		Policy and Procedure
Name of Policy:	Provider Treatment/Service Record Reviews	
Policy Number:	QI-026	
Contracts:	<input checked="" type="checkbox"/> All counties <input type="checkbox"/> Capital Area <input type="checkbox"/> Franklin / Fulton	
Primary Stakeholder:	Quality Improvement Department	
Related Stakeholder(s):	All Departments	
Applies to:	Associates; Providers	
Original Effective Date:	05/13/03	
Last Revision Date:	08/01/18	
Last Review Date:	07/11/19	
Next Review Date:	07/01/20	

Policy: PerformCare will conduct TRRs of Providers as part of the following events:

1. Re-credentialing – conducted triennially
2. Primary Contractor request
3. Provider Request
4. Follow-up to Provider failing to meet the established TRR standard and/or Provider QIPs
5. Identification of a quality of care concern

Purpose: Treatment/Service Record Reviews are completed in order to monitor adherence to documentation standards and to assist in improving the overall quality and appropriateness of clinical treatment/services.

Definitions: Credentialing Cycle: PerformCare re-credentials providers every 36 months (Triennially).

Pending of re-credentialing status: A decision on the provider’s request for continued network enrollment has not been determined and will be decided at a later date. The provider is permitted to continue to see PerformCare Members during a pended status.

Acronyms: **QIP:** Quality Improvement Plan
QI/UM: Quality Improvement and Utilization Management
TRR: Treatment/Service Record Review

Procedure: 1. TRRs will be performed on a sampling of cases via the Treatment/Service Record Review process. TRRs are also used as requested by Primary Contractors, when deemed

clinically necessary, or as needed to resolve an identified Quality of Care issue.

2. Review of Treatment/Service Records at time of Re-credentialing
 - 2.1. PerformCare conducts treatment/service record documentation reviews of providers in order to monitor adherence to treatment record standards. TRRs will help in evaluating the effectiveness and appropriateness of the treatment/service plans, and identify areas in need of program development or quality of care concerns.
 - 2.2. The TRR process is coordinated with the PerformCare Credentialing cycle, meaning that qualified providers, see 2.3 below, receive an on-site or desk review (available for treatment and service levels of care) when a provider is due to be re-credentialed with PerformCare. This process allows for more fully informed credentialing decisions, as the TRR results are presented for Credentialing Committee review and provide updated information regarding the quality of clinical treatment as well as other factors.
 - 2.3. PerformCare will define and determine which providers qualify for a TRR at the time of re-credentialing for all applicable levels of care based on number of Members served.
 - 2.4. The TRR indicators are consistent with the applicable Medical Assistance regulations governing each identified level of care, PerformCare policies and procedures, current mental health initiatives promoted by Pennsylvania, and best practices recognized for mental health and substance abuse services. TRR review tools are published on the PerformCare website and made available to providers.
 - 2.5. TRRs will be scheduled in advance. PerformCare will request from providers, in writing, health records to be submitted for a TRR, or the reviews will be conducted on-site.
 - 2.6. The TRR process will be led by a Master's level or licensed behavioral health professional employed or contracted by PerformCare.
 - 2.7. An overall performance standard based on Provider TRR scores will be set by the PerformCare QI/UM Committee.
 - 2.8. As the scoring calculation is computer-based, immediate feedback can be given to providers at the conclusion of the review. Written notification of results to providers is also completed.

- 2.9. In addition to completing the TRR tool during the review, the PerformCare reviewer may identify Corporate Compliance concerns or Quality of Care concerns and will make internal referrals as needed.
- 2.10. Providers will be required to submit a QIP if the TRR score does not meet the established performance standard. In addition, providers that do not meet the established performance standard will be subject to a re-review within six months to one year until the score meets the established performance standard.
- 2.11. The PerformCare reviewer will evaluate the QIP and provide feedback (reviewer may request additional information or could require revisions to QIP) and will continue to follow up with provider on a quarterly basis on the implementation status of the QIP, as well as to provide any technical assistance that may be needed. The follow up will continue until a re-review occurs.
- 2.12. Review by the Director of Quality Improvement will occur for providers who do not submit a QIP within the required timeframe, or providers who fail to meet the established performance standard for two consecutive reviews. This review may result in a referral to the PerformCare Credentialing Committee for consideration of further disciplinary action.
- 2.13. Results of the TRR will be reported to the Credentialing Committee when the Provider's request for continued network enrollment is reviewed by the Credentialing Committee. For providers scoring below the established performance standard, the provider's re-credentialing status will be pended until a QIP is received and accepted.
3. TRRs completed at the request of Primary Contractors or when deemed clinically necessary by PerformCare
 - 3.1. TRRs that are completed at the request of Primary Contractors or when deemed clinically necessary by PerformCare may either be scheduled (following scheduling procedures as outlined above) or unscheduled and may occur outside of the re-credentialing cycle.
4. TRR of provider records to resolve an identified quality of care issue
 - 4.1. Record reviews related to an identified quality of care concern may be unscheduled and may occur outside of the re-credentialing cycle.
 - 4.2. If a quality of care concern is confirmed through the review of provider records, follow-up will occur through

the Quality of Care Council as outlined in *QI-004 Internal Documentation, Review, and Follow-up of Quality of Care Issues*.

Related Policies: *QI-004 Internal Documentation, Review, and Follow-Up of Quality of Care Issues*
QI-049 Documentation Standards for Providers
QI-CR-001 Credentialing and Re-credentialing Criteria-Facilities
QI-CR-002 Credentialing and Re-credentialing Criteria-Practitioners

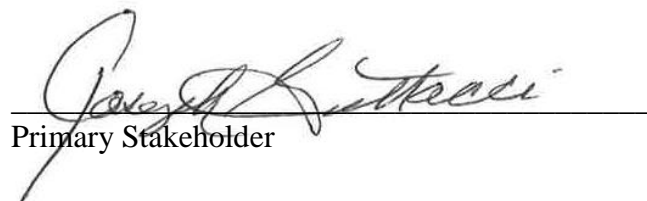
Related Reports: None

Source Documents and References: None

Superseded Policies and/or Procedures: None

Attachments: None

Approved by:


Primary Stakeholder