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Attachments

Attachment 1 – 2006 Review Information Letter



2006 External Quality Review

Document Submission Information

North Sound PIHP

Greetings,

As was described in the first communication to the PIHPs for the 2006 EQR, APS will conduct a desk review of all documents pertaining to the review topics prior to the site visit. Your site visit is scheduled for **January 18th & 19th, 2007**. All documents are due to APS on **January 4th, 2007** by close of business. Documents reflecting activities/policies, etc., effective during the period from **January 5th, 2006 through January 4th, 2007**, will be the primary focus of this year's review; the 12 months prior to the document due date is considered your individual PIHP review period. However, in order to ensure that we capture all activity since your last review, for this year only we will also accept documents reflecting activity back to September 1, 2005 (which was the end of the review period for everyone last year). We are particularly interested in training conducted during that interim as well as provider monitoring, reports generated, meeting minutes and other discreet activities that would be otherwise overlooked.

Enclosed you will find

1. Information Update form to be completed and returned
2. Description and Document submission instructions for:
 - Subparts
 - Performance Improvement Projects
 - Quality Assurance and Improvement Review (referred to as Quality Management review in APS' first communication)
 - Encounter Validation
3. Draft review tools for:
 - Subpart review
 - PIP validation
 - QAI review
 - Encounter Validation

4. Subpart Scoring Guides (they have not changed)
5. "Roadmap to a PIP" as technical assistance

APS is encouraging all PIHPs to send their documents electronically (via CD-ROM) to the extent possible; specific instructions regarding that process are included with each review instruction document attached. We hope to do a little to save the environment and minimize storage space requirements. We do include instructions for hard copy as well, and you can use a combination of the methods if that suits you.

A couple of reminders: 1) keep a copy of all document submissions for yourself, and 2) do not send original documents.

For hard copy submissions, APS will work with you to provide a FEDEX label for your shipment. Please contact Joanne Jerabek (jjerabek@apshealthcare.com) if you wish to arrange for that. You can also reach her by phone at (360) 570-2216.

All documents (electronic and hard copy) must be submitted to:

APS Healthcare
2405 Evergreen Park Dr. SW Suite B-3
Olympia, WA 98502

Please call or email Joanne with any questions you have pertaining to these documents. We will respond promptly.

Best regards,

APS Healthcare
(Harriet Markell, Executive Director)



August 1, 2006

Hello, RSN Administrators. It's that time of year again – preparation for the External Quality Review season. We hope you are enjoying your summer and that the information we provide in this general description of this year's review process will ease you into your preparations.

In this communication you will find information regarding:

- The review process, review period, and topics being reviewed
- Schedule of reviews for all PIHPs
- A list of future communications – what you can expect and when

We encourage you to read this carefully and request that one person, in addition to the RSN Administrator, be identified as an official EQR contact. Please email Joanne Jerabek, jjerabek@apshealthcare.com with the name, phone number, and email of that person.

If you have questions about this or future communications, please send them to Joanne via email. The EQRO will provide responses to all PIHP questions weekly, via email, to everyone.

2006-2007 Review Plan

1. **Review Period:** each PIHP will be on an individual review year, thereby establishing an annual review cycle that ensures that MHD gets the most up to date information about each PIHP. This process will also enable the PIHPs to receive feedback from the EQRO that is more current and relevant to their existing operation.
 - **Each PIHP's review period will begin 12 months prior to the date their 2006 review documents are due.**
For example, if PIHP A's document due date this year is Sept 27, 2006, their review period will extend back to Sept 27, 2005. The EQRO would expect to receive all documents in place during that 12 month period that relate to the topics being reviewed.
2. **Review Topics**
 - **Subpart Compliance Monitoring:** all items scored below 3 in the 2005 review, using the same scoring mechanism that has been in place the last 2 years

- Performance Improvement Project Validation: 2 PIPs, one clinical and one non-clinical, of the PIHP's choosing, using the same validation tool enhanced with some helpful detail
- Performance Measure Validation:
 - Review and update of PIHP IT systems and the State's methods and systems for PM calculation
 - Specific State measures to be defined shortly
- Encounter Validation: Evaluation of PIHP's systems and process for conducting State-required encounter validation
- **Quality Management Review** – this is new this year and will include:
 - Review and evaluation of quality and completeness of PIHP Quality Management plans
 - Review and evaluation of PIHP Chart review process, results, and follow-up
 - Review of PIHP's use of results over time for network-wide quality improvement

