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From: Soriano, Christian
Sent: Monday, October 07, 2019 1:52 PM
Subject: Medical Record Reviews (MRRs)
Attachments: Residential MRR Tool FY1920 rv 10-7-19.pdf; Outpatient MRR Tool FY1920 rv 10-7-19.pdf

Sent on behalf of Tim Tormey, Psy.D., LMFT, Behavioral Health Program Coordinator

Dear SUD Providers (bcc'd):

Outpatient and Residential program Medical Record Reviews (MRRs) for FY19-20 are beginning to be scheduled.

The MRR process examines certain program Policies and Procedures (P&Ps), the program's compliance with those P&Ps, availability of beneficiary informing materials, County resources for programs, as well as an in-depth chart review for selected clients during a specific review period. MRRs include both billing compliance and clinical quality of documentation standards (for example, documentation supporting level of care and diagnosis determinations).

This fiscal year there is a separate tool for Outpatient program and Residential program MRRs (see attached for most up-to-date version of the tools). The SUD QM MRR plan is to begin the MRRs with outpatient and residential programs, adding other modalities (e.g., Withdrawal Management, Opiate Treatment Provider) in approximately December/January. (Note: Withdrawal Management programs and OTPs will also have their own separate MRR tools for the reviews which will be sent prior to scheduling). MRRs will continue over the course of the fiscal year, completing sometime in May.

Once programs receive a copy of the MRR tool, it is recommended that they are reviewed in preparation for the MRR. You may also wish to consider using the tool as part of your program's own internal QI processes.

A SUD QM Specialist has been assigned to each residential and outpatient program. If you have not yet been contacted by your program's assigned SUD QM Specialist, you will be over the next few months. Note, the high school outpatient programs will have a combined MRR with the main TRC (Teen Recovery Center) site.

To align with the DMC Post Service Post Payment (PSPP) Process, your program will receive the names of the client charts to be reviewed on the day of the MRR. The SUD QM Specialist will begin the process by looking through the P&Ps listed on the MRR tool, discussing with you how your program trains and monitors for compliance with those P&Ps, and will look to see if certain information (such as the Grievance and Appeal information) is posted and available to clients. Once this is completed, they will begin the chart review process.

The number of charts requested will be dependent on program size and disallowance risk rating (based on previous reviews), but a minimum of 5 charts will be reviewed for each MRR. It is anticipated that the MRR process will take 1 to 2 days, depending on the number of charts to be reviewed. The SUD QM Specialist assigned to your program will work out specific dates and times with you when scheduling.

If your program utilizes an EHR, the QM Standards for use during the review are as follows:

- The program can set up the QM Specialist with a guest log-in/password (please note, the QM Specialist may need additional time for the review in this instance)
- The program can print the records for the review period
- The program can have someone available from the program's staff to pull up the documents as needed for the review

Also note, the QM Specialist will notify program staff of any documents that may not be able to be located during the review. The program will have until the end of the review day to locate the missing documentation and provide to the QM Specialist. Any missing documents provided after that time will not be considered for the review. If there is a question about documentation that may lead to service disallowance, the QM Specialist will request copies to review with SUD QM supervisors, with findings communicated shortly after the review's completion.

After reviewing all the charts, the SUD QM Specialist will meet with you and/or a program designee in an exit conference to share the preliminary findings of the MRR and discuss next steps based on those findings. The SUD QM Specialist will send a final MRR report to you within 30 days of the exit conference. Plans for improvement (called Quality Improvement Plans, or "QIPs") will be required when certain thresholds are not met. This process will be explained fully as required during the exit conference of your review.

The MRR process is a collaborative one with the goal of continued DMC-ODS improvement. Your assigned SUD QM Specialist is available for technical assistance and questions at any time during and after the process.

Please do not reply to this email. If you have questions, please contact us at QIMatters.HHSA@sdcountry.ca.gov and someone will return your email within one business day.

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