

	<b>County of Sacramento Department of Health Services Division of Behavioral Health Services Policy and Procedure</b>	Policy Issuer (Unit/Program)	<b>QM</b>
		Policy Number	<b>QM-09-05</b>
		Effective Date	<b>04-01-2009</b>
		Revision Date	<b>12-01-2022</b>
<b>Title:</b> <b>Electronic Utilization Review/Quality Assurance Activities</b>		<b>Functional Area:</b> <b>Quality Improvement Program</b>	
<b>Approved By: (Signature on File) Signed version available upon request</b>  <b>Alexandra Rechs, LMFT</b> Program Manager, Quality Management			

**PURPOSE:**

The purpose of this policy is to delineate participation and implementation of Electronic Utilization Review (EUR), Quality Assurance (QA) and Quality Improvement (QI) activities by mental health providers in accordance with the Sacramento County Mental Health Plan (MHP) contract and the Annual Quality Assessment and Performance Improvement (QAPI) Plan. The MHP operates its utilization review based on CalAIM Documentation Standards. The focus of reviews include verifying that client’s needs are identified and met through whole person care approaches and social determinants of health. The utilization review process strives to improve quality outcomes and will limit recoupment to findings of fraud, waste and abuse and the DHCS Reasons for Recoupment. The MHP references Title 9, California Code of Regulations and the California Department of Health Care Services Mental Health Services Division Program Oversight and Compliance Annual Review Protocol for Specialty Mental Health Services and Other Funded Services. The goal of the EUR/QA process is to conduct concurring and retrospective electronic chart reviews that 1) monitor type and quality of service delivery within MHP established standards of care; 2) ensure adherence to CalAIM documentation standards and requirements; and 3) verify and validate accurate, timely charting to support service claims. In addition to EUR chart reviews, utilization review may be conducted through multiple types of programmatic and quality improvement activities studying the type and quality of service interventions or practices, effectiveness of services through electronic chart reviews, performance improvement projects and other evaluation activities. Quality Assurance is conducted through utilizing tools to sample and match electronic clinical records and progress notes to claimed services.

**DEFINITIONS:**

**Clinical Bundle:** The required documentation to be completed by the assigned provider including Assessment Documents and Treatment Plan. Refer to QM Documentation Training: CWS Documentation Bundles and your contract for the specific required documentation.

**DETAILS:**

**Policy:**

It is the policy of the Sacramento County MHP to conduct reviews of mental health services authorized and provided by all county operated, county contracted and out of county service providers. The MHP Quality Improvement Committee (QIC) charges the Utilization Review Committee (URC) ,the Quality Management (QM) unit and affiliated working committees to complete these oversight, monitoring and quality assurance functions. Qualified staff and appropriate tools are to be utilized to review medical necessity, quality, quantity and appropriateness of care provided in accordance with contractual and regulatory requirements. The URC/QM submits annual findings of

reviews, trends and recommendations to the QIC chair, the QM Manager for the MHP, who maintains operational direction for Utilization Review (UR) and QA activities. These findings are reviewed and analyzed by the QIC for the purpose of identifying possible Performance Improvement Projects or other QA/QI activities.

The policy applies to county operated, county contracted and out of county providers and outlines their responsibility for monitoring and quality assurance activities assigned within its organizational structure.

### **Procedure:**

The QIC guides several types of EUR/QM activities utilizing a variety of tools, reports available in the Electronic Health Record (EHR) and resources. Chart selection for each type of review is determined by the focus of review. The MHP maintains an annual goal of reviewing a minimum of 5% of unduplicated clinical charts.

The MHP's review processes include the following:

1. Monthly County EUR peer reviews coordinated by QM staff utilizing the associated UR tool.
2. Monthly Provider Internal Utilization Reviews (IUR) coordinated by clinical supervisors or designated quality improvement coordinators within the county operated or county contracted Program. Programs must review a minimum of 5% of unduplicated clinical charts in their Program each fiscal year.
3. As assigned, UR review of Client Plans and Progress Notes coordinated by QM staff and Contract Monitor of county contracted providers that are located out of county and provide services to Sacramento County beneficiaries. Day Treatment Intensive (DTI) and Day Rehabilitation (DR) providers who are located out of county are audited utilizing the associated addendum DTI and DR tool.
4. Monthly Missing Client Services Information (CSI) by Program monitoring for all Programs billing to Medi-Cal.
  - a. If a client does not provide a social security number, then complete the section by entering all zeros.
  - b. If you are unable to collect CSI information, then please complete the sections by entering "unknown."
  - c. If the living situation is missing, then please send the client's name, EHR ID, and current living situation to REPO@saccounty.gov
5. Monthly Services by Classification monitoring for all Programs to ensure all staff are billing within their classification and scope of practice.
6. Bi-monthly monitoring of clinical bundle completion and relevant timeliness for all Programs required to complete the Clinical Bundle.
7. Additional specialty EUR reviews coordinated by QM and Program staff are focused on specific areas of need or attention as directed by the QM Manager.
8. Presumptive Transfer (PT) Beneficiary Reviews in the CalMHSA Portal. The Beneficiary Reviewer completes reviews of received PT invoices and verifies required information for the youth receiving services from another jurisdiction.
9. Other EUR activities to provide specialized technical assistance as requested by the provider, QIC, Program Managers or the QM Manager.

