POLICY AND PROCEDURE

POLICY NAME: Behavioral Health Provider Quality Monitoring Program	**POLICY ID:** LA.QI.35
BUSINESS UNIT: LHCC	**FUNCTIONAL AREA:** Quality
EFFECTIVE DATE: 10/2018	**PRODUCT(S):** Medicaid
REVIEWED/REVISED DATE: 5/19, 8/19, 9/19, 12/19, 01/20, 4/20, 2/21, 4/21, 1/22, 5/22, 2/23, 6/23, 9/23	
REGULATOR MOST RECENT APPROVAL DATE(S):	

POLICY STATEMENT:
This policy outlines the procedures Behavioral Health Provider Quality Monitoring.

PURPOSE:
To collaborate with all MCOs to develop and implement a plan for monitoring a statistically significant sample of specialized behavioral health providers and facilities across service categories, which incorporates onsite reviews and member interviews, on a quarterly basis.

SCOPE:
Louisiana Healthcare Connections (LHCC) Quality Department in collaboration with other Louisiana Medicaid MCOs shall collaborate with each other to develop and implement a plan for monitoring specialized behavioral health (SBH) providers and facilities across all levels of care, which incorporates onsite reviews and enrollee interviews, with a focus on unlicensed providers delivering care.

DEFINITIONS:
- **Medical Record Review**-internal or external review of documentation to determine variation from established baselines.
- **Deficiency analysis**-process to review, track, and obtain completion for missing elements in documentation, such as reports and signatures.
- **Electronic Health Record (EHR)-**a computerized record of health information and associated processes.
- **Medical Record**–the legal medical record is the documentation of the services provided to an individual in any aspect of healthcare delivery and education. The legal medical record is individually identifiable data, in any medium, collected and directly used in and/or documenting healthcare or health status. The term includes specific records of care used by healthcare

POLICY:
LHCC's Behavioral Health Provider Quality Monitoring Program complies with all the requirements as specified by LDH.

PROCEDURE:
Provider Quality Monitoring Plan
All MCOs shall collaborate to develop and implement a plan for monitoring a statistically significant sample of specialized behavioral health providers and facilities across service categories, which incorporates onsite reviews and member interviews, on a quarterly basis. The MCOs shall submit the plan to LDH for approval no later than sixty (60) Calendar Days prior to any Material Change. The MCO's monitoring plan, monitoring process, and sampling approach shall comply with the requirements as specified by LDH in the **MCO Manual**.

Model Contract Reference: Quality Monitoring Reviews 2.16.22

Quality Monitoring Reviews for Behavioral Health Providers
The MCOs shall collaborate with each other to develop and implement a plan for monitoring specialized behavioral health (SBH) providers and facilities across all levels of care, which incorporates onsite reviews and enrollee interviews, with a focus on unlicensed providers delivering care. The MCO shall conduct quality monitoring reviews on a sample of providers on a quarterly basis. The MCO shall submit the plan to LDH for approval within 60 calendar days after the operational start date and at least 60 calendar days prior to material change. The MCO's plan shall comply with all the requirements as specified by LDH:

- ❖ Review criteria for each applicable service which evaluates if the assessment and treatment are conducted timely and include member participation, the quality of the assessment and treatment plan, whether members are receiving services as reflected in the treatment/service plan, clinical practice guideline adherence, patient safety including adverse incident management/reporting, care coordination, discharge planning as applicable, enrollee rights and confidentiality;

- ❖ Plan for updating review criteria based on changes to requirements as reflected in the applicable provider manual or rule;
- ❖ Number of charts to be reviewed at each provider location (the MCO shall review a reasonable number of records to determine each provider's compliance rate) and look-back period;
- ❖ Enrollee interview criteria, including target number of enrollees to be interviewed and survey questions, to evaluate quality of care, satisfaction, receipt of service, and enrollee outcomes;
- ❖ Onsite review criteria;
- ❖ Sample selection criteria, including inclusion and exclusion criteria, and representative sample size;
- ❖ Tools to be used and weight of each review element;
- ❖ Qualifications for staff performing monitoring reviews who at a minimum must be an LMHP or psychiatrist unless otherwise approved by LDH;
- ❖ Plan for educating providers on the provider monitoring process, including review criteria and corrective actions, initially and ongoing;
- ❖ Corrective actions to be imposed based on the degree of provider non-compliance with review criteria elements on both an individual and systemic basis;
- ❖ Plan for ensuring corrective actions are implemented appropriately and timely by providers; and
- ❖ Inter-rater reliability testing methods, including targets, processes to ensure staff participate in reliability testing reviews initially and at least annually, and processes to ensure staff meet the target rate prior to conducting reviews independently.

The sample size may be increased at the discretion of LDH. LDH reserves the right to select the MCO's sample.

The MCO shall ensure that an appropriate corrective action is taken when a provider furnishes inappropriate or substandard services, when a provider does not furnish a service that should have been furnished, or when a provider is out of compliance with federal and state requirements. The MCO shall monitor and evaluate corrective actions taken to ensure that appropriate changes have been made in a timely manner.

The MCO shall submit routine reports using the template provided by LDH which summarize monitoring activities, findings, corrective actions, and improvements for SBH services.

For desktop reviews, the MCO shall maintain documentation used to determine the providers' compliance for a minimum of three years from the date of review.

MCO Manual Version 3.0 Reference, Part 13, p. 232

Quality Monitoring Reviews for Behavioral Health Providers

Professional Standards of Practice Observed

It is the policy of the MCOs to measure compliance with Behavioral Health Provider Monitoring Standards and standards as outlined by the National Commission of Quality Assurance. The Behavioral Health Provider Monitoring Process of the MCOs will endeavor to facilitate appropriate utilization of health care resources for members through review, analysis, and evaluation of documentation and record keeping practices provided by Specialized Behavioral Health Service (SBHS) Providers included in the care of the member to ensure compliance with established state and federal guidelines and regulations. SBHS providers sampled must meet 80% overall to be deemed passing or be subject to a corrective action plan. Treatment records are to be maintained in a manner that is current, detailed, organized, and which permits effective and confidential member care as well as quality review. Treatment records must be maintained as an individual health record for each member. The Provider Quality Monitoring Review criteria will include the following, but is not limited to: adherence to clinical practice guidelines; adherence to agency specific clinical documentation requirements, enrollee rights and confidentiality, including advance directives and informed consents; cultural competency; patient safety including adverse incident management/reporting; appropriate use of restraints and seclusions; treatment planning components (evaluates if the assessment and treatment are conducted timely and include member participation, the quality of the assessment and treatment plan, whether members are receiving services as reflected in the treatment/service plan); adequate discharge planning, as applicable; and care coordination. Treatment Records should reflect all services provided directly by the LMHP, physician, specialist, and any other practitioners, including non-licensed staff, and should include ancillary services and diagnostic tests ordered by the practitioner, and the diagnostic and therapeutic services for which the practitioner referred the member.

The MCOs, in compliance with the Health Insurance Portability and Accountability (HIPPA) Privacy Rule (45 C.F.R. § 164.530(i), develop and implement this written policy and procedure to protect members protected health information (PHI). This policy establishes and implements a process for treatment record requests that limit the use and disclosure of

PHI to that which is the minimum amount reasonably necessary to achieve the intended purpose of the use, disclosure, or request. (Refer to 45 C.F.R. §§ 164.502(b) and 164.514 (d)). Member's treatment records must be treated as confidential information and accessible only to authorized persons. Treatment records for all members evaluated or treated should be safeguarded against loss, destruction or unauthorized use, maintained in an organized fashion, and readily accessible and/or available for review and audit to comply with company standards, provider specific contracts, and in accordance with Louisiana Revised Statue § 40:1165.1 (2015).

