

# Tri State Child Health Services

## Policy and Procedure

<b>Section:</b>	Provider Office and Medical Record Reviews/Quality Management Program	<b>Policy Number:</b>	CR-05
<b>Subject:</b>	Provider Office and Medical Record Review Standards/Quality Management Program Components	<b>Effective Date:</b>	November 12, 1998
<b>Approved By:</b>	Credentialing Committee	<b>Revision date:</b>	May 13, 2005 September 10, 2004 November 14, 2003 January 10, 2003 December 13, 2002 July 12, 2002 June 14, 2002 March 8, 2002 June 8, 2001 May 11, 2001 September 13, 2000 July 14, 1999

### **I. Purpose**

To describe the PHO's quality management program, including procedures for conducting office and medical record reviews.

### **II. Policy**

Before a provider is presented to the Committee for consideration, his/her practice location must have undergone and passed an office assessment. Should an existing PHO provider open a new practice site, an office assessment will be conducted prior to the opening date, if possible. If the PHO is notified of a new practice site subsequent to the opening date, the office assessment will be conducted within thirty (30) days of notification.

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Medical record reviews will be performed within six (6) months of the practice start date for new PHO providers, as well as existing PHO providers that join a different practice. Subsequent office assessments and medical record reviews will be performed every two years, or as required by NCQA/URAC.

The following categories of providers are excluded from office assessments and medical record reviews:

- A. Hospital-based physicians.
  - 1. Intensivists.
  - 2. Neonatologists.
  - 3. Anesthesiologists.
  - 4. Pathologists.
  - 5. Radiologists.
  - 6. Emergency medicine physicians (includes general pediatricians solely practicing in emergency department setting).
  - 7. Hospitalists (e.g., general pediatricians and Chief Residents with no outpatient practice).
  - 8. Dentists providing “medical” services in the operating room and emergency department settings as part of multidisciplinary teams.
  - 9. Providers on leave of absence for the PHO.
  
- B. Providers on leave of absence from the PHO.

Providers in the aforementioned categories will be identified at the time of either initial credentialing or the 2 year followup audit.

Results of the office evaluations and medical record reviews will be reviewed by the PHO Medical Director. A copy of the office assessment and medical record review results will be included in the provider’s file. If a provider has multiple offices, all office locations will be assessed.

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Those providers for whom a minimum of five (5) medical records are not available for review at the time of initial credentialing and/or recredentialing will be contacted by the PHO Medical Director to discuss the underlying reason(s). Information obtained will be presented to the Committee and a decision will be rendered as to whether the provider should be exempt from medical record reviews. The reason(s) underlying this decision will be recorded in the Committee meeting minutes, as well as on the quality assessment form completed by the PHO Medical Director at the time of recredentialing. Those medical records that are available will be formally reviewed per the established criteria.

PHO personnel performing medical record reviews are required to sign the "Confidentiality Statement" (see attachment), which will be given to providers at the time medical record reviews are performed. Completion of the "Medical Record and Site Review Preparation Checklist" (see attachment) will serve as evidence of distribution, a copy of which will be included in provider credentialing files. Distribution of PHO policy CR-05 to providers prior to performing medical record reviews will be documented on the "Medical Record and Site Review Preparation Checklist".

PHO personnel performing site visits will inform the PHO providers that they, the providers, are responsible for reporting any adverse incident that may arise subsequent to the medical record and site reviews. An adverse incident is defined as any incident that results in additional therapeutic interventions and temporary/permanent harm to a patient. PHO personnel will report the adverse incident to the Medical Director who will report it to the Credentialing Committee. The Medical Director will decide if additional action is needed. Additional action may include development of a corrective action plan, repeat site review and/or suspension of PHO membership until the adverse incident is resolved. A follow-up medical record review and/or site visit will occur within 6 months of the reported adverse incident.

### **III. Facility and Medical Record Assessment**

At the time of initial credentialing and/or recredentialing, five (5) medical records of patients covered under PHO-payor delegated credentialing agreements will be selected for review. Details regarding the medical record

selection process are to be defined and monitored by the PHO Medical Director. Access to the actual medical record or a certified copy will be deemed acceptable. At the provider's request, the reviewer will sign a confidentiality statement prior to reviewing patient identifiable information.

The indicators assessed are delineated on the provider Office Evaluation and Medical Record Review forms (see attachments). A net total score of eighty-five percent (85%) or greater must be obtained on both the facility and medical record reviews conducted at the time of initial credentialing and recredentialing. If the score on either the facility or medical record review is below eighty-five percent (85%), the provider will be required to remedy problematic elements to maintain PHO membership.

#### **IV. Notification of Pass/Fail**

A. Score of 85% or Greater

A score of eighty-five percent (85%) or greater on both the facility and medical record review is required. Written notification will be provided at the time of the visit whether the office passed the facility and/or medical record review assessments. The notice will be signed by the PHO staff member who performed the assessment.

B. Score of less than 85%

C. A score below eighty-five percent (85%) on either the facility or medical record review designates failure. Written notification will be provided at the time of evaluation that the office did not meet the minimum required score, on the facility and/or medical record review, with problematic areas delineated. The notice will be signed by the PHO staff member who performed the assessment. A corrective action plan must be provided to the PHO Medical Director within thirty (30) days addressing the deficiencies. The office/provider(s) will be reassessed ninety (90) days after submitting a corrective action

plan deemed acceptable by the PHO Medical Director. If the provider is unable to successfully pass the reassessment their PHO membership will be terminated.

- D. The Committee will review the results of initial and repeat assessments, correspondence, and corrective action plans. The Committee will then notify the provider in writing of their decision regarding the provider's PHO membership status.

**V. Additional Components of Quality Management Program**

- A. The Committee will review provider and practice-specific performance data generated by PHO, reported by the practice, or received from payors and/or patients/families regarding:
  - 1. Performance measures addressing processes and outcomes of care (e.g., NCQA/HEDIS measures).
  - 2. Resource utilization.
  - 3. Patient/Family satisfaction and/or member complaints.
  - 4. Adverse Incidents
- B. The above information will be reviewed by the PHO Medical Director at the time of, but not limited to, initial credentialing and recredentialing, or at least every 6 months and will be shared with the Committee.
- C. The PHO Medical Director will oversee dissemination of performance data to PHO providers and will coordinate efforts to address problematic issues identified. The PHO Medical Director may require the involved PHO provider to submit a corrective action plan addressing the problematic issues identified within thirty (30) days of receipt of the written request. Subsequent data will be reviewed by the PHO Medical Director to assess whether provider performance has improved. The PHO Medical Director will update the Committee on a

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regular basis, or at least every 6 months, regarding problematic issues identified and the status of efforts to resolve. Failure of a PHO provider to adequately address problematic issues identified may result in suspension or termination of PHO membership.

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Chair, Credentialing Committee

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Date