

County of San Diego, MHP Plan of Correction – Medical Record Review

1. Section K, Chart Review – Non-Hospital Services.

The Quality Management (QM) team has implemented numerous quality controls under the MHP's BHS Systems of Care (SOC) to ensure compliance with all applicable Federal, State, and local requirements. This plan of correction contains interventions and processes that are employed to monitor and improve compliance with County operated and contracted providers. These interventions include training, education, technical assistance, auditing of medical records, billing review/correction processes updating the MHP's Organizational Providers Operations Manual (OPOH) and continuous communications with providers using a variety of methods. The MHP provides the following Plan of Correction which includes over-arching processes that have been established within the Quality Management Program to enhance continuous improvement efforts.

The following are QM processes that are designed to monitor, evaluate and improve the documentation and billing performance of all of the MHP's providers.

1. **Organizational Provider Operations Handbook (OPOH):** The OPOH contains all MHP operational and regulatory requirements for providers. The OPOH is included as part of each contract that is signed between the Provider and the MHP thus making compliance a contractual obligation. Providers may be issued a Corrective Action Notice by their County Contracting Officer's Representative (COR) if contract obligations are not in compliance. **See Appendix K1.**
2. **Uniform Clinical Record Manual:** Providers are expected to follow the uniform clinical record manual guidelines which incorporate Title 9 documentation standards. **See Appendix K1, page G.4, G.5 and K2.**
3. **Annual Medical Record Reviews (MRR):** All county and contracted providers receive an annual medical record review. QM has implemented a policy of reviewing a random sample of specialty mental health service documentation and billing recorded for every staff (5,400 plus) in the system of care. This comprehensive approach allows for the MHP to review every staff for compliance to Title 9 regulations. It also identifies individual staff that may require remedial intervention to adhere to compliance standards. If the overall score of the MRR falls below 90%, providers are required to submit a Plan of Correction to identify how the program will correct errors and implement quality management processes to maximize compliance.

The MHP has a process in place whereby the UR/QI Specialist ensures that all billing corrections including voided, replaced, or disallowed services are accurately adjudicated. The provider is not

issued a final approval on their POC until all corrections have been verified by the QM unit. The UR/QI Specialist also has the discretion of asking for a POC for specific problem issues identified by the MRR. At each MRR, the QI Specialist reviews the prior year POC to ensure ongoing compliance. Within 3-6 months after the provider's MRR, the UR/QI Specialist will follow up with the provider to request evidence that the POC has been implemented. This provides an opportunity for ongoing training and technical assistance to the Program Manager and their staff. During the fiscal year, QM utilizes the *MRR Trending Compliance Report* to track all programs compliance across the system of care. This report identifies trends and areas of deficiency. The information is used to provide system education, training, and QM interventions to improve compliance in those identified areas.

The Quality Management Unit has a procedure in place for revising the MRR tool on an annual basis that is informed by the *MRR Trending Compliance Report*. Areas of deficiency are analyzed by the QM team to determine if a specific compliance item should be added or removed from the next fiscal year MRR tool. **See Appendix K1, page G.6 and K3.**

4. **Contractor Medical Record Review Self Evaluation:** At the time of the Annual MRR, providers conduct a concurrent internal program medical record review. Contractor completes a MRR Program Summary and Attestation tool listing any items that are out-of-compliance including a summary of themes the provider has self-identified. The provider submits their MRR results to the UR/QI Specialist. The UR/QI Specialist's MRR results are compared against the program's MRR to assess the program's knowledge and understanding of compliance with Title 9 regulations. The collaborative MRR process has proven to be an effective intervention to improve the knowledge of Title 9 documentation and billing standards of program managers and their staff. This is another means of identifying specific deficiencies to apply specific interventions at the program and individual staff level. **See Appendix K1, page G.6 and K3 page 7.**
5. **Focus Reviews and technical assistance:** The QM unit has implemented a focus review process for programs with higher disallowance rates or low overall compliance rates. The focus review is in addition to the annual Medical Record Review and is completed currently with the program on a weekly or bi-weekly basis. This is intended to target specific areas for improvement, help Program Managers identify trends, have deeper conversations about compliance issues, identify interventions, and provide feedback and sharing of best practices. At the request of contract providers and for those involved in focus reviews, QM offers on-site trainings with Program Managers and staff. QM and Program Managers work together to create continuous quality improvement processes to improve compliance and the quality of care for the system of care. See attached copy of excel Focus Review tool.
6. **Quarterly Documentation Training:** Title 9 documentation training is provided quarterly to all program staff covering documentation and billing standards. This training is updated to address any trends or areas of deficiency that are identified during Medical Record Review process. **See Appendix K1, page B.3, and K4.**

Responsive Technical Assistance via MHP Email Account: The MHP has established a community email account (QIMatters.hhsa@sdcounty.ca.gov) for all providers to utilize for technical assistance. Providers may submit questions regarding documentation, billing or

other compliance issues. This has proven to be an effective intervention for immediate and accurate information sharing so providers can stay informed and implement immediate changes at the program level.

