

PerformCARE®		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:	09/03/20	
Last Review Date:	11/01/24	
OMHSAS Approval Date:	11/01/24	
Next Review Date:	11/01/25	

Policy: PerformCare may conduct TRRs of Provider records 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 Provider quality 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 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.

Primary Contractor: A county, Multi-County Entity or a BH-MCO which has a HealthChoices (HC) Agreement with the Department to manage the purchase and provision of Behavioral Health Services.

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 Member records utilizing PerformCare's TRR tool and scoring process.
 - 1.1. The TRR process will be led by a Master's level or licensed behavioral health professional employed or contracted by PerformCare.
 - 1.2. An overall performance standard for Provider TRR tool scores will be set by the PerformCare QI/UM Committee.
 - 1.3. TRR tool indicators evaluate Provider documentation supporting 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 use services. TRR review tools are published on the PerformCare website and made available to Providers.
 - 1.4. TRR tool scoring calculation is computer-based so that immediate feedback can be given to Providers at the conclusion of the review. Written notification of results to Providers is also completed.
 - 1.5. 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, in accordance with *CC-001 Reporting Suspected Provider Fraud, Waste and Abuse* and *QI-004 Internal Documentation, Review, and Follow-Up of Quality-of-Care Issues*.
 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 are utilized in evaluating the effectiveness and appropriateness of the treatment/service plans and identify areas in need of program development or quality concerns.
 - 2.2. 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.
 - 2.3. TRRs will be scheduled in advance. PerformCare will request from Providers, in writing, documentation to be

- submitted for a TRR. TRRs will occur on-site, by desk review, or by self-assessment.
- 2.4. Qualified Providers, see 2.2, receive a quality review 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 documentation as well as other factors.
 - 2.5. For Providers scoring below the established performance standard (*referenced in 1.2*), the Provider's re-credentialing status will be pended until a QIP is received and accepted, see Section 4.
 3. TRRs completed at the request of Primary Contractors or when deemed necessary by PerformCare.
 - 3.1. TRRs that are completed at the request of Primary Contractors or when deemed necessary by PerformCare may be scheduled following procedures as outlined above and may occur outside of the re-credentialing cycle.
 - 3.2. 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*.
 - 3.3. For Providers scoring below the established performance standard (*referenced in 1.2*), the Provider will be required to follow QIP process, see Section 4.
 4. Treatment Record Review Scores that do not meet established Performance Standards.
 - 4.1. Providers will be required to submit a QIP if the TRR score does not meet the established performance standard.
 - 4.2. 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.
 - 4.3. Review by the Director of Quality Improvement, or designee, 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.

- 4.4. 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.

Related Policies: *CC-001 Reporting Suspected Provider Fraud, Waste and Abuse*
PR-020 Non-Routine Site Visits
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