

Section 10

Standards of Care

- Medical Record Keeping and Documentation Standards
- Site Assessment
- Access to Care Standards

Medical Record Keeping and Documentation Standards

It is the expectation of Neighborhood Health Plan of Rhode Island (Neighborhood) that comprehensive medical records detailing all aspects of our enrolled members' care and treatment are maintained by our contracted providers to aid and inform other providers and/or the health plan of the members' medical history and to assure coordinated care. Neighborhood shall have the right, upon request, with reasonable notice, to review any medical records maintained pertaining to covered services provided to members, and to copy the same. Neighborhood can release medical information to the Department of Human Services (DHS) for purposes directly related to the administration of the RIte Care or Rhody Health Partners programs. Reviews external to DHS are made in accordance with applicable state and federal regulations and laws.

As part of the formal site assessments conducted at the time of network entry and every three (3) years for applicable practices, Neighborhood assesses each site's medical record keeping practices to assure that practitioner offices' medical record keeping systems: 1) are organized, 2) protect the confidential information and privacy of all members, and 3) allow for easy access during quality improvement initiatives or quality assurance activities undertaken by the health plan. The performance goal for medical record keeping practices is 90%. If the practitioner's office passes with recommendations (scoring less than 90%), the practitioner is required to submit an improvement plan detailing that steps that will be taken by the practice to improve medical record keeping. Sites that pass with recommendations are re-surveyed within the next six (6) months until the site passes.

Neighborhood conducts an annual review of medical record documentation practices to assess adherence with the health plan's medical record documentation standards, specifically six (6) of the standards recognized as core elements by the National Committee for Quality Assurance (NCQA). The sample of medical records selected for review is based on primary care visits occurring over the prior year at Neighborhood's high volume primary care sites and are reviewed onsite at each practice by a clinically trained chart reviewer. The performance goal for medical record documentation standards is 80% for each standard assessed and practice sites are informed of the standards that will be assessed prior to the medical record chart review. Neighborhood also assesses performance in the aggregate across all sites sampled. Performance scores are shared with each practice, as well as opportunities for improvement with practices that achieve performance of less than 80% on any one documentation standard. Neighborhood includes an article detailing the annual results in its provider newsletter, Neighborhood News, and offers best practice information/suggestions for all network practices in the content of the article.

Medical Record Keeping, Availability and Confidentiality Standards

Neighborhood requires that the medical record keeping system and practices of all participating practitioners adhere to the following standards to assure that patient information and medical records are organized and maintained as confidential in accordance with applicable state and federal regulations; and are accessible to Neighborhood and / or other practitioners as necessary:

- There is an employee responsible for medical record keeping.
- Medical records are in a designated area accessible to staff only.
- There is one medical record for each patient labeled with patient's name.
- There are written medical record policies and procedures that address security and confidentiality, retention of active and inactive files, release of information, including the availability of records for covering practitioners, and consent for or refusal of treatment.
- Patient name and ID number are noted on each sheet in the chart.
- Medical records are secured in folders and electronic medical records are password protected.
- Sections in the records are grouped by dividers or paper clips.
- There is a process for backing up electronic medical records, if electronic medical records are used.

Medical Record Documentation Standards

Neighborhood requires that the following standards listed below be maintained / adhered to for each member medical record. *Core Elements: Neighborhood considers these documentation standards to be core components, as recognized by The National Committee for Quality Assurance (NCQA).

Biographical/ Personal Data

- Member name or ID number on each page of the record.
- A copy of Neighborhood member ID card and a photo ID of the member or caretaker, if available.
- Personal biographical data that includes address, employer, home and work telephone numbers, and emergency contact.

Author Identification

- Author identification that can be handwritten, stamped, or an electronic identifier.
- All entries must be dated.

Legibility

- The record is legible by someone other than the writer.

Problem List

- Significant illnesses and medical conditions are indicated on the problem list.*

Visit Notation

- History and physical exam identifies appropriate subjective and objective information pertinent to the patient's presenting complaints.
- Working diagnoses are consistent with findings.*
- Treatment plans/actions are consistent with diagnoses.*
- Encounter forms or notes have a notation, when indicated, regarding follow-up care, calls, or visits. The specified time of return is noted in weeks, months, or as needed.
- Laboratory and other studies are ordered, as appropriate.