2. Review Process

- **The EQRO will conduct a desk review of policies, procedures, and other primary documents related to all review topics, prior to a site visit to the PIHP and two network providers.**
- Document requests and specifics for site visit will be sent to each PIHP based on their site visit schedule
 - The EQRO will request all documents for review at the same time, for all review activities above
 - As was the case last year, there will be no opportunity to provide additional documents beyond the due date
 - The PIHPs will have 30 calendar days to submit the requested documents
 - Each PIHP will receive a list of recommended documents and specific instructions for organizing and submitting them
 - The EQRO is encouraging electronic document submission and requests that you prepare to submit as much as possible electronically
- Desk Review
 - Each PIHP's submitted documentation will be reviewed prior to their site visit.
 - PIHP and provider interview questions will be formulated based on the submitted documentation.
- Site Visit Schedule
 - The schedule for the 2006-2007 site visits is attached
 - The order and length of the visits will be essentially the same as last year – PIHP interviews for ½ day and 2 providers, for an hour and ½ each
 - The EQRO cannot entertain any requests for change in schedule
- The reporting schedule will be essentially the same as last year; specific dates for reports and the exit brief will be provided during the site visit.

4. Future Communication

- **Document requests** will reach each PIHP 1 calendar month prior to their due date, and approximately 6 weeks before the site visit; all necessary documents for all desk reviews will be requested at the same time.
- **Review tools** for each review activity will be sent in outline, draft or final form with the document requests.
- **Site visit agenda and provider names** will be sent 30 days prior to the site visit.
- **Pre-visit conference call** will take place about 2 weeks prior to the site visit and will include confirmation of provider visits as well as review of process and logistics for site visit.

APS Healthcare wishes you all a successful and informative review year!



Harriet Markell
Executive Director, WAEQRO

Cc: Judy Gosney, Mental Health Division

Attachments

Attachment 2 – Document Submission Information



2006 External Quality Review

Document Submission Information

North Sound PIHP

Greetings,

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Olympia, WA 98502

Please call or email Joanne with any questions you have pertaining to these documents. We will respond promptly.

Best regards,

APS Healthcare
(Harriet Markell, Executive Director)

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Attachment 3 – 2006 PIHP Information Request Update



2006 WAEQRO PIHP Information Request Update

The Information Request Update is a tool used by APS Healthcare to gather current information about your organization in order to conduct the highest quality and most efficient review possible. Please provide the following information:

Please note: Rows will automatically format to inserted content. In addition, rows can be added or subtracted electronically as needed.

PIHP Name:

Physical Address:

Mailing Address (if different than above):

Phone Number:

Fax Number:

Email Address of Primary Contact:

Website Address:

PIHP Administrator Name and Email Address:

Additional EQRO Contact Names, Titles and Email Addresses:

A. Year began operating as a PIHP:

B. Number of Medicaid Enrollees, FY 2005:

C. Served Medicaid Population, FY 2005:

D. Provide an Organizational Chart with names and titles of staff

E. PIHP's History and Current Structure:

The description should address key historical events such as mergers and changes in organizational structure. Also describe any unique aspects of the structure history, or operation of the PIHP.

F. Description of all payment methodologies used to compensate providers and subcontractors performing delegated functions:

2006 WAEQRO PIHP Information Request Update

Governing Board

Member Name	Title	Organization/Employer

Advisory Board

Member Name	Title	Organization/Employer

Network Providers

Provider Name, Administrator and Contact Info	Served Medicaid Population FY 2005	Type of Services Provided	Delegated Functions

Subcontractor of Delegated Functions

Subcontractor Name, Administrator and Contact Info	Month and Year Initially Delegated	Delegated Functions

Attachments

Attachment 4 – Roadmap to PIP

Road Map to a PIP

1. Assemble multi-functional team

- A. Identify/list shortcomings, problems, weakness in services/delivery.
- B. Review relevant data: routine QI monitoring, MHP data, DMH or APS data, complaints, rumors, or concerns.
- C. Identify priority area(s) of concern.
- D. Review each per steps 2-4.
- E. Pick one for PIP.

- A. Does the problem affect consumers' satisfaction, MH outcomes, or functional status? Is it within our scope of influence?
- B. Use numbers – rates or frequency.
- C. Use benchmark literature (MHP, CA, US, etc.) relating to goals.
- D. Identify MHP's current baseline numbers or %.
- E. **What number or % would indicate "improvement"? Why?**

2. "Is there really a problem?" Validate the problem

3. Team Brainstorming: "Why is this happening?" Root cause analysis to identify challenges/barriers

- A. Investigate what is or is not happening. Process mapping can be helpful.
- B. Accept/reject all possible reasons by examining data and processes.
- C. For each accepted reason, what is broken? These are the "barriers."

