behavioral health records to Datavant. Due to the purpose for which the records will be provided, the Health Insurance Portability and Accountability Act of 1996 (HIPAA) permits you to provide medical records to Datavant, who is a "business associate" of Aetna under HIPAA.

Specifically, the HIPAA Privacy Rule expressly permits the disclosure of protected health information without patient consent where the purpose of such disclosure is for purposes of risk adjustment. 45 CFR § 164.501. Please note that, while HHS does require us to provide records related to certain behavioral health conditions, Datavant will not be requesting, and you should not provide psychotherapy notes.

The HHS risk adjustment program includes records related to certain substance abuse conditions. You may also provide Datavant records concerning substance abuse and alcohol misuse arising from a federally assisted program under 42 C.F.R. Part 2. Like HIPAA, the "Part 2" regulations permit disclosure without consent for purposes of "audit and evaluation activities" such as risk adjustment. 42 CFR § 2.53.

Sincerely,

Robin Collins

Robin Collins
Assistant Vice President, Revenue Integrity Operations and Compliance

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datavant
Formerly named Ciox Health

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

Chart Review Request

To:	Medical Records	Date:	11/19/2025
Fax Number:	[redacted]	Phone Number:	[redacted]

ACTION REQUESTED: Please respond within 8 days of receipt of this request.
Please call [redacted] 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

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- [redacted]

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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:
[redacted]

5. Mail:
Mark "Confidential" on the envelope and mail the medical records to:
Datavant
[redacted]

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cigna healthcare

**** INSTRUCTIONS FOR FACILITIES ****

January 15, 2025

Dear Facility:

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

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

Next steps:

- Please anticipate receiving a call from Datavant Health to schedule the chart retrieval.
- For each medical record, the following information is needed for dates of service from **January 1, 2024 to Current**:
    - Admitting Documents
    - History & Physical
    - Consult Notes
    - Progress Notes
    - Discharge Summary
    - Medication List
    - Demographic Sheet
    - Signature Log

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

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

Thank you for your cooperation with this important activity.

Shawne Pressley

Shawne Pressley
Provider Data Senior Supervisor
Chart Retrieval and Coding Dept, Cigna HealthCare

datavant
Formerly named Ciox Health

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

Chart Review Request

To:	Medical Records	Date:	11/25/2025
Fax Number:	[redacted]	Phone Number:	[redacted]

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

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- 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 [redacted]

5. Mail:
Mark "Confidential" on the envelope and mail the medical records to:
Datavant
[redacted]

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United Healthcare

Medical Record Review – ACA Risk Adjustment – 2025 Dates of Service

August 2025

Dear Practice or Facility Administrator:

Re: Time sensitive request for medical records for Affordable Care Act (ACA) Risk Adjustment Data

UnitedHealthcare is committed to improving the quality of care provided to our members and is required by the Department of Health & Human Services (HHS) to submit complete diagnostic data regarding our members enrolled in certain ACA-covered health plans. Accordingly, UnitedHealthcare requests your cooperation to facilitate a medical record review of 2025 dates of service for a certain number of your patients enrolled in such plans.

We have engaged Optum and Datavant to conduct the medical chart review. A Datavant representative will work with you to provide retrieval options and a list of the requested members' medical records for services rendered from **January 1, 2025 to December 31, 2025**.

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

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

- Progress Notes
- History and Physical
- Consult/Specialist Notes or Letters
- Operative Notes
- Procedure Notes/Reports
- Physical, Speech, and/or Occupational Therapist Reports
- Emergency Department Records
- Discharge Summary

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

If also available include:

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

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

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

Thank you in advance for your assistance. If you have any questions related to the scheduling of this review, please contact Datavant at [redacted] between 7:00 am – 8:00 pm CST, Monday through Friday, or at [redacted]

Sincerely,

[redacted]

Insurance coverage provided by or through UnitedHealthcare Insurance Company or its affiliates.
Administrative services provided by United HealthCare Services, Inc. or their affiliates.

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Other Medical Record Requests

episource aetna

[redacted] or questions regarding chart retrieval)

Medical Records Request
Commercial Risk Adjustment Review

Attention To: **Medical Records**

[redacted]

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:

[redacted]

If you have received this in error, please contact [redacted]

This facsimile contains confidential personal health information (PHI). The information contained within this transmission is intended for the use of the individual or entity it is addressed to. If you are not the intended recipient, any disclosure, distribution, or reproduction is strictly prohibited. If you have received this facsimile in error, please immediately notify the Episource, LLC representative named above. Episource, LLC will arrange for the proper return of this document and all its contents.

Health information is personal and protected under the law. All PHI transmitted in this facsimile is done so with appropriate authorization or does not require said authorization. The recipient of this facsimile is responsible to protect personal health information in accordance with all state and federal laws. Failure to do so may subject you to all penalties, to include fines and prosecution available under state and federal laws. Protecting PHI is everyone's responsibility. Episource, LLC takes these responsibilities seriously. If mailing records, only use services that allow for specific package tracking. Episource, LLC is not responsible for the receipt of any information, package or data that is not properly protected in transit of any kind.

[redacted]

OCT 16 2025

RECEIVED

[redacted]

aetna

[redacted]

10/14/2025

Dear Physician or Office Administrator:

As a commercial health plan, we're required to submit risk adjustment data on our Aetna members to the U.S. Department of Health and Human Services (HHS). This is part of our annual risk adjustment data collection of medical records.

To comply with the federal government's request for data, we're requesting medical records for your Aetna patients. These records will only be used for annual risk adjustment submissions to the U.S. Department of Health and Human Services. (HHS). These records will be kept for ten (10) years, after which time they will be destroyed.

We've contracted with Episource to collect medical records on our behalf. In the next few weeks, they'll contact your office to collect medical records for patients enrolled in one of our commercial health plans, either on or off the exchange. Once they've contacted you, we ask that you respond promptly.

To prepare for this collection, see the details on the next page. This page includes the information Episource will collect along with how to contact Episource if needed. It also tells you how you can send records.

Under federal law, patient consent is not needed in order to provide medical and behavioral health records to Episource. Due to the purpose for which the records will be provided, the Health Insurance Portability and Accountability Act of 1996 (HIPAA) permits you to provide medical records to Episource, who is a "business associate" of Aetna under HIPAA.

Specifically, the HIPAA Privacy Rule expressly permits the disclosure of protected health information without patient consent where the purpose of such disclosure is for purposes of risk adjustment. 45 CFR § 164.501. Please note that, while HHS does require us to provide records related to certain behavioral health conditions, Episource will not be requesting, and you should not provide psychotherapy notes.

The HHS risk adjustment program includes records related to certain substance abuse conditions. You may also provide Episource records concerning substance abuse and alcohol misuse arising from a federally assisted program under 42 C.F.R. Part 2. Like HIPAA, the "Part 2" regulations permit disclosure without consent for purposes of "audit and evaluation activities" such as risk adjustment. 42 CFR § 2.53.

Sincerely,

Robin Collins

Robin Collins
AVP, Revenue Integrity Operations and Compliance

[redacted]

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BlueCross BlueShield of Texas

Advantmed

[redacted]

Dear Physician or Office Administrator:

Blue Cross and Blue Shield of Texas has partnered with Advantmed to collect and review medical records for HEDIS® Reporting.

REQUESTOR: BlueCross BlueShield of Texas

DUE DATE: October 23, 2025

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: [redacted]

Most Convenient and Secure Method:
To [redacted] records securely visit **https://www.advantmed.com/uploadrecords**

[redacted]

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

OCT 17 2025

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Disclaimer: If you have received this transmission in error, please contact providerconnect@advantmed.com. This document contains confidential Personal Health Information (PHI). The information contained within this transmission is intended only for the use of individual or entity it is addressed to. If the reader of this document is not an intended recipient, any disclosure/dissemination or distribution of this facsimile or a copy of this facsimile is strictly prohibited by Health Insurance Portability and Accountability Act (HIPAA). If you received this facsimile in error, please notify Advantmed and destroy this document immediately.

BlueCross BlueShield of Texas

Dear Provider:

Blue Cross and Blue Shield of Texas requests your assistance in completing measure year **2025 Healthcare Effectiveness Data and Information Set (HEDIS®)** medical record reviews. Claims data alone does not always accurately represent the high quality of care you provide to our members; therefore, additional medical records are required. CMS mandates this data collection and reporting.

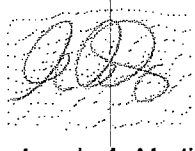
Per your Provider Agreement, you have agreed to allow audit and duplication of billing, payment and medical records. You are contractually required to provide the requested medical records within the specified timeframe so that we may fulfil our state and federal regulatory mandates and accreditation requirements. This includes Advantmed's request on behalf of Blue Cross and Blue Shield of Texas.

If you delegate medical record requests to a copy service or other vendor, it remains your contractual obligation to ensure the timely and accurate delivery of medical records. Additionally, if your vendor requires a specific date of service, you should add the date(s) of service to your patient list prior to forwarding.

Included in this packet is a list of your **Blue Cross and Blue Shield of Texas** patients and the medical record information needed for each, plus a document with frequently asked questions and answers. Please work with Advantmed® to either schedule a visit or make arrangements to collect the necessary records.

[redacted]

Sincerely,



Angela A. Martinez, Director of Medicare Quality Improvement

Enclosure

Advantmed is an independent company that facilitates medical record reviews on behalf of Blue Cross and Blue Shield of Texas.

Texas Children's Hospital

To:
Company:
Fax: [redacted]
Phone:

From: [redacted]
Fax:
Phone:
E-mail:

NOTES:

[redacted]

Confidentiality Notice: The documents accompanying this transmission may contain information that is confidential and/or legally privileged. The information is intended only for the use of the individual or entity named on this transmission sheet. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution or the taking of any action in reliance on the contents of this telecopied information is strictly prohibited, and that the documents should be returned to this company immediately. In this regard, if you have received this telecopy in error, please notify us by telephone immediately so that we can arrange for the proper disposal of the documents.

[redacted]

Please see attached medical records request. This is a required project from the Texas Medicaid system and response is required.

Thank you so much for your assistance with this process.

Sincerely,

[redacted]

Texas Children's Health Plan

Texas Children's Health Plan

Quality & Outcomes Management
[redacted]

October 27, 2025

[redacted]

Dear Provider,

Subject: Encounter Data Validation (EDV) Medical Record Review (MRR) for STAR and STAR Kids Providers

Background information: Texas Children's Health Plan (TCHP) would like to inform providers that a review of medical record data will begin this month and continue through December 2025 until all records requested have been obtained. As a reminder, every other year, the Texas Medicaid and CHIP External Quality Review Organization (EQRO) performs a comparison of encounter data to member medical records.

The EQRO has matched medical records from 2024 to patient encounters for the FY2026 EDV MRR. Below is the list of members in which we are requesting records from the named provider above.

[redacted]

Please send **all medical records from January 1, 2024 through December 31, 2024** for the above listed members. The medical records should include:

- Office Visits and Progress Notes
- Immunization Records
- In-House & Outside Lab Results
- Developmental Screening tools (e.g., ASP, PEDS)
- Immunotherapy injections
- Therapy Notes (e.g., speech, exercise)

Thank you very much for your assistance with this required review.

Sincerely,

Stephanie Wood, MSN, RN

Stephanie Wood, MSN, RN
Senior Quality Improvement Specialist
Texas Children's Health Plan
[redacted]

Wellp[redacted]

[redacted]

Arizona • Iowa • New Jersey • Tennessee • Texas • Washington | Medicare Advantage

10/27/2025

[redacted]

We are contacting you to request medical records regarding our covered patient(s) with you. We review medical records for our members to comply with Medicare Advantage requirements by reporting complete and accurate diagnosis coding to CMS.

Please return the medical record(s) for all visits from January 1, 2024, to the present, along with the enclosed *Member Information Form* for the listed members, using one of the following methods to Cotiviti:

- Upload the record image(s) to our secure portal at **submitrecords.com**. Enter your secure client identifier EleMRAon64 and select the files to be uploaded.
- [redacted]
- Call [redacted] to set up remote electronic medical records (EMR) or for questions about remote EMR retrieval services.
- Call [redacted] to have a scanner technician visit your office.

[redacted]

OCT 28 2025

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Coverage provided by: In Arizona: Wellpoint Texas, Inc., Wellpoint Ohio, Inc., or Wellpoint Insurance Company. In Iowa: Wellpoint Iowa, Inc. In New Jersey: Wellpoint New Jersey, Inc. or Wellpoint Insurance Company. In Tennessee: Wellpoint Tennessee, Inc. or Wellpoint Insurance Coverage. In Texas: Wellpoint Insurance Company or Wellpoint Texas, Inc. In Washington: Wellpoint Washington, Inc., who profoundly acknowledges and respects the inherent sovereignty of the federally recognized tribes in Washington state. In our efforts to promote high-quality healthcare, we honor the tribal right of self-governance, holding in deep esteem the government-to-government relationship existing between the state and the tribes, a bond reiterated by the *Centennial Accord* and established by *RCW 43.376*. We heartily commit to enhancing our coordination, collaboration, and communication with tribal health programs and providers. Our activities are driven by an intent of respect, understanding, and recognition of the deeply rooted traditions and values of the tribal communities.

MULTI-WP-CR-079204-25-CPN78471 | February 2025

Optum

Optum ID: L-05364208

Optum on behalf of UnitedHealthcare
Address: 1 E Washington, STE 900, Phoenix, AZ 85004
Phone: 1-866-243-6057 or 1-855-216-9420
Fax: 1-833-589-0806
Remote Access: Phone: 888-292-5313 or Email: OIR_Optum_Records@optum.com

Medical Records Request

Medicare Risk Adjustment Review Requested patient list, dates of service, and submission options attached.

[redacted]

If you have received this in error, please contact [redacted]

This facsimile contains confidential personal health information (PHI). The information contained within this transmission is intended for the use of the individual or entity it is addressed to. If you are not the intended recipient, any disclosure, distribution, or reproduction is strictly prohibited. If you have received this facsimile in error, please immediately notify Optum at the email above. Optum will arrange for the proper return of this document and all its contents.

Health information is personal and protected under the law. All PHI transmitted in this facsimile is done so with appropriate authorization or does not require said authorization. The recipient of this facsimile is responsible to protect personal health information in accordance with all state and federal laws. Failure to do so may subject you to all penalties, to include fines and prosecution available under state and federal laws. Protecting PHI is everyone's responsibility. Optum takes these responsibilities seriously. If mailing records, only use services that allow for specific package tracking. Optum is not responsible for the receipt of any information, package or data that is not properly protected in transit of any kind.

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[redacted]

UnitedHealthcare®
Medicare Solutions

Medical Record Review – Medicare Risk Adjustment

September 2025

Dear Practice or Facility Administrator:

Re: Time sensitive request for medical records for Medicare Risk Adjustment Data

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

We have engaged Optum to conduct the medical chart review. A representative will work with you to provide retrieval options and a list of the requested members' medical records for services rendered from **January 1, 2024 to Present.**

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

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

- Progress Notes
- History and Physical
- Consult/Specialist Notes or Letters
- Operative and Pathology Notes
- Procedure Notes/Reports
- Physical, Speech, and/or Occupational Therapist Reports
- Emergency Department Records
- Discharge Summary

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

If also available include:

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

Note: Pursuant to CMS requirements, providers' signatures and qualifications are required to validate each medical record. To limit the administrative burden on your office from other requests for our members' medical records, we may use the records received through this request for other reasons, such as compiling information for Healthcare Effectiveness Data & Information Set® (HEDIS) measures and assisting in CMS risk adjustment data validation audits.

We are sensitive to the needs of you and your patients and would like to request the delivery of a limited data set to meet the attached request. As you prepare the requested records, please ensure the following are present:

- Intake and termination notes
- Progress notes
- Modalities and frequency of treatment provided
- Results of clinical tests or screeners
- Overview of diagnosis, functional status, treatment plan, symptoms, prognosis and progress to date

Advantmed

URGENT REQUEST FOR MEDICAL RECORDS

Request Send Date: October 31, 2025

[redacted]

ATTENTION TO: Medical Records

TO:	FROM: ADVANTMED
[redacted]	[redacted]

Dear Physician or Office Administrator:

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

REQUESTOR: Ambetter from Sunshine Health

DUE DATE: November 14, 2025

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: [redacted]

Most Convenient and Secure Method:
[redacted]

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

To fax records toll free, use our secure fax lines:
[redacted]

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

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

NOV 03 2025

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ambetter FROM | sunshine health

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 Sunshine Health is requesting your cooperation by providing access to specific member medical records.

Ambetter has contracted with Advantmed to conduct this process.

What does this mean to you?

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

Advantmed has signed a Business Associate Agreement with Ambetter from Sunshine Health stating their compliance and adherence to all Health Insurance Portability and Accountability Act of 1996 (HIPAA) rules and regulations. In addition, all field reviewers scanning charts have signed a HIPAA-compliant confidentiality agreement. Under HIPAA, Covered Entities such as practitioners (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 Advantmed 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.

Ambetter from Sunshine Health is underwritten by Celtic Insurance Company and Sunshine State Health Plan, Inc. These companies are Qualified Health Plan issuers in the Florida Health Insurance Marketplace. ©2024 Celtic Insurance Company and Sunshine State Health Plan, Inc.

Advantmed

URGENT REQUEST FOR MEDICAL RECORDS

Request Send Date: October 31, 2025

[redacted]

ATTENTION TO: Medical Records

THE HARRIS CENTER SOUTHWEST COMMUNITY SERVICE CENTER [redacted]	**FROM: ADVANTMED** [redacted]

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: November 14, 2025

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: [redacted]

[redacted]

NOV 06 2025

[redacted]

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ambetter. FROM superior healthplan.

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 Superior HealthPlan is requesting your cooperation by providing access to specific member medical records.

Ambetter has contracted with Advantmed to conduct this process.

What does this mean to you?

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

Advantmed has signed a Business Associate Agreement with Ambetter 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.

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- 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.

Ambetter from Superior HealthPlan includes EPO products that are underwritten by Celtic Insurance Company, and HMO products that are underwritten by Superior HealthPlan, Inc. These companies are each Qualified Health Plan issuers in the Texas Health Insurance Marketplace. ©2024 Celtic Insurance Company, ©2024 Superior HealthPlan, Inc.

Advantmed

URGENT REQUEST FOR MEDICAL RECORDS

Request Send Date: November 06, 2025

[redacted]

ATTENTION TO: Medical Records

TO:	FROM: ADVANTMED
THE HARRIS CENTER FOR MENTAL HEALTH AND IDD 9401 Southwest F, Houston, TX 77074 [redacted]	[redacted]

Dear Physician or Office Administrator:

Ambetter from Peach State Health Plan has partnered with Advantmed to collect medical records for Risk Adjustment Data Collection & Reporting.