Allergies/Adverse Reactions

- Medication allergies and adverse reactions are noted in the record as well as no known allergies or history of adverse reactions is noted as well.*

Past Medical History

- Past medical history (for patients seen three or more times) is easily identified and includes serious accidents, operations, and illnesses. For children and adolescents (18 years and younger), past medical history relates to prenatal care, birth, operations, and childhood illnesses.*
- For patients 12 years or older, there is appropriate notation concerning the use of cigarettes, alcohol, and substances.*

Follow-Up Care / Calls / Visits

- Unresolved problems from previous office visits are addresses in subsequent visits.

Referrals/Consultations

- Referrals to consultants are appropriate.
- If a consultation was requested, there is a note from the consultant in the record.

Consultation Reports / Results

- Consultation reports, including behavioral health, lab, and imaging reports filed in the medical record are initialed by a practitioner. Consultation reports filed in the medical record are initialed by the practitioner who received the reports. This should be done, if possible, by the practitioner who ordered them to signify review. If the reports are presented electronically, or by some other method, there is also representation of review by the practitioner who ordered them. Abnormal reports have a notation of follow-up plans.
- The record includes all ancillary services including diagnostics tests ordered by the practitioner, and all diagnostics and therapeutic services for which the patient was referred by the practitioner. This includes behavioral health and specialty care, hospital discharges, physical therapy, and ambulatory or inpatient surgery.

Patient Safety

- There is no evidence that the patient is placed at inappropriate risk by a diagnostic or therapeutic procedure.*

Preventive Health

- An up to date immunization record for children is, or an appropriate history had been made in the medical record for adults.
- There is evidence that preventive screening and services are offered in accordance with Neighborhood guidelines.

Advance Directives for Patients over age 40

- Documentation of whether or not the patient has executed an advance directive is recommended for all adult patients.

Confidentiality

- A release of information policy must be in place to ensure patient confidentiality is consistent with federal and state regulations.
- Patient Information is maintained as confidential in accordance with applicable state and federal regulations.
- Neighborhood shall have the right, upon request, with reasonable notice, to review any medical records maintained pertaining to covered services provided to members, and to copy the same.
- Neighborhood can release medical information to DHS for purposes directly related to the administration of the RIte Care program. Reviews external to DHS are made in accordance with applicable state and federal regulations and laws.

Performance Measure/Quality Improvement

To assure compliance with established medical record standards, Neighborhood conducts review of medical records as indicated for quality improvement initiatives.

* Core measure

Site Assessment.

The site assessment is conducted to ensure that individual patient care sites meet Neighborhood's standards for safety and cleanliness, medical record keeping, patient education, access to care, and patient satisfaction. The site assessment report serves as a mechanism for practitioner education and continuous improvement of patient care and service.

The assessment is conducted by trained Credentialing or Medical Management staff and it provides a mechanism for practitioner/provider education and facilitation of continuous improvement in the provision of patient care and services.

Sites assessments are conducted:

- Simultaneous to initial credentialing / network entry
- When patient care site relocates or performs extensive renovation
- In response to a member complaint
- In response to data analyses or medical record review that reveals opportunities for improvement

Neighborhood accepts national accreditation in lieu of site assessment provided that the national accreditation report covers the specific criteria that are covered in the Neighborhood's site assessment tool.

A site assessment is not required for participating practitioners/providers that move or open an additional site at a location previously assessed by Neighborhood if:

- Practitioner is joining an existing practice
- The sites has been closed for no longer than 30 days
- Neighborhood receives documentation from the site that indicates:
 - i. The space will not be renovated;
 - ii. The site's policy and procedure relative to access to care, medical records keeping and medical record documentation remain the same.

Subsequent site visits will be conducted every 3 years by the 3rd anniversary of the most recent visit for organizational providers, urgent care / walk-in treatment centers, primary care and obstetrics and gynecology providers with a high volume of patient visits (primary care providers with patient panel of at least 500; Obstetrics and gynecology practitioners with at least 200 individual patient visits in previous 12 months).