### **I. Selection, Identification and Review of Records:**

Based on the type of review, QM staff will select charts accordingly by identifying the clients and time-frame for review. Reviews focus on a selected "primary" chart and may also involve review of other programs providing care to the client within the MHP (referred to commonly as "secondary charts"). The following steps take place to expedite a review:

### **External EUR and any reviews for providers utilizing the County EHR**

#### ***QM Staff Responsibility:***

1. QM selects the client(s) to be reviewed and runs the County EHR reports necessary for the EUR.
2. QM makes arrangements for location of review and coordinates all aspects of the review.
3. QM oversees EUR/QA attendance, chairs URC meetings, and provides technical assistance as needed.
4. QM provides additional quality assurance reports for providers to make corrections and re-submit to QM.

*Provider Responsibility:*

1. Provider is responsible for ensuring that staff designated for this purpose collaborates with QM throughout the entire review.
2. All MHP services are provided under the direction of staff designated in the category of Licensed Practitioner of the Healing Arts (LPHA) or approved LPHA Waived staff. Staff who approve the External EUR corrections must be a qualified LPHA or approved LPHA Waived staff who is a current County EHR user and has working familiarity with the County EHR system as well as MHP documentation requirements. For Adult and Children EUR, it is expected that at least one representative from each provider coordinates with QM in regards to the review.

External EUR for providers not utilizing the County EHR

*QM Staff Responsibility:*

1. QM selects the client(s) to be reviewed and runs the County EHR reports necessary for the EUR.
2. QM coordinates with the Provider to determine the format the chart will be provided (e.g., reviewer to view the chart in the Provider's EHR, documents to be provided in PDF Format, or physical documents to be provided). In circumstances of a reviewer viewing the chart in another Provider's EHR, QM coordinates with the Provider to ensure all information necessary for permissions is exchanged prior to the review.
3. QM requests the Provider's relevant timeliness report(s) to monitor timeliness and completion of Clinical Bundle Documentation.
4. QM makes arrangements for location of review and coordinates all aspects of the review.
5. QM oversees EUR/QA attendance, chairs URC meetings, and provides technical assistance as needed.
6. QM provides additional quality assurance reports for providers to make corrections and re-submit to QM.

*Provider Responsibility:*

1. Provider is responsible for ensuring that staff designated for this purpose collaborates with QM throughout the entire review process.
2. All MHP services are provided under the direction of staff designated in the category of Licensed Practitioner of the Healing Arts (LPHA) or approved LPHA Waived staff. Staff who approve the External EUR corrections must be a qualified LPHA or approved LPHA Waived staff who is a current user of the Provider's EHR and has working familiarity with the Provider's EHR as well as MHP documentation requirements. For Providers with their own EHR EUR, it is expected that at least one representative from each provider coordinates with QM in regards to the review.
3. Provider is responsible for designating staff to be available for technical assistance should reviewer conduct review in the provider's EHR.

Internal provider UR (IUR)

*QM Staff Responsibility:*

1. Provides technical support to providers as needed and tracks all data.

*Provider Responsibility:*

1. Each provider will develop a methodology for the selection of a sample of case records for review in accordance with the goals of that review and provide the Contract Monitor with the procedure and rationale for that methodology, in accordance with their specific contract requirements.
2. Each provider will identify staff to participate in the internal review. Staff may be selected based on specific roles and functions, specific skills and training, or as subject matter experts.
3. Each provider will submit monthly findings of IUR activities to QM staff by the 5<sup>th</sup> day of the month following the review, unless otherwise stipulated.
4. Each provider's internal review minimum requirements will be updated annually. All data from reviews regarding any selected indicators or review elements will be recorded within the MHP's Quality Assessment and Performance Improvement (QAPI) Program.

