A New Perspective on Two Weeks’ Notice: Making the Most of Your Behavioral Health Quality Review

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“If you have knowledge, let others light their candles in it.”

Margaret Fuller 1810 – 1850
Journalist, Critic, and Women’s Rights Activist
Objectives

- Dispel popular myths of the quality review process
- Gain knowledge on preparing for a BHQR (Behavioral Health Quality Review)
- Decrease anxiety while increasing confidence and preparedness of reviewed providers
- Increase understanding of how to utilize BHQR findings for quality improvement
As of today, the BH Quality department of the GA Collaborative has completed approximately 600 quality reviews:

– Behavioral Health
– Assertive Community Treatment
– Crisis Stabilization Unit
Average BHQR Scores by Fiscal Year

Fiscal Year Results by Category

<table>
<thead>
<tr>
<th>Category</th>
<th>FY 2016 (N = 141)</th>
<th>FY 2017 (N = 167)</th>
<th>FY 2018 (N = 156)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Billing</td>
<td>81%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Assessment &amp; Treatment Plan</td>
<td>79%</td>
<td>77%</td>
<td></td>
</tr>
<tr>
<td>Service Guidelines</td>
<td>84%</td>
<td>90%</td>
<td>89%</td>
</tr>
<tr>
<td>Focused Outcome Areas</td>
<td>85%</td>
<td>92%</td>
<td>92%</td>
</tr>
<tr>
<td>Overall</td>
<td>84%</td>
<td>84%</td>
<td>88%</td>
</tr>
</tbody>
</table>
“In the long history of humankind (and animal kind too) those who learned to collaborate and improvise most effectively have prevailed.”

Charles Darwin 1809 – 1882
English naturalist
Strengthening the Partnership
Strengthening the Partnership

• The mission of the Georgia Collaborative is to: *Help people live their lives to the fullest potential.* *The Georgia Collaborative makes our mission possible through effective partnerships with DBHDD, Individuals served, and providers.*

• Our success at the Georgia Collaborative is inextricably linked to Provider success.
How does a strong partnership between the ASO, DBHDD, and the provider community result in effective, substantive policy changes that improve the quality of care?
Strengthening the Partnership

- Mission-driven
- Data/Results-driven
- Identification of strengths (and risks)
- Collaboration for quality improvement
- Routine technical assistance
The Courage To Be Imperfect

be humble, be teachable and always keep learning
Myths about the BHQR Process
MYTH
The Georgia Collaborative gets paid more when a provider scores low.
TRUTH

The GA Collaborative receives no financial incentive or compensation regarding BHQR outcomes/scores.
MYTH

Quality assessors are motivated to find as many errors as possible.
TRUTH
Assessors are tasked with highlighting both strength-based practices and practices that represent a risk to the provider and/or Individual.
Myths About the BHQR Process

**MYTH**
Assessors make copies only when errors are found.
TRUTH
Assessors copy supporting documentation for errors found and to highlight provider strengths and best practices.
MYTH
Stay out of their way and they will leave sooner.
TRUTH
Assessors want the BHQR to be a collaborative process and your supportive participation and engagement is essential.
Preparing for a successful BHQR experience
Purposes of the BHQR:

- Determine adherence to DBHDD standards
- Assess the quality of the service delivery:
  - Individual interviews (those receiving services)
  - Staff interviews (those providing services)
  - Record/documentation reviews
  - Observations of environments of care
Questions to Ponder

“What can I learn from this process?”

“How can I use this BHQR to improve services to Individuals?”

“How can our quality of care be enhanced by this process?”

“How do other providers address a particular challenge we are experiencing?”
Prior to the BHQR

Become familiar with the BHQR Tool and the Provider Handbook, both found at:

www.georgiacollaborative.com

Double-check documentation for staff credentialing:

- Essential Learning (Relias) transcripts/ certificates for Paraprofessionals (PP) and Supervisee Trainee (S/T)
- Evidence of agency-based trainings for PP and S/T
- Memos to personnel records, as applicable
- Updated attestations/monthly supervision records for S/T
BHQR Notifications

Lead assessor emails notification two weeks prior to a regularly-scheduled BHQR

Respond to the notification ASAP

Neglecting to respond with hopes that the review will not occur can result in a 0% score