The MCOs establish policies and procedures, performance measures, and goals to evaluate treatment record keeping practices and addresses confidentiality, maintenance, and availability of quality treatment records through provider contracts accessible to appropriate staff. Each MCO will conduct meetings as needed to review results and address any identified issues and/or concerns that may potentially require additional referrals.

MCO employees completing reviews

- Employees who can complete reviews are:
  - LMHPs as defined in the BHS Provider Manual:
    - Medical psychologists
    - Licensed psychologists
    - Licensed Clinical Social Workers (LCSWs)
    - Licensed Professional Counselors (LPCs)
    - Licensed Marriage and Family Therapists (LMFTs)
    - Licensed Addiction Counselors (LACS)
    - APRNs (must be a nurse practitioner (NP) specialist in adult psychiatric and mental health, and family psychiatric and mental health or a certified nurse specialist in psychosocial, gerontological psychiatric mental health, adult psychiatric and mental health, and child-adolescent mental health, and may practice to the extent that services are within the APRN's scope of practice)

Staff Training

Each MCO conducts ongoing staff training and education on identified trends, best practices, and opportunities for improvement.

Tools Utilized

The MCOs will utilize the following tools for the review process:

- Behavioral Health Provider Quality Monitoring Tool Elements
  - Clinical elements are available for providers to review in the following locations:
    - Aetna: https://www.aetnabetterhealth.com/content/dam/aetna/medicaid/louisiana/providers/pdf/abh_176_mco_bh_pqmp_2022_scoring%20_grid.pdf
    - AmeriHealth Caritas: https://www.amerihealthcaritasla.com/pdf/provider/behavioral-health/behavioral-health-provider-quality-monitoring-tool-elements.pdf
    - HealthyBlue: https://provider.healthybluela.com/dam/publicdocuments/LA_CAID_BehavioralHealthProviderQualityMonitoringToolElements.pdf
    - Louisiana HealthCare Connections: https://www.louisianahealthconnect.com/content/dam/centene/louisiana-health-connect/pdfs/medicaid-provider/2022-08-24-PQMP-ReviewTool.pdf
    - United Healthcare: https://www.providerexpress.com/content/ope-provexpr/us/en/our-network/welcomeNtwk/wLA.html
- Behavioral Health Provider Quality Monitoring Scoring Grid utilized by all MCOs
- Provider Quality Monitoring Review Scorecard
- Clinical Practice Guidelines Checklist as developed per each individual MCO.
- Notification of Deficiencies Letter
- Corrective Action Plan Template specific to each individual MCO.

Tools will be reviewed by the MCOs at minimum on an annual basis but not more than quarterly to make any needed changes.

Inter-rater reliability

At minimum the MCOs ensure all designated reviewers complete Inter-rater reliability testing across MCOs initially and at least annually and implement processes to ensure staff meet the target rate prior to conducting reviews independently. Each MCO will contribute the treatment plan and progress notes from one redacted member record received for monitoring previously for use in the interrater process resulting in a total of six (6) redacted records for use in the all MCO

IRR audit. The IRR audit passing score is 90% and is operationally defined as follows: each individual element has a value (correct response or not); those individual elements are totaled up (number of correct responses or not in comparison to standardized record); and overall score is obtained. Failure to meet a 90% for IRR will result in the designated reviewer being referred for remediation according to the individual MCO processes. The reviewer will not be able to independently review records until a score of 90% is reached.

All MCO IRR Process

- Each MCO will provide one redacted record (1) consisting of only treatment plan and progress notes
- Each MCO key representative on the Quality subcommittee to score records for standardization
- Once records standardized, the records can be kept on repository for future use at each MCO
    - All six (6) standardized records will be sent and stored to each MCO via key representative.
    - Each MCO will score their own designated reviewers utilizing one (1) standardized record per designated reviewer to complete an IRR audit.
        - ~~i.~~1. In the event, that the designated reviewer scores 89%-87%, LHCC will utilize a second standardized record to complete a second IRR audit as a "second" chance record.
    - Should a designated reviewer fail to meet 90%, that reviewer will be referred for remediation according to the individual MCO processes.
    - For LHCC, the reviewer will undergo daily coaching with the team lead and in-depth training on key areas identified as being deficient and will complete another IRR audit within 21 business days from the date the in-depth training began.
        - ~~i.~~1. The reviewer will cease their ability to complete reviews until the reviewer passes the IRR audit with a 90% or greater.
        - ~~ii.~~2. If the reviewer fails to pass their second attempt after completing in-depth training and daily coaching with the team lead, the reviewers' inability to perform primary role functions will be discussed with Leadership and HR which may result in disciplinary action and determine next steps.
- Trends identified from the annual IRR audit results will be addressed via training completed by the MCO Quality Subcommittee.
    - The IRR audit would occur in Q2 for MCOs.
    - Training for all MCO designated reviewers will be tailored to the results of the IRR audit.

Provider Type reviewed

Provider types reviewed will include:

- Mental Health Outpatient providers/practitioners
    - Individual/Group Practice (Psychiatrist, Psychologist, LPC, LMFT, LCSW, LAC, APRN)
    - Mental Health Rehabilitation (MHR) Agencies,
    - Other agency types (LGE, FQHC, RHC, Group Outpatient), and
    - Other outpatient provider types such as peer support specialists, crisis resource service providers, personal care services).
- Substance Use Outpatient
    - Opioid Treatment Providers (OTPs)
    - All Substance Use Treatment Outpatient Providers – Individual/Group Practice LACs and ASAM Levels 1, 2.1, and 2-WM

1. Residential
    - Therapeutic Group Homes (TGH)
    - Psychiatric Residential Treatment Facilities (PRTF)
    - Residential Substance Use Treatment

*ACT, MST, FFT, FFT-CW, and Homebuilders are excluded providers from the quality monitoring due to separate fidelity reviews.

Frequency of Reviews

The Provider Monitoring process is continuous throughout the year. The MCOs will ensure providers are not reviewed more than once within a 12-month period unless the MCO identifies cause for a re-review by sharing a list of eligible providers with the other MCOs. Eligible providers are those who have not been reviewed by MCOs within the calendar year and who have at least 5 unique members with at least 3 claims each, billed from two quarters immediately preceding the review quarter. Ineligible providers are those who pass their review with a score of 90% or greater, the provider will not be reviewed by any MCO within 24 months from the date of the review in which they passed and providers who may be under investigation with SIU. If the provider remains unresolved with the MCO's SIU team for more than 1 year from

the date of the accepted date of referral made to the SIU team, then the provider must be placed back into the eligible list for quality monitoring.

