

Beacon Outpatient Treatment Record Reviews FAQ Fact Sheet for Providers

- 1. Many Federally Qualified Health Centers (FQHCs) sites have integrated electronic medical records (EMRs), so their clinicians can see notes from the PCP, psychiatrist, etc. What do providers need to document to illustrate that there is collaboration of care since the providers are reviewing notes from the PCP and psychologist and communicating through the EMR?**

If the provider has a fully integrated EMR then this requirement is met and provider is given credit. Our recommendation for best practice is for the provider to document in a progress note or communication log that physical health issues were reviewed.

- 2. Why is collaboration of care with the PCP important?**

As many medical symptoms have underlying psychological factors and vice versa, open communication and collaboration among mental health professionals and PCPs have been found to reduce clinical errors, improve patient health status, and enhance the quality of patient care, while leading to better patient treatment compliance and enhanced satisfaction¹.

- 3. What is the purpose of inquiring about medical diagnosis if we are not treating medical diagnoses?**

A thorough assessment of the member's medical history and current medical diagnosis are important to rule out any underlying medical causes that may be contributing to the member's symptomology. In addition, a member's current symptoms may be related to an undiagnosed medical condition that is associated with the member's medical history. It is important that we are assessing the whole person's needs and making appropriate referrals when necessary.

- 4. Why do I need to document if the session was via phone or video? Can you just look at the claims code?**

There is not a modifier code that distinguishes between video or phone only. Claims data could not provide this information in its current state. In the future, if CMS or another regulatory body issues a modifier code, we will be able to pull from claims, but this option does not exist today. The only way we can capture this information is from reviewing the member's treatment record.

- 5. What is meant by a treatment plan using measurable and short-term goals?**

Generally, goals will have a duration of no more than six months, at which point a Treatment Plan Review is completed to assess progress, and goals are modified. Goals should be broken down in short-term increments that are achievable within this timeframe. Measurable goals/objectives

¹ Ndibu Muntu Keba Kebe, N., Chiochio, F., Bamvita, J.-M., & Fleury, M.-J. (2019, March 29). *Profiling mental health professionals in relation to perceived interprofessional collaboration on teams*. SAGE open medicine. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6444404/>.

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allow the clinician and the member to assess progress more easily. *An example of this would be: the member will incorporate three new coping techniques to address symptoms of anxiety within the next six months.*

6. What is a cultural/linguistic assessment?

At a minimum, a cultural/linguistic assessment will ask the member their language preference, but this type of assessment also includes questions about country of origin, racial/ethnic identity, cultural practices, spiritual beliefs, gender identity, sexual orientation, etc. Cultural competence in mental health service delivery indicates that all of the factors that make up the whole person are taken into consideration. A culturally competent healthcare system can help improve health outcomes and quality of care and can contribute to the elimination of racial and ethnic health disparities².

7. Do you match the claims with progress notes to confirm that a note was completed for each session?

No, we are not auditing claims, only the treatment records.

8. What happens if we do not pass? Will I be kicked out of the network or have to pay back money? Do I have to amend the charts that were audited and resubmit those charts?

This is a collaborative activity to promote best practice in documentation standards; the intent is not to penalize or impact your in-network status. If a provider scores below 80 percent, they will be put on a Corrective Action Plan (CAP) to improve documentation. Beacon may re-audit after the provider has opportunity to implement new practices. Beacon does not require providers to amend audited records and would recommend the provider follow established policies/procedures related to documentation requirements.

9. Can Beacon provide me with a copy of your telehealth policy? *(Ctrl & click to access link)*

Beacon recommends that the practitioner follow professional association guidelines for telehealth best practice. Beacon has adopted four guidelines for the practice of telehealth that can be found [here](#).

² “Scope of the Problem: International Center for Autism Research and Education (ICARE): Case Western Reserve University.” *International Center for Autism Research and Education (ICARE) | Case Western Reserve University*, 31 May 2019, <https://case.edu/autism/about-autism-spectrum-disorders-asd/scope-problem> .