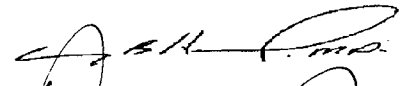
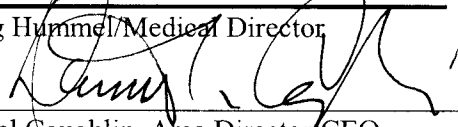




Creating solutions. One person at a time

PROCEDURE

Area:	Quality Management	Procedure Number	5350
Procedure Title:	Treatment/Medical Records Compliance	Scope	Quality Management
Implementation/ Revision Date:	May 21, 2009	Approved By (Name, Title and Approval Date):	
Review Date:	May 21, 2011	 <hr/> Craig Hummel/ Medical Director / <u>5-21-09</u> / Date	
Procedure History	See Revision Chronology at end of document	 <hr/> Daniel Coughlin, Area Director/CEO / <u>5-21-09</u> Date	

OPERATIONAL POLICY:

To comply with PBH Operational Policies #303 HIPAA and #730 Regulatory Compliance.

PURPOSE OF PROCEDURE:

PBH is required to ensure all contracted provider agencies and practitioners maintain consumer records in accordance with North Carolina State Rules as outlined in APSM 45-1. Medical record standards are consistent with professional practice, regulatory guidelines and appropriate behavioral health management with the goal of enhancing the quality of care. This procedure establishes the process and methodology for maintaining consumer medical records and PBH monitoring review criteria.

PROCEDURES:

- I. PBH implements monitoring activities to assure compliance with medical records guidelines. The PBH Quality Management Department conducts medical record compliance reviews for Licensed Independent Practitioners and Provider agencies. Licensed Independent Practitioners are reviewed for medical record compliance during on-site reviews and billing audits. The PBH Quality Management Department also reviews consumer medical record compliance for all newly contracted Provider agencies during Provider Implementation reviews. Existing contracted Provider agencies are reviewed on treatment record compliance during billing audits and Profile reviews using convenience sampling for a designated provider profile category. Annually, Quality Management (QM) determines the Provider profile category for review and conducts the medical record compliance review during the following twelve month period.
- II. PBH reviews the following areas: confidentiality, documentation standards, and medical record keeping. The medical records are reviewed to ensure compliance with PBH Contract guidelines for medical records, North Carolina State Standards APSM 45-2 and NCQA medical record standards. Providers and Practitioners are informed of these requirements at the time the PBH contract is executed and through the Provider manual given to all contracted affiliates. QM contacts the Provider or Practitioner at least two (2) weeks prior to the audit to arrange a mutually agreeable time and date. The QM department staff conducts medical record compliance review using the attached review tool. During the audit or review, PBH reviews medical records to ensure at a minimum the following information is documented:

- Individual name, record or identification number, demographic information
- Emergency contact information
- Required consents for treatment and release of information
- Screening/assessment of needs
- Admissions assessment documenting presenting problem, needs, diagnosis,
- Developments/social/family/medical/mental/psychiatric/substanceabuse/vocational history
- Status as appropriate including any Special Status or precautions (suicide, risk)
- Medical history including allergies to medications or other allergic reactions
- Medications
- Treatment/Service Plans including strategies used to address the needs of consumers
- Progress/Treatment notes including documentation of clinical findings and evaluation of
- Documentation of each visit
- Collaboration/collateral contacts
- Recommendations or referrals including preventive services/risk screening
- Discharge summaries

III. After completion of the review or audit, QM completes a summary of findings and the results are shared with the Provider or Practitioner. A goal of 90% compliance has been established by PBH for medical record compliance. Any scores below 100% require a corrective action be completed and verified by QM. Any Provider or Practitioner scoring below 75% is reviewed by committees at PBH to determine further follow-up activities and the extent of corrective action. The results of the review or audit are shared with the Credentialing Committee and Network Cross Functional Committee. A copy of the results letter is maintained in the contract file. The Committees utilize the information provided to measure performance and compliance with outlined State requirements and to determine continued participation within PBH Network. The QM department assists Providers and Practitioners with identifying areas of improvement based on the review or audit results. PBH utilizes aggregate data to identifying improvement goals for the PBH Provider/Practitioner Network.

IV. Reporting for Medical Record Compliance

Quality Management monitors medical record compliance and collects data from all completed reviews. Annually, Quality Management completes a treatment record monitoring report to assess target achieved, identify barriers and provides technical assistance to ensure the programs remain on target. All data and findings are reported to CQI for improvement/recommendations on a annual basis.

DEFINITIONS	<p>Confidentiality: medical records will be treated as confidential to comply with all State and Federal laws and HIPAA regulations regarding privacy, confidentiality and disclosure of patient/member medical records. Provider offices must have established procedures for the following: Safeguard the privacy of any information that identifies an individual patient/member. Information from, or copies of, medical records may be released only to authorized individuals. Original medical records must be released only in accordance with Federal or State laws, court orders, or subpoenas. Maintain the medical records and information in an accurate and timely manner. Ensure timely access by members to the medical records and the information that pertain to them.</p> <p>Documentation standards: the chart will be reviewed for content, legibility and completeness.</p> <p>Medical Record Keeping: the Provider site will have developed a standardized format for maintaining organized, current medical records. The process will include signing out records and ensuring return of records to a secure location.</p>	
REFERENCES	<p>APSM 45-2, North Carolina State Standards for Medical Records PBH Contractual requirements for Provider and Practitioner medical records</p>	
Board and/or PBH Operational Policy References	<p>Operational Policies #303, #730</p>	
PBH Procedure(s) References	<p>Not Applicable</p>	
APPENDICES	<p>I. Treatment Record Review Form</p>	
REVISION CHRONOLOGY		
Date Superseded:	Reason for Revision:	Procedure(s) Superseded
NEW	5-21-09	New

Darlene Steele/May 2009