The MCO Sub-committee will consolidate the eligible provider lists to de-duplicate providers. MCOs will have assigned regions to review within each quarter (see table below). Exception will be made for a provider placed on the priority list by OBH/LDH to the MCO quality subcommittee. Priority review would occur within the same quarter requests from OBH/LDH is made, i.e., if request by OBH/LDH is made in Q2 of 2024, then MCOs would identify who would take priority review and attempt completion of review within Q2 of 2024. MCOs can refer providers to the priority list via LA358 to OBH/LDH, i.e., if a provider was due for a re-review and did not have claims for re-review to be completed, MCO would make note on the LA358 for this provider to be placed on Priority List. LDH/OBH will notify MCO Quality Subcommittee via Priority List requiring priority reviews. The MCO Quality Subcommittee would identify which MCO is 1.) Contracted with the provider and 2.) has identified claims with the provider to complete a priority review. Review would be initiated during the quarter that LDH/OBH notified MCO Quality Subcommittee of priority status. The MCO assigned the provider from the priority list will report on this provider on Table 6 of the LA358 report. If unable to review during that quarter, MCO would include on LA358 with rationale why review is not completed on table 6 and/or in narrative. Additionally, if there is a provider on the priority list that is on your MCO SIU list, that MCO cannot assign themselves to that provider on the priority list. Another MCO must be assigned the provider. For example, if ABC Therapy is under investigation for MCO 1, then MCO 1 will identify them as not having claims. One of the other MCOs will be assigned, if contracted and with identified claims. ~~The Provider Monitoring process is continuous throughout the year. The MCOs will ensure providers are not reviewed more than once within a 12-month period unless the MCO identifies cause for a re-review by sharing a list of eligible providers with the other MCOs. Should a provider pass their review with a score of 90% or greater, the provider will not be reviewed by any MCO within 24 months from the date of the review in which they passed. Eligible providers are those who have not been reviewed by MCOs within the calendar year and who have served at least 1 member based on claims made within the prior 6 months from the review quarter while excluding those who may be under investigation with SIU and those providers who have passed recent review with a score of 90% or greater. The MCO Sub-committee will consolidate the eligible provider lists to de-duplicate providers. MCOs will have assigned regions to review within each quarter (see table below). Exception will be made for a provider to have a review within the same calendar year after already being reviewed by another MCO if identified as priority by OBH/LDH to the MCO quality subcommittee. Priority review would occur within the quarter requests from OBH/LDH is made, i.e., if request by OBH/LDH is made in Q2 of 2022, then MCOs would identify who would take priority review. For instance, if a provider was due for a re-review and did not have claims for re-review to be completed, MCO would make note on the LA358 for this provider to be placed on Priority List. Review would be initiated during the quarter that LDH/OBH notified MCO Quality Subcommittee of priority status. If unable to review during that quarter, MCO would include on LA358 with rationale why review isn't completed in the narrative. If the priority provider has been referred to and/or in the process of being investigated by the MCO's SIU team, the MCO must enter this information on the LA358 attestation/notes tab and not count this provider in their totals. If the provider remains unresolved with the MCO's SIU team for more than 1 year from the date of the accepted date of referral made to the SIU team, then the provider must be placed back into the sampling pool for quality monitoring.~~

	Q1	Q2	Q3	Q4
Regions	6, 7, 8	3, 4, 5	1, 10	2, 9

MCO Master List Assignment Schedule:

2023 Q1	UHC
2023 Q2	ACLA
2023 Q3	AETNA
2023 Q4	Healthy Blue
2024 Q1	Humana
2024 Q2	LHCC
2024 Q3	UHC
2024 Q4	ACLA
2025 Q1	AETNA
2025 Q2	Healthy Blue
2025 Q3	Humana
2025 Q4	LHCC

Sampling Approach

At a minimum, the MCO's sampling approach shall result in a statistically significant representative sample with a confidence interval of 95% + or - 5 for each level of care. The sample shall be random and include providers who have

served at least one member during the review period. Levels of care include mental health outpatient, substance use outpatient, and residential. Additional levels of care may be added at the discretion of LDH. The statistical significance will be based on the total numbers from the collaborative pool identified as eligible providers by the MCOs. For instance, the combined MCO list totals 100 providers. After removing the ineligible providers (reviewed within 12 months, under SIU, etc.), the total number of providers shared across MCOs is 80. The list of 80 providers is deduplicated and used to determine statistically significant representative sample size for the review quarter, and each MCO will be assigned providers for review. Assignment considers the MCO with the most claims for any given provider. Assignments shall be distributed across the MCOs in a manner that is fair and equitable.

The MCOs will utilize a random sample generator for unique member selection based off claims and/or authorizations identified during the 6-month period prior to the review quarter. In addition to the providers identified by the random sample, any providers who were involved in Adverse Incidents and/or Quality of Care investigations may be added to the sample pool for quality monitoring review (if not already part of the generated sample).

Providers selected may not be available to review if they have an active case with the Special Investigation Unit (SIU), have already been reviewed within the calendar year to reporting period, or have scored at least 90% or greater on recent review and has not yet been 24 months since that date of review, thus impacting the total number of reviews completed for the quarter.

Records Audited

A reasonable number of records at each site shall be reviewed to determine compliance. A minimum of five (5) records per site will be reviewed. An exception may occur and less records reviewed if a selected provider has seen fewer than five (5) MCO members.

Time Frame for Monitoring and Reporting

Initial review request, via email, postal letter, and/or phone call is made, and the provider is given 14 days to respond and/or schedule the review. If the MCO receives no response within the time frame allotted, each MCO will follow their own internal procedures for possible escalation and/or referral.

1. LHCC quality reviewer will make at least three (3) attempts at outreach to assigned provider(s) if there is no response and/or no scheduled review within the 14-day allotted time frame.
2. If the assigned provider remains unable to be reached after a minimum of three (3) outreach attempts made by the quality reviewer, the provider will be referred to LHCC provider Network Performance Department.
3. If the outreach attempt made by the Network Performance Department is unsuccessful whereby no records can be retrieved and/or no on-site review is able to be scheduled, the assigned provider will be placed on the non-compliant list and referred to Medical Affairs.
4. Non-compliant/non-responsive provider(s) will receive a non-compliant letter from our Chief Medical Advisor as a final attempt to retrieve records and/or schedule an on-site review.
5. If all five (5) outreach attempts are unsuccessful, the assigned providers will be reported to LDH on the LA-358 State report and their failure to comply with LHCC contractual obligations will be discussed with LHCC Contracting and Network Department for next steps.

CPG Guidelines

The MCOs will review Clinical Practice Guidelines (CPGs) for the following diagnosis: Major Depressive Disorder, Attention Deficit Hyperactivity Disorder, Substance Use Disorder, Schizophrenia, Generalized Anxiety Disorder, Bipolar Disorder, Oppositional Defiant Disorder, Post Traumatic Stress Disorder, and Suicide Risk.

On-site vs. desk audits

Treatment record reviews will be conducted via desk reviews as well as onsite. Any planned onsite reviews will be completed in accordance with safety protocols within LDH guidelines. On-site review criteria include the following: voluntary agreement between provider and MCO; provider previously non-compliant and/or non-responsive to PQM request letter; and provider failed their most recent PQM review.

Member Surveys

MCO will survey 5% of randomly selected members who have received services from the identified provider. 2 call attempts are made per identified member before moving on to the next identified member and/or a letter is sent requesting a response within 2 weeks. The MCO may send additional letters and/or attempt phone calls to engage the member.

Results Review

Each MCO will conduct meetings as needed to review results and address any identified issues and/or concerns that may potentially require additional referrals.

Identification of issues

Any reviewed provider that shows evidence of Fraud, Waste, Abuse, and/or potential quality of care concerns is referred to the appropriate internal investigations department within each MCO. Quality of care concerns will also be reported to LDH per MCO contract requirements. Each MCO will follow their own internal policies and procedures to address any identified issues/concerns.

1. LHCC quality reviewer will make referral to LHCC Special Investigations Unit if there is an identified concern regarding potential fraud, waste, or abuse.
2. LHCC quality reviewer will make referral to LHCC QOC Mailbox if there is an identified potential quality of care concern.