4. "How can we try to address the broken elements/barriers?" Planned interventions

- A. Identify interventions, then determine how and when to measure.
- B. What measurements represent success?
- C. Did we eliminate bias?
- D. After a measurement cycle, review results, alter intervention(s) as necessary, remeasure or move on.
- E. Document/account for outside influences.

"If we do _____, then, can we _____?"
(step 4.) (step 2E.)

Have study question **identify the problem** targeted for improvement, a the specific population, and a **general intervention(s)** approach.

5. Formulate the study question

6. Apply Interventions "What do we see?"

Data analysis:
apply intervention, measure, interpret

- A. Specify and apply intervention(s) for each targeted barrier/element.
- B. Make interventions as measurable as possible: frequency, time, etc.**
- C. Consider pilot, surveys, etc., to initially validate the intervention(s).

7. "Was the PIP successful?" What are the outcomes?

- A. Were numerical goals achieved?
- B. Has PIP demonstrated improvement for consumer MH outcomes, functional status, or satisfaction?
- C. Were numerical goals sustained after a time period of re-measurement?
- D. If successful, institutionalize changes and implement routine monitoring to maintain improvement.
- E. Return to appropriate step if necessary.
- F. Publicly celebrate your team's successes !!**

Attachments

Attachment 5 – Subpart Review Tools

42 CFR REFERENCE AND APPLICATION	Subpart F-Grievance System	8-07-06
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<p>438.400 438.402</p>	<p>STATUTORY BASIS AND DEFINITIONS (See CFR text for definitions)</p> <p>GENERAL REQUIREMENTS</p> <p>(a) <u>Grievance System</u>: The PIHP must have a system in place for enrollees that include a grievance process, an appeal process and access to the State’s fair hearing system.</p> <p>(b) <u>Filing Requirements</u>:</p> <p>(1) <u>Authority to file</u>:</p> <ul style="list-style-type: none"> (i) An enrollee may file a grievance and a PIHP level appeal and may request a State fair hearing (ii) A community mental health agency, acting on behalf of the enrollee and with the enrollee’s written consent, may file an appeal. A community mental health community mental health agency may file a grievance or request a State fair hearing on behalf of an enrollee if the State permits the community mental health agency to act as the enrollee’s authorized representative in doing so. <p>(2) <u>Timing</u>:</p> <p>The State specifies a reasonable timeframe that may be no less than 20 days and not to exceed 90 days from the date on the PIHP’s notice of action Within that timeframe:</p> <ul style="list-style-type: none"> (i) The enrollee or the community mental health agency may file an appeal; (ii) In a state that does not require prior exhaustion of PIHP level appeals; the enrollee may request a State fair hearing. <p>(3) <u>Procedures</u>:</p> <ul style="list-style-type: none"> (i) The enrollee may file a grievance either orally or in writing and as determined by the State either with the State or with the PIHP. (ii) The enrollee or the community mental health agency may file an appeal either orally or in writing, and unless he or she requests expedited resolution, must follow an oral filing with a written, signed appeal.
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42 CFR REFERENCE AND APPLICATION	Subpart F-Grievance System	8-07-06
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Scoring		0	1	2	3	4	5	<u>05</u>
Scoring Guide 1 [Q71]	<p>(a) Grievance System: The PIHP must have a system in place for enrollees that includes a grievance process, an appeal process and access to the State’s fair hearing system that includes the following: [MHD-PIHP '05-'06 Contract 1.4.6 / Exhibit N] [MHD-PIHP '06-'07 Contract 12]</p> <p>(b) Filing Requirements: (1) Authority to file: (i) An enrollee may file a grievance and a PIHP level appeal and may request a State fair hearing (ii) A community mental health agency, acting on behalf of the enrollee and with the enrollee’s written consent, may file an appeal. A community mental health agency may file a grievance or request a State fair hearing on behalf of an enrollee if the State permits the community mental health agency to act as the enrollee’s authorized representative in doing so.</p>							
Scoring		0	1	2	3	4	5	<u>05</u>
Scoring Guide 1 [Q72]	<p>(2) Timing: Within the timeframe established by the State – (i) The enrollee or the community mental health agency may file an appeal; (ii) In a state that does not require prior exhaustion of PIHP level appeals; the enrollee may request a State fair hearing.</p> <p>(3) Procedures: (i) The enrollee may file a grievance either orally or in writing and as determined by the State either with the State or with the PIHP. (ii) The enrollee or the community mental health agency may file an appeal either orally or in writing, and unless he or she requests expedited resolution, must follow an oral filing with a written, signed appeal. [MHD-PIHP '05-'06 Contract Exhibit N] [MHD-PIHP '06-'07 Contract 12.1.1-12.1.4]</p>							
<u>Comments/Observations:</u>								
438.404	<p>NOTICE OF ACTION (a) Language and format requirements as in 438.10(c) and (d). (b) Content of Notice.</p>							