## II. Utilization Review Tools:

The following documents are used by staff as tools to complete a chart review:

1. *Sacramento County Electronic Utilization Review General Tool*: This form has three purposes:
  - a. It is used as a guide for reviewing identified charts. This tool is used for Child and Adult chart reviews of Outpatient Specialty Mental Health Services.
  - b. It is used by reviewers to note deficiencies or areas of correction for identified questions. Items that are subject to report are noted on the Multiuse Complete Feedback Loop (McFloop) Form.
  - c. It is used by QM, Avatar Fiscal and the Identified Provider as a means to track service claims that need to be appended or disallowed as a result of the review. See EUR Supplemental Worksheet (P12).
2. *MHSA Programs Addendum Tool-Including Programs who utilize these same support service codes and flexible funding codes*: The form has three purposes:
  - a. It is used as a guide for reviewing charts that have billed for support service codes and/or flexible funding.
  - b. It is used by reviewers to note deficiencies or areas of correction for identified questions. Items that are subject to report are noted on the separate McFloop Form titled: "MHSA Programs McFloop."
  - c. It is used by QM, Avatar Fiscal and the Identified Provider as a means to track service claims that need to be appended or disallowed as a result of the review. See EUR Supplemental Worksheet (F2).
3. *Addendum – Day Treatment Intensive (DTI) and Day Rehabilitation (DR)*: This tool is used when reviewing services provided in a DTI or DR program.
4. *Addendum - TBS*: This tool is used when reviewing services provided in a Therapeutic Behavioral Services (TBS) program.
5. *Mental Health Urgent Care Clinic UR Tool*: The form has three purposes:
  - a. It is used as a guide for reviewing identified Mental Health Urgent Care Clinic charts.
  - b. It is used by reviewers to note deficiencies or areas of correction for identified questions. Items that are subject to report are noted on the McFloop Form.
  - c. It is used by QM, Avatar Fiscal and the Identified Provider as a means to track service claims that need to be appended or disallowed as a result of the review. See EUR Supplemental Worksheet (G12).

## III. Follow-up Procedure:

All Reviews for External County EUR for providers regardless of electronic health record:

*Provider Responsibility:*

1. Upon receipt of the completed review, the provider corrects items marked "Reportable." The provider makes identified corrections and responds in writing on the McFloop form in the section titled, "Response/Corrective Action Taken by Provider." The "Supervisor's Response" section is included for additional comments to McFloop item(s) or for additional corrective actions taken by the provider.
2. Staff designated as either LPHA or LPHA Waived must validate that corrections are complete and sign or co-sign the McFloop.
3. The McFloop form with provider response and associated UR tool attached are due to the QM staff within 2 weeks of the review, unless otherwise stipulated.
4. If there are any identified billing errors, corrective actions must be documented with specific dates, service codes, and units utilizing the EUR Supplemental Worksheet (P12/F2/G12) form.

*QM Staff Responsibility:*

1. Once the "Reportable" item corrections are received, QM Staff are responsible for the review, approval/disapproval, and follow-up if needed.
2. The QM staff are responsible for ensuring that all actions are tracked with sufficient detail in the UR Corrections tracking process.
3. If the QM staff needs more comprehensive follow-up, actions will be forwarded to the provider with this notation.
4. If the review demonstrates concerns with quality of care, credentialing, or scope of practice issues, the QM staff will note this information on the UR tool and McFloop form, and follow-up with the Contract Monitor and additional QM staff as needed. This will require additional response from the provider.
5. An annual compilation of all UR/QA activities, analysis, and recommendations with suggested improvements will be provided to the MHP at the UR Committee and QIC meeting.

Internal Provider UR (IUR)

*Provider Responsibility:*

1. Provider coordinates follow-up with corrections and responses to problem areas identified in Internal UR/QA reviews.
2. Provider submits monthly minutes to the QM staff and their assigned Contract Monitor using the Internal UR minutes form.

*QM Staff Responsibility:*

1. QM staff receives and maintains IUR Minutes and works collaboratively with support staff to enter and monitor the data from the IUR Minutes.

*Contract Monitor Responsibility:*

1. Contract Monitor reviews Internal UR Minutes, as part of monthly monitoring, and provides feedback to Provider.
2. Contract Monitor may participate in Internal UR, as part of ongoing monitoring duties and select areas for program review.
3. Contract Monitor will include any identified ongoing issues in quarterly report feedback, and will include data in discussion of provider annual workplan.

**REFERENCE(S)/ATTACHMENTS:**

- California Code of Regulations, Title 9
- California Department of Health Care Services Mental Health Services Division Program Oversight and Compliance Annual Review Protocol for Specialty Mental Health Services and Other Funded Services
- [BHIN#22-019](#)

**RELATED POLICIES:**

- QM-10-25 Health Questionnaire
- QM-10-26 Core Assessment
- QM-10-27 Client Plan
- QM-10-28 Discharge Process
- QM-10-29 Mental Status Exam
- QM-10-30 Progress Notes
- QM-10-23 Out of County Certification and Billing Procedure
- QM 02-04 Presumptive Transfer (Assembly Bill 1299)

**DISTRIBUTION:**

Enter X	DL Name
X	Mental Health Staff
X	Mental Health Treatment Center
X	Adult Contract Providers
X	Children’s Contract Providers
	Substance Use Prevention and Treatment
	Specific grant/specialty resource

**CONTACT INFORMATION:**

- **Quality Management Information**  
QMInformation@saccounty.gov