Corrective Action Plans (CAPs)

Except for independently practicing LMHPs (non-roster staff), providers are placed on corrective action plans when overall scores are less than 80%. A referral to the MCO's appropriate department for potential QOCC and/or FWA would be required, if identified. For non-LMHPs, if referral made to SIU, once SIU case is closed, CAP must be completed. MCOs will still report providers who fail to score 80% in the appropriate tables of the LA358 report and supply a narrative accordingly in the Resolution description cell. For example, John Doe, LCSW, scored 78% and upon review of items missed there is no indication of FWA or QOCC. MCO educated John Doe on ways to improve those items missed, encouraged him to attend offered MCO trainings, and offered resources to aid him, if needed. No further action needed. Another example, Jane Doe, LPC, scored 52% and upon review, there were concerns identified within her documentation which resulted in a referral to either SIU/QOCC. No further action needed for SIU. QOCC outcomes will be reported on the appropriate tab of LA358.

Subsequent reviews will be conducted by the MCOs though their corrective action plan process. Each MCO has their own unique process to handle corrective action plans. The CAP re-review will be completed by the MCO within a 6-to-9-month time frame. Exception to be made if providers are unable to be re-reviewed due to no identified claims during look back period and the MCO will refer the provider to be placed on priority list via the LA 358. MCO will report on a quarterly basis the progression of growth and/or lack thereof towards implementation of interventions made by provider placed on CAP until the time that re-review occurs by the original MCO or the time that the provider is placed on the priority list at which point the original MCO will note on LA358 that the provider has been reassigned to a different MCO for follow-up monitoring and is now closed.

~~Providers are placed on CAPS when overall scores are less than 80%. Subsequent reviews will be conducted by the MCOs though their corrective action plan process. Each MCO has their own unique process to handle corrective action plans. The CAP re-review will be completed by the MCO within a 6-to-9-month time frame. Exception to be made if providers are unable to be re-reviewed due to no identified claims during look back period and provider will be placed on priority list. MCO will report on a quarterly basis the progression of growth and/or lack thereof towards implementation of interventions made by provider placed on CAP.~~

1. LHCC quality reviewer provides feedback on deficient items, instructions on how to complete the CAP, and dates/times/links to upcoming BH PQM trainings required for completion as part of the CAP to the assigned provider.
2. Once the CAP is completed, signed, and returned to LHCC by the assigned provider, LHCC BH MD reviews the CAP to approve for appropriateness of interventions.
    a. If approved, LHCC quality reviewer will monitor progression of interventions implemented by the assigned provider through ongoing communication until the scheduled re-review and/or claims are identified (if longer than 9 months).
    b. If not approved, LHCC quality reviewer will discuss items not approved with the assigned provider and assist in resource offerings that may aid in developing more appropriate implantation for improvement.
3. If the assigned provider fails the CAP re-review, the assigned provider will be referred to the Contracting and Network Department as well as Medical Affairs for discussion and next steps.

Record Storage

All provider documentation obtained by the MCOs will first be scanned into a secure network drive only accessible to a selection of the MCO employees who require access to the drive for completion of PQMP reviews and QIC oversight. For desktop reviews, the MCO shall maintain documentation used to determine the providers' compliance for a minimum of three years from the date of review.

Provider Education

The MCOs have drafted a training schedule to be offered on specified dates and times outlined through the end of the calendar year. Each MCO will conduct training for providers monthly. Future trainings will be developed and offered based on providers' need as well as when LDH Behavioral Health manual updates necessitate.

Trainings will also be offered upon provider request. Training attendance on the provider quality monitoring tool will be mandatory for any provider who fails to meet the overall 80% required to be considered passing for a review. Providers who fail a review will be required to work with the issuing MCO to coordinate a training to satisfy this requirement.

REFERENCES:
LDH MCO Manual
LDH Model Contract
45 C.F.R. § 164.530(i), 45 C.F.R. §§ 164.502(b). and 164.514 (d)
Louisiana Revised Statue § 40:1165.1

ATTACHMENTS:

Attachment A- Initial Request Letter Desk R
Attachment B- Initial Request Letter Onsite
Attachment C – Provider Notification
Attachment D - Provider Notification
Attachment E – LMHP Notification Letter Un
Attachment F_LHCC Scoring Grid.xlsx
Attachment E - LHCC Scoring Grid PQM 6.1

ROLES & RESPONSIBILITIES:

REGULATORY REPORTING REQUIREMENTS:
HB 434, Act 319 applies to material changes to this policy.

REVISION LOG

REVISION TYPE	REVISION SUMMARY	DATE APPROVED & PUBLISHED
Ad hoc review	• In Scope section, verbiage changed from "This PQM plan will incorporate onsite reviews and members interviews" to "This PQM plan will incorporate onsite and offsite reviews." • In Purpose section and Procedure section 6.2, verbiage change due to redundancy. • Procedure section has been updated to match LHCC PQM Strategy specifically in opening paragraphs and sections 1, 3, 6, 7, 8, 9, 11, and 13. • Under procedure, section 3, addendums made including "3.1 All medical records received will be maintained by LHCC for at least ten (10) calendar years. Medical records will be filed in to the Shared Drive under auditing quarter, provider name, and member name. 3.2 LHCC will provide one (1) free copy of any part of medical records received to its members upon member's request." • Under procedure, section 6.0, addendums made include "A score of less than 80% on Clinical Practice Guidelines may result in a QOC referral to QIC designee and/or development of a corrective action plan." • Attachments updated.	05/29/19
Ad hoc review	• Department changed from Quality Improvement to Integrated Care Management. • In Scope section, Quality Department changed to Integrated Care Management Department. • Quality Review Team Auditors changed to QI Auditors for continuity in verbiage throughout this document. • Section 1.0, Department changed from Quality Improvement to Integrated Care Management throughout entirety of section. • Section 1.1.5, Quality Review Manager changed to Senior Director of	08/26/19

	Integrated Care Management Department. • Section 6.2.5, Director Quality changed to Senior Director of Integrated Care Management.	
Ad hoc review	• Under procedure, section 6.0, removal of addendum previously made include “A score of less than 80% on Clinical Practice Guidelines may result in a QOC referral to QIC designee and/or development of a corrective action plan.”	09/24/19
Ad hoc review	• Per LDH’s advisement, the word audit has been changed to medical record review and QI Auditors have been changed to QICs. • Per LDH’s advisement, the SBH Service Definition Manual being utilized as a reference while reviewing medical records has been added in the verbiage found under Purpose. • Per LDH’s advisement changes in verbiage were made in the following sections: Purpose, Policy, and Procedure. • Updated years referencing 2019 throughout policy and its attachments to reflect 2020 templates. • Added verbiage under Policy: “The Provider Quality Monitoring Review will include the following but is not limited to: adherence to clinical practice guidelines; member rights and confidentiality, including advance directives and informed consents; cultural competency; patient safety; compliance with adverse incident reporting requirements; appropriate use of restraints and seclusions; treatment planning components; adequate discharge planning; and continuity and coordination of care.”	12/20/19
Ad hoc review	• Adjusted verbiage under Policy section and Procedure section, 6.0 to reflect suggestions given by LDH.	01/03/20
Ad hoc review	• The word Overall included in the following sentence as suggested: “In accordance with the RFP, SBHS providers sampled must meet 80% overall for medical record review to be deemed passing or be subject to a corrective action plan.”	04/24/20
Annual Review	Based on feedback obtained from the approved LA356 all MCO Provider Quality Monitoring Strategy, changes made within this policy include the following: • Add (LHCC) after first mention of Louisiana Health Connections under Scope • All verbiage that stated “medical record” was changed to “treatment record” • Added “to measure compliance with Behavioral Health Provider Monitoring Standards and standards as outlined by the National Commission of Quality Assurance (NCQA). The Behavioral Health Provider Monitoring Process will endeavor to facilitate appropriate utilization of health care resources for members through review, analysis, and evaluation of medical, evaluation, treatment, and maintenance provided by Behavioral Health Service Providers included in the care of the member. LHCC requires ongoing monitoring of treatment records” under policy section. • Edited verbiage under Policy to include “In accordance with the RFP, SBHS providers sampled must meet 80% overall for treatment record and agency clinical requirements review to be deemed passing or be subject to a corrective action plan (CAP).” • Added verbiage under Policy to include: ” quality of care provided being consisted with professionally recognized standards of practices;” • Added under Policy: “Treatment records should reflect all services provided directly by the Licensed Mental Health Professional (LMHP), physician, specialist, and any other practitioners, including non-licensed staff, and should include ancillary services and diagnostic tests ordered by the practitioner, and the diagnostic and therapeutic services for which the practitioner referred the member.” • Added under Policy: “In compliance with the Health Insurance Portability and Accountability (HIPPA) Privacy Rule (45 C.F.R. § 164.530(i), LHCC will	02/25/21