REQUESTOR: Ambetter from Peach State Health Plan

DUE DATE: November 20, 2025

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: [redacted]

Most Convenient and Secure Method:
[redacted]

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:
[redacted]

[redacted]

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To schedule an onsite appointment, please contact us at [redacted]

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ambetter. FROM | peach state health plan.

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 Advantmed to conduct this process.

What does this mean to you?

Advantmed will schedule an appointment to either scan the medical record in your office or request it be sent to Advantmed 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 Advantmed to ensure that our records properly reflect the clinical conditions.

Advantmed 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 Advantmed 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.
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- 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).

Ambetter from Peach State Health Plan is underwritten by Ambetter of Peach State Inc., which is a Qualified Health Plan issuer in the Georgia Health Insurance Marketplace. ©2024 Ambetter of Peach State Inc.

Advantmed

URGENT REQUEST FOR MEDICAL RECORDS

Request Send Date: November 06, 2025

[redacted]

TO: [redacted]

Dear Physician or Office Administrator:

Ambetter from Louisiana Healthcare Connections has partnered with Advantmed to collect medical records for Risk Adjustment Data Collection & Reporting.

REQUESTOR: Ambetter from Louisiana Healthcare Connections

DUE DATE: November 20, 2025

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.

[redacted]

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ambetter. FROM | louisiana healthcare connections.

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 Louisiana Healthcare Connections is requesting your cooperation by providing access to specific member medical records.

Ambetter has contracted with Advantmed to conduct this process.

What does this mean to you?

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

Advantmed has signed a Business Associate Agreement with Ambetter from Louisiana Healthcare Connections 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.

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- Subjective and objective assessments and plan notes.
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Ambetter from Louisiana Healthcare Connections is underwritten by Ambetter Health of Louisiana, Inc., which is a Qualified Health Plan issuer in the Louisiana Health Insurance Marketplace. ©2024 Ambetter Health of Louisiana, Inc.

Confidentiality:

Ambetter from Louisiana Healthcare Connections has entered into a Business Associate Agreement with Advantmed in accordance with the privacy regulation of the Health Insurance Portability and Accountability Act of 1996 (HIPAA). This agreement allows Advantmed to perform activities involving the use or disclosure of individually identifiable health information on behalf of Ambetter from Louisiana Healthcare Connections. In addition, it only permits Advantmed to use the information as permitted in accordance with Business Associate Agreement. The regulations promulgated under HIPAA are the federal rules that govern the privacy of an enrollee's protected health information (PHI) and establish requirements for the use and disclosure of PHI by physicians/healthcare professionals and Ambetter from Louisiana Healthcare Connections in connection with their "healthcare operations" activities. HIPAA allows a covered entity to disclose PHI to another covered entity for the healthcare operations of the entity receiving the information, without an enrollee's authorization or consent, under certain circumstances. Under this provision, you are permitted to disclose PHI to Advantmed, as Advantmed is a Business Associate of Ambetter from Louisiana Healthcare Connections and acting on behalf of Ambetter from Louisiana Healthcare Connections.

In adopting this regulation under HIPAA, the Department of Health and Human Services (HHS) explicitly recognized in the preamble to the HIPAA privacy regulations that Ambetter from Louisiana Healthcare Connections may need to obtain PHI from physicians and other healthcare professionals for the plans' quality related activities, accreditation, and performance measures. HHS confirmed that the provision "was intended to allow information to flow from one covered entity to another for activities important to providing quality and effective healthcare."

Ambetter from Louisiana Healthcare Connections is underwritten by Ambetter Health of Louisiana, Inc., which is a Qualified Health Plan issuer in the Louisiana Health Insurance Marketplace. ©2024 Ambetter Health of Louisiana, Inc.

3414314_LA4PMKTLTRE

Advantmed

URGENT REQUEST FOR MEDICAL RECORDS

Request Send Date: November 06, 2025

[redacted]

ATTENTION TO: Medical Records

TO:	FROM: ADVANTMED
THE HARRIS CENTER FOR MENTAL HEALTH AND IDD	[redacted]
[redacted]	

Dear Physician or Office Administrator:

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

REQUESTOR: Ambetter from Magnolia Health

DUE DATE: November 20, 2025

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: [redacted]

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ambetter. FROM | magnolia health

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 Magnolia Health is requesting your cooperation by providing access to specific member medical records.

Ambetter has contracted with Advantmed to conduct this process.

What does this mean to you?

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

Advantmed has signed a Business Associate Agreement with Ambetter from Magnolia Health stating their compliance and adherence to all Health Insurance Portability and Accountability Act of 1996 (HIPAA) rules and regulations. In addition, all field reviewers scanning charts have signed a HIPAA-compliant confidentiality agreement. Under HIPAA, Covered Entities such as practitioners (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.

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- Patient Demographic Sheet.
- History and physical records, progress notes, and consultations.
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- Surgical procedures and operating summaries.
- Subjective and objective assessments and plan notes.

Ambetter from Magnolia Health is underwritten by Ambetter of Magnolia, Inc., which is a Qualified Health Plan issuer in the Mississippi Health Insurance Marketplace. ©2024 Ambetter of Magnolia, Inc.

Advantmed

URGENT REQUEST FOR MEDICAL RECORDS

Request Send Date: November 06, 2025

[redacted]

ATTENTION TO: Medical Records

TO:	FROM: ADVANTMED
[redacted]	[redacted]

Dear Physician or Office Administrator:

Ambetter from Louisiana Healthcare Connections has partnered with Advantmed to collect medical records for Risk Adjustment Data Collection & Reporting.

REQUESTOR: Ambetter from Louisiana Healthcare Connections

DUE DATE: November 20, 2025

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.

[redacted]veyForm'

[redacted]

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[redacted]

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ambetter. FROM | louisiana healthcare connections

Risk Adjustment Request for Medical Records

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- 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).

Ambetter from Louisiana Healthcare Connections is underwritten by Ambetter Health of Louisiana, Inc., which is a Qualified Health Plan issuer in the Louisiana Health Insurance Marketplace. ©2024 Ambetter Health of Louisiana, Inc.

Humana®

11/10/2025

THE HARRIS CENTER FOR MENTAL HEALTH AND IDD
9401 SOUTHWEST FWY

HOUSTON, TX 77074

NOV 11 2025

RECEIVED

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

Dear physician or office administrator:

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

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

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

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

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

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

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

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

[redacted]

Advantmed

URGENT REQUEST FOR MEDICAL RECORDS

Request Send Date: November 10, 2025

[redacted]

ATTENTION TO: Medical Records

TO:	FROM: ADVANTMED
THE HARRIS CENTER SOUTHWEST COMMUNITY SERVICE CENTER [redacted]	[redacted]

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: November 24, 2025

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.

[redacted]

NOV 12 2025

RECEIVED

[redacted]

Disclaimer: If you have received this transmission in error, please contact providerconnect@advantmed.com. This document contains confidential Personal Health Information (PHI). The information contained within this transmission is intended only for the use of individual or entity it is addressed to. If the reader of this document is not an intended recipient, any disclosure/dissemination or distribution of this facsimile or a copy of this facsimile is strictly prohibited by Health Insurance Portability and Accountability Act (HIPAA). If you received this facsimile in error, please notify Advantmed and destroy this document immediately.

ambetter. FROM | superior healthplan.

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 Superior HealthPlan is requesting your cooperation by providing access to specific member medical records.

Ambetter has contracted with Advantmed to conduct this process.

What does this mean to you?

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

Advantmed has signed a Business Associate Agreement with Ambetter 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 Advantmed 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.

Ambetter from Superior HealthPlan includes EPO products that are underwritten by Celtic Insurance Company, and HMO products that are underwritten by Superior HealthPlan, Inc. These companies are each Qualified Health Plan issuers in the Texas Health Insurance Marketplace. ©2024 Celtic Insurance Company, ©2024 Superior HealthPlan, Inc.

CENTAURI
HEALTH SOLUTIONS

Thank you for your prompt attention to this records request from Centauri Health Solutions (Centauri) on behalf of Anthem BCBS Healthcare Solutions.

This request is specific to **dates of service occurring during calendar year 2025** and we respectfully ask that you respond within **10 business days of receipt**. To facilitate processing, **please include this cover letter when submitting the requested records.**

Centauri offers multiple ways for you to submit the requested records

1. Utilize the provider portal whose instructions are attached **(preferred method)**
2. [redacted]
3. Secure email copies of the records to Centauri: [redacted]
4. 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 or file sharing access for Centauri's team to download the records without inconveniencing your staff. Please contact the Centauri Outreach team on this request for details.
5. On-site request: If your office would prefer retrieval and/or abstraction completed on-site by our staff, please contact the Centauri Outreach team on this request for more information and appointment availability.
6. Mail copies of the records to Centauri:
   [redacted]

If you can't use one of the above options, we ask that you work with a Centauri Outreach Consultant to agree upon the best alternative for your office.

Thank you for participating in this medical record review process

We're happy to answer any questions you may have about the medical record review process in general or this request specifically. For more information or to speak with a Centauri Outreach Consultant, you can call [redacted] Monday thru Friday, between 9:00 a.m. and 5:00 p.m. Eastern Standard Time.

Sincerely,
Centauri Health Solutions

NOV 12 2025
RECEIVED

NOV 21 2025
RECEIVED

Anthem

Tuesday, November 11, 2025

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

Subject: Risk adjustment notification

Dear Provider:

We are contacting you to request copies of medical records. As stipulated in your contract, you are required to respond to requests in support of risk adjustment, HEDIS®, and other programs within the requested time frame.

Upon review of the patient/members' health insurance plan and claims data, we have determined that additional information is needed to assess the member's health status accurately. Accordingly, we are requesting the following:

- All office/progress notes
- Consultation reports and/or summaries
- Discharge summaries and/or reports
- Surgical Procedure and/or summaries
- Pathology summaries and/or reports
- S.O.A. P notes
- Hospital visits (including anesthesia notes and ER visits)

Medical records for the subject patient for 01/01/2025 to current.

Be advised that Anthem is not requesting copies of "psychotherapy notes" as that term is defined under IIIPAA. IIowever, any data excluded from the definition of psychotherapy notes must be provided where applicable and pursuant to this request. If the medical documentation included any of the information included in the definition of psychotherapy notes, please remove before submission.

Please provide the requested medical records to Centauri Health Solutions within 10 days of receipt of this letter to ensure timely review and assessment of our members, your patient's health status.

Anthem is contractually bound to preserve the confidentiality of its health plan members' protected health information (PHI) obtained from medical records, in accordance with *HIPAA* regulations.

Providers are permitted to disclose protected health information (PHI) to health plans without authorization from the patient when both the provider and health plan has a relationship with the patient and the information relates to the relationship [45 CFR 164.506(c)(4)]. For more information regarding privacy rule language, select here.

We thank you in advance for your assistance.

[redacted]

FAX

[redacted]	[redacted]

Comment:

Hello,

The Texas Medicaid and CHIP external quality review organization (EQRO) performs a biennial comparison of encounter data to member medical records, and your effort is needed to retrieve records from providers associated with your UnitedHealthcare. The EQRO will match 2023 medical records to encounters.

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

NOV 12 2025

RECEIVED

NOV 21 2025

RECEIVED

[redacted]

Texas Children's Hospital

To:
Company:
Fax:
Phone:

[redacted]

From:
Fax:
Phone:
E-mail:

NOTES:

[redacted]

NOV 18 2025

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Confidentiality Notice: The documents accompanying this transmission may contain information that is confidential and/or legally privileged. The information is intended only for the use of the individual or entity named on this transmission sheet. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution or the taking of any action in reliance on the contents of this telecopied information is strictly prohibited, and that the documents should be returned to this company immediately. In this regard, if you have received this telecopy in error, please notify us by telephone immediately so that we can arrange for the proper disposal of the documents.

Date and time of transmission: 11/17/2025 2:51:46 PM
Number of pages including this cover sheet: 3

SECOND REQUEST

Texas Children's Health Plan

Quality & Outcomes Management

[redacted]

November 17, 2025

[redacted]

Dear Provider,

Subject: Encounter Data Validation (EDV) Medical Record Review (MRR) for STAR and STAR Kids Providers

Background information: Texas Children's Health Plan (TCHP) would like to inform providers that a review of medical record data will begin this month and continue through December 2025 until all records requested have been obtained. As a reminder, every other year, the Texas Medicaid and CHIP External Quality Review Organization (EQRO) performs a comparison of encounter data to member medical records.

The EQRO has matched medical records from 2024 to patient encounters for the FY2026 EDV MRR. Below is the list of members in which we are requesting records from the named provider above.

[redacted]

Please send **all medical records from January 1, 2024 through December 31, 2024** for the above listed members. The medical records should include:

- Office Visits and Progress Notes
- Immunization Records
- In-House & Outside Lab Results
- Developmental Screening tools (e.g., ASP, PEDS)
- Immunotherapy injections
- Therapy Notes (e.g., speech, exercise)

Thank you very much for your assistance with this required review.

Sincerely,

Stephanie Wood, MSN, RN

[redacted]

Medical Records Request

[redacted]

[redacted]

To: Atten: The Harris Center
Date: 11/20/2025

[redacted]

Provider Group: The Harris Center Southwe

[redacted]

Delivery Options

[redacted]

Thank you for addressing this important request for medical records in a timely manner. Our goal at ShareCare 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 Centene explaining the purpose of this request as well as the desired medical record components and date range
  - The Member List, which provides the patient, DOB and provider information for each record being requested.

- Please return the records using of the three delivery options provided above.
  - We recommend using our secure, easy to use Provider Portal at https://sharecareportal.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.

- [redacted]

Sincerely,
Christy Mordas
[redacted]

NOV 20 2025

RECEIVED

Medical Records Request

[redacted]

[redacted]

To:
Date: 11/19/2025

[redacted]
Provider Group: THE HARRIS CENTER FOR

Due Date:
[redacted]

Delivery Options
[redacted]

Thank you for addressing this important request for medical records in a timely manner. Our goal at ShareCare 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 Centene explaining the purpose of this request as well as the desired medical record components and date range
  - The Member List, which provides the patient, DOB and provider information for each record being requested.

- Please return the records using of the three delivery options provided above.
  - We recommend using our secure, easy to use Provider Portal at https://sharecareportal.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.

- Should you have any questions or require assistance, please contact the ShareCare Support line at 855-203-4729 and reference your Work Group ID 17_80928.

Sincerely,
Joselito Javelosa
[redacted]

NOV 20 2025

RECEIVED

Member List

Work Group 80928
THE HARRIS CENTER FOR MENTAL HEALTH AND IDD

Total Records Requested: 1

For all available records, please provide all chart detail for the specified date range
*Indicate any unavailable records be checking RNA (Record Not Available)

Record ID	Member	DOB	Provider	DOS Range	RNA
[redacted]					

Anthem.

11/21/2025

To: MEDICAL RECORDS URGENT
Harris Center for Mental Health & IDD
9401 SOUTHWEST FWY

[redacted]

Anthem
[redacted]

[redacted] Records

Dear Physician or Office Administrator:

We are contacting you to request medical records for your Anthem covered patient(s). Anthem reviews medical records for its members in order to meet Affordable Care Act requirements by reporting complete and accurate diagnosis coding to Health and Human Services (HHS).

[redacted]

Our agreement with Cotiviti complies with HIPAA privacy regulations.
Cotiviti works with us in a role that is defined and covered by the Health Insurance Portability and Accountability Act (HIPAA). As a "business associate" of Anthem under HIPAA, Cotiviti is authorized to conduct this review. Cotiviti will maintain the confidentiality of any protected health information (PHI) they receive from you on our behalf, in accordance with HIPAA and other applicable confidentiality and privacy laws.

Be advised that Anthem is not requesting copies of "psychotherapy notes" as that term is defined under HIPAA. However, any data excluded from the definition of psychotherapy notes must be provided where applicable and pursuant to this request. If the medical documentation includes any of the information included in the definition of psychotherapy notes in §164.501, the provider is responsible for excluding or removing the information from their submission.

As to the disclosure of information related to outpatient psychotherapy records of California residents, please review the California Civil Code 56.104 attachment to this letter.

Please respond within 14 days of receipt of this request.
Please inform us if additional time is needed to fulfill the request.
We very much appreciate your assistance with this data collection. If you have questions about this request, call Cotiviti. You can reach them at 877-489-8437, Monday through Friday, from 9 a.m. to 6 p.m. MT.

Sincerely,

Jake Brown
Director Risk Adjustment Programs
Anthem

Site ID: 1870102

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Anthem.

11/21/2025

To: MEDICAL RECORDS URGENT
Harris Center for Mental Health & IDD
9401 SOUTHWEST FWY

HOUSTON, TX 77074
[redacted]

Anthem
[redacted]

RE: Request for Medical Records

Dear Physician or Office Administrator:

We are contacting you to request medical records for your Anthem covered patient(s). Anthem reviews medical records for its members in order to meet Affordable Care Act requirements by reporting complete and accurate diagnosis coding to Health and Human Services (HHS).

Please return the medical record(s) for all visits from 01/01/2025 - present and the enclosed member information form for the members listed on the form in one of the following ways to Cotiviti:

- Upload the record image to our secure portal at www.submitrecords.com
  Enter your secure Client Identifier: anth15cra and select the files to be uploaded.