42 CFR REFERENCE AND APPLICATION	Subpart F-Grievance System	8-07-06
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Scoring	0	1	2	3	4	5	05
Scoring Guide 2 [Q73]	<p>(c) <u>Timing of Notice:</u> The PIHP must mail the notice within the following timeframes:</p> <ul style="list-style-type: none"> (1) For termination, suspension or reduction of previously authorized Medicaid covered services, within the timeframes specified in 431.211, 431.213 and 431.214 of this chapter. (2) For denial of payment, at the time of any action affecting the claim. (3) For standard service authorization decisions that deny or limit services within the timeframe specified in 438.210(d)(1) and (2). (4) If the PIHP extends the timeframe in accordance with 438.210(d)(1) it must – <ul style="list-style-type: none"> (i) Give the enrollee written notice of the reason for the decision to extend the timeframe and inform the enrollee of the right to file a grievance if he or she disagrees with that decision; and (ii) Issue and carry out its determination as expeditiously as the enrollee’s health condition requires and no later than the date the extension expires. (5) For service authorization decisions not reached within the timeframes specified in 438.210(d) (which constitutes a denial and thus an adverse action), on the date that the timeframes expire. (6) For expedited service authorization decisions, within the timeframes specified in 438.210(d). <p>[MHD-PIHP '05-'06 Contract Exhibit N] [MHD-PIHP '06-'07 Contract 12.2]</p>						
<u>Comments/Observations:</u>							

438.406

HANDLING OF GRIEVANCES AND APPEALS

- (a) General Requirements:** In handling grievances and appeals, each PIHP must meet the following requirements:
- (1) Give enrollees any reasonable assistance in completing forms and taking other procedural steps. This includes, but is not limited to, providing interpreter services and toll-free numbers that have adequate TTY/TTD and interpreter capability.
 - (2) Acknowledge receipt of each grievance and appeal.
 - (3) Ensure that the individuals who make decisions on grievance and appeals are individuals:
 - (i) Who were not involved in any previous level of review or decision-making; and
 - (ii) Who, if deciding any of the following, are health care professionals who have the appropriate clinical expertise, as determined by the State in treating the enrollee's condition or disease.
 - (A) An appeal of a denial that is based on lack of medical necessity.
 - (B) A grievance regarding denial of expedited resolution of an appeal.
 - (C) A grievance or appeal that involves clinical issues.
- (b) Special Requirements for Appeals:** The process for appeals must:
- (1) Provide that oral inquiries seeking to appeal an action are treated as appeals (to establish the earliest possible filing date for the appeal) and must be confirmed in writing, unless the enrollee or community mental health agency requests expedited resolution
 - (2) Provide the enrollee a reasonable opportunity to present evidence and allegations of fact or law in person as well as in writing. (The PIHP must inform the enrollee of the limited time available for this in case of expedited resolution.)
 - (3) Provide the enrollee and his or her representative opportunity, before and during the appeals process to examine the enrollee's case file, including medical records and any other documents and records considered during the appeals process.
 - (4) Include, as parties to the appeal:
 - (i) The enrollee and his or her representative; or
 - (ii) The legal representative of a deceased enrollee's estate.

[\[MHD-PIHP '05-'06 Contract Exhibit N\]](#) [\[MHD-PIHP '06-'07 Contract 12.3\]](#)

