

SAN MATEO COUNTY HEALTH SYSTEM
BEHAVIORAL HEALTH AND RECOVERY SERVICES

DATE: January 13, 1998

BHRS POLICY 98-11

SUBJECT: Quality Management Compliance Review of Outpatient Private Providers

AUTHORITY: Divisional

SUPERSEDES: Renumbering of Mental Health Plan Policy No. 97-01

AMENDED: January 9, 2013; Two attachments combined July 31, 2015

ATTACHMENT: A. Private Provider Site and Chart Review Checklist

PURPOSE

In order to assure that the Mental Health Plan (MHP) provides high quality outpatient services through its network of private providers, this policy describes a review process for office sites and client treatment records.

PROCEDURE

Behavioral Health and Recovery Services (BHRS) will perform compliance reviews of outpatient private providers which shall include a site visit and a review of selected charts by a Quality Management professional staff member. A minimum of three Medi-Cal charts, or a 20% random sample of charts for each provider's Medi-Cal clients (whichever is greater), will be evaluated. Following a satisfactory review, providers will be reviewed every three years, or at a frequency otherwise established by the MHP.

The priority for scheduling compliance reviews shall be:

- providers serving the largest number of clients;
- providers serving clients with charts open for longer than one year; and
- other criteria as developed by the Mental Health Plan.

The Mental Health Plan will notify each provider by mail of the impending review and will then contact each provider by phone to establish a mutually agreeable time and date for the review (within six weeks of the phone call). The attached site and chart review checklist will be mailed to providers with the notice of pending review. At least two weeks prior to the review, the Mental Health Plan will confirm the schedule, and identify the charts to be examined, by faxing and/or mailing a written letter to the provider.

Within two weeks after the quality review, the Quality Management staff member will send a written report of findings to the provider. If any deficiencies are noted, the report will include a request for a written plan of corrective action. The provider is expected to submit the plan of correction within 60 days from the date of the request. If chart records for one or more visits do not meet service documentation requirements, payment for those visits shall be disallowed.

The Quality Management staff member and/or the Medical Director shall be available for consultation to address provider concerns and questions, as well as for clarification of the review findings. If the plan of correction submitted is incomplete or not appropriate, the provider will be further contacted by the Mental Health Plan. If compliance problems persist and are unable to be resolved, the issue will be forwarded to the Mental Health Plan's Credentialing Committee.

Approved: (Signature On File)
Stephen Kaplan, LCSW
BHRS Director