[redacted]

Sincerely,

Jake Brown
Director Risk Adjustment Programs
Anthem

NOV 24 2025

RECEIVED

Site ID: 1870102

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Anthem

MEDICAL RECORDS MEMBER LIST

11/21/2025

Site Information

[redacted] [redacted]

Site Name:	Harris Center for Mental Health & IDD
Site Address:	9401 SOUTHWEST FWY , HOUSTON, TX 77074
Site Phone:	17139707000

Time-sensitive request for medical records from 01/01/2025 – Present
Please send a copy of all requested records within 14 business days of receipt of this request

Action Required, please return a copy of the following:

- All documentation for face-to-face encounters between the patient and the provider
- All documentation for telehealth encounters between the patient and the provider
- History and Physical Notes
- Consultation Letters & Reports
- Physician Orders
- Emergency & Urgent care visit notes
- Diagnostic test reports
- Operative & Pathology Reports
- Medication lists
- Inpatient hospital notes, including the discharge summary

PLEASE DO NOT SEND THIS REQUEST TO ANY PRINTING/COPY SERVICES

Records can be sent by:

[redacted]

Member Name	Date of Birth	Effective Dates	Request ID	No Patient/ No Record
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]

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External Pharmacy Audit Requests

Optum Rx®

EXL

NABP #: [redacted]

Records Transmittal Page

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

FROM: [redacted] /Southwest Clinic Pharmacy **TO: EXL Service**
(Sender's Name)

Secure Fax: [redacted]
Encrypted Em

# of Pages: 8 (Including Cover)

Pharmacy Name: SOUTHWEST CLINIC PHARMACY 3
NABP #: [redacted]
Date: September 2, 2025

EXL ID	Claim Number	Rx #	Fill Date	Drug Name	Pharmacy Comment
[redacted]				INVEGA HAFYE INJ 1092MG	

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.**

[X] 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 [redacted]

Pharmacy Manager / Representative Signature [redacted] Date 9/31/25

[redacted]

Optum Rx®

EXL

NABP #: [redacted]

Records Transmittal Page

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

FROM: [redacted]/Southwest Clinic Pharmacy **TO: EXL Service**
(Sender's Name)

Secure Fax:
Encrypted Em [redacted]

# of Pages: 7 (Including Cover)

Pharmacy Name: SOUTHWEST CLINIC PHARMACY 3
NABP #: [redacted]
Date: September 11, 2025

EXL ID	Claim Number	Rx #	Fill Date	Drug Name	Pharmacy Comment
[redacted]				INVEGA TRINZ INJ 546MG	Fill was canceled on 9/9/25

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.**

[X] 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 [redacted]

Pharmacy Manager / Representative Signature [redacted] Date 9-12-25

[redacted]

Optum Rx®

EXL

NABP #: [redacted]

Records Transmittal Page

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

FROM [redacted] /NE Pharmacy
(Sender's Name)

TO: EXL Service
Secure Fax: [redacted]
Encrypted Em

# of Pages: 7 (Including Cover)

Pharmacy Name: NORTHEAST CLINIC PHARMACY
NABP #: [redacted]
Date: September 17, 2025

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

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.**

[X] 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 [redacted]

Pharmacy Manager / Representative Signature [redacted] 9/19/25 Date

[redacted]

Optum Rx®

EXL

NABP #: [redacted]

Records Transmittal Page

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

FROM [redacted] /SE Clinic Pharmacy (Sender's Name)

TO: EXL Service

Secure Fax: 844-505-8246

Encrypted Email: Optum.RxPVR@exlservice.com

# of Pages: 7 (Including Cover)

Pharmacy Name: SOUTHEAST CLINIC PHARMACY

NABP #: [redacted]

Date: September 17, 2025

EXL ID	Claim Number	Rx #	Fill Date	Drug Name	Pharmacy Comment
[redacted]				UZEDY INJ 200MG	

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.**

[X] 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 [redacted]

Pharmacy Manager / Representative Signature [redacted] Date 9-19-25

[redacted]

Optum Rx®

EXL

NABP #: [redacted]

Records Transmittal Page

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

FROM: [redacted] SE Clinic Pharmacy (Sender's Name) **TO: EXL Service**

Secure Fax: [redacted]

Encrypted Em [redacted]

# of Pages: 7 (Including Cover)

Pharmacy Name: SOUTHEAST CLINIC PHARMACY

NABP #: [redacted]

Date: September 19, 2025

EXL ID	Claim Number	Rx #	Fill Date	Drug Name	Pharmacy Comment
[redacted]				VYVANSE CAP 50MG	

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.**

[X] 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 [redacted]

Pharmacy Manager / Representative Signature [redacted] Date 9-19-25

[redacted]

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: [redacted]
Encrypted Em

# of Pages: 8 (Including Cover)

Pharmacy Name: SOUTHEAST CLINIC PHARMACY
NABP #: [redacted]
Date: September 30, 2025

EXL ID	Claim Number	Rx #	Fill Date	Drug Name	Pharmacy Comment
[redacted]				INVEGA SUST INJ 156MG/ML	

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.**

[X] 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 [redacted]

Pharmacy Manager / Representative Signature 13/25 Date

[redacted]

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: [redacted]
Encrypted Em

# of Pages: 7 (Including Cover)

Pharmacy Name: NORTHEAST CLINIC PHARMACY
NABP #: [redacted]
Date: October 8, 2025

EXL ID	Claim Number	Rx #	Fill Date	Drug Name	Pharmacy Comment
[redacted]				INVEGA TRINZ INJ 546MG	

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.**

[X] 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 [redacted]

Pharmacy Manager / Representative Signature

10-8-25
Date

[redacted]

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: [redacted]
Encrypted Em

# of Pages: 8 (Including Cover)

Pharmacy Name: SOUTHEAST CLINIC PHARMACY
NABP #: [redacted]
Date: October 8, 2025

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

Please Remember to:

1. **Add Comments above, if needed.**
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[ ] 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 [redacted]

Pharmacy Manager / Representative Signature [redacted] 10-8-25 Date

[redacted]

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: [redacted]
Encrypted Email: [redacted]

# of Pages: 7 (Including Cover)

Pharmacy Name: SOUTHEAST CLINIC PHARMACY
NABP #: [redacted]
Date: October 7, 2025

EXL ID	Claim Number	Rx #	Fill Date	Drug Name	Pharmacy Comment
[redacted]				UZEDY INJ 200MG	

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).**
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[ ] 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_____ [redacted]

_____
Pharmacy Manager / Representative Signature

[redacted]

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: [redacted]
Encrypted Email: [redacted]

# of Pages: 7 (Including Cover)

Pharmacy Name: NORTHWEST CLINIC PHARMACY
NABP #: [redacted]
Date: October 9, 2025

EXL ID	Claim Number	Rx #	Fill Date	Drug Name	Pharmacy Comment
[redacted]				INVEGA TRINZ INJ 546MG	

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).**
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(ORx will verify and correct as appropriate).

*Specify details in the Comments for each Rx number.

Pharmacy Manager / Representative PRINT [redacted]

_____
Pharmacy Manager / Representative Signature Date

[redacted]

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: [redacted]
Encrypted Email: [redacted]

# of Pages: 7 (Including Cover)

Pharmacy Name: NORTHEAST CLINIC PHARMACY
NABP #: [redacted]
Date: October 20, 2025

EXL ID	Claim Number	Rx #	Fill Date	Drug Name	Medicare Claim	Pharmacy Comment
[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.**

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[ ] 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 [redacted]

Pharmacy Manager / Representative Signature — Date 10-22-25

[redacted]

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: [redacted]

Encrypted Email: [redacted]

# of Pages: 7 (Including Cover)

Pharmacy Name: NORTHWEST CLINIC PHARMACY

NABP #: [redacted]

Date: October 15, 2025

EXL ID	Claim Number	Rx #	Fill Date	Drug Name	Medicare Claim	Pharmacy Comment
[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.**

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[ ] 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_____ [redacted]

_____

Pharmacy Manager / Representative Signature Date

[redacted]

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: [redacted]
Encrypted Email: [redacted]

# of Pages: 7 (Including Cover)

Pharmacy Name: SOUTHEAST CLINIC PHARMACY
NABP #: [redacted]
Date: October 28, 2025

EXL ID	Claim Number	Rx #	Fill Date	Drug Name	Medicare Claim	Pharmacy Comment
[redacted]				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).**
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(ORx will verify and correct as appropriate).

*Specify details in the Comments for each Rx number.

Pharmacy Manager / Representative PRINT_____

_____
Pharmacy Manager / Representative Signature

[redacted]

[redacted]

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: [redacted]
Encrypted Email: [redacted]

# of Pages: 13 (Including Cover)

Pharmacy Name: NORTHEAST CLINIC PHARMACY
NABP #: [redacted]
Date: October 31, 2025

EXL ID	Claim Number	Rx #	Fill Date	Drug Name	Medicare Claim	Pharmacy Comment
[redacted]				INVEGA TRINZ INJ 410MG	Yes	
				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).**
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(ORx will verify and correct as appropriate).

*Specify details in the Comments for each Rx number.

Pharmacy Manager / Representative PRINT_____ [redacted]

_____

Pharmacy Manager / Representative Signature Date

[redacted]

Optum Rx®

EXL

NABP #: [redacted]

Records Transmittal Page

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

FROM [redacted]/Southwest Clinic Pharmacy **TO: EXL Service**
(Sender's Name)

Secure Fax: [redacted]
Encrypted Email: [redacted]

# of Pages: 8 (Including Cover)

Pharmacy Name: SOUTHWEST CLINIC PHARMACY 3
NABP #: [redacted]
Date: October 27, 2025

EXL ID	Claim Number	Rx #	Fill Date	Drug Name	Medicare Claim	Pharmacy Comment
[redacted]				INVEGA SUST INJ 156MG/ML	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.**

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[ ] 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

[redacted]

[redacted]

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: [redacted]
Encrypted Email: [redacted]

# of Pages: 7 (Including Cover)

Pharmacy Name: NORTHWEST CLINIC PHARMACY
NABP #: [redacted]
Date: November 7, 2025

EXL ID	Claim Number	Rx #	Fill Date	Drug Name	Medicare Claim	Pharmacy Comment
[redacted]				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).**
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(ORx will verify and correct as appropriate).

*Specify details in the Comments for each Rx number.

Pharmacy Manager / Representative PRINT_____ [redacted]

_____

Pharmacy Manager / Representative Signature

[redacted]

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: [redacted]

Encrypted Email: [redacted]

# of Pages: 7 (Including Cover)

Pharmacy Name: SOUTHEAST CLINIC PHARMACY

NABP #: [redacted]

Date: November 11, 2025

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).**
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[ ] 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_____[redacted]_____

11/12/2025

Pharmacy Manager / Representative Signature Date

[redacted]

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: [redacted]

Encrypted Email: [redacted]

# of Pages: 7 (Including Cover)

Pharmacy Name: SOUTHEAST CLINIC PHARMACY

NABP #: [redacted]

[redacted] 2025

EXL ID	Claim Number	Rx #	Fill Date	Drug Name	Medicare Claim	Pharmacy Comment
[redacted]	[redacted]	[redacted]	[redacted]	INVEGA TRINZ INJ 546MG		

Please Remember to:

1. **Add Comments above, if needed.**
2. **Check the appropriate box below, as applicable.**
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*Specify details in the Comments for each Rx number.

Pharmacy Manager / Representative PRINT_____[redacted]_____

_____ 11/12/2025

Pharmacy Manager / Representative Signature Date

[redacted]

Optum Rx®

EXL

NABP #: [redacted]

Records Transmittal Page

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

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

(Sender's Name)

Secure Fax: [redacted]

Encrypted Email: [redacted]

# of Pages: 8 (Including Cover)

Pharmacy Name: SOUTHWEST CLINIC PHARMACY 3

NABP #: [redacted]

Date: November 19, 2025

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

Please Remember to:

1. **Add Comments above, if needed.**
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(ORx will verify and correct as appropriate).

*Specify details in the Comments for each Rx number.

Pharmacy Manager / Representative PRINT [redacted]

_____

Pharmacy Manager / Representative Signature Date

[redacted]

External Program Audits

October 6, 2025

Monitoring Review of Coronavirus State and Local Fiscal Recovery Funds (SLFRF) Funded Activities for Harris County Grant Program

As a subrecipient of the SLFRF funds, you are subject to a monitoring review as outlined in your agreement. Subrecipients are to provide access to their records and financial statements, program sites, work products, documents, and records for inspection, monitoring, and audits as necessary.

Your organization has been assessed as having a low program risk; and assigned to the Standard Monitoring tier. As part of the Standard Monitoring tier, you are subject to biannual (twice a year) and closeout monitoring of your SLFRF funded activities. Your biannual monitoring is initiated in March and September of each year until the end of the period-of-performance, or all funds have been expended. Additional monitoring and/or increased monitoring frequency will be based on monitoring results.

During this monitoring, Harris County will review financial, programmatic, and administrative documents. The reviews will help us evaluate your organization's adherence to compliance requirements and program performance. The period of time requested for documentation is March 1, 2025 – August 31, 2025. Please have the documents listed in the checklist provided with this notification letter collected and uploaded to the Monitoring Q3 2025 folder in your shared SharePoint folder by Monday, October 20, 2025.

When submitting documentation, please ensure any personally identifiable information (PII) is redacted or removed, including social security numbers, home addresses, personal phone numbers, bank account numbers, etc.

Please contact Monica Cardin at Monica.Cardin@hagertyconsulting.com for any questions.

Sincerely,

Marcus Garrett
Compliance Manager, American Rescue Plan PMO
Harris County, Office of County Administration
Marcus.Garrett@harriscountytx.gov

TEXAS Health and Human Services

Texas Health and Human Services Commission

Cecile Erwin Young
Executive Commissioner

October 22, 2025

ELECTRONIC MAIL

Owner/Administrator
[redacted]

[redacted]

Dear Owner/Administrator:

On October 9, 2025, the Texas Health and Human Services Commission (HHSC) conducted a health, licensing inspection and incident investigation, to determine if your facility meets the Licensing Standards for Day Activity and Health Services (DAHS) Facility. This inspection found that your facility **did not meet** state licensure requirements. Enclosed is the Statement of Licensing Violations, HHSC Form 3724.

Plan of Correction (PoC)

You must submit a PoC for each licensure violation by the 10th calendar day from receipt of this letter in accordance with Texas Administrative Code (TAC), Title 26, Part 1, Chapter 559, Section 559.83. Your PoC must address the following:

1. how the facility will accomplish the corrective action for those clients affected by each violation;
2. how the facility will identify other clients with the potential to be affected by the same violation;
3. how the facility will put the corrective measure into practice or make systemic changes to ensure that the violation does not recur;
4. how the facility will monitor the corrective actions to ensure that the violation is corrected and will not recur; and
5. the date the corrective action will be completed.

Return the HHSC Form 3724 with your PoC to:

[redacted]

Licensure Actions

Based on the licensing violations cited during this survey, we are recommending that the following action(s) be taken, pursuant to Chapter 103 of the Texas Human Resources Code (HRC):

[redacted]

- A proposed action against the facility license, such as revocation, suspension, or denial of license. [HRC §103.009].

Please note that this notice does not constitute formal notice of imposition of the licensure action(s). Unless stated differently above, if HHSC imposes the licensure action(s), State Office sends you a separate, written notice that includes your appeal rights.

Informal Dispute Resolution (IDR)

You have the opportunity to dispute the cited deficiencies/violations through the IDR process in accordance with 531.058 Texas Government Code. If you would like to dispute the deficiencies/violations through the IDR process, you must submit an IDR Request Form within 10 calendar days after receiving the Forms 2567/3724 via email to IDR@hhsc.state.tx.us. The IDR Request Form and instructions regarding submitting IDR supporting documentation can be found on the IDR website at: ***https://hhs.texas.gov/doing-business-hhs/vendor-contractor-information/informal-dispute-resolution-process.***

Under 40 TAC §9.268(c)(1)-(3), you are entitled to an informal reconsideration (IR) for this action. You must submit a written request and all supporting documentation for the IR within seven calendar days after your receipt of this letter. If you do not respond in writing within seven calendar days, HHSC will take the action as proposed. If you do respond, HHSC will notify you in writing of the decision of affirmation or reversal resulting from the IR. If the results of the IR are affirmed, HHSC will take the action as proposed.

Submit your written request and supporting documentation for the IR to the address listed below.

Manager of the Survey & Certification Enforcement Unit
Texas Health and Human Services Commission
Regulatory Services Division
[redacted]

[redacted]

Sincerely,

Ryan Dalton
Ryan Dalton
Regional Coordinator, Region 06
Regulatory Services

bcv

Enclosure

R[redacted]

Texas State Board of Pharmacy
"Red Flags" Checklist for Pharmacies
YOU MIGHT BE A PILL MILL IF...

Check all that apply:

	(1) Your pharmacy fills a discernable pattern of prescriptions for prescribers who write essentially the same prescriptions for numerous persons, indicating a lack of individual drug therapy
	(2) Your pharmacy operates with limited hours of operation or closes after a certain threshold of controlled substance prescriptions are dispensed, and has overall low prescription dispensing volume.
	(3) Prescriptions presented to the pharmacy are for controlled substances with popularity as street drugs, such as opiates, benzodiazepines, muscle relaxants, psychostimulants, and/or cough syrups, or any combination of these drugs.
	(4) The prescriptions for controlled substances contain nonspecific or no diagnoses.
	(5) The prescriptions are commonly for the highest strength of the drug and/or for large quantities.
	(6) Dangerous drugs or OTC products (such as multi-vitamins or laxatives) are added to the controlled substance prescriptions, maintaining relatively consistent 1:1 ratio of controlled substances to dangerous drugs and/or OTC products dispensed as prescriptions.
	(7) Prescriptions are authorized by the same prescriber with what appears to be different handwriting on the hardcopy prescription drug order forms.
	(8) Upon contact with the prescriber's office, you are unable to engage in comprehensive discussion with the actual prescriber, or he/she is unconcerned about your apprehensions regarding his/her prescribing practices or unwilling to provide additional information, such as treatment goals and/or prognosis with prescribed drug therapy.
	(9) You rely solely on the prescriber's representation, or on the representation of the individual answering the phone at the number on the prescription, that prescriptions are legitimate.
	(10) The prescriber's clinic is not registered as a pain management clinic by the Texas Medical Board, despite routinely receiving prescriptions from the prescriber foropiates, benzodiazepines, and/or muscle relaxants.
	(11) Drugs prescribed are inconsistent with the prescriber's area of practice.
	(12) The prescriber of the drugs is located a significant distance from your pharmacy.
	(13) The prescriber has been subject to disciplinary action by the licensing board, had his/her DEA registration removed, or been subject to criminal action.
	(14) The Texas PMP system indicates that persons are obtaining prescriptions for the same drugs from multiple prescribers or that persons are filling prescriptions for the same drugs at multiple pharmacies.
	(15) The person's address is a significant distance from your pharmacy and/or from the prescriber's office.
	(16) Multiple persons with the same address present prescriptions from the same prescriber.
	(17) Persons pay with cash or credit card more often than through insurance.
	(18) Persons presenting controlled substance prescriptions are doing so in such a manner that varies from seeking routine pharmacy services (e.g., willing to wait in long lines to receive drugs, persons arrive in the same vehicle with prescriptions from same prescriber, one person presents to pick up prescriptions for multiple others, persons refer to drugs by "street names" and/or comment on drug's color, persons seek early refills, persons travel from outside reasonable trade area of pharmacy).
	(19) Your pharmacy charges and persons are willing to pay more for controlled substances than they would at nearby pharmacies.
	(20) Your pharmacy routinely orders controlled substances from more than one drug supplier, or your pharmacy has been discontinued by a drug supplier related to controlled substance orders.
	(21) Sporadic and non-consistent dispensing volume (including zero dispensing) varies from day to day and week to week, and your pharmacy does not maintain operational hours each week on Monday through Friday.
	(22) Your pharmacy employs or contracts security personnel during operational hours to prevent problems.
	(23) Your pharmacy has been previously warned or disciplined by the Texas State Board of Pharmacy for inappropriate dispensing of controlled substances (i.e., corresponding responsibility).