In your response, provide the location and contact person’s name and phone number
After Notification of BHQR

- Refrain from adjusting or voiding claims
- Reply to call or emails from assessors
- Troubleshoot your EMR access logistics
After Notification of BHQR

Staff and Individual Interviews

- Dates & times of interviews
- Interviewees that there’s no need to study or worry
- Demographic forms and return to lead assessor

Schedule
Reassure
Complete
Logistics During the BHQR

Rule of 3

1. Expect at least three assessors to be on-site during the review and ensure adequate space.

2. Expect assessors to be on-site for at least three days.

3. Smaller reviews may require less assessors and larger reviews typically require more.
Logistics During the BHQR

Be prepared with surge protector extension cords when there are few electrical outlets in the review room.

Develop a plan for how documents will be copied or printed if requested by the assessor.
Logistics During the BHQR

Identify the following agency contact person(s) to help troubleshoot as needed:

<table>
<thead>
<tr>
<th>Technology</th>
<th>Supporting Documentation</th>
<th>Site Concerns</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Internet access</td>
<td>• Locating documents</td>
<td>• Access</td>
</tr>
<tr>
<td>• EMR access</td>
<td>• Personnel documents</td>
<td>• Temperature</td>
</tr>
<tr>
<td>• Printing</td>
<td></td>
<td>• Restrooms</td>
</tr>
</tbody>
</table>
## Timing During the BHQR

<table>
<thead>
<tr>
<th>Timing</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Electronic</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Paper</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Older volumes</strong></td>
<td><em>Rights for three years</em></td>
</tr>
<tr>
<td><strong>Off-site records</strong></td>
<td><em>by 4PM first day</em></td>
</tr>
</tbody>
</table>
Timing During the BHQR

Any record (paper or electronic) **not submitted within two hours** will be considered to have not been delivered and will be scored 0%.

Staff/personnel files may be requested to ensure credentialing requirements are met.
During the BHQR

What if assessors ask for something you don’t have?

It’s best to say, “We don’t have that.”

What if the assessors ask something you don’t know?

It’s OK to say, “I don’t know.”

The review process is designed to highlight quality and identify gaps that could be impeding service.
During the BHQR

Discussion between assessors and provider agency staff:

- Routine feedback of findings
- Explanation of any unjustified claims

Technical Assistance

- Sharing of found strengths
- Suggestions for quality improvement

Exit Conference

- Immediate action items
- Tentative scores
- Verbal review of findings
- Written preliminary report
During the BHQR

- Explanation of any billing discrepancies
- Details are provided on the Billing Discrepancy Report, given to providers at the end of the review

### Billing Discrepancy Report

7/1/2018

<table>
<thead>
<tr>
<th>Individual</th>
<th>ID</th>
<th>Service Code</th>
<th>Service Date</th>
<th>Units Paid</th>
<th>Units Justified</th>
<th>Rate Per Unit</th>
<th>Paid</th>
<th>Justified</th>
<th>Reason</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>H2017HEU4</td>
<td>4/26/2018</td>
<td>2</td>
<td>0</td>
<td>$20.30</td>
<td>$40.60</td>
<td>$0.00</td>
<td>Missing/Incomplete service order</td>
<td>No order for service in record</td>
</tr>
<tr>
<td></td>
<td></td>
<td>U6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Content does not support units billed</td>
<td>Billing for an attempted contact, Individual not present</td>
</tr>
<tr>
<td></td>
<td></td>
<td>H2017HQU4</td>
<td>3/8/2018</td>
<td>2</td>
<td>0</td>
<td>$17.72</td>
<td>$35.44</td>
<td>$0.00</td>
<td>Missing/Incomplete service order</td>
<td>Order for service dated 5 days after service was provided</td>
</tr>
<tr>
<td></td>
<td></td>
<td>U6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Signature missing</td>
<td>Signature Missing on progress note</td>
</tr>
<tr>
<td></td>
<td></td>
<td>H2017HQU5</td>
<td>3/26/2018</td>
<td>2</td>
<td>0</td>
<td>$13.20</td>
<td>$26.40</td>
<td>$0.00</td>
<td>Time in/Time out missing</td>
<td>Time out was not included on progress note</td>
</tr>
</tbody>
</table>
Exit Conference Opportunities

- We love feedback! Please tell us what you like or disliked about the BHQR process
- We can improve our processes by understanding your experience
- We want to improve the quality of care in our community and we are in this together!
- Ensure agency staff that are responsible for implementing change are in attendance
After the BHQR

- Complete the Provider Survey by relaying things you appreciated about the process and/or suggestions for ways to improve it.

https://www.surveymonkey.com/r/GAprovidersatisfaction

We truly want feedback from you!
After the BHQR

- Expect notification of a Final Report to be emailed to you within 30 calendar days.

