

2.02 Performance Goals for Clinical Record Quality Improvement and the Clinical Record Quality Improvement Program (CRQIP)

Performance Goals

Assessing the Quality of Clinical Records

Clinical record keeping quality is measured by discipline-specific scoring tools that were developed by provider focus groups. A minimum quality threshold has been established for each discipline and noted on the applicable scoring tool.

Initial Applicants

Initial applicants are required to submit clinical records at the time of application for initial credentialing and are required to meet the minimum quality threshold prior to acceptance on the network. Initial applicants are notified of this requirement and provided a copy of the scoring tool in the credentialing application for awareness of the scored elements.

CHP Contracted Providers

For contracted providers, clinical records are routinely monitored for quality improvement purposes, in concert with record reviews related to claims submissions and CHP's Utilization Management Program. CHP contracted providers who do not meet threshold will be allowed to enroll and participate in the CRQIP twice. Failure to pass CRQIP or maintain clinical record quality standards may result in CHP offering the contracted provider the opportunity to resign. Otherwise, CHP will terminate their participation for breach of contract in accordance with the Professional Services Agreement.

All CHP contracted providers who meet threshold are assigned to one of three categories below and are notified in writing of their status.

1. **Audit Pool:** This pool is comprised of 1) contracted providers who have met or exceeded the scoring tool threshold specific to their discipline and 2) initial applicants who are automatically placed in this pool since only one clinical record review has occurred. The providers in this pool will be required to submit clinical records periodically at CHP's request.
2. **Exempt Status:** CHP providers who have consistently demonstrated the ability to keep quality clinical records by scoring at least 85% twice consecutively, without being enrolled in CRQIP, may be exempted from further clinical record quality reviews. This status requires approval by a clinician reviewer or a CHP Medical Director. All exempt providers may be subject to periodic random clinical record quality reviews if deemed necessary by a CHP Medical Director.
3. **Exception Status:** Exceptions to meeting the minimum quality threshold may be granted by the CHP Chief Clinical Officer. Criteria for determining an exception include:
 - a. Number of current active members.
 - b. Geographical location.
 - c. Number of other providers in the geographic area meeting threshold standards.
 - d. Tenure on network.
 - e. Business needs.

Change of Status

A clinician reviewer or a CHP Medical Director has the right to change a provider's status. This change will be communicated to the provider by letter. Medical necessity reviews performed by CHP or its contracted health plans or related activities which indicate non-compliance with maintaining threshold standards will result in auditing of the providers' clinical records. This policy will apply to all contracted providers, including those who may have been previously exempt from clinical record audits.

Initial applicants and CHP contracted providers whose clinical records do not meet the established minimum thresholds are enrolled in and must successfully complete the CRQIP which is described below.

CRQIP Process

Clinical records not meeting the established thresholds will result in provider enrollment in the CRQIP. The following process applies to both initial applicants and contracted providers:

1. CHP notifies the provider in writing of the CRQIP enrollment. This notification will contain the following:
 - a. Instructions on when and how to submit a new set of clinical records. All enrollees are provided 60 days to finish the program from the initial date of notification.
 - b. A copy of completed scoring tool and notes scored.
 - c. Quality Improvement Guide to Clinical Record Keeping containing information relating to areas where the applicant scored low.
 - d. A copy of the blank applicable scoring tool and guidelines.
2. Clinical records are submitted to CHP by the provider within 45 days of enrollment.
3. Clinician reviewers audit clinical record quality utilizing scoring tools based on the discipline specific performance criteria.
4. CHP notifies the provider in writing of scored results. The course of action for those providers whose scores pass threshold and for those who do not is outlined below.
5. CHP scans all relevant CRQIP information to the provider database.

Scores At or Above Threshold

Initial Applicants: Clinical records meeting the minimum quality threshold for initial applicants will result in the continuation of the credentialing process. The provider is notified of the passing score, provided a copy of the scoring tool, notified of placement in the Audit Pool for future periodic clinical record reviews and that the credentialing process will be completed.

Contracted Providers: Clinical records meeting the minimum quality threshold for contracted providers will result in notification of the passing score. The provider will be given a copy of the scoring tool and, if applicable, notified of a status change.

Scores Below Threshold

Initial applicants or contracted providers whose clinical records do not meet the minimum quality threshold after the CRQIP review will be given the following two options:

1. The provider will be given the opportunity to work with a mentor to meet CHP's minimum threshold requirements.
2. If the provider should choose not to work with a mentor, CHP may proceed to terminate their participation for breach of contract in accordance with the Professional Services Agreement or for initial applicants, may proceed with application closure.

Clinical Record Mentors

If the initial applicant or contracted provider chooses the option to work with a mentor to meet CHP's minimum quality threshold, the provider will be contacted by the assigned mentor and repeat the CRQIP process described above.

2.03 Clinical Record Quality Improvement: Visit Specific Clinical Records Program

Clinical records not meeting the visit specific requirement will result in provider enrollment in the Clinical Record Quality Improvement: Visit Specific Clinical Records Program.

Performance Goals for Clinical Record Quality Improvement: Visit Specific Clinical Records Program

Assessing the Quality of Clinical Records

Requirements have been established for all CHP providers to document visit specific entries in the clinical record. This is noted on the applicable scoring tool and scoring guidelines.

Initial Applicants

Initial applicants are required to submit clinical records at the time of application for initial credentialing and are required to meet the visit specific requirement in their clinical record keeping. Initial applicants are notified of this requirement and provided a copy of the scoring tool and scoring guidelines in the credentialing application for awareness of the scored elements.

CHP Contracted Providers

For contracted providers, clinical records are routinely monitored for quality improvement purposes, in concert with record reviews related to claims submissions and CHP's Utilization Management Program.

Initial applicants and CHP contracted providers whose clinical records do not meet the visit specific requirement are enrolled in and must successfully complete the Visit Specific Clinical Records Program which is described below.

Visit Specific Clinical Records Program Process

The following process applies to both initial applicants and CHP contracted providers:

1. CHP notifies the provider in writing of their enrollment in the Visit Specific Clinical Records Program. This notification will contain the following:
 - a. A memo detailing the visit specific requirements and instructions on the next step. All enrollees are provided six (6) months to finish the program from the initial date of notification.

- b. A copy of the completed scoring tool and notes scored.
 - c. A copy of Best Practices in Clinical Record Keeping: Visit Specific Chart/Progress/Encounter Notes.
2. A follow up memo is sent six (6) months from the initial date of notification to request a new set of clinical records.
3. Clinical records are submitted to CHP by the provider.
4. The Regional Medical Director or clinical reviewer of the same discipline will audit clinical record quality on the explicit discipline specific performance criteria.
5. CHP notifies the provider in writing of the results. The course of action for those providers who meet the visit specific requirement and for those who do not is outlined below.
6. CHP scans all relevant information to the provider database.

Providers meeting the requirements

Clinical records meeting the visit specific requirements will result in notification of successful completion of the program.

Providers not meeting the requirements

Clinical records that do not meet the visit specific requirements will be given the following two options:

1. The provider will be given the opportunity to work with a mentor to meet CHP's requirements for visit specificity.
2. If the provider should choose not to work with a mentor, CHP may proceed to terminate their participation for breach of contract in accordance with the Professional Services Agreement or for initial applicants, may proceed with application closure.