If you checked any of the above items, you should review the laws and rules regarding corresponding responsibility and non-therapeutic dispensing, especially Board rule §291.29, in the law book or on our website: www.pharmacy.texas.gov (click on Texas Pharmacy Rules and Laws). Additional educational material is available at: http://www.pharmacy.texas.gov/Nontherapeutic.asp. Failure of pharmacies and pharmacists to detect patterns of inappropriate dispensing of prescription drugs is unprofessional practice and constitutes grounds for disciplinary action.

Pharmacist (or other Responsible Party) on Duty Attestation:

I hereby attest the following statements are true and accurate (initial each statement below):

[redacted] I am the Pharmacist (or other responsible party) on duty at *NEUROPSYCHIATRIC CENTER*, pharmacy license number *19753* during a Compliance Inspection conducted by a Texas State Board of Pharmacy Compliance Officer/Inspector on *10/22/2025*.

[redacted] At the conclusion of the inspection, the Officer/Inspector left the following documents in my possession (check each applicable)

- [x] Notice of Inspection
- [x] Inspection Report
- [ ] Warning Notice outlining *0* deficiencies
- [x] Pharmacist-in-Charge Attestation Form with the handout titled Texas State Board of Pharmacy "Red Flags" Checklist for Pharmacies YOU MIGHT BE A PILL MILL IF.

[redacted] I will provide all of the records listed above, including this attestation, regarding the inspection to the Pharmacist-in-Charge(PIC), within 3 business days and ensure the PIC understands that he/she must file the completed PIC attestation within 7 days of the date of receipt (unless otherwise noted).

Signed: [redacted] **Date:** [redacted]

[redacted] [redacted] [redacted] [redacted]

Pharmacist in Charge Attestation:

I hereby attest the following statements are true and accurate (initial each statement below):

_____ I am the Pharmacist-in-Charge (PIC) of *NEUROPSYCHIATRIC CENTER*, pharmacy license number *19753*, and I ☐ was/ ☑ was not present during a Compliance Inspection conducted by a Texas State Board of Pharmacy Compliance Officer/Inspector on *10/22/2025*.

_____ I received and reviewed the Notice of Inspection, Inspection Report, and Warning Notice (if applicable) issued by the Compliance Officer/Inspector.

_____ I reviewed the document titled Texas State Board of Pharmacy "Red Flags" Checklist for Pharmacies YOU MIGHT BE A PILL MILL IF.

_____ If applicable, the Warning Notice issued contains *0* deficiencies which may require corrections to resolve. I affirm that each of the deficiencies will be corrected by the date noted on the Warning Notice.

_____ I was present and completed this Attestation during the Compliance Inspection.

If not completed during the Compliance Inspection, please email this completed form to the TSBP Compliance Inspector for your area or to inspections@pharmacy.texas.gov within 7 days of the date of the inspection.

Signed: _____ **Date:** _____

Printed Name: **License No.(if applicable):**

Texas State Board of Pharmacy

[redacted]

Notice of Inspection

Facility Information

Name: *NEUROPSYCHIATRIC CENTER*

[redacted]

Email:

[redacted]

Inspection Information

Type: *Compliance* **Purpose:** *Routine*

Date: *10/22/2025* **Arrival Time:** *10:30 AM*

Acknowledgment

This is to acknowledge that Texas State Board of Pharmacy Agent has presented official credentials and this Notice of Inspection citing Sections 554.001, 556.001, 556.051-556.054, and 556.101 of the Texas Pharmacy Act which authorizes an inspection of the above described facility. By my signature, I hereby acknowledge receipt of this Notice of Inspection and certify that:

1. **I have read the Notice of Inspection and understand its contents and purpose;**
2. **I have the authority to act in this matter and have signed this Notice of Inspection pursuant to my authority;**
3. **I have had the purpose of the entry into the above-described facility by the Boards agent stated to me; and**
4. **I have consented to an inspection of the above-described facility voluntarily and without any manner of threats.**

[redacted]

[redacted]

Texas State Board of Pharmacy

[redacted]

Facility Information

Name: *NEUROPSYCHIATRIC CENTER* [redacted]

Class of License: *C*

Inspection Information

Type: *Compliance* **Purpose**: *Routine*

Date: *10/22/2025* **Arrival Time**: *10:30 AM* **Departure Time**: *12:00 PM*

Action Taken: *Inspection*

General Comments:

Licenses/Registration

Verify personnel have active licenses & address with PIC/RPh if necessary	*Satisfactory*
01. Required licenses posted	*Satisfactory*
09. Active licenses/certifications	*Satisfactory*
62. No aiding and abetting	*Satisfactory*
65. Proper registration procedures	*Satisfactory*
79. Identification badges	*Satisfactory*

Inventory Records

15. Change of PIC inventory *Satisfactory*

Comment

Change of PIC inventory completed on:01/31/24

16. Perpetual inventory *Satisfactory*

17. Meets inventory requirements *Satisfactory*

291.17(a).

General requirements.

(1) The pharmacist-in-charge shall be responsible for taking all required inventories, but may delegate the performance of the inventory to another person(s).

(2) The inventory shall be maintained in a written, typewritten, or printed form. An inventory taken by use of an oral recording device must be promptly transcribed.

(3) The inventory shall be kept in the pharmacy and shall be available for inspection for two years.

(4) The inventory shall be filed separately from all other records.

(5) The inventory shall be in a written, typewritten, or printed form and include all stocks of all controlled

17. Meets inventory requirements *(continued)* *Satisfactory*

substances on hand on the date of the inventory (including any which are out-of-date).
(6) The inventory may be taken either as of the opening of business or as of the close of business on the inventory date.
(7) The inventory record shall indicate whether the inventory is taken as of the opening of business or as of the close of business on the inventory date. If the pharmacy is open 24 hours a day, the inventory record shall indicate the time that the inventory was taken.
(8) The person(s) taking the inventory shall make an exact count or measure of all controlled substances listed in Schedule II.
(9) The person(s) taking the inventory shall make an estimated count or measure of all controlled substances listed in Schedules III, IV, and V, unless the container holds more than 1,000 tablets or capsules in which case, an exact count of the contents must be made.
(10) The inventory of Schedule II controlled substances shall be listed separately from the inventory of Schedules III, IV, and V controlled substances.
(11) If the pharmacy maintains a perpetual inventory of any of the drugs required to be inventoried, the perpetual inventory shall be reconciled on the date of the inventory.

Comment

Advised that the perpetual inventory of controlled substances maintained in the main pharmacy shall be reconciled on the date of the annual inventory.

59. Proper drug destruction *Satisfactory*

68. Change of Ownership controlled substance inventory *Not Applicable*

69. Annual controlled substance inventory *Satisfactory*

Comment

Annual controlled substance inventory completed on: 09/02/25 @ 8:30 am.

Notifications

31. Closed pharmacy (Is pharmacy engaged in the business described in application for licensure?) *Satisfactory*

34. Notifications *Satisfactory*

76. PIC (Does the pharmacy have a pharmacist-in-charge?) *Satisfactory*

Environment/Equipment/Security

03. Orderly/Clean *Satisfactory*

04. Balance inspection *Satisfactory*

Comment

Number of balances: zero

05. Equipment inspection *Satisfactory*

07. Security	*Satisfactory*
08. Environment	*Satisfactory*
48. Drugs (procurement, temperature, security, out-of-date, samples)	*Satisfactory*

Controlled Substances

24. Theft/Loss	*Satisfactory*

Comment

No theft or loss has occurred.

30. Controlled substance invoices dated/initialed by pharmacist	*Satisfactory*
35. Controlled substance invoices separated	*Satisfactory*
46. Drug Distribution	*Satisfactory*
57. Corresponding responsibility (Does the pharmacist exercise sound professional judgment with respect to the accuracy or authenticity of a prescription drug order?)	*Satisfactory*

Labeling/Prepackaging

32. Prescription label (Is prescription label complete?)	*Satisfactory*
54. Proper prepackaging procedures	*Satisfactory*

Library

06. Required Library	*Satisfactory*

Training

60. Documentation of required training	*Satisfactory*
61. Supervision of supportive personnel	*Satisfactory*

Patient/Computer/Dispensing Records

18. Records available	*Satisfactory*
22. Data processing system compliance	*Satisfactory*
51. ER/Post op Dispensing	*Satisfactory*
82. Patient Medication Records	*Satisfactory*
84. Drug regimen review	*Satisfactory*
86. Absence of pharmacist records	*Satisfactory*

Policies & Procedures/SOPs

70. Required policies & procedures/SOPs	*Satisfactory*

87. Quality Control/Assurance	*Satisfactory*
92. Automated dispensing policy & procedures/SOPs	*Satisfactory*

Non-Sterile Compounding

03. Orderly/Clean/Hand Hygiene	*Not Applicable*
04. Balance inspection (for non-sterile compounding)	*Not Applicable*
05. Equipment inspection	*Not Applicable*
06. Non-sterile Library	*Not Applicable*
32. Non-sterile compound label (Is label complete?)	*Not Applicable*
38. Area/Environment for non-sterile compounding	*Not Applicable*
43. Records for non-sterile compounding	*Not Applicable*
60. Documentation of non-sterile required training	*Not Applicable*
70. Required policies & procedures/SOPs	*Not Applicable*
87. Quality Control/Assurance	*Not Applicable*

Signatures

An agent of the Texas State Board of Pharmacy has inspected your pharmacy. The results of this inspection have been noted.

- **Items designated as "Refer to Legal" must be rectified immediately. In addition, the matter discovered during the inspection and deemed to be a serious violation by the inspector will be referred to the Legal Division for review and possible disciplinary action; and**
- **Items designated as "Warning Notice" must be corrected by the deadline noted to ensure compliance with the laws and rules governing the practice of pharmacy (Note: A "Warning Notice" is issued for a minor violation, and does not equate to disciplinary action).**

EXHIBIT A-6

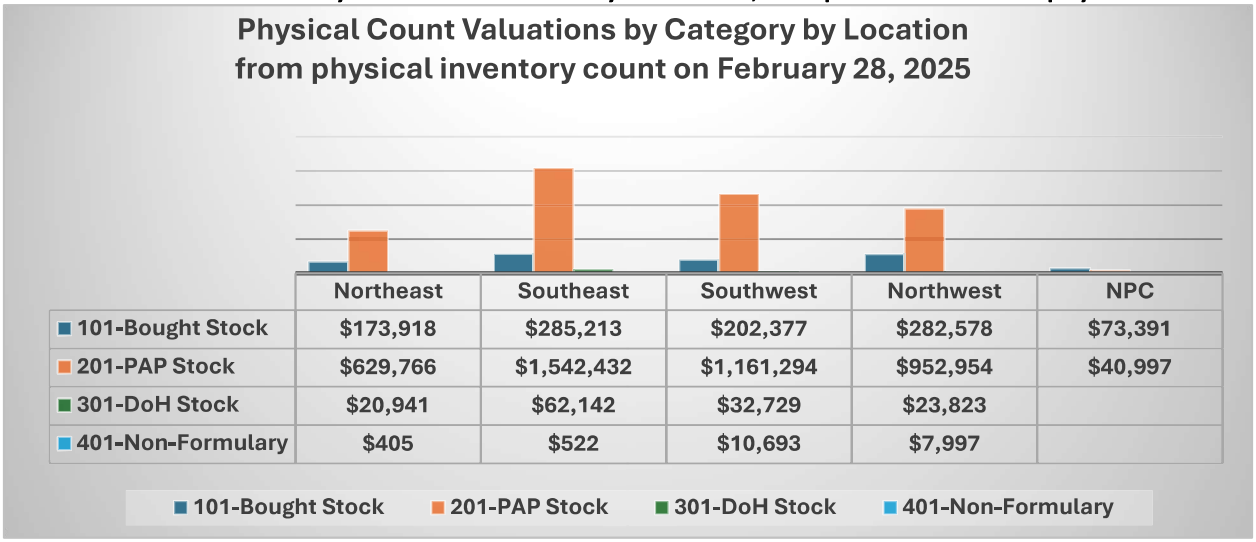
Executive Summary

PHARMACY INVENTORY AUDIT
(PHARM0126)

FINDINGS, OBSERVATIONS, RECOMMENDATIONS & MANAGEMENT RESPONSES

Observation #1 - Internal Audit found pharmacy inventory has four (4) categories of medications, including Bought Stock, PAP, Dispensary of Hope, and Non-Formulary. In the last physical count on February 2025, PAP medications represented an average of 78.6% of the counted inventory valuation.

Exhibit I – Buttons Inventory Service PAP inventory valuations, as reported in biennial physical counts

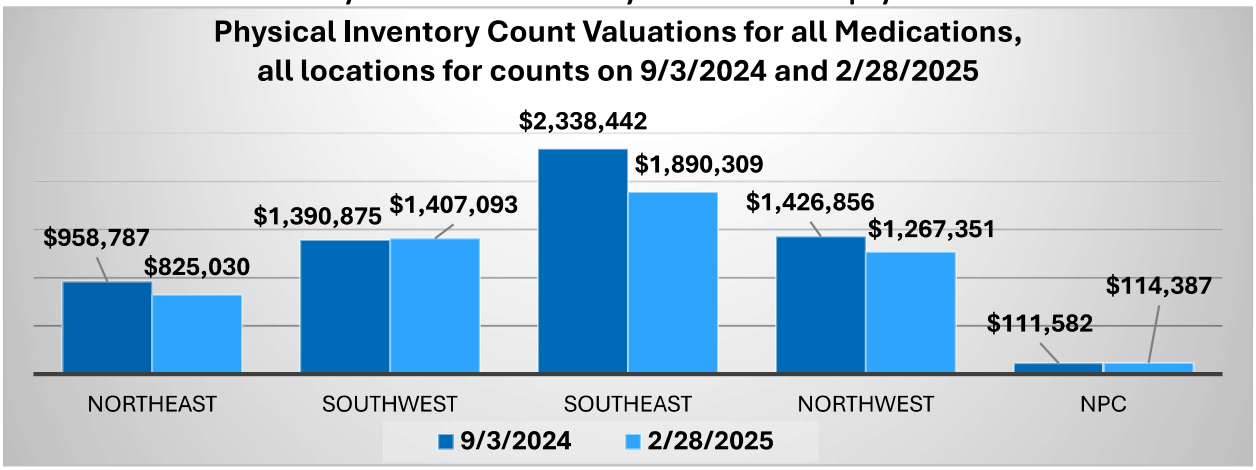


	Northeast	Southeast	Southwest	Northwest	NPC
101-Bought Stock	$173,918	$285,213	$202,377	$282,578	$73,391
201-PAP Stock	$629,766	$1,542,432	$1,161,294	$952,954	$40,997
301-DoH Stock	$20,941	$62,142	$32,729	$23,823	
401-Non-Formulary	$405	$522	$10,693	$7,997	

Source: Buttons Inventory Services invoices FY2022 through FY2025.

Observation #2 – Internal Audit found the physical pharmacy inventory valuations were highest in the Southeast Clinic pharmacy location based on larger inventory counts.

Exhibit II – Buttons Inventory Service total inventory valuation in two physical counts



Source: Buttons Inventory Service biennial physical inventory counts on September 3, 2024 and February 28, 2025

Pharmacy Inventory Audit

(PHARM0126)

INTERNAL AUDIT REPORT

October 21, 2025

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

Director, Internal Audit

TABLE OF CONTENTS

CURRENT PROCESS

The Board of Directors approved this pharmacy inventory audit to test documented inventory counts against reported third-party physical counts to confirm the department's accuracy in inventory reporting. Currently, the Pharmacy Services Department contracts with Buttons Inventory Service to perform the physical inventory count audit twice per year. The report shows the summaries of inventory by Center location and by individual items counted at the stockkeeping unit level (sku).

Internal Audit performed audits in FY2015, FY2018, FY2020 and FY2023. The FY2023 audit report had focused on the Button's Inventory Services inventory count reports that showed items were properly accounted for an no corrective action was recommended in managing these inventories. The current audit is focused on pharmacy inventory and our intention is to better understand the specific work plans that are involved with performing the physical count. It is helpful to know if specific inventory issues may be inadvertently undercounting or misrepresenting inventory due to changes in labeling changes, vendors, etc. so the focus in this audit is to test the department's assistance on guarding against possible loss due to product changes or bootleg substitutions.

Pharmacy Services also oversees the inventory controls over the Patient Assistance Program (PAP), as this has been a successful initiative for some Harris Center consumers. This program has changed in size but remains for consumers with demonstrated financial need. The program provides low-cost or no cost branded pharmaceuticals to these individuals from manufacturers who participate in the program. The Harris Center has a relationship with The Dispensary of Hope (DoH) which is a 501 (c)(3) non-profit that specializes in distributing pharmaceuticals donated by several larger manufacturers, including AbbVie, Eli Lilly, Johnson and Johnson, and other international firms.

The Harris Center's PAP program matches low-income patients with needed medications and the staff direct patient inventory for eligible consumers. The Dispensary of Hope also sends an additional drug inventory for distribution which is separated and is counted as "DoH Inventory" in the audit process, in addition to PAP inventory which is reported separately. The inventory reports categorized pharmacy items as "Bought", "PAP', "DoH" or "Formulary" which collectively represent all the on-hand inventory shown in the reports.

The Senior Director of Pharmacy Programs has continued the use of the Button's Inventory Services contract for inventory audits. Internal Audit was interested to detect if prescriptions and formularies were changing as a result of the reduced federal funding or due to other marketplace influences.

We performed our review of the Button's inventory report and spoke with the Senior Director of Pharmacy programs to assess that their organization has experienced challenges from these budget reductions.

SCOPE AND OBJECTIVES

Audit Scope: The Pharmacy Inventory Audit was approved and included in Internal Audit's Fiscal Year 2026 Annual Audit Plan, to assure that the inventory is accurate for operational and reporting needs.

Audit Objectives: This inventory audit will review the controls used by the Pharmacy Department's staff plus review the Button's Inventory Services count summary report. Our audit objectives are to:

1. Assure that pharmacy staff can reconcile inventory items to invoiced items (from packing slips) and provide safeguards for proper storage and distribution of these pharmaceutical items.
2. Determine that pharmacy inventory items can be matched to the department's perpetual inventory counts, and returns are properly documented and sent back in a sealed tote to the vendor, and assure that expired medications are returned as needed to the distributor/vendor.
3. Affirm that Pharmacy Department staff lock up all controlled substances and practice safeguards to limit or eliminate unauthorized access to the ample supplies of medications.