These are posted at:

http://georgiacollaborative.com/providers/prv-BHreports.html
After the BHQR

- Signing indicates information has been shared
- Signing does not indicate agreement
- You always have the right to appeal
After the BHQR

Wait until the Final Assessment Report is posted before submitting any appeal as scores are tentative at time of Exit Conference.

Follow published instructions. You have ten business days from the date the Final Assessment Report is posted to the ASO site to appeal.

- [http://georgiacollaborative.com/providers/prv-BH.html](http://georgiacollaborative.com/providers/prv-BH.html)
I survived the BHQR, now what?

How to best utilize BHQR findings:

• Identify your strengths as a provider; use them to address areas of concern
• Enhance care of the Individuals you are serving in your program(s)
• Improve quality of services based on areas of risk identified
I survived the BHQR, now what?

Use **Billing Discrepancy Report** for staff training:

- Which requirements were not met? How can we meet them?
- Which services were not consistent with manual? Why? How do we fix?
- Do staff understand documentation requirements?
I survived the BHQR, now what?

Use **Billing Discrepancy Report** for staff training:

- Were trends identified that need to be addressed by management?
- Are there policies & procedures in place? Are staff following them?
- Do the daily practices and systems support adherence?
I survived the BHQR, now what?

Use **Exit Conference & Final Assessment Reports** for staff training:

- Documentation training can be developed for staff from highlighted trends
- Utilize “shining star” staff that were identified by assessors as peer mentors
I survived the BHQR, now what?

Use Exit Conference & Final Assessment Reports for development of quality improvement plans:

- Leadership staff can develop quality improvement plans based on findings
- Immediate action items identified
- Final Assessment Report is posted on ASO site within 30 days of BHQR. You can see how you compare to other providers in the network
How to best utilize BHQR findings:

- **Review Detail** shows you exactly how each record was scored within the BHQR
- Use to conduct your own internal review
- Upon notification your Final Report has been posted to the ASO site, you may request a copy of the Review Detail
- Save a copy and use as reference for future BHQRs to compare and contrast for trends
### Example: Review Detail Report