	develop and implement this written policy and procedure to protect members' protected health information (PHI). This policy establishes and implements a process for treatment record requests that limit the use and disclosure of PHI to that which is the minimum amount reasonably necessary to achieve the intended purpose of the use, disclosure, or request. (Refer to 45 C.F.R. §§ 164.502(b) and 164.514 (d.) Member's treatment records must be treated as confidential information and accessible only to authorized persons. Treatment records for all members evaluated or treated should be safeguarded against loss, destruction or unauthorized use, maintained in an organized fashion, and readily accessible and/or available for review and audit to comply with company standards, provider specific contracts, and in accordance with Louisiana Revised Statue § 40:1165.1 (2015)." • Added the following verbiage under Procedure: "At a minimum, LHCC's sampling approach will result in a statistically significant representative sample with a confidence interval of 95% + or -5 for each level of care. The sample will be random and include providers who have served at least one member during the review period. Levels of care include mental health outpatient, substance use outpatient, and inpatient/residential. Additional levels of care may be added at the discretion of the LDH. Providers excluded from the PQMP due to having a separate fidelity review include: ACT, MST, FFT, and Homebuilders." "LHCC will utilize a random sample generator for unique member selection based off claims and/or authorizations identified during the 12-month period prior to the review quarter. In addition to the providers identified by the random sample, any providers who were involved in Adverse Incidents and/or Quality of Care investigations may be added to the sample pool for quality monitoring review (if not already part of the generated sample.)" "Providers selected may not be available to review if they have an active case with the Special Investigation Unit (SIU), thus impacting the total number of reviews completed for the quarter. Additionally, those providers who may have been terminated will be removed the list. LHCC will ensure providers are not reviewed more than once within a 12-month period unless there is cause for a re-review. Treatment record reviews will be conducted via desk reviews as well as onsite. Any planned onsite reviews will be completed in accordance with safety protocols within LDH and LHCC guidelines." "a minimum of five (5) records per site to determine compliance. An exception may occur and less records reviewed if a selected provider has seen fewer than five (5) members. LHCC will survey 5% of those randomly selected members who have received services from the identified provider whereby an initial survey will be mailed to the selected member along with prepaid postage and self-addressed envelope to send back to LHCC within a requested fourteen (14) calendar daytime frame. LHCC will send additional surveys via mail as needed to promote member engagement in the survey." • Removed the following from Procedure section: "An empirically tested formula will be utilized by LHCC Data Analyst to obtain a statistically relevant sample to deliver a 95% confidence level and+/- 5 confidence interval. Based off the aforementioned formula, the total number of in-network providers will be divided by 4 (four quarters within one year) to calculate the total number of providers per level of care spanning across all provider types to be reviewed quarterly." "Each quarter, priority selection will occur from those providers who have had Quality of Care (QOC) investigations completed and/or have submitted adverse incident reports that were deemed severe prompting a QOC referral. All remaining providers listed on the LA-328 SBHS Detailed Provider Report will be vetted by: any provider(s) termed, any provider(s) who have been reviewed within a 12 month period of the reviewing quarter	

	will be removed from the list, and remaining providers will be separated by level of care spanning across all provider types for random selection to occur. LHCC Quality Improvement Coordinators (QIC) will perform 15% of quarterly total as onsite reviews." "between 1 to 7 member medical records." "For inpatient providers, the number of members selected will be based on members who have been discharged during reviewing quarter." • Added the following in Section 1.0: "LHCC QICs conducting treatment record reviews are LMHPs as defined within the Behavioral Health Services Provider Manual. LHCC conducts ongoing staff training and education on identified trends, best practices, and opportunities for improvement to QICs." • Added 6.0 "Any reviewed provider that shows evidence of Fraud, Waste, Abuse, and/or potential quality of care concerns is referred to the appropriate internal investigations department. Quality of care concerns will be reported to LDH per contract requirements. • Section 7.1 verbiage "project coordinator that the review is complete, and the Provider has passed. The project coordinator will then send a thank you for participating letter to the provider with the medical record review results" replaced with "The QIC will notify the provider of passing score via results letter and itemized scorecard of their results. LHCC will offer an opportunity to review results and address any identified issues and/or concerns to providers upon their request." • Added verbiage to 7.2 "The provider has not met expectations if their overall review score is less than 80% resulting in a CAP." • Added verbiage to 7.2.1 "and itemized scorecard" • In section 7.2.4, replaced "6 months" with "180 calendar days from initial treatment record review" • Removed 6.2.4.1 "LHCC assigned QIC will generate scorecards by pulling the data from SharePoint". • Added verbiage to section 7.2.4.1 "Extensions will be granted within reason when requested by the provider". • Added 7.2.4.2 "If the provider fails to submit their CAP in a timely manner, they will be reported to LHCC Medical Director to be discussed at the Provider Engagement Committee to determine what actions should be taken." • Removed Project Coordinator from 7.4, 7.5, and 8.3. • Replaced "6-month re-review process" to "the re-review conducted within 180 calendar days from the original review date" in section 7.5 • Added 7.5.1 "The provider will have up to 60 calendar days from the data of the CAP notification to implement CAP interventions." • Added 7.6 "If the provider fails to score an overall 80% or above on the re-review, they will be referred to the LHCC Provider Engagement Committee to determine next steps which could include termination from the network." • In section 8, changed tracking updates within "SharePoint" to "tracking log" • 9.1 Edited verbiage from "Providers will fax or mail medical records or will be scheduled for an onsite medical record review as stated in the letter(s)" to "Providers will fax or mail treatment records to the assigned QIC identified on the initial request letter. Treatment record reviews will be conducted via desk reviews as well as onsite. Any planned onsite reviews will be completed in accordance with safety protocols within LHCC and LDH guidelines." • 9.1 section changed "notification" to "initial request". Added "faxed and/or mailed to providers by the 15th". • 9.2 Replaced SharePoint with "responsible QIC's tracking log".	