AUDIT RISKS

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

1. Management does not acknowledge Pharmacy staff can report issues related to any lapses in controls over security or pharmacy inventory issues.
2. Management does not educate Pharmacy staff members as to how to find process improvements nor provide a means to address implementation of process improvements as they are discovered.
3. Management pays excessively high service fees for operational or inventory reports but does not act on the vendor's recommendations to reduce costs whenever such is provided in reports.

FIELD WORK

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

1. Review the Pingboard organization chart for names of current staff and management teams in the Pharmacy Department and note number of new hires in the Pharmacy Department.
2. Contact the Director of Pharmacy and request access to the latest biennial inventory report by the Buttons Inventory Company to see the results, and any notable findings in the report. Next, compare and contrast the results of this latest count with one (1) previous inventory report to affirm that the current evaluation is equally comprehensive and detailed as performed in the past.
3. Evaluate accrual reports tracking pharmacy and pharmaceutical item inventories, and tie activity to results in the recent inventory count report to show any discrepancies in the counts or identify other administrative issues that may occur.
4. Schedule a conference call with the Senior Director of Pharmacy to evaluate the department's challenges and accomplishments and types of support they seek from senior management.
5. Review the Notes published in the Annual Comprehensive Financial Review (ACFR) to show that the inventory has properly trended in the Financial Services reports since the prior year's report, to correlate this level of activity back to the most recent ACFR Notes, as published, January 2023.

OBSERVATIONS, RECOMMENDATIONS & MANAGEMENT RESPONSES

Observation #1 - Internal Audit found pharmacy inventory has four (4) categories of medications, including Bought Stock, PAP, Dispensary of Hope, and Non-Formulary. In the last physical count on February 2025, PAP medications represented an average of 78.6% of the counted inventory valuation.

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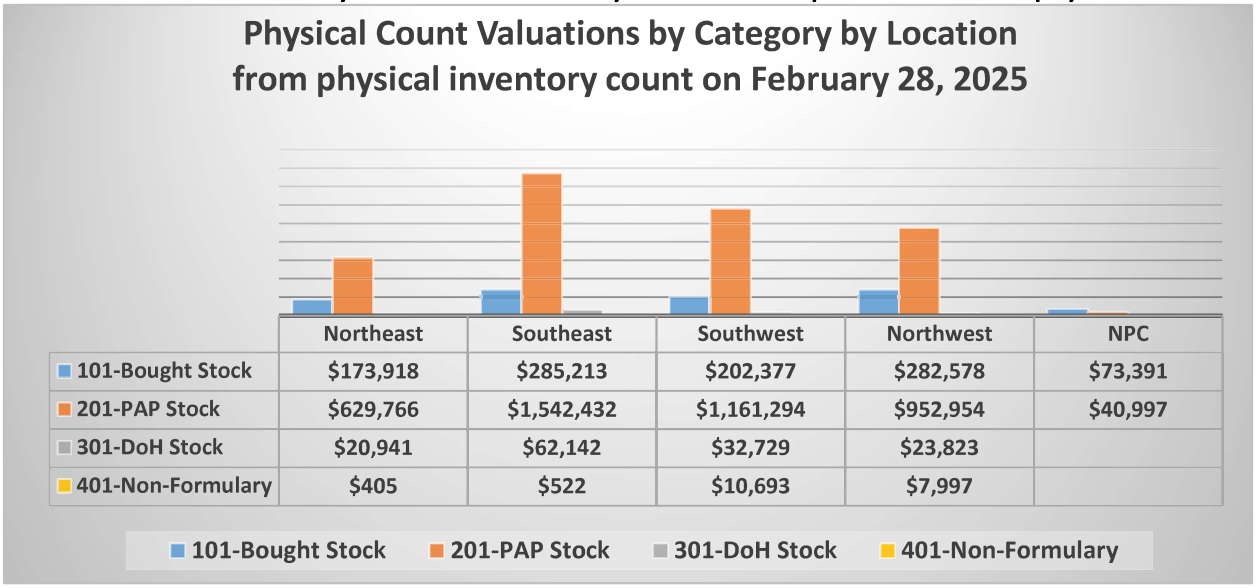

	Northeast	Southeast	Southwest	Northwest	NPC
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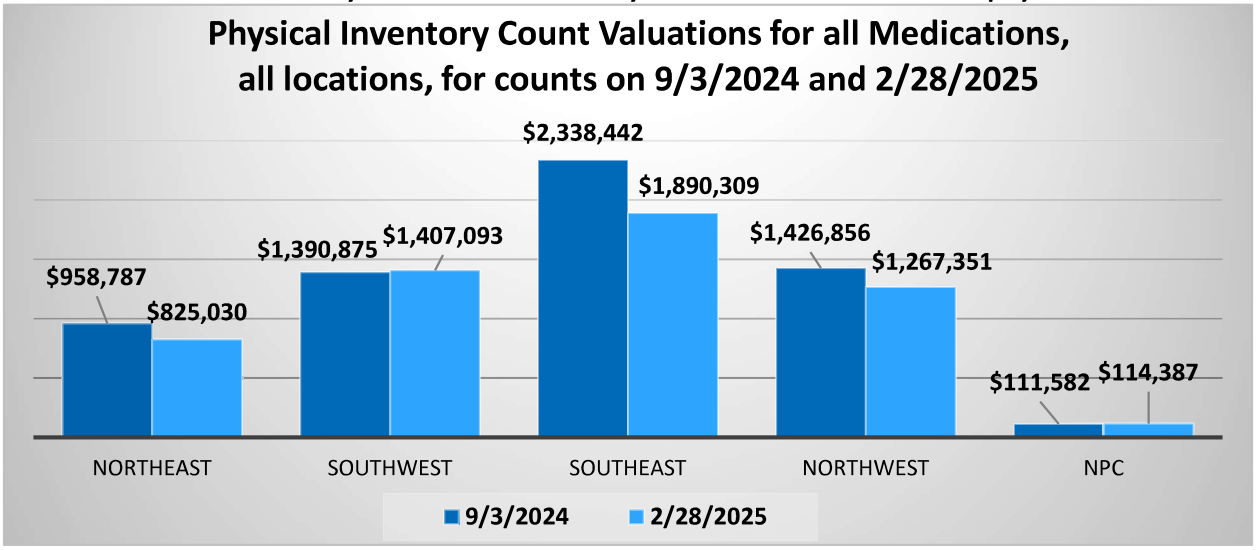
Source: Buttons Inventory Service reported physical inventory counts on February 28, 2025.

Observation #2 – Internal Audit found the physical pharmacy inventory valuations were highest in the Southeast Clinic pharmacy location based on larger inventory counts.

Exhibit II – Buttons Inventory Service total inventory valuation from the last two physical counts



Source: Buttons Inventory Service biennial physical inventory counts on September 3, 2024 and February 28, 2025.

CONCLUSION

This current inventory audit reviewed how the Pharmacy Services team performs their inventory audits as they introduced audits as a normal practice in response to the Board of Director's recommendation.

The Senior Director of Pharmacy Programs provided an overview of the current operating challenges that includes growing uncertainty based on United States tariffs which are affecting product pricing and their availability which may be changing the mix of items that are ultimately available to consumers.

The Senior Director of Pharmacy Programs says the mix of items from Dispensary of Hope is moving to lower-cost generics and the transition to generic equivalents has lowered the PAP inventory's valuation when compared to previous years. We have seen an increase in the program valuation, either due to any expanded patient participation or because of the dollar values of these medications have increased.

The Center's PAP program provides no cost pharmaceuticals to consumers who establish eligibility on limited household income sources. The PAP program still represents a significant portion of the Center's total inventory valuation. The past few years have shown the continued growth of program benefits to our eligible consumers.

Respectfully submitted,

David W. Fojtik

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

Kirk D. Hickey

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

Executive Summary

INFORMATION TECHNOLOGY RISK AND COMPLIANCE AUDIT (ITRISK0126)

FINDINGS, OBSERVATIONS, RECOMMENDATIONS & MANAGEMENT RESPONSES

Observation #1 – Internal Audit evaluated multiple sources of information regarding IT risk management and compliance from online sources and followed the recommendations cited as "best practice" for high performing Information Technology organizations.

We found responses to IT risks and Compliance matters are handled appropriately and timely.

Management Response #1: (Chief Information Officer): "IT Risks are handed in a 4-pronged process: identification, assessment, treatment/response planning, and monitoring and review. We are continually looking at our current controls and new ones to see if there is room for improvement, more functionality and/or more robust security identification/response."

Observation #2 – Internal audit asked IT how often they test for potential security weaknesses and in what ways does IT notify stakeholders about security and/or data privacy issues?

Management Response #2: (Chief Information Officer): "Depending on the technology, IT tests daily, weekly, monthly or yearly for security weaknesses and data privacy issues. IT adheres to the applicable Policy and Procedures that are stored in PolicyStat when there are security/data privacy issues. The notification of who, when, and how often are determined by the type of incident. The risk responses are fortified continuously and proactively to address evolving threat actors' AI strategies. Rather than waiting for incidents or regulatory deadlines, the team is always looking to fortify where and when we can."

IT Risk and Compliance Audit

(ITRISK0126)

INTERNAL AUDIT REPORT

October 21, 2025

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

Director, Internal Audit

TABLE OF CONTENTS

SCOPE AND OBJECTIVES

Audit Scope: This Board-approved audit project was included to review the processes used to identify and assess risks, and reveal how the Harris Center organizes the delivery of risk responses.

Audit Objectives: This audit report has been approved for inclusion in Internal Audit's Fiscal Year 2026 Annual Audit Plan, and our audit objectives were designed to:

1. Review the previous audit report from FY2024 to view outstanding issues requiring resolution.
2. Evaluate the Information Security Officer's plans to invest in the Center's security infrastructure.
3. Determine that the Center's security profile has improved since the last cybersecurity audit.

AUDIT RISKS

Audit Risks: Factors that may influence management's ability to mobilize appropriate risk responses.

1. Management did not assign sufficient resources to mitigate known risk factors.
2. Management did not keep records of documents of any prior risk response situations occurred.
3. Management did not comply with regulatory agencies or fails to meet HIPAA or other information security requirements.

FIELD WORK

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

1. Meet department contacts and review current organizational charts for Information Security.
2. Internal Audit will meet with Information Security Officer (ISO) and Chief Information Officer (CIO) to obtain their input about how well the department responds (as stated in previous audit reports).
3. Review how ongoing risks are identified, note how new risks are assessed, and track how these new risks are evaluated based on anticipated impact to the organization's operations.
4. Verify that The Harris Center's infrastructure development processes provide meaningful reviews of the Center's infrastructural improvements.
5. Discuss the possibility for ISO to re-perform the NIST compliance audit or comparable assessments to verify that the Center's infrastructure resources are improved and less vulnerable to cyberattacks.
6. Find opportunities for process improvement from members of the Information Security group and whiteboard all ideas offered to make additional incremental improvements in security.

CURRENT PROCESS

In this audit, we are reviewing the processes used to identify risks, to perform a risk assessment, and to monitor activities to ascertain that known risks are eliminated, avoided, diminished or left unchecked.

Internal Audit seeks to have a conversation with members of the Information Technology organization to establish an understanding for how new systems get implemented or when changes need approval. How does Information Security understand the severity of new risks introduced by new workflows, or the changes made to existing workflows?

Internal Audit reviewed articles on performing audits to assess IT risk and compliance and found one source that identified five (5) broad areas of IT risk and compliance issues:

- Availability risks, such as inability to access your IT systems needed for business operations.
- Performance risks, such as reduced productivity due to slow or delayed access to IT systems.
- Compliance risks, such as failure to follow laws and regulations (e.g., data protection).
- Physical threats, resulting from physical access or damage to IT resources, such as the servers.
- Electronic threats aiming to compromise business information, such as a hacker getting access to your website, the IT system becoming infected by a computer virus, or the system falls victim to a fraudulent email or website.

Our search of the IT Risk topic reveals that many vendors sell packaged solutions as “risk management” or “governance/risk management/compliance.” This IT Risk and Compliance Audit seeks to evaluate how IT management manages IT risk, and work to comply with regulatory requirements and local laws. The broader process includes a governance process, which is less immediate in its responsiveness but remains critical to the longer-term restoration of structure and order for the organization.

In our past cybersecurity audits we reviewed the information security methods and procedures used at the Center. The reports showed the process of continually fortifying the perimeter and finding new ways to better detect potential bad actors. When management authorized the purchases of a new service it is possible that the new installation can compromise the virtues of the installed perimeter, or perhaps can affect the strength of thwarting external penetration.

In this audit we would like to consider what additional methods can be implemented to expand on improving the ability to identify risks, assess risks, and to monitor risks following a project management process called risk management, or specifically identified as ITRM.

FINDINGS, OBSERVATIONS, RECOMMENDATIONS & MANAGEMENT RESPONSES

Observation #1 - Internal Audit evaluated multiple sources of information regarding IT risk management and compliance from online sources and followed the recommendations cited as "best practice" for high performing Information Technology organizations.

We found responses to IT risks and Compliance matters are handled appropriately and timely.

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CONCLUSION

Internal Audit's reports have primarily been performed with the Information Security Officer (ISO) perspective. This audit looked to discuss the architecture of the Information Technology Department in order to verify that long-term multi-year advances are underway to provide adequate resources to combat future attempts of bad actor penetration to our infrastructure. This audit examines the current IT work projects in place today that represent risk identification and mitigation and continually plans for improving the IT risk management processes.

This Internal Audit report was a unique opportunity to ask questions not previously considered or asked during performance of the cybersecurity audits of the past. Internal Audit noticed the improvements in the handling and management of information security and the continued challenges to their work goals. At the same time, The Harris Center has moved much if not of its transaction processing into the cloud. The discussions with the CIO and Director of InfoSec indicate that a cohesiveness of purpose exists and is strongly protected in order to preserve the IT organization's shared vision.

Respectfully submitted,

David W. Fojtik

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

Kirk D. Hickey

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

Appendix I - Key components and objectives

IT risk and compliance audits involve several key components, including:

- **Risk Management:** (Identifying, assessing, and mitigating IT-related risks).
    - Can you describe how your teams handle "IT risks" and find timely responses?

    MC: These are handled in a 4-pronged process:

        a. Identification
        b. Assessment
        c. Treatment/Response Planning
        d. Monitoring and Review

    - Who in the organization keeps track of IT Department's assets and inventories?

      MC: Rick Hurst – Infrastructure Assets

      MC: Fausto Bernal – PC, Laptop, Printer, Scanners, Miscellaneous

    - Who in your organization leads the IT risk management process?

      MC: Wes Farris – Director of Information Security and Enterprise Architecture

- **Compliance Verification:** (Ensuring adherence to relevant standards and regulations).
    - How often do program compliance rules get reviewed by end-users?

      MC: Program question, not regulated or audited by IT.

    - How often do regulatory agencies hire third-party auditors to review program compliance?

      MC: Harris Center IT Department has been audited 2 times in the last 7 years.

    - How do you know when the adequate measure of compliance has been achieved?

      MC: The question is to vague and is not representative of what we do in Information Technology.

- **Security Control Assessment:** (Evaluating the effectiveness of security measures).
    - What is your general assessment of the Center's current security controls?

      MC: Robust, but as with anything, we are continually looking at our current controls and new ones to see if there is room for improvement, more functionality, and/or more robust security identification/response.

    - What is your measure of success that Information Security neutralized a threat actor?

      MC: First is the identification. Once identified, we use security tools and platforms to mitigate any actions taken by TA, then monitor and review to verify threat actors have been neutralized. Once appropriate IT Staff and our tools and platforms specialists verify TA is out, we then remediate either the vulnerability or implement tighter security

controls to close entrance penetration of TA. Once all of this is complete, we consider that our measure of success.

- How does IT receive adequate financial backing from the Board of Directors?

  MC: IT Department team members meet monthly to discuss technology, processes, and/or new tools to enhance our ability to assist Harris Center Staff perform their jobs more efficiently, and/or new security technologies to keep our users and data safe. When new technology is decided upon, a plan is developed for presentation to CEO. Once approved, the item is either earmarked for the next physical year during budgeting, or if funds are available, an ECS is completed to create a new contract with vendor. Once the ECS has been approved and routed through the proper workflows, The Harris Center Board will be included in the funding decision. The Harris Center IT Team, (CIO, Dir of Infosec, Sr. Dir of Infrastructure) are at the appropriate Board Meeting(s) to discuss need, purpose, risk, for approving/denying the funding of the solution.

- **Process and Policy Review:** (Assessing IT processes, policies, and procedures).
  - How often are IT policies and procedures reviewed with end-users or stakeholders?

    MC: All Policy and Procedures are stored in PolicyStat. Any new or updated forms are approved via the predetermined approval process.

  - How often are IT policies and procedures revised to meet any "new" requirements?

    MC: IT P&Ps are updated almost immediately to meet any "new" requirements as they become either mandated or identified and require an update.

  - How often are current IT policies and procedures reviewed with end-users needs?

    MC: IT P&Ps are often the result of end-user needs. If a new P&P or a change to an existing is required, the end-users are notified via email or The Harrisphere. In addition, if there is additional training or education available, training is provided within Absorb to the end-users.

- **Vulnerability Identification:** (Pinpointing weaknesses in IT systems).
  - How often will the IT organization's teams test for vulnerabilities?

    MC: Depending on the technology, IT tests daily, weekly, monthly, or yearly for vulnerabilities.

  - In what ways has IT notified stakeholders about security and/or data privacy issues?

    MC: Information Technology has P&Ps that we follow when there is a security/data privacy issue. The notification of who, when, and how often are determined by the type of incident.

  - How are end-users included in conversations about known system vulnerabilities?

    MC: End users are included in conversation when there is a vulnerability if:

    a. The impact is large within the organization

   b. **The remediation is noticeable to them – i.e. system downtime/outages, mandatory reboots, etc.**
   c. **The system/application that a group is using is affected, then that user group is notified of the vulnerability and the remediation plan.**

- **Bonus Question:** (Preparing for Artificial Intelligence).
  - Have there been staff conversations about addressing threat actors using AI bots?

    MC: CIO, Infosec team, and Infrastructure team discuss this regularly. We collaborate with research, ideas, and meet with infrastructure/security companies and SMEs to discuss both real and AI bot threat actor detection and mitigations.

  - When do we fortify our risk responses to address various threat actors' AI strategies?