42 CFR REFERENCE AND APPLICATION	Subpart F-Grievance System	8-07-06						
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Scoring		0	1	2	3	4	5	05
Scoring Guide 1 [Q74]	(1) PIHP ensures that enrollees are provided reasonable assistance in completing forms and taking other procedural steps. This includes, but is not limited to, providing interpreter services and toll-free numbers that have adequate TTY/TTD interpreter capability. (PIHP should have Policy and Procedure, Specific Language Requirements (e.g. handbooks, postings) and system of oversight [QA]). [MHD-PIHP '06-'07 Contract 12.1.5]							
Scoring Guide 2 [Q75]	(2) Acknowledgement of receipt of each grievance and appeal (What is PIHP Process?) [MHD-PIHP '05-'06 Contract Exhibit N] [MHD-PIHP '06-'07 Contract 12.3.1.2]							
Scoring Guide 1 [Q76]	(3) The PIHP ensures that the individuals who make decisions on grievance and appeals are individuals: (i) Who were not involved in any previous level of review or decision-making; and (ii) Who, if deciding any of the following, are health care professionals who have the appropriate clinical expertise, as determined by the State in treating the enrollee's condition or disease. (A) An appeal of a denial that is based on lack of medical necessity. (B) A grievance regarding denial of expedited resolution of an appeal. (C) A grievance or appeal that involves clinical issues. [MHD-PIHP '05-'06 Contract Exhibit N] [MHD-PIHP '06-'07 Contract 12.3.1.3 / 12.3.1.4]							
Scoring Guide 1 [Q77]	b) Special Requirements for Appeals: The process for appeals must: (1) Provide that oral inquiries seeking to appeal an action are treated as appeals (to establish the earliest possible filing date for the appeal) and must be confirmed in writing, unless the enrollee or community mental health agency requests expedited resolution. (2) Provide the enrollee a reasonable opportunity to present evidence and allegations of fact or law in person as well as in writing. (The PIHP must inform the enrollee of the limited time available for this in case of expedited resolution.) [MHD-PIHP '05-'06 Contract Exhibit N] [MHD-PIHP '06-'07 Contract 12.3.2.1 / 12.3.2.2]							
Scoring Guide 1 [Q78]	(3) Provide the enrollee and his or her representative opportunity, before and during the appeals process to examine the enrollee's case file, including medical records and any other documents and records considered during the appeals process. [MHD-PIHP '05-'06 Contract Exhibit N] [MHD-PIHP '06-'07 Contract 12.3.2.3]							
Scoring Guide 1 [Q79]	(4) Include, as parties to the appeal: (i) The enrollee and his or her representative; or (ii) The legal representative of a deceased enrollee's estate.							

Comments/Observations:

42 CFR REFERENCE AND APPLICATION	Subpart F-Grievance System	8-07-06
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438.408	RESOLUTION AND NOTIFICATION: Grievances and Appeals								
Scoring		0	1	2	3	4	5	<u>05</u>	
Scoring Guide 1 [80] (Receives one total score)	<p>(a) <u>Basic Rule:</u> The PIHP must dispose of each grievance and resolve each appeal, and provide notice, as expeditiously as the enrollee’s health condition requires, within State-established time frames that may not exceed time frames specified in this section.</p> <p>(b) <u>Specific Timeframes:</u> See Endnotes</p> <p>(c) <u>Extension of Timeframes:</u> See Endnotes</p> <p>(1) The PIHP may extend the timeframes from paragraph (b) of this section by up to 14 calendar days if:</p> <p>(i) The enrollee requests the extension; or</p> <p>(ii) The PIHP shows (to the satisfaction of the State agency, upon its request) that there is a need for additional information and how the delay is in the enrollee's interest.</p> <p>(2) Requirements following extension. If the PIHP extends the timeframes, it must--for any extension not requested by the enrollee, give the enrollee written notice of the reason for the delay.</p> <p>(d) <u>Format of Notice:</u></p> <p>(1) Grievances. The State must establish the method the PIHPs will use to notify an enrollee of the disposition of a grievance.</p> <p>(2) Appeals.</p> <p>(i) For all appeals, the PIHP must provide written notice of disposition.</p> <p>(ii) For notice of expedited resolution, the PIHP must also make reasonable efforts to provide oral notice.</p> <p>[MHD-PIHP '05-'06 Contract Exhibit N] [MHD-PIHP '06-'07 Contract 12.4-12.4.1.5]</p>								
Scoring Guide 1 [Q81]	<p>(e) <u>Content of Notice of Appeal Resolution:</u></p> <p>The written notice of the resolution must include the following:</p> <p>(1) The results of the resolution process and the date it was completed.</p> <p>(2) For appeals not resolved wholly in favor of the enrollees-</p> <p>(i) The right to request a State fair hearing, and how to do so;</p> <p>(ii) The right to request to receive benefits while the hearing is pending, and how to make the request; and</p> <p>(iii) The enrollee may be held liable for the cost of those benefits if the hearing decision upholds the PIHP’s action.</p> <p>[MHD-PIHP '05-'06 Contract Exhibit N] [MHD-PIHP '06-'07 Contract 12.4.2]</p>								