7. **QM's "Up To The Minute" Information Notices:** Each month QM distributes an educational compliance notice to all system of care providers. The content of these notices are gathered from the questions that are sent to the QI Matters email, compliance issues identified during the Medical

Record Review process, new information provided by the DHCS, through feedback from provider meetings, and other BHS and stakeholder committees and workgroups. **See Appendix K5.**

8. **Quality Improvement Partners Meeting:** Each month QM hosts a quality improvement partners meeting for Program Managers to review and discuss documentation and billing issues; update providers on new or changing regulations and problem solve issues pertaining to the Electronic Health Record (EHR).
9. **Monthly/Bi-Monthly Provider Meetings:** QM team members are represented at Adult/Older Adult, Children, Youth and Family and Case Management provider meetings to provide ongoing technical assistance to Program Managers. Documentation and billing standards are often on the agenda for these meetings.
10. **Mental Health Contractor Associations (MHCA) QI Leadership Meeting:** The QM Program Manager and two QI Supervisors meet monthly with the Contractors QI leadership to discuss quality management issues affecting the system of care. This meeting provides an opportunity for collaboration between contractor's QM staff and the MHP. In this meeting contractors are able to provide real time feedback to the MHP and make recommendations for quality improvement processes.
11. **Annual Quality Management Updates Meeting:** The MHP hosts an annual QM Updates Meeting with all system of care providers. This system wide meeting occurs in July. At this meeting, fiscal year-end performance results are shared with providers. Documentation and billing deficiencies across the system of care are identified and shared with providers. The *MRR Trending Compliance Report* data is used to guide QM activities and changes to the MRR process for the coming fiscal year. At this meeting, the new MRR tool is shared with providers. **See Appendix K6.**
12. **Use of Data/Reports:** The MHP's Administrative Service Organization (ASO) compiles ongoing reports and providers have access to established reports within the EHR to ensure documentation and billing accuracy. These reports include the *Post 14-day Progress Notes Report, Assessments Not Final Approved Report, Past Due Assessments by Server, Assessments and Client Plans Not Final Approved Report, and Service Data Entry Audit Report*. The MHP provides regular Reports Training for programs to ensure they are using the tools available to improve compliance. **See Appendix K7.**
13. **Electronic Health Record (EHR) Training and Software Upgrades:** This training provides staff the knowledge to function successfully in using the EHR to document client assessments, client plans, progress notes, medical conditions and medications. The client plan is designed to assist staff in acquiring the client signatures. The MHP has implemented a new functionality in the EHR adding Frequency and Duration prompts in the intervention narrative of the client plan. As portions of the client plan are hard wired (i.e. frequency = ad hoc), this feature has helped to remind clinicians to include frequency and duration in the intervention narrative. The MHP has implemented a new functionality in the EHR to allow recording of pre-existing medications to be entered by non –medical staff. The medication MEW has been removed from the assessment completed by non-medical staff, and

medications are listed in the EHR via the Doctors Home page. Listing medications via this functionality allows all medications to be queried in the Multum data base. **See Appendix K8 and K12**

INDIVIDUAL FINDINGS AND PLAN OF CORRECTION:

- A. 1c-1. Reason for Recoupment #3 – The medical record associated with the following Line # did not meet medical necessity criteria since the focus of the proposed intervention (s) did not address the mental health condition as specified in the CCR, Title 9, Chapter 11, Section 1830.205 (b)(3)(A):

Line number [REDACTED].

MHP POC: This item is monitored through the annual MRR tool. **See Appendix K3 items #34.** The subject matter is included in the Documentation Training. **See Appendix K4** Compliance is monitored by the MHP utilizing the *MRR Trending Compliance Report*.

- B. 1c-2. Reason for Recoupment #4—The medical record associated with the following Line #s did not meet medical necessity criteria since there was no expectation that the claimed intervention would meet the intervention criteria specified in the CCR, Title 9, Chapter 11, Section 1830.205 (b)(3)(B)(1- 4):

Line numbers [REDACTED] and [REDACTED].