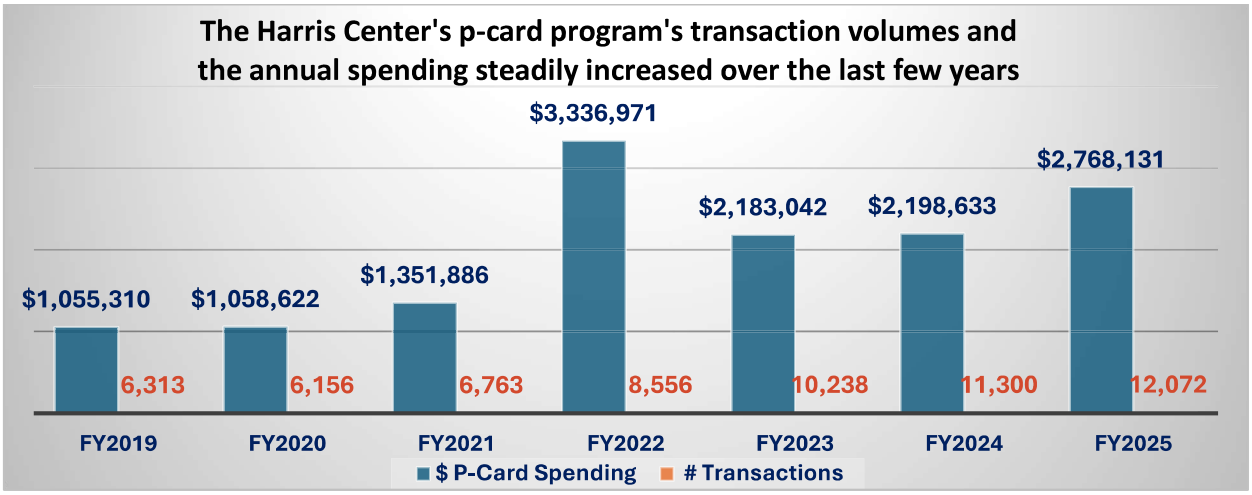
    MC: Risk responses are fortified continuously and proactively to address evolving threat actors' AI strategies. Rather than waiting for incidents or regulatory deadlines, the team is always looking to fortify where and when we can.

Executive Summary

EXPENSE ACCOUNTS-TRAVEL-CREDIT CARDS AUDIT (EXE0126)

FINDINGS, OBSERVATIONS, RECOMMENDATIONS & MANAGEMENT RESPONSES

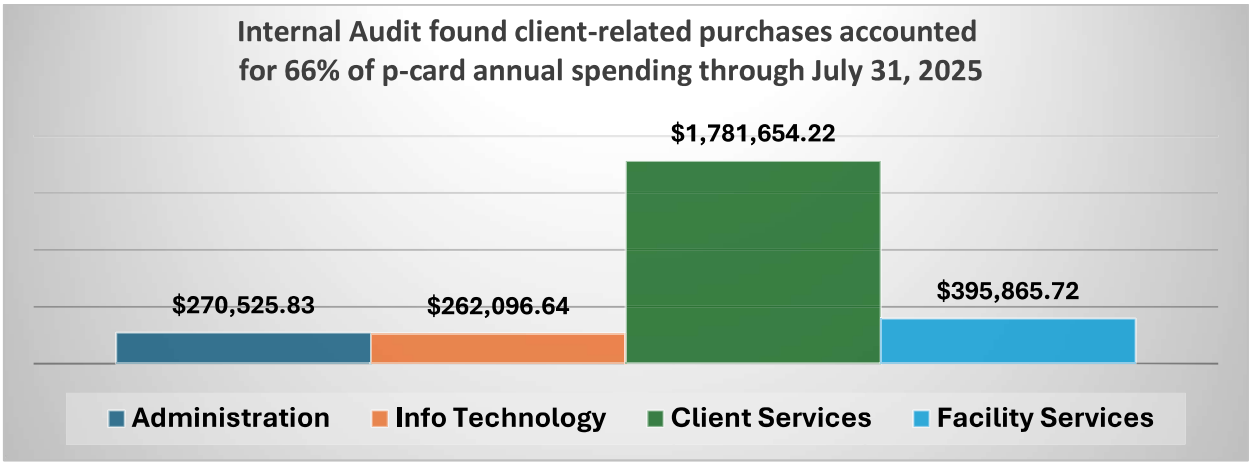
Observation #1 – The Harris Center has purchased more goods and services on the p-card program resulting in a doubling in the total annual number of p-card transactions since FY 2019, and tripling of the Center's annualized p-card program expenditures between FY 2019 and FY 2025.



Source: F. Otto, Procurement Department, annual totals of p-card spending and annual p-card transaction counts

Management Response: (Director of Procurement): None required.

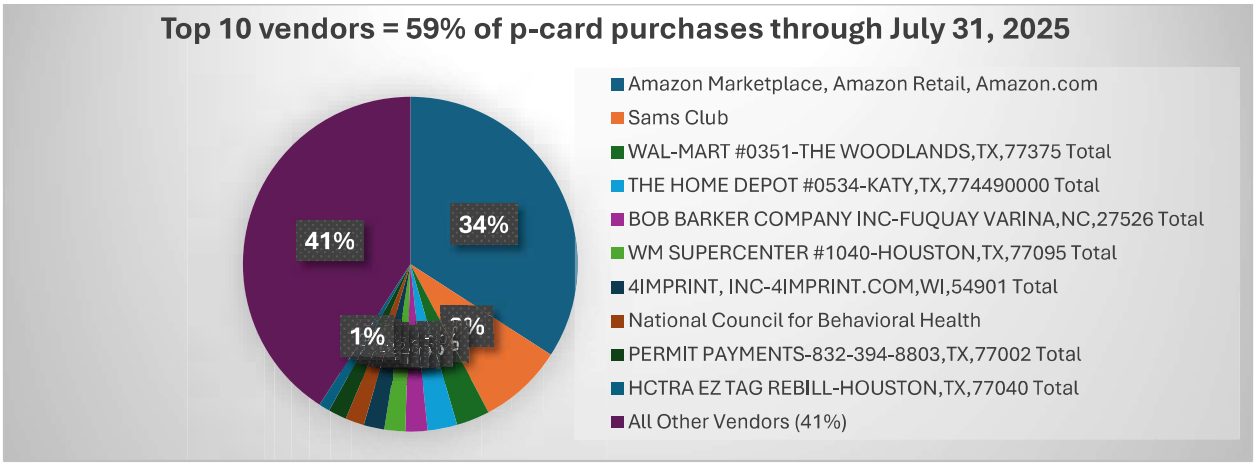
Observation #2 – Internal Audit reviewed p-card transactions from September 1, 2024 to July 31, 2025, and we found client-related food, supplies, medications, etc. accounted for 66% of p-card expenditures, followed by 14% for facilities services costs, 10% for administration and 10% for information technology.



Source: F. Otto, Procurement Department, from an ad-hoc report of monthly p-card transactions through July 31, 2025.

Management Response: (Director of Procurement): None required.

Observation #3 – Internal Audit found ten (10) vendors (see below) accounted for $1.6 million, or 59% of p-card activity through July 31, 2025. Amazon Marketplace, Amazon Retail and Amazon.com represented $924,442, or 34% of all p-card spending, Sam's Club at $221,026 or 8.2% of all spending, and Walmart at $87,806, or 3.2% of all p-card spending. 445 other vendors represented $1.1 million or 41% of the $2,710,142 total p-card spending at the end of July 2025.



Source: F. Otto, Procurement Department, from ad-hoc report of monthly p-card transactions through July 31, 2025.

Management Response: (Director of Procurement): None required.

Observation #4 – Internal Audit found annual p-card discretionary spending on non-consumer items totaled $62,616.06, which represents 2.31% of overall p-card spending of $2,710,142 as of July 31, 2025.

Select "discretionary" p-card purchases found in p-card statement expense descriptions.

	Staff Food for b-day & retirement parties	Staff trophies, plaques & awards	Misc. Expenses
Award		$6,039.37	
Cake	$1,747.91		
Trophy		$473.70	
Plaques		$1,437.94	
Birthday	$1,645.98		
Gifts for retirement, etc.			$185.57
Staff	$3,970.11		
Lunch (staff)	$6,606.98		
Breakfast (staff)	$10,255.98		
Appreciation (staff)			$7,008.64
Care package postage			$2,612.17
Food (for staff mtg)	$5,324.56		
t-shirt (staff)	$15,307.18		
$62,616.09	$44,858.70	$7,951.01	$9,806.38

Source: F. Otto, Procurement Department, P-card Spend and Transaction Counts, grouped by reported expense descriptions

Management Response (Chief Financial Officer): *"From a Finance Leadership perspective, we're starting the process of drilling down to apply the rigor necessary to see where we have some opportunities to reduce costs in FY26, of course particularly in those cases where we're seeing excessive costs not directly tied to grants, contracts, etc. Having said that we met as a team last week and developed the initial list where we believe we have the greatest opportunity to do so, and staff food/non-patient travel/misc. other costs are high on the list".*

Expense Reports/Travel/Credit Cards Audit

(EXE0126)

INTERNAL AUDIT REPORT

October 21, 2025

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

Director, Internal Audit

TABLE OF CONTENTS

SCOPE AND OBJECTIVES

Audit Scope: The Expense Reports/Travel/Credit Cards Audit is a review of the Harris Center's travel and expense report workflows including In-County and Out of County travel mileage reimbursements, plus evaluation of purchases on the Center's purchasing card (p-card) and corporate card (c-card).

Audit Objectives: This special management request audit report has been approved for inclusion in Internal Audit's Fiscal Year 2026 Annual Audit Plan, and our audit objectives should verify that:

1. Resources are managed in an efficient, effective, and economical manner
2. Administered funds in compliance with applicable laws, regulations, policies, and procedures
3. Management implemented internal controls to prevent or detect material errors and irregularities.

AUDIT RISKS

Audit Risks: Factors that may influence management's ability to provide sufficient responses for its ability to mitigate risks to the Center, which may degrade the quality of the Center's security profile.

1. Management does not assign sufficient resources to mitigate known infrastructural weaknesses.
2. Management does not keep records of transactions or documents with management approvals.
3. Management does not comply with the terms of one or more of the regulatory agencies or with meeting established HIPAA requirements.

FIELD WORK

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

1. Interview stakeholders who currently support the Center's travel reimbursement systems and examine system reports to show 2-3 months of activity for anomalies and excessive charges and assess if stakeholders reported any compliance issues with the workflows in the past few months.
2. Interview the stakeholders who support the Center's procurement processes (p-card and c-card) to show anomalies and excessive charges and discuss any ongoing evaluation by stakeholders that attempt to address compliance with the processes in the past few months.
3. Discuss findings with stakeholders and determine what steps were taken to address these issues in the immediacy or discuss further if the issues resolutions remain outstanding or seem unresolved.

CURRENT PROCESS

This audit is a review The Harris Center's mileage travel employee reimbursements and compliance exercised in the Center's credit card procurement workflows. The primary objective is to compare the compliance exercised by employees in their reporting of employee travel mileage and the p-card usage.

The employee travel reimbursement is recorded daily by employees who use their own vehicles for completing authorized Harris Center business travel, which is primarily for excursions from client homes and other housing locations or other trips for business meetings.

The employee uses an online proprietary system that provides an option for submitting an In-County and Out of County travel report for employee mileage reimbursement based on IRS travel guidelines. The online system documents the starting and ending street addresses (origin and destination points) and arithmetically calculates the mileages between origin and destination points on GoogleMaps.com. Internal Audit compared GoogleMap.com mileage calculations with other competitive driving tools and found their calculations were slightly more conservative than produced by the competitors' algorithms.

The mileage rate per mile is set by IRS which publishes revisions from time to time but generally notices are issued at the beginning of the calendar year. The current IRS business mileage rate in calendar year 2024 was $.67/mile, and in calendar year 2025 the business mileage rate was $.70/mile. At the end of the month the employee is prompted to submit a monthly travel report which tallies all trips and sends the file to the approver to agree with the submission or note changes on the travel report. All reports must show evidence of the employee's current vehicle insurance coverage in order to be reimbursed.

The Out of County travel reimbursement uses the same platform but directs the employee to report their trips to meetings and seminars from point to point, including the ability to report mileage from the employee's home to their destination, but point to point mileage is not widely used for in-county travel because of IRS business mileage reporting guidelines which restrict mileage reimbursement for daily commutation to a work location. The Out of County mileage report includes a "per diem" feature, and has the ability to attach receipts for tolls, parking, etc. that are incurred in the employee's travel trip.

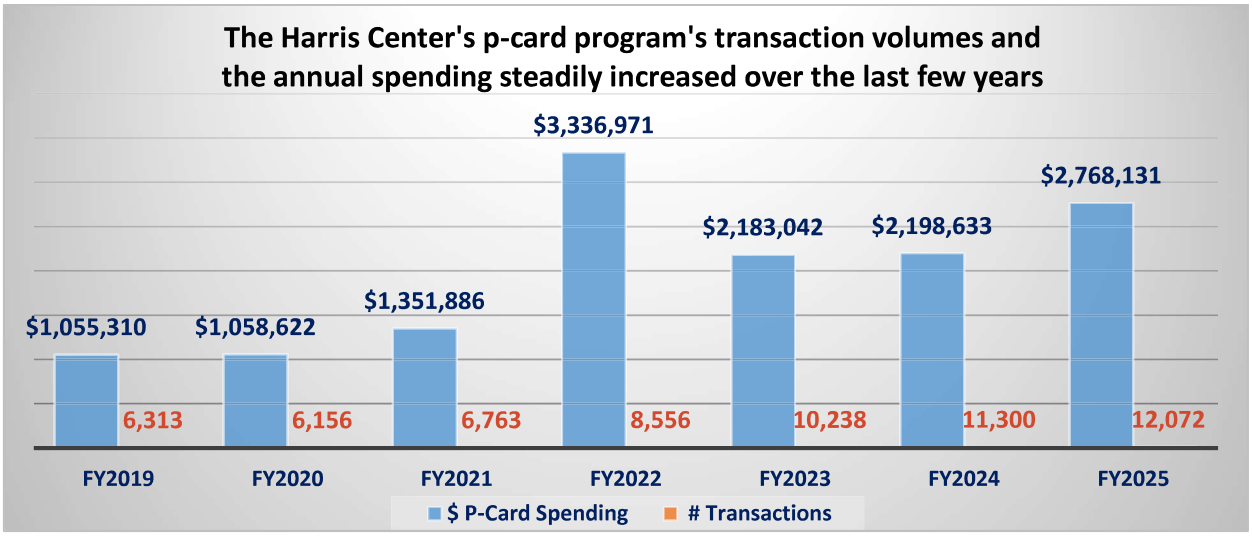
The p-card workflow is used by roughly 140 employees representing client services and clinics and from administrative organizations such as Information Technology and Facility Services. The majority of the transactions appear to be placed online with Amazon.com, Wal-Mart.com, SamsClub.com, plus many transactions for client food and other supplies from Wal-Mart, Krogers, and HEB supermarkets.

The p-card process alleviates the need to prepare multiple procurement documents and approvals; the appeal of the p-card program is speed and easy of processing, which in turn translates into productivity. However, the p-card process does not present the same set of guardrails that traditional procurement process requires but productivity savings offset the risks or purchasing inappropriate items. The p-card process requires reconciliation between the cardholder and the cardholder's reviewer or card approver. In some cases, items are returned to the vendor, but those transactions do not occur frequently.

The c-card process captures activity related to travel by executive staff and others traveling by air and for hotels and other travel-related charges, plus provide another procurement tool for executive staff. Internal Audit see that c-cards are used to process professional license renewals, e-Verify payments, online training expenditures, and for other approved online services.

FINDINGS, OBSERVATIONS, RECOMMENDATIONS & MANAGEMENT RESPONSES

Observation #1 – During the period Sept 2019 – July 2025, the Harris Center has doubled the total annual number of p-card transactions and tripled the Center's p-card program expenditures.



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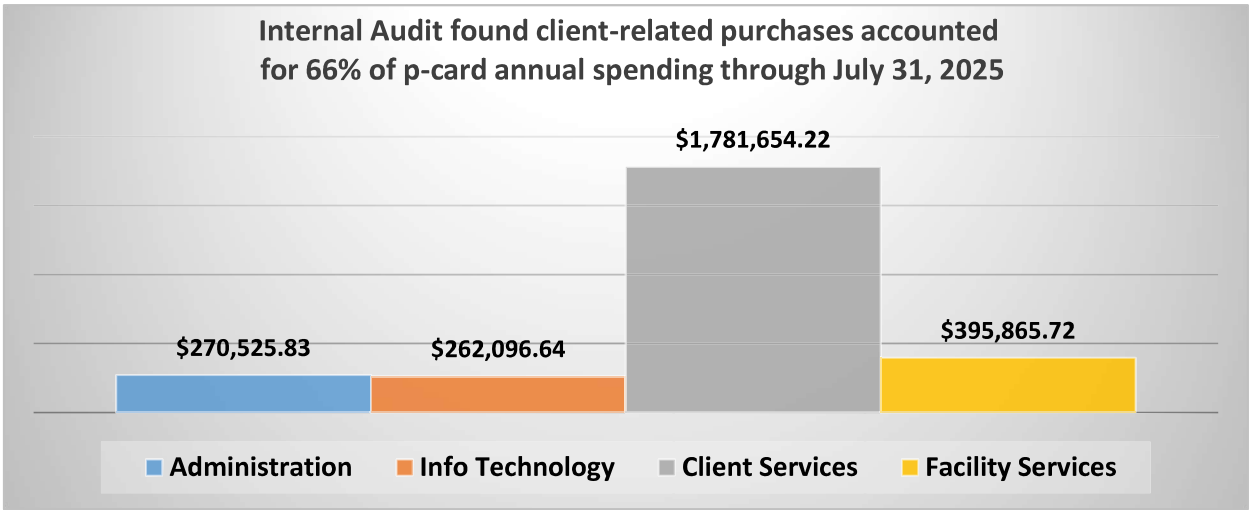

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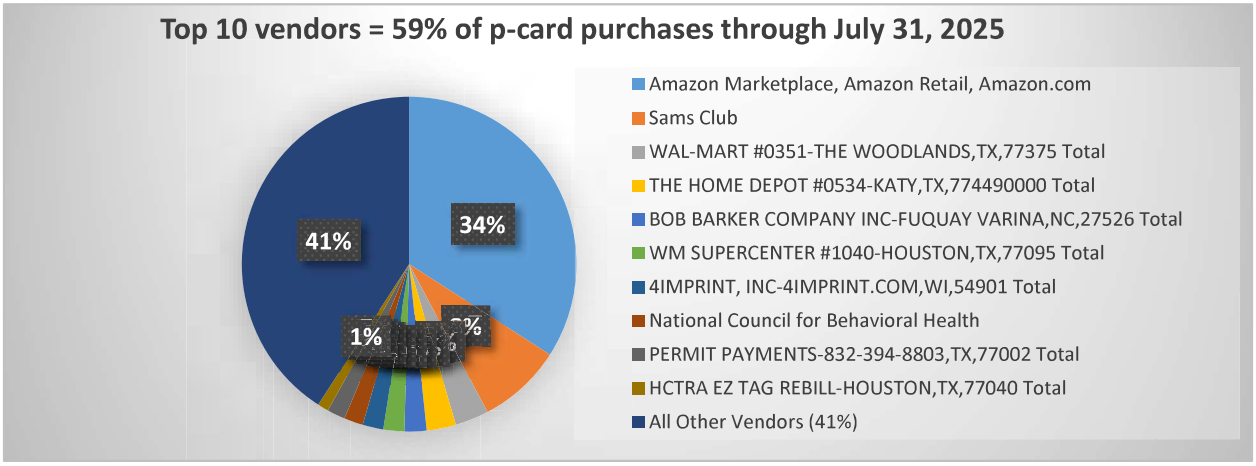

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CONCLUSION

Internal Audit reviewed The Harris Center's workflows representing significant accounts payable activity which include the use of the p-card for procuring goods and services, reimbursement of employee travel and out of county travel-related activity.

