

## Provider Guide: FSO Treatment Record Review Procedure

This document provides an overview of treatment record review (TRR) processes for providers rendering specialized behavioral health services (SBHS) offered under Medicaid managed care.

### Purpose

Treatment record reviews serve multiple functions, including:

- evaluating the quality of care delivered to Magellan members;
- providing ongoing education re: documentation standards;
- monitoring compliance with Medicaid waiver assurance performance measures;
- verifying adherence to privacy & confidentiality standards;
- investigating quality of care concerns & grievances; and
- ensuring that both regulatory and Magellan requirements are met.

### Provider Participation

Required participation in the TRR process is referenced in the Magellan provider agreement, Section 2.5: “Provider agrees to cooperate and participate with all announced or unannounced internal and external quality assessment reviews, utilization review/management, and grievance procedures, or other similar programs established by Magellan and LDH-OBH or its designee.”

### Review Tools

Magellan utilizes a core audit tool to assess the main components of record keeping practices. The tool includes the following components:

- Treatment Record Review – Magellan Behavioral Health (TRR – MBH)
- Coordinated System of Care (CSoC) Review
- Fraud, Waste and Abuse (FWA) Screening Review

## Review Criteria

Review tools were developed to evaluate fundamental areas of practice, which include:

- Quality of care, consistent with professionally recognized standards of practice;
- Member rights and confidentiality, including advance directives and informed consent;
- Cultural competency;
- Compliance with Magellan's adverse incident reporting requirements;
- Treatment planning, including evidence of implementation as reflected in progress notes and evidence that the member is either making progress toward meeting goals/objectives or there is evidence the treatment has been revised/updated to meet the changing needs of the member; and
- Ongoing continuity and coordination of care, including adequate discharge planning.

## Provider Selection Criteria

Providers are randomly selected to participate in record reviews; however, there is an emphasis placed on reviewing newly contracted providers, providers serving a high volume of CSoC members and CSoC waiver service providers. The FSO is the sole provider of youth and parent support, and serves a high volume of members, so audits occur quarterly.

## Reviewer Qualifications

All TRR-FSO record reviews are conducted by Magellan employees, trained in the administration and scoring of TRR review tools. Interrater reliability is conducted (at minimum, annually) to ensure consistency and accuracy of scoring. Remediation activities, including education, technical assistance, and retesting, are completed as necessary.

## Review Protocol

### Record Request

- Treatment Record Reviews are generally conducted as a remote or desktop review.
- The FSO is sent a request letter which includes the members selected for review and instructions on when and how documents should be submitted.
- The FSO is responsible for adhering to Health Insurance Portability and Accountability Act (HIPAA) rules when submitting records. Magellan recommends that records be submitted via secure fax or secure email to the Senior Family Support Coordinator.
- Documents should be legible and organized. Providers should include a guide for locating key documents if the records are not clearly labeled. Missing, incomplete, or illegible documents will be scored as non-compliant.

### Record Assessment

- The Senior Family Support Coordinator aggregates ratings and scores the records.
- The Senior Family Support Coordinator applies guidance outlined in Table 1 to the aggregate score for the TRR – MBH tool.
- The Senior Family Support Coordinator then evaluates item and section scores against regulatory standards, Magellan quality improvement initiatives and previous Magellan quality or network reviews to determine if remediation is necessary.

**Table 1. Level of Documentation Deficiency**

<b>Level</b>	<b>TRR – MBH Overall Score</b>	<b>Description</b>
<b>Minimal Documentation Issues</b>	100% – 80%	No formal follow-up activity required. Magellan requests implementation of recommendations noted
<b>Moderate Documentation Issues</b>	79% – 70%	Provider must submit an Informal PIP (Performance Improvement Plan), including but not limited to, a plan to remedy the documentation deficiencies noted. The PIP must be received within 30 days of the date of the results letter. Magellan must review and approve the PIP. No formal follow-up activity is required.
<b>Serious Documentation Issues</b>	69% and below	Provider must submit a Formal PIP, including but not limited to, a plan to remedy documentation deficiencies noted. The PIP must be received within 30 days of the date of the results letter. Magellan must review, approve and monitor the PIP. Additional TRRs may be conducted, as appropriate.

**CSoC Review Tool**

- Providers will not be subject to remedial actions for the CSoC Review Tool. The questions are designed to monitor compliance with WAA-specific requirements for care coordination.
- Providers must retain documents received from the WAA in the member's treatment record.
- If the FSO does not have the required documents, the regional WAA must be contacted to electronically transmit the documents to the FSO.
- Results will be used as part of WAA quality improvement initiatives.

**Review Outcome**

- Magellan will transmit TRR results via secure email with delivery tracking. This will include the itemized audit tool, a summary table, an overall compliance score and type of PIP with the due date (if applicable).
- If no PIP is required, the TRR results are final.
- If a PIP is required, the FSO will have 3 business days to submit additional documentation for a review redetermination.
  - If the FSO selects this option, the documentation should be sent securely to [malloryl2@magellanhealth.com](mailto:malloryl2@magellanhealth.com) or (888) 656-3857. Documentation should be clearly organized and identify the member and corresponding audit item. The Senior Family Support Coordinator will review records and adjust ratings as appropriate. An email will be sent to the FSO with the final results and any required remedial actions. No additional appeal rights will be given.
- If no email correspondence and/or documentation is received by the close of the third business day, the ratings will be considered final. The FSO should submit the PIP as outlined in the original results email. At Magellan’s discretion, a videoconference may be required to provide technical education. Any provider can request a videoconference if desired.
- The FSO should contact the Senior Family Support Coordinator, prior to the due date, for any assistance with completing the PIP.
- The PIP will be reviewed to ensure it addresses the deficiencies identified. If the PIP is not accepted, Magellan will contact the FSO directly to provide further instructions.