MHP POC: This item is monitored through the annual MRR tool. **See Appendix K4, item #34, #57.** The subject matter is included in the Documentation Training. **See Appendix K4.** Compliance is monitored by the MHP utilizing the *MRR Trending Compliance Report*.

- C. 2a. Assessments were not completed in accordance with regulatory and contractual requirements, specifically:

One or more assessments were not completed within the timelines and/or frequency requirements specified in the MHP’s written documentation standards:

Line number [REDACTED]: The updated assessment was completed late.

MHP POC: This item is monitored through the annual MRR tool. **See Appendix K3, item #3, #4.** The subject matter is included in the Documentation Training. **See Appendix K4.** Compliance is monitored by the MHP utilizing the *MRR Trending Compliance Report*.

- D. 2b. One or more of the assessments reviewed did not include all of the elements specified in the MHP Contract with the Department. The following required elements were incomplete or missing:

Medications: Line number [REDACTED] and [REDACTED].

1) **MHP explanation for Lin** [REDACTED]: Medications were not listed in the Behavioral Health Assessment (BHA) completed by clinicians. The BHA does have a field on the Medical tab stating, “Medications are recorded in the Doctor Home Page (DHP)”. The MHP protocol for clients receiving medication services is as follows: a Psychiatric Assessment is completed documenting any medications as well as entered in the EHR via the Doctors

Home Page. Any pre-existing medications are entered in the EHR via Clinicians Home Page. All medications are then sent through a query (Multum database) to cross reference all meds with client physical health conditions and allergies to determine contraindications and possible side effects. Client meds are listed in the EHR under the Medications tab. For the line #'s listed, none of these clients were receiving medication services, thus no Psychiatric Assessment was completed nor medications entered in the EHR which is in line with MHP protocol, therefore, the MHP does not agree with this mark-of-compliance. **See Appendix K9** for screen shots showing where medications are listed in the EHR if client were receiving medication

management services. **See Appendix K9** for copy of page in BHA with DHP statement. Documentation of medications in DHP in the EHR is covered in training. **See Appendix K10.**

2) **Line [REDACTED]** The BHA did not list medications and the BHA indicates that client has psychiatric services from another clinic, thereby not receiving medication management from Strength Based Case Management program. However, the pre-existing medications were not listed in the EHR.

MHP POC: To ensure compliance with providers that the client's medical record includes all required elements specified in the MHP contract, specifically that all medications are documented in the EHR at time of assessment, this will be reviewed at time of Medical Record Review. **See Appendix K3, page 1.** The subject matter is included in the Documentation Training and CCBH Assessments Training and DHP training. **See Appendix K3, K8 and K10.** Compliance is monitored through the Medical Record Review process.

E. 4a. The Client Plan was not reviewed and updated when there was a significant change in the beneficiary's condition (as required in the MHP Contract with the Department and/or as specified in the MHP's documentation standards):

Line number [REDACTED] : The medical record indicated an acute change in the beneficiary's mental health status. (The beneficiary was admitted into crisis stabilization unit three times. The discharge dates [REDACTED] and [REDACTED] following multiple crisis intervention encounters). However, no evidence was found in the medical record that the client plan was reviewed and/or updated in response to the change.

- 1) **MHP Comment:** Client was discharged from the crisis stabilization unit (CSU) [REDACTED] on a [REDACTED]. After each CSU admission client was admitted to the inpatient San Diego County Psychiatric Hospital; the discharge dates listed in the above line number reference discharge dates from inpatient setting. As client was admitted to inpatient directly from the CSU unit it is not expected that the CP is updated until client returns to community setting. Although upon d/c from each inpatient admission client was seen in the outpatient clinic, and a high risk assessment was completed, an update to the client plan was not completed until [REDACTED], approximately one week prior to discharge from inpatient hospital the third time.

MHP POC: This item is monitored through the annual MRR tool. **See Appendix K3, item #21, #30.** The subject matter is included in the Documentation Training. **See Appendix K4.** Compliance is monitored by the MHP utilizing the *MRR Trending Compliance Report*.

F. 4b: The following Line numbers had client plans that did not include all of the items specified in the MHP Contract with the Department:

4b-1) One or more of the goals/treatment objectives were not specific, observable, and/or quantifiable and related to the beneficiary's mental health needs and identified functional impairments as a result of the mental health diagnosis [REDACTED] and [REDACTED]

4b-2) One or more of the proposed interventions did not include a detailed description. Instead only a "type" or "category" of interventions was recorded on the client plan (e.g. "Medication Support Services", "Targeted Case Management," "Mental Health [redacted] ces, "etc.).

