

Targeted Clinical Review

Overview

Treatment record reviews are performed on a regular basis to ensure that Carelon members are receiving safe, evidenced-based, high-quality care. The tool used for provider record reviews is proprietary and developed by Carelon specifically for in-network providers. The tool assesses provider documentation from assessment to discharge, and the framework is based on accreditation standards, clinical practice guidelines, and best practice in behavioral health and substance use disorder treatment. The National Committee for Quality Assurance (NCQA) standards, Utilization Review Accreditation Commission (URAC) standards, and recognized professional associations in the field of psychiatry and psychology guided development of the Carelon tool. The tool includes measurement of provider adherence to the in-network provider services agreement between the provider and Carelon.

Treatment Record Review Section

Targeted Clinical Review

In addition to other requests for member treatment records included in the provider handbook and/or the provider agreement, member treatment records are subject to targeted and/or unplanned reviews by the Beacon Quality Management Department or its designee, as well as audits required by state, local, and federal regulatory agencies and accreditation entities to which Beacon is or may be subject.

Rationale for why questions in this section are monitored

Quality Improvement (QI) 8 Element I: Case Management-Ongoing Management.

Suggestions for meeting the standard

- Records are reviewed by licensed clinicians, and some sections/questions require use of clinical judgment.
- A DSM (or the most current version of the DSM) diagnosis is documented, consistent with the presenting problems, history, mental status examination, and/or other assessment data.
- Treatment plans are consistent with diagnoses, have both objective, measurable goals and estimated timeframes for goal attainment or problem resolution, and include a preliminary discharge plan, if applicable.
- Short-term is defined as six months or less. Exception: if the length of time in treatment is less than 90 days and there is evidence of a working treatment plan in the progress note or other document, then credit is given. If the length of time is greater than 90 days in treatment and there is no formalized treatment plan, a score of NO is given.
- In MA only, evidence that an outcomes tool was used in determining the member's treatment plan is required; otherwise a score of YES or N/A is given.



Additional Resources

Carelton Provider Handbook:

www.careltonbehavioralhealth.com/providers/resources/provider-handbook

If Carelon identifies that fraud, waste, or abuse has occurred based on information, data, or facts, Carelon must immediately notify relevant state and federal program integrity agencies following the completion of ordinary due diligence regarding a suspected fraud, waste, or abuse case.

NCQA Website:

<https://www.ncqa.org/programs/health-plans/managed-behavioral-healthcare-organizations-mbho/>