- Once the PIP is accepted, the review will be closed.
- Lack of response and/or inadequate response could negatively affect a provider’s network status, including but not limited to referral to Magellan’s peer review committee, a new member referral hold, termination of the contract, etc.

## TRR-FSO Audit Tool

Review Type	#	Section	Element
<b>Treatment Record Review – Magellan Behavioral Health (TRR-MBH)</b>			
TRR-MBH	1	A – General	Record is legible
TRR-MBH	2	A – General	Member name or ID number noted on each page of record
TRR-MBH	3	A – General	Name and credentials of the provider rendering services and the signatures or initials of the provider are included on the service notes. Initials of providers must be identified with correlating signatures.
TRR-MBH	4	A – General	Record includes member identifying information, including name, identification number, date of birth, gender, and legal guardianship, if applicable.
TRR-MBH	5	A – General	Record includes primary language spoken by the member and any translation needs of the member.
TRR-MBH	1	B – Member Rights & Confidentiality	Record includes Freedom of Choice form.
TRR-MBH	2	B – Member Rights & Confidentiality	Record shows evidence that member rights and responsibilities were reviewed.
TRR-MBH	3	B – Member Rights & Confidentiality	Release(s) for communication with other behavioral health care providers and involved parties is signed, or patient refusal is documented as applicable.
TRR-MBH	1	C– Coordination of Care	Release(s) for communication with WAA is signed.
TRR-MBH	1	D – Member Engagement	Record includes the referral form.
TRR-MBH	2	D – Member Engagement	Period of ≤ 30 days between Wraparound Agency referral and engagement of permanent peer support.
TRR-MBH	3	D – Member Engagement	Record includes evidence of youth and family’s rationale for utilization of Parent and Youth Support and Training services.
TRR-MBH	4	D – Member Engagement	Record contains evidence of coordination of care with the WAA (e.g., scheduling collaboration, etc.) prior to the first face to face or telehealth visit.
TRR-MBH	5	D – Member Engagement	Evidence of the first face to face or telehealth visit within 7 days of the provisional referral. If not, barriers are documented, and a visit is scheduled at the earliest date possible.
TRR-MBH	1	E – Ongoing Treatment	Purpose of visit and/or chief complaint documented.
TRR-MBH	2		Services provided were in accordance with the frequency and duration identified in the Plan of Care.
TRR-MBH	3	E – Ongoing Treatment	Services were provided in alignment with the Medicaid Behavioral Health Services Provider Manual and associated curricula.
TRR-MBH	4	E – Ongoing Treatment	Service notes address assigned strategies on the Plan of Care and progress documented. If not, barriers are being addressed.
TRR-MBH	5	E – Ongoing Treatment	Evidence of services being provided in a culturally competent manner.
TRR-MBH	6	E – Ongoing Treatment	If an adverse incident is noted, the record shows that Magellan and/or other required entities were notified.

TRR-MBH	7	E – Ongoing Treatment	Record shows documentation of coordination of care with WAA at critical points in treatment (e.g., crisis, abuse incident, inpatient hospitalization, etc.)
TRR-MBH	1	F – Discharge	Record shows evidence of deliberate tapering of services prior to planned discharge. If member is less than 90 days from projected discharge, score this element N/A.
TRR-MBH	2	F – Discharge	Record includes the CSoc discharge and/or transfer form.
TRR-MBH	1	G – Record Management	Records are stored securely.
TRR-MBH	2	G – Record Management	Only authorized personnel have access to records.
TRR-MBH	3	G – Record Management	Staff receives periodic training in confidentiality of member information.
TRR-MBH	4	G – Record Management	Treatment records are organized and stored to allow for easy retrieval.

### Coordinated System of Care (CSoc) Review Tool

TRR – CSoc	1	A – IBHA/POC	Record includes most recent eligibility Independent Behavioral Health Assessment (IBHA). (IBHA completed every 180 days of enrollment.)
TRR – CSoc	2	A – IBHA/POC	Record includes most recent eligibility Plan of Care (POC). (Eligibility POC completed every 180 days of enrollment.)
TRR – CSoc	3	A – IBHA/POC	Record includes most recent updated POC. (POC updated at each Child and Family Team (CFT) meeting.)
TRR – CSoc	4	A – IBHA/POC	Record includes most recent CANS assessment.
TRR – CSoc	1	B – CFT	Record shows documentation of notification of CFT meeting from WAA. If the meeting was scheduled at the most recent CFT meeting, the updated POC with the next scheduled meeting is sufficient.
TRR – CSoc	2	B – CFT	Record shows documentation of participation in the CFT meeting.
TRR – CSoc	3	B – CFT	If question 2B is no, record shows progress update given telephonically or electronically prior to CFT.

### Fraud, Waste and Abuse (FWA) Screening Review Tool

FWA	1	FWA Screening	Service notes include date, and begin & end time of service.
FWA	2	FWA Screening	Services notes include appropriate CPT code.
FWA	3	FWA Screening	Service notes include a place of service consistent with the Medicaid Provider Manual requirements and service provided.
FWA	4	FWA Screening	There was no evidence that the provider billed for missed appointments.
FWA	5	FWA Screening	There was no evidence that the provider billed for more hours than delivered.
FWA	6	FWA Screening	There was no evidence that the provider used duplicated notes or notes that were not individualized to the service encounter.
FWA	7	FWA Screening	There was no evidence of insufficient documentation for the duration of the service provided.
FWA	8	FWA Screening	There was no evidence that the provider billed for more services than are likely to be performed in one day.
FWA	9	FWA Screening	There were no services performed on holidays. If services were provided on holidays, an explanation was provided.