

GATEWAY HEALTH PLAN®
MEDICAL RECORD REVIEW PROCEDURE

Introduction:

- Medical Record Review (MRR) Standards have been developed and approved by Gateway Health Plan's® (Gateway) Quality Improvement/Utilization Management (QI/UM) Committee.
- Medical Record Review Standards have been developed for:
 - PCPs
 - Specialists
 - OB/GYN practices
 - Skilled Nursing Facilities
 - Home Health Agencies
- The importance of having standards is to verify that Practitioners and Providers:
 - Are aware of the expected level of care and documentation of that care being provided to Gateway members.
 - Are aware of the requirements for maintenance of confidential medical information and record keeping.
 - Are assured that medical records are being evaluated in a consistent manner.

Goals:

- The Quality Improvement/Utilization Management Committee has established the scoring standard of 85% for the Medical Record Review elements.
- If the score of 85% has not been met for MRR, a follow-up review will be scheduled to assess improvement.
- Practitioners and providers are notified of their results and any areas of deficiency by letter within thirty (30) calendar days of the review.

Frequency of Reviews:

- PCP medical records are reviewed every two years on an on-going basis.
- High-Volume Specialists and OB/GYN practices are reviewed in even numbered years.
- High-Volume Ancillary Providers (Skilled Nursing Facilities and Home Health Agencies) are reviewed in odd numbered years