To facilitate the efficiency of the visit, enhance the practitioner/provider understanding of the criteria and to encourage continuous improvement, practitioners/providers are informed at least 2 weeks in advance of the site visit and are given a copy of the Neighborhood's site visit criteria and medical record keeping checklist.

Site visit findings are shared with the practitioners / providers for assisting in the continuous improvement of patient care and satisfaction and is maintained in the practitioner / provider's credentialing file.

Neighborhood conducts on-site performance assessments for:

Primary care practices

Obstetric and gynecology (ob/gyn) practices

Urgent care centers / walk-in treatment centers

Ambulatory Surgical Centers

Office based surgery (office operator)

Pain management facilities

Sleep disorder centers

Dialysis centers

Home Health Agencies

Skilled Nursing facilities and Hospice facilities

Outpatient Rehabilitation Facilities

Access to Care Standards

Neighborhood has developed guidelines to ensure our members' accessibility to primary care services and their assigned Primary Care Practitioner (PCP).

Neighborhood will annually monitor primary care sites' compliance with the access standards during and outside of the Participating Provider Group's (PPG's) established business hours. Evaluation of site-specific member complaints and grievances will be reviewed monthly.

Intervention and remedial action will be initiated whenever a PPG site cannot substantively meet the criteria outlined below, as determined by data obtained and reviewed from one of the sources referenced above. New or continued enrollment at the PPG site may be suspended should remedial action fail to bring the site into compliance. Decisions regarding the necessity of site closure will be made in consultation with the Rhode Island Department of Health (DOH) and the Center for Children and Family Health. PPGs may request new or continued enrollment once Neighborhood has confirmed that the "Access to Care" standards are met.

The standards are as follows:

- Urgent care is provided to patients within twenty-four (24) hours. Urgent care describes care that is necessary for a physical or mental medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that the absence of medical attention within twenty-four (24) hours could reasonably be expected to result in: a) placing the patient's health in serious jeopardy, b) serious impairment to bodily function; or c) serious dysfunction of any bodily organ or part. Urgent care will be provided to members within twenty-four (24) hours, either by a practitioner located on site, by referral to a covering practitioner or through emergency instructions.
- Appointments for non-urgent, symptomatic visits will be available as clinically appropriate, or within thirty (30) days of either the member's or practitioner's request. Non-urgent, symptomatic visits describe visits during which medical care is provided for the acute onset of symptoms that are not considered urgent, or cannot be classified as life or limb-threatening. Examples include: cold symptoms, sore throat, or nasal congestion.
- Appointments for routine care will be available within thirty (30) days, or as determined clinically necessary by the practitioner. Includes the diagnosis/treatment of conditions in the effort to prevent the need for more complex treatment as well as to minimize the risk of developing chronic illness. Examples include: family planning, chronic pain, etc.
- New Plan members who do not have an existing relationship with the PPG will be able to obtain appointments within ninety (90) days of the date of request.
- Appointments for routine physical examinations will be available within one hundred and eighty (180) days.

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- Practitioner coverage will be available twenty-four (24) hours per day, seven (7) days per week. To ensure twenty-four hour coverage, PCP's must have one of the following mechanisms in place to handle incoming member phone calls outside of normal business hours:
 - 1) Answering machine or service that directs the member to visit the closest Emergency Room.
 - 2) Answering machine that directs the member to contact the PCP or the designated on-call practitioner; or an answering service that contacts the PCP or designated on-call practitioner on behalf of the member.

The linguistic capabilities of the answering service representatives with whom the PCP is contracted and/or the outgoing message on the PPG's answering machine should represent the linguistic needs of the population served.

PCPs will exhibit compliance with the PCP:Member Ratio policy, highlighted in Section 2.08.02.06 of the Department of Human Services RItE Care Contract with Neighborhood which states that no more than fifteen hundred (1500) RItE Care members may be assigned to any single primary care practitioner in the Neighborhood network. For primary care teams and primary care sites, no more than one thousand (1000) members may be assigned per primary care practitioner within the same site or team; e.g., a primary care team with three (3) practitioners may be assigned a maximum of 3,000 RItE Care members.