	• 9.2.1 added “If provider states they still did not receive the letter, LHCC QIC will have LHCC Provider Consultant assigned to that region assist in delivering letter.” • 9.3 added “and attempt made by Provider Consultant”; “and/or non-responsive”; and the list of non-compliant providers will be sent to “LHCC Medical Director and the Medical Affairs Committee for their review and advisement”. Removed “At the end of each quarter”. • Added 9.4 “All provider documentation obtained by LHCC will be scanned and stored into a secure network drive only accessible to a selection of LHCC employees who require access to the drive for completion of PQMP treatment record reviews and QIC oversight.” • Replaced the following in section 10.2 “and the 2020 PQMP Tool which includes Agency Specific Requirements related to all provider types and level of care” with “LHCC QICs will utilize the following, but is not limited to: Behavioral Health Service Provider Manual, the LDH-OBH approved Behavioral Health Provider Monitoring Tool Elements and Agency Specific Requirements Guidelines specific to clinical components of the agency, the LDH-OBH approved PQMP review tool template, the LDH-OBH approved PQMP scoring rubric, treatment record review scorecard and initial requests as well as results’ letters, and CAP template.” • Added 10.3 “Tools utilized for the PQMP will be reviewed by LHCC at a minimum on an annual basis, but not more than quarterly to make changes needed.” • Section 12.4 Changed “audit” to “review” • Section 12.8.1 moved the following verbiage from section 13 “LHCC shall make any collected information, monitoring reviews and findings, corrective action plans, and follow-up available to LDH upon request in an LDH approved format.” • Section 13.2 changed “Medical Records staff” to “assigned staff” • Removed previous section 13 due to being laid out in earlier section, which included: “LHCC Behavioral Health Provider Quality Monitoring Program will review member charts for: Provider qualifications and requirements according to LHCC and Federal Guidelines, provider qualifications and LHCC requirements, LDH provider qualifications and requirements, state law requirements, and the individual staff level, and licensure. LHCC Provider Networking and Accreditation department will supply a roster of staff members for each servicing providers. LHCC QICs will verify the status of the current staff rosters through licensure websites, a current roster of staff, and staff personnel records. The servicing provider’s demographics associated with service location, telephone numbers, languages spoken appointment availability standards and admissions per contract stipulation”. • Added 14.0 IRR Testing: • “Inter-rater reliability (IRR) testing: At minimum, LHCC will complete an IRR process, completed by an LMHP annually which includes review of a sample of reviewer records to ensure consistency and reliability of results. The assigned LMHP will sample at least 10 reviewer records. Failure to meet a score of at least 90% for IRR will result in the reviewer being referred for corrective action which can include coaching up to termination. The reviewer will be required to attend retraining and successfully retest within 30 calendar days of the retraining. The reviewer will not be able to independently review records until a score of 90% is reached.” • Added 15.0 Provider Training:	

	"Provider Training: Beginning in February 2021 and continuing over four consecutive weeks, LHCC will offer intensive trainings on the provider quality monitoring tool. Each training will be specific to an identified provider type requiring PQMP review. Upon completion of the four-week training sessions, LHCC will meet with the other MCOs to reevaluate provider need for further training and draft a training schedule to be offered on specified dates and times. Future trainings will be developed and offered based on providers' need as well as when LDH Behavioral Health manual updates necessitate. Trainings will also be offered upon provider request and if provider fails to meet the overall 80% passing threshold. Training attendance on the provider quality monitoring tool will be mandatory for any provider who fails to meet the overall 80% required to be considered passing for a review. Providers who fail a review will be required to work with LHCC to coordinate a training to satisfy this requirement." • Replaced Attachments A-I 2020 with Attachments A-M 2021 • Integrated Care Management Department changed to Quality Department in header; under Scope; under Procedure sections 1.0, 1.1.2, 1.1.3; Section 12.3 • Senior Director of Integrated Care Management Department changed to Senior Director of Quality Department under Procedure Section 1.1.5 and 7.2.5.	
Annual review	• Added links under Tools Utilized which include: ○ Aetna: https://www.aetnabetterhealth.com/louisiana/assets/pdf/providers/bH%20trainings/Provider_Behavioral%20Health%20Provider%20Audit%20Tool%20Elements.pdf ○ AmeriHealth Caritas: https://www.amerihealthcaritasla.com/pdf/provider/behavioral-health/behavioral-health-provider-quality-monitoring-tool-elements.pdf ○ HealthyBlue: https://provider.healthybluela.com/dam/publicdocuments/LA_CAID_BehavioralHealthProviderQualityMonitoringToolElements.pdf ○ Louisiana HealthCare Connections: https://www.louisianahealthconnect.com/providers/resources/provider-toolkits.html ○ United Healthcare: https://www.providerexpress.com/content/ope-provexpr/us/en/our-network/welcomeNtwk/wLA.html • Added new provider types under Provider Type Reviewed which include: ○ Other agency types (LGE, FQHC, RHC, Group Outpatient), and ○ Other outpatient provider types such as peer support specialists, crisis resource services, personal care services). • Under Frequency of Reviews, updated the strategy to include: ○ The Provider Monitoring process is continuous throughout the year. The MCOs will ensure providers are not reviewed more than once within a 12-month period unless the MCO identifies cause for a re-review by sharing a list of eligible providers with the other MCOs. Should a provider pass their review with a score of 90% or greater, the provider will not be reviewed by any MCO within 24 months from the date of the review in which they passed. Eligible providers are those who have not been reviewed by MCOs within a 12-month period and who have served at least 1 member based on claims made within the prior 6 months from the review quarter while excluding those who may be under investigation with SIU and those providers who have passed recent review with a score of 90% or greater. The MCO Sub-committee will consolidate the eligible provider lists to de-duplicate	01/2022

	providers. MCOs will have assigned regions to review within each quarter (see table below). Under Sampling Approach, updated the strategy to include: o At a minimum, the MCO's sampling approach shall result in a statistically significant representative sample with a confidence interval of 95% + or - 5 for each level of care. The sample shall be random and include providers who have served at least one member during the review period. Levels of care include mental health outpatient, substance use outpatient, and inpatient/residential. Additional levels of care may be added at the discretion of LDH. The statistical significance will be based on the total numbers from the collaborative pool identified as eligible providers by the MCOs. For instance, if the MCOs have a list of 100 eligible providers then de-duplicate the list of providers, the MCOs may be left with a total of 80 eligible providers. Each MCO will be provided with assignments for the quarter. Each MCO will then further de-duplicate their lists by removing those who fall within the exclusionary criteria. This total will then become the total from which the MCO will use to determine a statistically significant representative sample size for the quarter. o The MCOs will utilize a random sample generator for unique member selection based off claims and/or authorizations identified during the 6-month period prior to the review quarter. In addition to the providers identified by the random sample, any providers who were involved in Adverse Incidents and/or Quality of Care investigations may be added to the sample pool for quality monitoring review (if not already part of the generated sample). o Under Provider Education edited verbiage to include: The MCOs have drafted a training schedule to be offered on specified dates and times outlined through the end of the year 2022. Each MCO will conduct training for providers on a monthly basis. Future trainings will be developed and offered based on providers' need as well as when LDH Behavioral Health manual updates necessitate. o Added verbiage to meet NCQA requirement: Treatment records must be maintained as an individual health record for each enrollee. o Updated Attachments A through F	

	2022 Q1	2022 Q2	2022 Q3	2022 Q4
Regions	6, 7, 8	3, 4, 5	1	2, 9

Ad hoc review	Under Frequency of Reviews, the following verbiage added as requested by the LDH/OBH: Exception will be made for a provider to have a review within 12 months from already being reviewed by another MCO if identified as priority by OBH/LDH to the MCO quality subcommittee. Priority review would occur within the quarter requests from OBH/LDH is made, i.e., if request by OBH/LDH is made in Q2 of 2022, then MCOs would identify who would take priority review. Review would be initiated during the quarter that LDH/OBH notified MCO Quality Subcommittee of priority status. If unable to review during that quarter, MCO would include on LA358 with rationale why review isn't completed in the narrative. If the priority provider is under SIU of MCO, MCO would enter this information on the LA358 attestation/notes tab and not count this provider in their totals.	05/27/22
Annual review	Removed: The MCO shall develop and implement a plan for monitoring specialized behavioral health providers and facilities across all levels of care, which incorporates onsite reviews and member interviews. The MCO shall submit the plan to LDH for approval within 30 calendar days of contract execution and 60 days prior to revision. The MCO's plan shall comply with all the requirements as specified by LDH: o Review criteria for each applicable provider type/level of care;	02/27/23

