

Beacon Comprehensive Behavioral Health Management Policy and Procedure Manual	
Policy Name: Quality Review Program	Quality Improvement
Date: 04-11 Reviewed by QI Committee: 5-11, 3-12 Revised by QI Committee:	Page: 1 of 3 Policy Number: QI-3

Purpose: The purpose of the Beacon Comprehensive Behavioral Health Management (Beacon CBHM) Quality Review Program is to monitor the efficacy and quality of treatment provided by the College Health IPA (CHIPA) provider network. The Quality Review Program includes, but is not limited to, telephonic provider consultations, review of provider treatment records, quality outcome measurement tools. The Quality Review Program is reviewed and approved annually by the Beacon CBMH Quality Improvement Committee.

Policy:

1.0 Quality Review Triggers

Beacon CBHM has identified key triggers for implementing a quality review.

1.1 Claims Triggers

- 1.1.1 Diagnosis inconsistent with length of treatment.
- 1.1.2 Multiple treatment sessions per week
- 1.1.3 Lack of family treatment for a minor
- 1.1.4 Lack of psychiatric treatment for a biologically based illness, e.g., bipolar disorder, major depressive disorder.
- 1.1.5 Suspected claims fraud. Reference CL-3: “*Claims Fraud.*”

1.2 Intake and Referral Triggers

- 1.2.1 Patient requiring urgent care
- 1.2.2 Patient with open registrations to multiple providers

1.3 Clinical Management Triggers

- 1.3.1 Patient with multiple inpatient admissions
- 1.3.2 Patient with significant co-morbid medical condition
- 1.3.3 Patient with dual diagnosis of substance abuse and mental health

2.0 Quality Review Process

2.1 The Quality Review Process is a function of the Quality Improvement program and is separate from utilization management requirements for pre-authorization.

2.2 During the Quality Review Process claims payment continues unless

- 2.2.1 The Quality Review Process is related to suspected claims fraud
- 2.2.2 Pre-authorization is required and the Quality Review is part of the pre-authorization review process. Reference UM-4: “*Utilization Review Process.*”

2.3 When a quality review trigger is identified an internal inter-departmental referral is made to Outpatient Clinical Services. With the exception of

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suspected claims fraud, a licensed clinical care manager is assigned for telephonic consultation either with the patient/guardian or provider.

- 2.3.1 Calls to patient/guardian are to
 - 2.3.1.1 Confirm outpatient services are in place
 - 2.3.1.2 Assess engagement in and response to treatment
 - 2.3.1.3 Offer assistance with additional community resources
- 2.3.2 Calls to providers are to
 - 2.3.2.1 Review diagnosis and treatment plan
 - 2.3.2.2 Review patient’s response to treatment plan goals
 - 2.3.2.3 Identify additional treatment resources needed to support treatment plan

2.4 Following the telephonic consultation additional quality review activities may include one or more of the following

- 2.4.1 For patient
 - 2.4.1.1 Additional treatment referrals
 - 2.4.1.2 Mailing of educational material
 - 2.4.1.3 Enrollment in a Care Management Program
- 2.4.2 For provider
 - 2.4.2.1 Request to review treatment records.
 - 2.4.2.2 Request implementation of treatment outcome measure
 - 2.4.2.3 Request clinical review with medical director

2.5 The quality review process will be completed when one of the following has occurred

- 2.5.1 Patient is engaged in treatment and making progress towards goals
- 2.5.2 Patient declines additional supports
- 2.5.3 Provider adjusts treatment plan to improve efficacy and quality
- 2.5.4 A Potential Quality Incident is filed with the health plan for further investigation.
- 2.5.5 Review by medical director determines no medical necessity for current treatment and a clinical denial is recommended. Reference UM-6 “*Appeals and Denials.*”

3.0 Confidentiality

- 3.1 The Quality Review Program meets all Federal and State Confidentiality guidelines. Reference RR-6: “Confidentiality” and HP-8: “Release of PHI.”
- 3.2 The CHIPA Provider Agreement
 - 3.2.1 Allows for release of treatment records for purposes of Quality Management

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3.2.2 Requires providers to submit treatment records as requested.

3.3 All treatment records received from providers during Quality Review are kept confidential.

4.0 Documentation

4.1 Quality Reviews are documented in the patient record, except in cases where a quality review is being conducted as part of a claims investigation or Potential Quality Incident investigation.