A primary goal of this combined audit was to assess spending to determine if these activities uncover possible cases of fraud, waste and abuse. The financial flows have increased over time, but the number of anomalies were fewer than we found in prior year audits.

The p-card program transaction processing appears improved. The policies and procedures for the use of the p-card were updated and clarified significantly as a PolicyStat module was added to the intranet. The p-card process expanded our usage of more Amazon.com and SamsClub.com as material sources which provided the business units with just-in-time replenishment. There is a greater reliance on the online sources since the pandemic period. We have seen that returns are easily handled and sales tax refunds are processed the same day or next day, which is a process improvement since our last audit.

For travel reimbursement we examined both the online in-county and out of county travel workflows. We found few anomalies regarding excess mileage reporting and fewer examples of exception reports. A combination of clearly written policy and focus on employee training contribute to the improvements. Most employee mileage reporting was reported for the in-county travel from The Harris Center locations to the client home locations, and we found no mileage trips with excessive mileage as we did in the past.

The out of county travel reporting reflected travel costs incurred while attending in-person training or seminars, and the out of county reporting module enables the employee to attach documented travel costs for toll roads and parking.

Respectfully submitted,

David W. Fojtik

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Director of Internal Audit
The Harris Center for Mental Health and IDD

Kirk D. Hickey

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Staff Internal Auditor
The Harris Center for Mental Health and IDD

EXECUTIVE SUMMARY

CONSTRUCTION AUDIT

- The purpose of this audit was to determine factors that may have contributed to potential delays or monetary losses in the construction process.
- The Facility Services Department hired a construction project manager in October 2024 to oversee the building projects.
- This oversight had previously been managed by a third-party project manager, mStrategic partners.
- Internal Audit focused on the adequacy of the internal controls over administering construction projects and the audit scope included several process reviews with Facility Services, Purchasing, Contracts and Accounts Payable Departments during Fiscal Years 2025/2026.
- **There were no material erroneous monetary construction project transactions and no reportable construction delays observed during the audit period (FY 2025 – FY 2026) as the prescribed internal controls are in effect and functional.**

Construction Audit

(CON0126)

INTERNAL AUDIT REPORT

January 20, 2025

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

Director, Internal Audit

TABLE OF CONTENTS

SCOPE AND OBJECTIVES

The Construction-Large and Small Projects Audit is part of Internal Audit's Fiscal Year 2026 Annual Audit Plan, and our audit objectives were to determine that IA can:

1. Review the construction contracts and change orders documentation.
2. Focus on the adequacy of internal controls over administering construction projects.
3. Examine management's compliance with the terms and conditions of the contracts.

The audit scope includes several process reviews with Facility Services, Purchasing, Contracts and Accounts Payable Departments during the 2026 fiscal year.

Methodology

Internal Audit evaluated the controls identified as terms of the construction contracts. Records of construction contracts were obtained from the Contracts Department and Purchasing Departments to verify that appropriate parties were selected and used in the specified construction projects. The review of invoicing activity shall be performed to show that project costs are reconciled to estimated scope of work (SOW) activities that are outlined in the original contract and as required, in any change orders.

Performing the Construction Project Audit

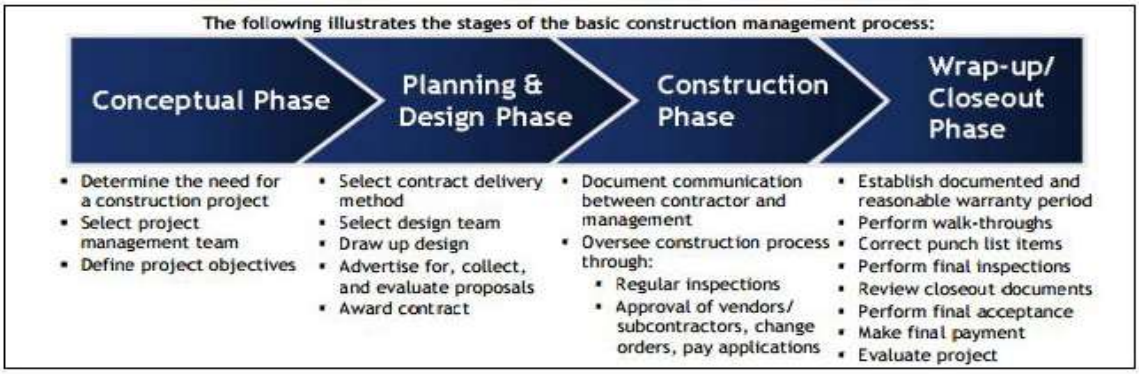
Internal Audit performed a search of audit programs for testing factors in construction projects, including the construction audit firm Baker, Tilly International, which calls the lifecycle phases "Planning, Design, Bid and Construction" and the Association of Certified Fraud Examiners (ACFE) lists these project phases as: "Design, Bid, Build and Closeout phases."[1]

Building construction audits encompass reviews of controls used to manage a construction site. The large dollar expenditures and complexity in tasks and activities and reliance on contractors and subcontractors makes construction audits useful to keep projects on track, and audits can serve to "… build trust between project managers and contractors." [1]

The State Auditor's Office (SAO) published "An Audit Report on Controls over Construction Project Management at Stephen F. Austin State University," which listed project control points

which can be abused, and the clarity of that report formed the basis for Internal Audit's own construction project audit. Exhibit I shows the SAO's construction project management phases.

Exhibit I – State Auditor's Office report on construction management phases [2]



Source: State Auditor's Office (SAO) report number 05-038, July 2005

The Facility Services project manager is an experienced construction professional who is the main contact to contractors and directs the fulfillment of all goods and services related to the named real estate projects. The Purchasing Department procures goods and services using their own specified rule-based criteria, and the Contracts Department ensure that the original contract requirements are feasible legally and viable. The business controls used to determine the original scope of work, budget and completion dates. As the construction project progresses, the contractor (or sometimes the project manager or owner) may need to issue change orders.

Construction projects have the burden of several types of risk, including the supervisory quality of the finished project which does is not governed by usual or known business controls. Another project risks include the possibility that a contractor substitutes cheaper materials than specified in the contract.

There is also a risk that subcontractors can solicit building materials on their own with little or no advance notice to the general contractor or worse, to the owner. Another risk is the possibility that extra labor or material charges contained in the change orders which may appear to have been previously submitted and could constitute duplicate charges. This relationship between the Center and third-party contractors needs constant review and discussion to assure accuracy in the project, and accuracy in the financials.

The test plan calls for identifying the number of estimated hours billed versus quoted in the contract, and for a listing of building and materials used at the site versus the materials estimate in the original contract.

[1] "Construction Audits," 2012, Association of Certified Fraud Examiners (ACFE) training course, Austin, Texas.

[2] "An Audit Report on Controls over Construction Project Management at Stephen F. Austin State University," State Auditor's Office, Austin, Texas, July 2005.

CURRENT PROCESS

The Harris Center's Facility Services Department is responsible for all construction projects and ongoing real estate operations and maintenance for center's properties. The last audit report on construction was in 2016, in which we found that internal controls of facility services, contracts department, and accounts payable department are used to control the project flow to be adequate.

The Facility Services Department calls its largest construction projects "capital" or "reserve" projects, but most projects are maintenance projects. The larger detailed construction projects require writing a scope of work (sow) document to clearly define project activities and form the basis for writing unified construction contracts. Construction projects have several sources of risk; mostly financial risks related within the procurement process. The purpose of this audit is to determine factors that may contribute to potential delays or loss in the construction process. The facility services department hired a construction project manager to oversee the FY 2026 building projects. This oversight had previously been managed by a third-party project manager, mStrategic partners. There are six (6) named construction projects, including four (4) from the Texas department of health and human services (HHSC).

The six (6) named FY 2026 construction projects are:

NE Clinic (Bond / TDPW funded)

Main St Addition (1) (SB 30 / HHSC Grant)

Main St Addition (2) (SB 30 /HHSC Grant)

NPC Extension (SB 30 /HHSC Grant)

CWOP at Burnett Bayland (Chimney Rock) (SB 30/ HHSC)

Crisis Respite – Dennis Street (SB 30/HHSC)

Facilities Services maintains their own departmental budget and contracts for all additional services through the center's purchasing and contracts departmental processes. The purchasing department procures construction vendors as well as contracts for materials and services using an internal procurement process. Construction and renovations projects use the project manager's scope of work (sow) document to state desired requirements for appropriately designing the project. The sow is included in the initial solicitation for contractors and the details in the sow become the basis for the requisition. The purchasing department advertises bids on construction projects in Houston's local and regional newspapers and they seek historically underutilized businesses (hub) to engage in the project bidding. When a

vendor is selected, the contracts department formalizes the contract terms and conditions in writing and presents these construction contracts to the board of directors at the Harris center's monthly resource committee meetings.

In the initial negotiation, the contract may include a clause for change orders, which represent modifications to the original contract pricing. The need for change orders results from actual implementation during the project build. Change orders should list all the specific activities to be performed to accomplish the project's end goal. Change orders need to specify the pricing and estimated labor to meet the details in the change order requirements which are needed to meet regulatory requirements, ADA specifications or other issues in inspection.

With larger projects requiring architect's professional services, the process for change orders during construction are addressed in the AIA contracts. They are a normal part of the construction process due to the unforeseen conditions as well as evolving priorities that may require scope not originally included in the initial Contract Documents. As such, these changes may be requested by the contractor, the architect or the owner. The change order process allows for the work to be defined and all parties to review for approval. The terms that a contractor can seek payment are spelled out and may differ if the work is done by subcontractors. A contractor will compile all applicable cost for materials and labor and submit their pricing on a signed form to the architect for review. Per the Owner/Architect contract, the architect will review the scope of the change order to ensure the scope is not already covered under the base contract. For scope already covered, the architect will advise the owner to reject the change order and direct the contractor to complete the work defined in the contract documents. If scope is not already included but determined to be required for the project the architect will review the additional scope for appropriateness of overall design intent. The architect will also review the pricing to ensure it is reasonable for the scope to be added. Negotiations to adjust the proposed cost may take place during this review. Once the pricing is finalized, the architect signs the change order document after the contractor. This document is then forwarded to the owner for signature. After all three parties have signed the change order document the contractor can then proceed with adding the scope to the project. The construction project manager will track the changes to cost and the impact of the owner contingency.

Change Orders may also apply to contract duration. A contractor may request an increase in time, which is a change to the contract that needs to be reviewed. Often, weather may impact a contractor's ability to perform work on a site, especially in the early stages of a project. These Weather Days are known concern and a reasonable number of days is typically outlined within the base contract. Request to exceed these prescribed days require a change order. The same process of submittal, review and approval is followed by these changes as well.

If additional scope is required but the pricing cannot be negotiated in a timely manner, the architect may issue a Change Directive to the contractor to proceed with the work posthaste, and then determine fair compensation, as outlined within the Architectural Institute of America (AIA) contracts. This process could create protestation from the contractor and is reserved as a last resort. This process has not been used on any recent projects.

The funding for change orders can be included as an owner contingency within the initial contract with the contractor or added to the contract during construction. Increase to the contract will be handled by the usual process of contract review, to include going before the Board if the amount mandates approval or simply shared with the board for information if the amount warrants.

As change orders increase the amount to be paid to the contractor, the final owner signature is delegated to the CEO. The construction project manager will review the scope and pricing guidance submitted by the architect and make a determination regarding an owner's signature. With this determination the document will be initialed by the project manager to indicate this review and forward the document to the CEO. This project manager review allows for CEO confidence to proceed, without delay to the process.

> Example 6168 Apartments: The original contract with Block Companies for the construction of the Apartments was for $10,016,062.00, with $500,000.00 included as owner contingency. Over the duration of the project the aforementioned process was followed, and the owner contingency was depleted. As the project neared completion, it was determined that additional funding would be needed due to a number of unforeseeable conditions that arose. A request for $350,000.00 was submitted to the Board and approved. Additional change orders were issued, and the project was completed successfully without utilizing the full amount approved by the Board.

> Example 6168 Apartments: Early in this project, a major weather event delayed construction progress. As this was an extreme weather event, the impact exceeded the agreed upon amount of weather days. After review by all parties, a change order for twenty-one additional days was issued to extend the completion date to allow for inclusion of these lost days. No additional cost was included within this change order.

Additional scope to a project may occur outside of the initial contract. It may be determined that the Facilities team can manage additional scope more expeditiously or in a financially prudent manner.

> Example NPC Renovation: As the project neared completion, the staff requested changes to be completed before the facility was operational. The contractor, O'Donnell Snider Construction, was unable to commit to making the changes in a timely manner for a reasonable cost. It was determined that the Facilities' team could manage the completion of these changes, by direct work and by hiring outside traders directly to complete scope that required skilled labor. The changes were completed and staff was pleased to have the revised facility go live.

Payment to contractors is addressed in a submittal, review and approval process. At the beginning of the project the contractor will compose a Schedule of Values (SOV) that defines the various scopes of work and breaks out their cost as individual line items on a spreadsheet. This SOV is reviewed by the architect and amended until the architect approves. On a monthly basis, the contractor issues a Payment Application (Pay App) to the Architect for review. This Pay App utilizes the approved SOV and indicates a percentage of completion per line item. These percentages define the amount of payment the contractor is requesting for each Pay App. The architect will compare these percentages against the observable progress on the construction site. Often the architect and contractor will review these percentages in person at the construction site and adjust as agreed upon. Once the percentages are finalized the contractor has the Pay App notarized and forwards this copy to the architect for final review. Upon approval the architect then signs the Pay App to confirm their agreement and forwards it to the owner to initiate payment. The owner's project manager will then review this executed Pay App. Agreements with outside funding sources may require additional review. After review, the project manager initials the document, adds the construction project contract number for clarity and forwards it to the Accounts Payable team for completion of the payment. Accounts Payable then confirms receipt of the payment request.

> Example 6168 Apartments: The City of Houston contributed to the funding for the Apartments. Per the funding agreement, a third party (Hillmann Consulting) was tasked with review of all Pay Apps, regardless if the individual Pay App would be submitted to the City for reimbursement. This additional review gave the City confidence that all other reviews were occurring and their funding was being properly applied. If HC took exception to a percentage on the SOV a conversation between all parties determined if revisions were required.

The Accounts Payable team matches submitted invoices to the construction project contract number and agree with the documented not-to-exceed (NTE) contract totals prior to arranging invoice payments. The Facility Services team member will sign off (approve) invoices for a variety of services, materials, additional labor charges as they are incurred. Internal Audit evaluated a vendor who performed HVAC services several years ago and found that although invoices were properly processed, they did not consider the additional surcharges on the invoices. This was a problem that appeared not to be resolved and ended in a lawsuit. However, the 6160 facility was completed.

OBSERVATIONS AND SUMMARY

- The purpose of this audit was to determine factors that may have contributed to potential delays or loss in the construction process.
- The Facility Services Department hired a construction project manager in October 2024 to oversee the building projects.
- This oversight had previously been managed by a third-party project manager, mStrategic partners.
- Internal Audit focused on the adequacy of the internal controls over administering construction projects and the audit scope included several process reviews with Facility Services, Purchasing, Contracts and Accounts Payable Departments during the 2025/2026 fiscal year.
- **There were no material erroneous monetary construction project transactions and no reportable construction delays observed during the audit period (FY 2025 – FY 2026) as the prescribed internal controls are in effect and functional.**

Respectfully submitted,

David W. Fojtik

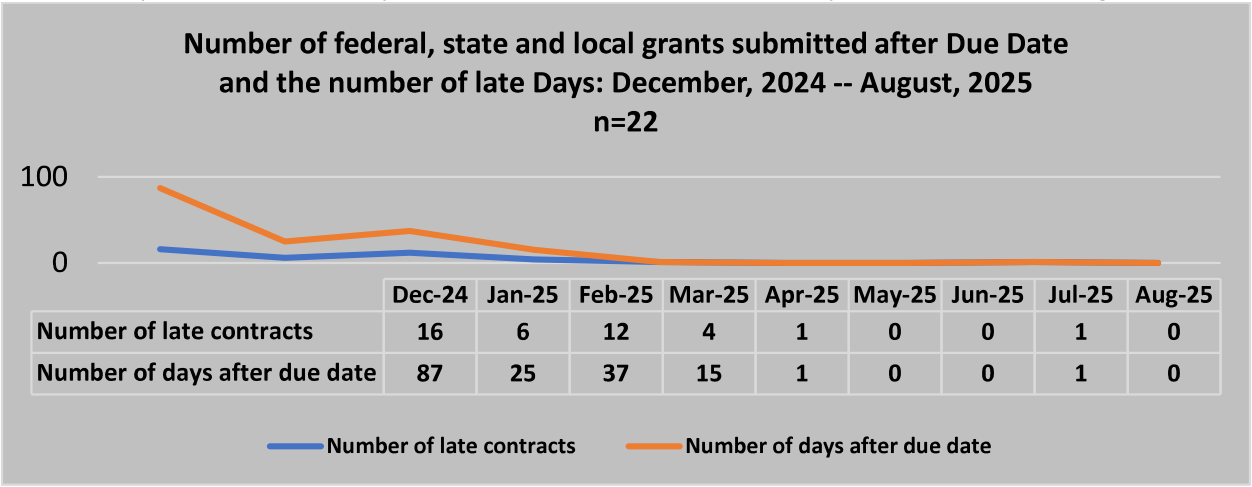
David W. Fojtik, MBA, CPA, CFE, CIA
Director of Internal Audit
The Harris Center for Mental Health and IDD

Executive Summary

FOLLOW-UP: LATE GRANT CONTRACT BILLING REVIEW (FUGRANTS0125)

FINDINGS, OBSERVATIONS, RECOMMENDATIONS & MANAGEMENT RESPONSES

Observation #1 – Internal Audit tracked 22 federal, state, and local grant contracts for late submission. In 2025, we found six (6) invoices submitted late in January, twelve (12) in February, four (4) in March, one (1) in April, none late in May or June, one (1) late for MCOT in July, then none late in August, 2025.