#### Individual Key
- **Individual 1**
- **Assessment and Planning**

#### Compliance with Service Guidelines

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual meets admission criteria and the diagnosis is verified at least annually.</td>
<td>Yes</td>
</tr>
<tr>
<td>Current behavioral health assessment:</td>
<td>No</td>
</tr>
<tr>
<td>Current medical screening is present:</td>
<td>Yes</td>
</tr>
<tr>
<td>IRP is individualized in personalized language:</td>
<td>Yes</td>
</tr>
<tr>
<td>Goals/objectives honor hopes, choice, preferences, outcomes:</td>
<td>Yes</td>
</tr>
<tr>
<td>Interventions/objectives are goal-linked &amp; service-consistent:</td>
<td>Yes</td>
</tr>
<tr>
<td>All assessed needs are addressed:</td>
<td>No</td>
</tr>
<tr>
<td>Whole health &amp; wellness in IRP:</td>
<td>No</td>
</tr>
<tr>
<td>Co-occurring health conditions addressed in IRP:</td>
<td>No</td>
</tr>
<tr>
<td>Discharge plan defines criteria:</td>
<td>Yes</td>
</tr>
<tr>
<td>Community Support: Staff are meeting the monthly minimum requirement of two (2) contacts per month. (Review authorization period.)</td>
<td>Yes</td>
</tr>
<tr>
<td>Community Support: There is evidence of skill building/teaching, i.e. documentation supports interventions that assist in the development of the interpersonal, community coping and functional skills.</td>
<td>Yes</td>
</tr>
<tr>
<td>Community Support: There is evidence of service and resource coordination.</td>
<td>Yes</td>
</tr>
<tr>
<td>Community Support: Progress notes contain documentation of the individual's progress (or lack of) toward specific goals/objectives on the treatment plan.</td>
<td>Yes</td>
</tr>
<tr>
<td>Community Support: The staff interventions reflected in the progress notes are related to the staff interventions listed on the treatment plan.</td>
<td>Yes</td>
</tr>
<tr>
<td>Community Support: The progress notes document individual response to the staff intervention provided.</td>
<td>Yes</td>
</tr>
<tr>
<td>Family Counseling/Training: The documentation indicates achievement of specific goals defined and agreed upon by the individual and family member (or parents/responsible caregivers) and specified in the IRP.</td>
<td>Yes</td>
</tr>
<tr>
<td>Family Counseling/Training: Family training documentation illustrates that training occurred. (N/A if service was Counseling.)</td>
<td>Yes</td>
</tr>
<tr>
<td>Billing Code</td>
<td>Discrepancy Reasons</td>
</tr>
<tr>
<td>-------------</td>
<td>----------------------------------------------------------</td>
</tr>
<tr>
<td>H2017HEU4U6, 04/26/2018, 2</td>
<td>Claim Justified: Claim is justified.</td>
</tr>
<tr>
<td>Discrepancy</td>
<td>Eligibility Standards: Missing/incomplete service order</td>
</tr>
<tr>
<td></td>
<td>Quantitative Standards: Signature missing</td>
</tr>
<tr>
<td></td>
<td>Performance Standards: Content does not support units billed</td>
</tr>
<tr>
<td>H0038HQU4U6, 05/02/2018, 3</td>
<td>Claim Justified: Claim is justified.</td>
</tr>
</tbody>
</table>

“Yes” = need to address
## Review Detail Report - FOA

<table>
<thead>
<tr>
<th>Focused Outcome Areas</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rights: Individual/guardian has signed formal acknowledgement of rights and responsibilities at least annually (13 months).</td>
<td>Yes</td>
</tr>
<tr>
<td>Rights: Documentation of HIPAA Privacy and Security Rules (as outlined in 45 CFR Parts 160 and 164) were reviewed with the individual.</td>
<td>Yes</td>
</tr>
<tr>
<td>Choice: Documentation demonstrates individual’s known preferences and differences are followed to the extent possible.</td>
<td>Yes</td>
</tr>
<tr>
<td>Choice: Documentation demonstrates how the person is provided with options of supports and services.</td>
<td>Yes</td>
</tr>
<tr>
<td>Choice: When barriers are identified, documentation demonstrates that alternatives are explored.</td>
<td>Yes</td>
</tr>
<tr>
<td>Person-Centered: Documentation demonstrates the individual is receiving individualized services.</td>
<td>Yes</td>
</tr>
<tr>
<td>Person-Centered: Documentation demonstrates the person is an active participant (has a voice) in the planning and receiving of services.</td>
<td>Yes</td>
</tr>
</tbody>
</table>
Helpful Resources

- Annual Report that details data and scoring from all BHQRs conducted by the GA Collaborative


Annual Reports are compiled and organized by fiscal year
Helpful Resources

- State-wide averages are listed on your Exit Conference and Final Assessment Reports
- Comparing the scores on your BHQR to state-wide averages can gauge how you are performing compared to others in the network

<table>
<thead>
<tr>
<th>FY18 Overall Scores</th>
<th>Billing</th>
<th>Assessment &amp; Planning</th>
<th>Services Guidelines</th>
<th>FOA</th>
</tr>
</thead>
<tbody>
<tr>
<td>88%</td>
<td>85%</td>
<td>84%</td>
<td>90%</td>
<td>92%</td>
</tr>
</tbody>
</table>
Helpful Resources

- Quality assessors are available for Technical Assistance via phone or email.
- Contact list for all Quality Staff is posted on the ASO site:

http://www.georgiacollaborative.com/providers/quality/Quality-Department-Contact-List.pdf

*Please reach out to assessors at any time—don’t wait until the next BHQR to ask!*
Questions and Feedback

The Georgia Collaborative ASO
Thank you

For Georgia Collaborative ASO general inquiry or questions please email:

GACollaborativePR@beaconhealthoptions.com