	○ Sampling approach including number and percent of onsite audits by provider type, number and percent of desktop audits, and number of charts to be reviewed at each provider location; ○ Member interview criteria; ○ Random audit selection criteria; ○ Tools to be used; ○ Frequency of review, including schedule of reviews by provider type; ○ Corrective actions to be imposed based on the degree of provider non-compliance with review criteria elements on both an individual and systemic basis; ○ Plan for ensuring corrective actions are implemented appropriately and timely by providers ○ Inter-rater reliability testing methods. At a minimum, the MCO's sampling approach shall result in a statistically significant representative sample with a confidence interval of 95% + or - 5 for each level of care. The sample shall be random and include providers who have served at least one member during the review period. Levels of care include mental health outpatient, substance use outpatient, and inpatient/residential. Additional levels of care may be added at the discretion of LDH. The MCO's review criteria shall address the following areas at a minimum: • Quality of care consistent with professionally recognized standards of practice; • Adherence to clinical practice guidelines; • Member rights and confidentiality, including advance directives and informed consent; • Cultural competency; • Patient safety; • Compliance with adverse incident reporting requirements; • Appropriate use of restraints and seclusion, if applicable; • Treatment Planning components, including criteria to determine: the sufficiency of assessments in the development of functional treatment recommendations; the treatment plan is individualized and appropriate for the enrollee and includes goals, Specific, Measurable, Action-Oriented, Realistic, and Time-Limited (SMART) objectives, and the appropriate service to achieve goal/objective; individualized crisis plan; members'/families' cultural preferences are assessed and included in the development of treatment plans; the treatment plan has been reviewed regularly and updated as the needs of the member changes; the treatment plan includes the involvement of family and other support systems in establishing treatment goals/objectives; the treatment plan includes 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; • Continuity and coordination of care, including adequate discharge planning **RFP Reference: Provider Monitoring Plan and Reporting 14.9** Replaced with: All MCOs shall collaborate to develop and implement a plan for monitoring a statistically significant sample of specialized behavioral health providers and facilities across service categories, which incorporates onsite reviews and member interviews, on a quarterly basis. The MCOs shall submit the plan to LDH for approval no later than sixty (60) Calendar Days prior to any Material Change. The MCO's monitoring plan, monitoring process, and sampling approach shall comply with the requirements as specified by LDH in the MCO Manual. **Model Contract Reference: Quality Monitoring Reviews 2.16.22** The MCOs shall collaborate with each other to develop and implement a plan for monitoring specialized behavioral health (SBH) providers and facilities across all	

	levels of care, which incorporates onsite reviews and enrollee interviews, with a focus on unlicensed providers delivering care. The MCO shall conduct quality monitoring reviews on a sample of providers on a quarterly basis. The MCO shall submit the plan to LDH for approval within 60 calendar days after the operational start date and at least 60 calendar days prior to material change. The MCO's plan shall comply with all the requirements as specified by LDH: ❖ Review criteria for each applicable service which evaluates if the assessment and treatment are conducted timely and include member participation, the quality of the assessment and treatment plan, whether members are receiving services as reflected in the treatment/service plan, clinical practice guideline adherence, patient safety including adverse incident management/reporting, care coordination, discharge planning as applicable, enrollee rights and confidentiality; ❖ Plan for updating review criteria based on changes to requirements as reflected in the applicable provider manual or rule; ❖ Number of charts to be reviewed at each provider location (the MCO shall review a reasonable number of records to determine each provider's compliance rate) and look-back period; ❖ Enrollee interview criteria, including target number of enrollees to be interviewed and survey questions, to evaluate quality of care, satisfaction, receipt of service, and enrollee outcomes; ❖ Onsite review criteria; ❖ Sample selection criteria, including inclusion and exclusion criteria, and representative sample size; ❖ Tools to be used and weight of each review element; ❖ Qualifications for staff performing monitoring reviews who at a minimum must be an LMHP or psychiatrist unless otherwise approved by LDH; ❖ Plan for educating providers on the provider monitoring process, including review criteria and corrective actions, initially and ongoing; ❖ Corrective actions to be imposed based on the degree of provider non-compliance with review criteria elements on both an individual and systemic basis; ❖ Plan for ensuring corrective actions are implemented appropriately and timely by providers; and ❖ Inter-rater reliability testing methods, including targets, processes to ensure staff participate in reliability testing reviews initially and at least annually, and processes to ensure staff meet the target rate prior to conducting reviews independently. The sample size may be increased at the discretion of LDH. LDH reserves the right to select the MCO's sample. The MCO shall ensure that an appropriate corrective action is taken when a provider furnishes inappropriate or substandard services, when a provider does not furnish a service that should have been furnished, or when a provider is out of compliance with federal and state requirements. The MCO shall monitor and evaluate corrective actions taken to ensure that appropriate changes have been made in a timely manner. The MCO shall submit routine reports using the template provided by LDH which summarize monitoring activities, findings, corrective actions, and improvements for SBH services. For desktop reviews, the MCO shall maintain documentation used to determine the providers' compliance for a minimum of three years from the date of review. **MCO Manual Version 3.0 Reference, Part 13, p. 232: Quality Monitoring Reviews for Behavioral Health Providers**	

	Replaced: “Provider Monitoring Plan” with “Quality Monitoring Reviews for Behavioral Health Providers” to match verbiage in contract. P. 2 Replaced “of medical, evaluation, treatment, and maintenance” with “of documentation and record keeping practices” under Professional Standards of Practice, p. 3. Removed “. The MCOs require ongoing monitoring of treatment records and agency requirements of a statistically significant sample size of all in-network Specialized Behavioral Health Service (SBHS) providers”, p. 2 Removed “for treatment records and agency requirements” p. 3 Updated verbiage to match contract language “The Provider Quality Monitoring Review criteria will include the following, but is not limited to: adherence to clinical practice guidelines; adherence to agency specific clinical documentation requirements, enrollee rights and confidentiality, including advance directives and informed consents; cultural competency; patient safety including adverse incident management/reporting; appropriate use of restraints and seclusions; treatment planning components (evaluates if the assessment and treatment are conducted timely and include member participation, the quality of the assessment and treatment plan, whether members are receiving services as reflected in the treatment/service plan); adequate discharge planning, as applicable; and care coordination.” P.3 Removed “LDH-OBH audit template tool” p.4 Added “Quality”, “Clinical”, and updated links under tools utilized p. 4 Added “Behavioral Health Provider Quality Monitoring Scoring Grid utilized by all MCOs”” p. 4 Replaced “Medical Record Review Scorecard” with “Clinical Practice Guidelines Checklist as developed per each individual MCO.” P.4 Replaced “At minimum the MCOs complete an IRR process, completed by an LMHP, annually which includes review of a sample of reviewer records to ensure consistency and reliability of results. Failure to meet a 90% for IRR will result in the reviewer being referred for corrective action according the individual MCO internal policies and procedures. The reviewer will not be able to independently review records until a score of 90% is reached.” P.5 With “At minimum the MCOs ensure all designated reviewers complete Inter-rater reliability testing across MCOs initially and at least annually, and processes to ensure staff meet the target rate prior to conducting reviews independently. Each MCO will contribute the treatment plan and progress notes from one redacted member record received for monitoring previously for use in the interrater process resulting in a total of six (6) redacted records for use in the all MCO IRR audit. The IRR audit passing score is 90% and is operationally defined as follows: each individual element has a value (correct response or not); those individual elements are totaled up (number of correct responses or not in comparison to standardized record); and overall score is obtained. Failure to meet a 90% for IRR will result in the designated reviewer being referred for remediation according to the individual MCO processes. The reviewer will not be able to independently review records until a score of 90% is reached. All MCO IRR Process 1. Each MCO will provide redacted record (1) consisting of only treatment plan and progress notes 2. Each MCO key rep on Quality subcommittee to score records for	

