



Horizon Blue Cross Blue Shield of New Jersey

**Questions and Answers:
Horizon Behavioral Health Program
Provider Treatment Record Review**

Horizon Blue Cross Blue Shield of New Jersey's Horizon Behavioral Health program audits some practitioners based on behavioral health best practice standards for treatment records and adherence to clinical practice guidelines. These audits:

- Provide practitioners with a score documenting whether they passed or failed the audit.
- Identifies areas of strength and potential areas for improvement in the documentation of the care and service delivered to Horizon BCBSNJ members.
- Help ensure our members receive safe and effective care.
- Provide opportunity to incorporate audit results into provider files for review as part of the recredentialing process.

Below are questions you may have about this process.

Q1. Why am I being audited?

A1. Horizon Behavioral Health routinely conducts annual audits of patient treatment records. This audit mirrors behavioral health best practice standards and is a contractual obligation for all behavioral health care professionals that participate in Horizon BCBSNJ networks. The treatment record reviews help ensure our members are receiving safe and effective care. Audit results may be incorporated into provider files for review as part of the recredentialing process. The requirements are set forth in your provider contract and are described in the *Provider Administrative Manual* available at horizonNJhealth.com under the *Providers* tab select *Resources* then *Provider Manual*.

Q2. My state licensure board prohibits me from releasing records without patients' consent. What should I do?

A2. Audits are a contractual obligation for all health care professionals participating with Horizon BCBSNJ. Horizon Behavioral Health abides by all state and federal regulations with regard to member confidentiality including the Health Insurance Portability and Accountability Act (HIPAA). The HIPAA Privacy Rule permits a health care professional to disclose protected health information to a health plan for the quality-related health care operations of the health plan. If you have additional questions regarding your contract, call Horizon Behavioral Health at **1-800-397-1630**, Monday through Friday, 8 a.m. to 8 p.m., Eastern Time, or email **HorizonBehavioralHealthProviderRelations@beaconhealthoptions.com**.

Q3. I received an audit request for medical records, but I do not want to mail this information. What should I do?

A3. You may fax records directly to our secure server at **1-855-224-8287**. You may redact member names, but must retain date of birth for identification purposes.

(Continues)

- Q4. The initial assessment, signed member releases and documentation of coordination of care are from a previous year. Can I include this to meet the requirements?**
- A4.** Yes, you can include documentation from prior years to meet the audit requirements.
- Q5. I have a member that has been in treatment for five years. Do I send all of his/her records?**
- A5.** No, you should only send the last two to six months of progress notes from the prior calendar year. This is sufficient to meet the audit requirements.
- Q6. I received a document named “Provider Treatment Record Audit Tool.” Do I need to complete this document?**
- A6.** No, the audit tool is a resource to familiarize yourself with the elements being audited.
- Q7. I am unable to provide one of the records requested for the audit. Should I only send the records I have?**
- A7.** If you no longer have access to a member’s records, please select another Horizon BCBSNJ member or call the Quality Management department at **1-973-364-2202** to choose another name. You may also submit records for a discharged patient as we evaluate the comprehensiveness of discharge plans. All requested records must be submitted.
- Q8. Does a release signed by a member meet the audit requirement of “coordination of care”?**
- A8.** No, this does not meet the audit requirement. This only meets the requirement that the member has given you permission to coordinate care. You must make an attempt to coordinate with a Primary Care Physician and/or other health care professional. Ensuring that patients have been evaluated medically is critical to good patient care. Good communication also decreases the risk that patients will receive inconsistent information about treatment options and risks and benefits.
- Q9. During my assessments, I asked a member if he/she is suicidal. Does this meet the audit requirement of “conducts a formal suicide risk assessment”?**
- A9.** No, this does not meet the requirement of suicide risk assessment. Horizon Behavioral Health recommends that a formalized suicide risk assessment be documented in patient records. The use of a structured risk assessment tool is an important aid to help integrate all the risk factors when developing the clinical formulation to evaluate the degree of risk. Horizon Behavioral Health has adopted practice guidelines for assessment of suicide risk from the American Psychiatric Association (APA). A copy of the treatment guidelines can be downloaded from the APA at [Assessment of Suicide Risk APA Guideline III](#) or by calling the APA at **1-888-357-7924**. In addition, the Columbia-Suicide Severity Rating Scales (C-SSRSs) may be downloaded from the Horizon Behavioral Health portal from **HorizonBlue.com/behavioralhealth**.