Line number(s)
an

d
[redacted].

4b-3) One or more of the proposed interventions did not indicate an expected frequency.
Line number [redacted] and [redacted]

1) **MHP explanation for 4b-3, Line number [REDACTED] and [REDACTED]** Client plans (CP's) are built in our electronic health record (CCBH) with a hard wired Frequency field that defaults to *Ad Hoc*. The options in this field are selected via a drop down menu. Programs are not required to change the default but instead to write the frequency in the narrative of the intervention. This is because it saves an extra step to an already complex electronic CP and the drop down menu limits options for frequency. For example, the CP for line # has the prepopulated *Frequency: Ad Hoc*, the narrative of the intervention states, "...will be provided weekly or more as clinically indicated." The MHP considers this to be a well-documented frequency and it is unclear as to why this is considered out-of-compliance. All interventions for this CP include frequency in the narrative as do all CP's referenced for this item. Therefore, for the line #'s listed, the MHP does not agree with the mark out of compliance. **See appendix K11** for evidence of all CP's with frequency included in the narrative of all interventions.

4b-4) One or more of the proposed interventions did not indicate and expected duration. **Line number [REDACTED] and [REDACTED]**

1) **MHP explanation for 4b-4, Line number [REDACTED] and [REDACTED]** All interventions did indicate an expected duration. For example, the CP for line # states, "...over the course of the next year" and "...over the course of the next 6 months". The MHP considers this to be an appropriate duration and is unclear as to why this is considered out of compliance. All interventions for this CP include duration as do all CP's referenced for this item. Therefore, for the line #'s listed, the MHP does not agree with the mark out of compliance. **See appendix K11** for evidence of all CP's with duration included in all interventions.

4b-5ii) One or more of the client plans did not address the mental health needs and functional impairments identified as a result of the mental disorder. **Line number(s) and .**

4b-6) One or more of the proposed interventions were not consistent with client plan goals/treatment objectives. **Line number .**

4b-7) One or more client plans were not consistent with the qualifying diagnosis. **Line number(s) and .**

MHP POC: This item (4b) is monitored through the annual MRR tool. **See Appendix K3, items #25, #29.** The subject matter is included in the Documentation Training and provider newsletter (UTTM). **See Appendix K4 and Appendix K5.** Frequency and duration prompts have been added to the CP Intervention narrative. **See Appendix K12.** Compliance is monitored by the MHP Medical Record Review process.

G. 5a. Progress notes were not completed in accordance with regulatory and contractual requirements and/or with the MHP's written documentation standards:

- Progress notes did not document the following:

5a-8iii) Line number(s) [REDACTED] and [REDACTED]: The provider's professional degree, licensure or job title

- .Line number(s) [REDACTED] and [REDACTED] Appointment was missed or cancelled.

Please note: The exact same verbiage was recorded on multiple progress notes, and therefore those progress notes were not individualized, did not accurately document the beneficiary's response and the specific interventions applied, as specified in the MHP Contract with the Department for: **Line number** .

- **Dates of service** [REDACTED] **TCM for 40 minutes and** [REDACTED] **for 52 minutes.**
(These services were not disallowed by DHCS).

MHP POC: The MHP has implemented a change to ensure the staff person's title or credential is included with electronic signature. The staff person's professional degree, licensure or job title will auto populate upon electronic signature. This item is monitored through the annual MRR tool. **See Appendix K3, item #45.** Progress notes are entered into the EHR which requires staff signature before a claim can be posted. The EHR has been updated to include the staff credential rather than only staff title. **See Appendix K12.** Direction on how to document missed appointment is included in the Documentation Training, **Appendix K4.** This subject matter is included in provider communications (UTTM). **See Appendix K5.** This item is monitored through the annual MRR tool. **See Appendix K3, item #57.** Compliance is monitored by the MHP through the Medical Record Review process.

H. 5c. Documentation in the medical record did not meet the following requirements:

1. Line number [REDACTED]: There was no progress note in the medical record for service claimed.

MHP POC: This claimed item appears to be a duplicate billing. This item is monitored through the use of data reports. The MHP provides regular Reports Training for programs to ensure they are using the tools available to improve compliance. **See Appendix K7.** This item is monitored through the annual MRR tool. **See Appendix K3, Items #57.** Compliance is monitored by the MHP utilizing the *MRR Trending Compliance Report*.