	standardization 3. Once records standardized, the records can be kept on repository for future use at each MCO a. All six (6) standardized records will be sent and stored to each MCO via key representative. b. Each MCO will score their own designated reviewers utilizing one (1) standardized record per designated reviewer to complete an IRR audit. c. Should a designated reviewer fail to meet 90%, that reviewer will be referred for remediation according to the individual MCO processes. 4. Trends identified from the annual IRR audit results will be addressed via training completed by the MCO Quality Subcommittee. a. The IRR audit would occur in Q2 for MCOs. b. Training for all MCO designated reviewers will be tailored to the results of the IRR audit." P.5 Replaced CPST/PSR to Mental Health Rehabilitation (MHR) p.6 Specified ASAM Levels 1, 2.1, and 2-WM p.6 Removed Inpatient Psychiatric and Inpatient Substance Use Treatment p.6 Added FFT-CW p.7 Updated Frequency of Reviews section to include "If the priority provider has been referred to and/or in the process of being investigated by the MCO's SIU team, the MCO must enter this information on the LA358 attestation/notes tab and not count this provider in their totals. If the provider remains unresolved with the MCO's SIU team for more than 1 year from the date of the accepted date of referral made to the SIU team, then the provider must be placed back into the sampling pool for quality monitoring." P.7 Removed Year and added Region 10 in the calendar containing regions schedule p.7 Included MCO Master List Assignment Schedule through 2025 Q4 p. 7 Within 12 months replaced with within the calendar year as exception p.8 Added to meet contractual obligations: On-site review criteria include the following: voluntary agreement between provider and MCO; provider previously non-compliant and/or non-responsive to PQM request letter; and provider failed their most recent PQM review. P.9 Added to meet contractual obligations: The CAP re-review will be completed by the MCO within a 6-to-9-month time frame. Exception to be made if providers are unable to be re-reviewed due to no identified claims during look back period and provider will be placed on priority list. MCO will report on a quarterly basis the progression of growth and/or lack thereof towards implementation of interventions made by provider placed on CAP. p.9 Added to meet contractual obligations: For desktop reviews, the MCO shall maintain documentation used to determine the providers' compliance for a minimum of three years from the date of review. P.9 Replaced "end of the year 2023" to "end of calendar year" p. 10 Updated references Reformatted to latest Policy Template	

Ad Hoc Review	Added title used in MCO Manual Version 3.0 Reference, Part 13, p. 232 for the program: Quality Monitoring Reviews for Behavioral Health Providers Added meaning of acronym: Specialized Behavioral Health Service (SBHS) Removed verbiage: “links will be added” Updated links to clinical elements for providers under tools utilized Added the word implement to following sentence under inter-rater reliability section: **“**and implement processes to ensure staff meet the target rate prior to conducting reviews independently.” Added LHCC specific bullet under inter-rater reliability section: • For LHCC, the reviewer will undergo daily coaching with the team lead and in-depth training on key areas identified as being deficient and will complete another IRR audit within 21 business days from the date the in-depth training began. o The reviewer will cease their ability to complete reviews until the reviewer passes the IRR audit with a 90% or greater. o If the reviewer fails to pass their second attempt after completing in-depth training and daily coaching with the team lead, the reviewers’ inability to perform primary role functions will be discussed with Leadership and HR which may result in disciplinary action and determine next steps. Removed “inpatient” from sampling approach Replaced example under sampling approach with the following example: **“**For instance, the combined MCO list totals 100 providers. After removing the ineligible providers (reviewed within 12 months, under SIU, etc.), the total number of providers shared across MCOs is 80. The list of 80 providers is deduplicated and used to determine statistically significant representative sample size for the review quarter, and each MCO will be assigned providers for review. Assignment considers the MCO with the most claims for any given provider. Assignments shall be distributed across the MCOs in a manner that is fair and equitable.” Added LHCC specifics under Time Frame for Monitoring and Reporting: • Initial review request, via email, postal letter, and/or phone call is made and the provider is given 14 days to respond and/or schedule the review. If the MCO receives no response within the time frame allotted, each MCO will follow their own internal procedures for possible escalation and/or referral. • LHCC quality reviewer will make at least three (3) attempts at outreach to assigned provider(s) if there is no response and/or no scheduled review within the 14 day allotted time frame. • If the assigned provider remains unable to be reached after a minimum of three (3) outreach attempts made by the quality reviewer, the provider will be referred to LHCC provider Network Performance Department. • If the outreach attempt made by the Network Performance Department is unsuccessful whereby no records can be retrieved and/or no on-site review is able to be scheduled, the assigned provider will be placed on the non-compliant list and referred to Medical Affairs. • Non-compliant/non-responsive provider(s) will receive a non-compliant letter from our Chief Medical Advisor as a final attempt to retrieve records and/or schedule an on-site review.	6/19/2023

	• If all five (5) outreach attempts are unsuccessful, the assigned providers will be reported to LDH on the LA-358 State report and their failure to comply with LHCC contractual obligations will be discussed with LHCC Contracting and Network Department for next steps. Added LHCC specifics under identification of issues: • LHCC quality reviewer will make referral to LHCC Special Investigations Unit if there is an identified concern regarding potential fraud, waste, or abuse. • LHCC quality reviewer will make referral to LHCC QOC Mailbox if there is an identified potential quality of care concern. Added LHCC specifics under Corrective Action Plans (CAPs): 1. LHCC quality reviewer provides feedback on deficient items, instructions on how to complete the CAP, and dates/times/links to upcoming BH PQM trainings required for completion as part of the CAP to the assigned provider. 2. Once the CAP is completed, signed, and returned to LHCC by the assigned provider, LHCC BH MD reviews the CAP to approve for appropriateness of interventions. a. If approved, LHCC quality reviewer will monitor progression of interventions implemented by the assigned provider through ongoing communication until the scheduled re-review and/or claims are identified (if longer than 9 months). b. If not approved, LHCC quality reviewer will discuss items not approved with the assigned provider and assist in resource offerings that may aid in developing more appropriate implantation for improvement. 3. If the assigned provider fails the CAP re-review, the assigned provider will be referred to the Contracting and Network Department as well as Medical Affairs for discussion and next steps. Added Attachments A, B, C, D, and E	
Ad-hoc review and revision request made from OBH to all MCO strategy and internal policies	Format changes in the MCO IRR section (indentions). Revisions made in the Frequency of Reviews and Corrective Action Plans sections of this policy, as requested by OBH. Revisions made relate concern the following: priority reviews and SIU investigations, corrective action plans for LMHPs, and reporting on LA358. Additional revision language made to Frequency of Review section made by subcommittee and approved by OBH, “Eligible providers are those who have not been reviewed by MCOs within the calendar year and who have at least 5 unique members with at least 3 claims each, billed from two quarters immediately preceding the review quarter.” Revised Attachments C – Provider Notification Letter Satisfactory Score, Attachment E – LMHP Notification Letter Unsatisfactory Score, and Attachment F – LHCC Scoring Grid to align with revisions made to PQM Strategy.	9/12/2023

POLICY AND PROCEDURE APPROVAL

The electronic approval retained in RSA Archer, the Company’s P&P management software, is considered equivalent to a signature.

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