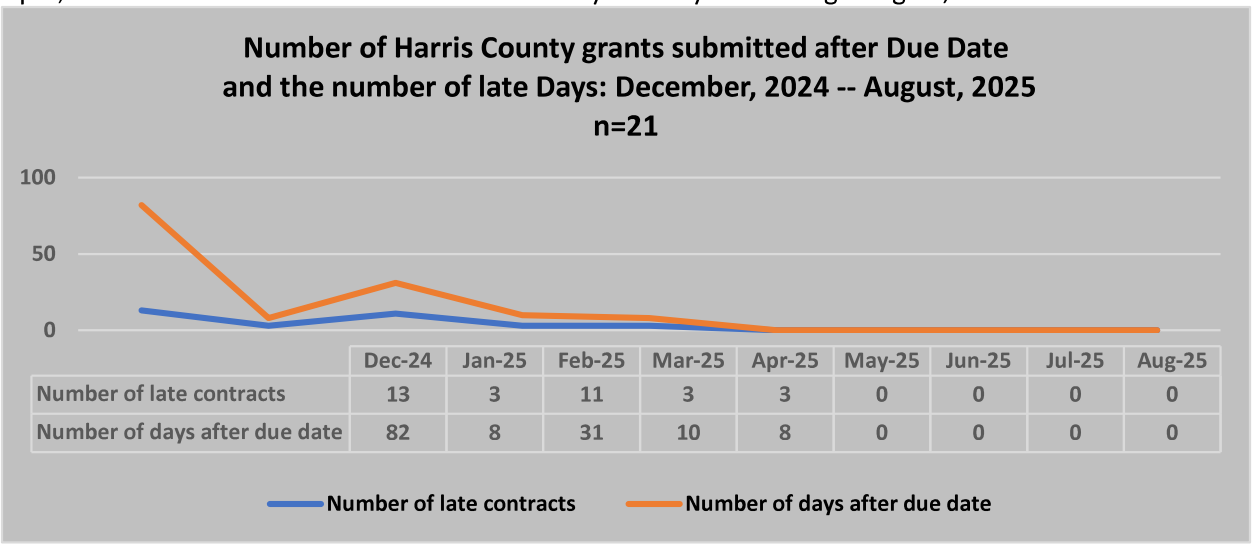


	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25
Number of late contracts	16	6	12	4	1	0	0	1	0
Number of days after due date	87	25	37	15	1	0	0	1	0

Source: Internal Audit review of grant invoices for sample of FY2025 reimbursable services contracts

Management Response #1 (Chief Financial Officer): No response required.

Observation #2 – Internal Audit tracked 21 Harris County grant contracts for late submission. In 2025, we found three (3) invoices submitted late in January, eleven (11) in February, three (3) in March and April, but no contracts were submitted late in May and beyond through August, 2025.



	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25
Number of late contracts	13	3	11	3	3	0	0	0	0
Number of days after due date	82	8	31	10	8	0	0	0	0

Source: Internal Audit review of grant invoices for sample of FY2025 reimbursable services contracts

Management Response #2 (Chief Financial Officer): No response required.

Finding #1 – We noted that the HR133 program invoice includes three (3) component programs (see below) that are billed on the same invoice and due on the 15th of each month. Our review shows it has been submitted late consistently to HHSC when compared to the other HHSC contracts. For example, the current invoice for May has not been submitted to HHSC as of June 26, 2025.

HR133 Outpatient Capacity Expansion (A01)
HR133 Housing and Homelessness (A02)
HR133 Crisis Hotline and Mobile Crisis Outreach Team (A06)

Management Response #1 (Chief Financial Officer): "Based on the department's own tracking measures, for the past 2 months, April and May, grant contract billing has missed 0 of its deadlines and submitted all contracts on their agreed upon due dates.

Management Response #1 (Chief Financial Officer): "The HR133 contract was terminated by HHSC due to the cancellation of ARPA funding. We received a letter from HHSC dated April 15 that we have 45 days from the date of the letter to submit final invoices". We spoke with our state representative, Rhonda Dieterich, who laid out the framework of our invoice submissions which we observed. The last invoice was submitted on May 29, 1 day before its due date.

Regarding Finding #1, HR133s contract was terminated by HHSC due to the cancellation of ARPA funding. We received a letter from HHSC dated April 15 that we have 45 days from the date of the letter to submit final invoices.

We spoke with our state representative, Rhonda Dieterich, who laid out the framework of our invoice submissions. She had this to say:

Good morning Hayden,

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Invoice #1 was submitted to HHSC on April 14th, 1 day before its due date of April 15.

Follow-Up: Late Grant Contract Billing Review

(FUGRANTS0125)

INTERNAL AUDIT REPORT

October 21, 2025

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

Director, Internal Audit

TABLE OF CONTENTS

SCOPE AND OBJECTIVES

Audit Scope: The follow-up review of the Center's reimbursable service contracts was request by several grantors due to the frequency of missing key due dates in their processing. The Harris Center's reimbursable contract owners provide inputs used in the billing detail.

Audit Objectives: The review is based on determining contract performance qualities that may:

1. Improve the Financial Services process so that their staffing resources are applied where needed.
2. Identify any improvements for added reporting transparency to the grant program managers to enable greater accessibility of grant reporting activity for The Harris Center's senior management.
3. Motivate contract owners to assist Financial Services grant administrators in the billing process by finding opportunities to advance billing data acquisition to ensure more timely transmittals.

AUDIT RISKS

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

1. Management may not be willing to evaluate or modify the current reimbursable billing process due to limited staff or headcount allocations, or other resource limitations.
2. Management may not be able to evaluate the grant contract billing process well enough to bring about meaningful process improvements.
3. Management may not devote agency resources to enable significant system development to overhaul the grant billing process.

FIELD WORK

Field Work: Internal Audit has performed the reimbursable services billing process audit in the past. The methodology has changed since Financial Services modified the staff assignment process. The field work for this current audit is subject to change, but this audit seeks to:

1. Obtain the list of the reimbursable services billing contracts in the Financial Services organization and develop a sample including the largest contracts.
2. Review the sample of grant invoices to gain a broader sampling of invoicing activity.
    - Generate a proposed list of grants of highest value and discuss with an independent source such as a Chief who can identify any known challenges to a given grant contract invoicing.
    - H. Hernandez, Director Grant Administration, August 14, 2024 – Note to users to use a revised link for grant billing folder: **\\vmazmhmrdfs03\Shares\Grant**
3. Identify the Financial Services contacts who perform the billing activity and interview them for their assessment of the current process and probe for possible improvements in the workflow.
4. Interview grant contract program managers and other process owners to discuss their satisfaction levels with the current grants billing process, and to probe for potential process improvements.
5. Reconcile billing invoice amounts as reported in the PowerBI online trending reports.
6. Test for frequency of missing "due dates" which are documented in the summary grants folder.
7. identify any reporting bias that can overstate/understate The Harris Center's financial reporting and discuss ways to address reporting bias in the future invoicing activity with process owners.

CURRENT PROCESS

The Harris Center receives funding from 137 different sources including federal program funds that are "passed through" and therefore administered by the state agency that is associated with the contracts.

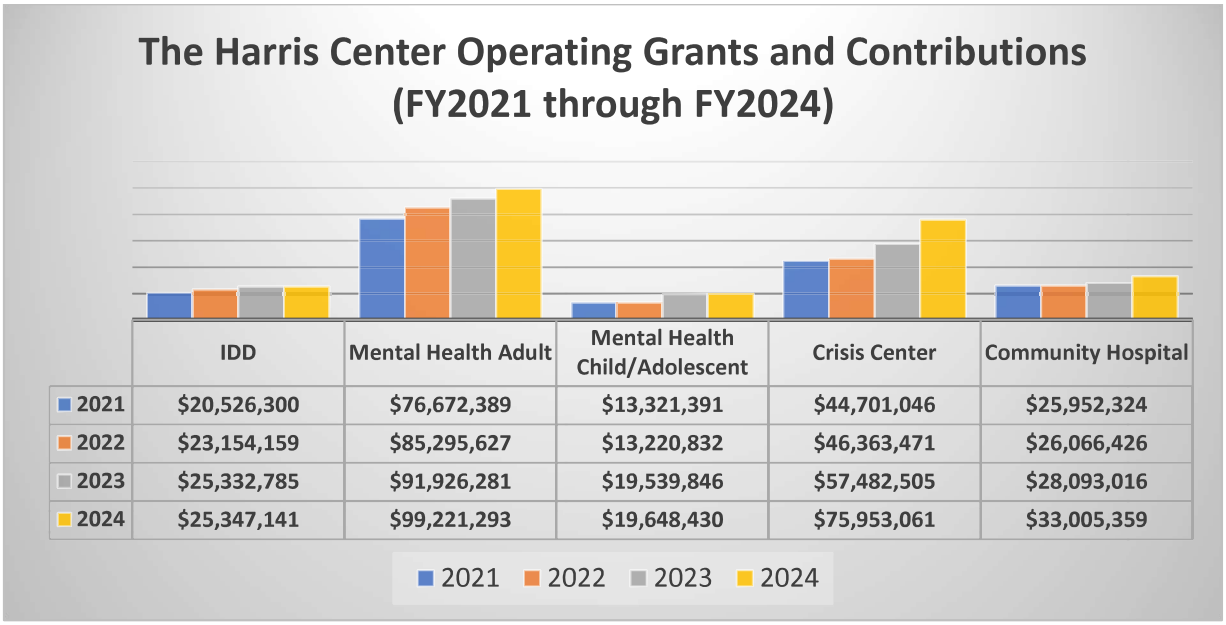
The Center's *Annual Comprehensive Financial Report (ACFR)* lists all these grant contracts in their report. In the current year, there are 83 reimbursable contracts which require active billing activity. Financial Services created a grant tracker tool on SmartSheet to assist the grant administrators in their work. The goal for this audit is to affirm that appropriate billing activity is performed for the activity period, prepared by the stated deadline date, and reimbursable services charges are adequately supported by subordinate documentation (payroll records, cell phone reports of call activity, daily parking fees, etc.).

The current grants process is performed by six (6) active staffers who are well-versed in delivering the reimbursable billing activity in a timely way. These staffers report that some of their time is spent on getting payroll records corrected or obtaining other expenses required for the monthly billing invoice. They explain challenges in the system, the need to download data from other systems, and getting assistance from clinical units whenever staff changes occur but are not properly documented, etc. Internal Audit observed the process and saw that the process includes substantial documentation of documents used in the proper production and presentation of summary billing to the grantors.

Internal Audit also noted that a number of contracts' billings were slowed by process handicaps, and in some cases grant administrators asked for extensions, which they received from grantors in every case. This follow-up review was to continue the review the invoicing from December, 2024 thru May, 2025.

The Harris Center's *Annual Comprehensive Financial Report* (ACFR), as of August 31, 2023 showed that revenue growth for operating grants and contributions increased in all ACFR specified service divisions (IDD, Mental Health Adult, Mental Health Child/Adolescent, Crisis center, and Community Hospital).

The grant program revenues represent reimbursable services contracts revenues, which include accruals and intergovernmental transfer (IGT) payments from federal, state and local governments.



	IDD	Mental Health Adult	Mental Health Child/Adolescent	Crisis Center	Community Hospital
2021	$20,526,300	$76,672,389	$13,321,391	$44,701,046	$25,952,324
2022	$23,154,159	$85,295,627	$13,220,832	$46,363,471	$26,066,426
2023	$25,332,785	$91,926,281	$19,539,846	$57,482,505	$28,093,016
2024	$25,347,141	$99,221,293	$19,648,430	$75,953,061	$33,005,359

Source: Annual Comprehensive Financial Report, The Harris Center for Mental Health, August 31, 2024

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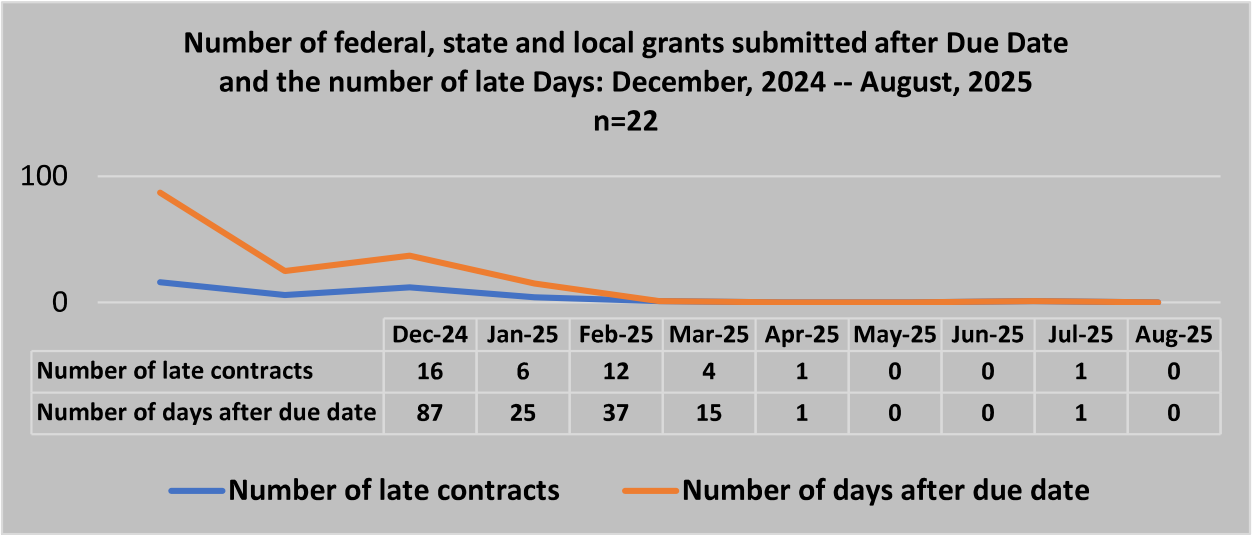

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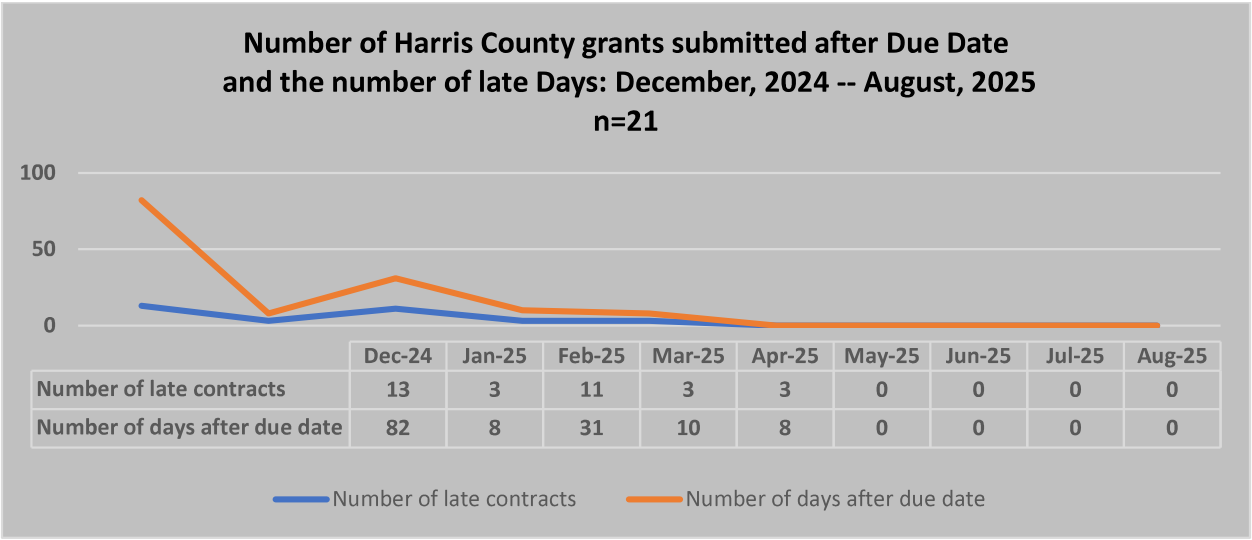

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CONCLUSION

The reimbursable services contracts include federal programs, state grant programs and local grants from the City of Houston and from Harris County. Many reimbursable services contracts use monthly invoicing to compensate The Harris Center for performing services in several departmental units.

The invoicing activity requires acquisition of documented staff costs, such as salary and fringe data, plus any related IT and supply costs, computer usage fees, approved purchases for the unit's operations, and any reconciliation workpapers associated with properly associating expenses from the general ledger.

Since the last audit was performed earlier in the FY 2025 timeframe, Internal Audit learned that many larger contracts were submitted late due to unanticipated delays. The grant invoicing process requires accurate financial data since it is used as an ingredient in the invoice's content. Pending and unresolved payroll or accounting situations require immediate resolution by the business units, but this evaluation effort always delays invoicing progress.

The Financial Services team shared their online folders with Internal Audit, which contains the signed invoices, grant reconciliation detail work, accounts receivable histories, and in some cases the original contracts showing all the specific grant preparation and grant content requirements. Internal Audit found the reconciliation documentation was clear to follow and found that many of the grant files included the grant program manager's communications.

Internal Audit was advised to consider a grant to be "late" when the submitted invoice is received the day after the contract's specified monthly Due Date. Any delays in the Financial Services invoicing can compound approval at the reciprocal agency's workflow which may ultimately delay the receipt of the grant funds to The Harris Center's accounts.

Although Financial Services has made various improvements in their process in the past year, they announced that their leader, the Vice-President of Revenue Cycle, left The Harris Center in May 2025. Despite that outcome, the subsequent activity has remained consistently strong and invoicing delays have all but disappeared during the balance of FY 2025 monthly billing periods.

Respectfully submitted,

David W. Fojtik

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

Kirk D. Hickey

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