42 CFR REFERENCE AND APPLICATION	Subpart F-Grievance System	8-07-06
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Scoring		0	1	2	3	4	5	05
Scoring Guide 1 [Q82]	<p>(f) Requirements for State Fair Hearings:</p> <p>(1) Availability: The State must permit the enrollee to request a state fair hearing within a reasonable time period specified by the State but not less than 20 or in excess of 90 days from whichever of the following dates applies:</p> <p>(i) If the State requires exhaustion of the PIHP level appeal procedures from the date of the PIHP's notice of resolution; or</p> <p>(ii) If the State does not require exhaustion of the PIHP level appeal procedures and the enrollee appeals directly to the State for a fair hearing from the date on the PIHP's Notice of Action</p> <p>(2) Parties: The parties to the State fair hearing include the PIHP as well as the enrollee and his/or her representative or the representative of a deceased enrollee's estate.</p> <p>[MHD-PIHP '05-'06 Contract Exhibit N] [MHD-PIHP '06-'07 Contract 12.4.1.6]</p>							
<u>Comments/Observations:</u>								
438.410	EXPEDITED RESOLUTION OF APPEALS							
Scoring		0	1	2	3	4	5	05
Scoring Guide 2 [Q83]	<p>(a) General Rule: Each PIHP must establish and maintain an expedited review process for appeals, when the PIHP determines (a request from the enrollee) or the community mental health agency indicates (in making the request on the enrollee's behalf or supporting the enrollee's request) that taking the time for a standard resolution could seriously jeopardize the enrollee's life or health or ability to attain, maintain or regain maximum function.</p> <p>(b) Punitive Action: The PIHP must ensure that punitive action is neither taken against a community mental health agency that requests an expedited resolution or supports an enrollee's appeal.</p> <p>[MHD-PIHP '05-'06 Contract Exhibit N] [MHD-PIHP '06-'07 Contract 12.1.4 / 12.3.1.5]</p>							
Scoring		0	1	2	3	4	5	05
Scoring Guide 2 [Q84]	<p>(c) Action following denial of a request for expedited resolution: If the PIHP denies a request for expedited resolution of an appeal, it must:</p> <p>(1) Transfer the appeal to the timeframe for standard resolution in accordance with 438.408(b)(2);</p> <p>(2) Give the enrollee prompt oral notice of the denial, and follow up within 2 calendar days with a written notice.</p>							

42 CFR REFERENCE AND APPLICATION	Subpart F-Grievance System	8-07-06
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Comments/Observations:

438.414	INFORMATION ABOUT THE GRIEVANCE SYSTEM TO COMMUNITY MENTAL HEALTH AGENCIES AND AGENTS OF THE PIHP
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Scoring	0	1	2	3	4	5	05
Scoring Guide 1 [Q85] The PIHP must provide the information specified at 438.10(g)(1) about the grievance system to all community mental health agencies and subcontractors at the time they enter into a contract, using a State developed description that must include: (i) The right to file grievances; (ii) The requirements and timeframes for filing a grievance; and (iii) The availability of assistance in the filing process; and (iv) Toll free numbers that the enrollee can use to file a grievance. [MHD-PIHP '05-'06 Contract 1.5.8] [MHD-PIHP '06-'07 Contract 8.3.15 / 12.5.4-12.5.4.1]							

Comments/Observations:

438.416	RECORDKEEPING AND REPORTING REQUIREMENTS The State must require PIHPs to maintain records of grievances and appeals and must review the information as part of the State quality strategy.
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Scoring	0	1	2	3	4	5	05
Scoring Guide 2 [Q86] PIHP has a mechanism to maintain records of grievances and appeals. [MHD-PIHP '05-'06 Contract Exhibit N] [MHD-PIHP '06-'07 Contract 12.6]							
Scoring Guide 2 [Q87] PIHP has a mechanism for reviewing grievances and appeals and creating quality improvements. [MHD-PIHP '05-'06 Contract Exhibit N] [MHD-PIHP '06-'07 Contract 12.6.2.4]							

Comments/Observations:

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Scoring		0	1	2	3	4	5	05
Scoring guideline 2 [Q89]	PIHP has mechanism to ensure that enrollees' rights are upheld regarding the authorization / provision of disputed services. [MHD-PIHP '05-'06 Contract Exhibit N] [MHD-PIHP '06-'07 Contract 12.5.3]							
<u>Comments/Observations:</u>								

End Notes

Resolution and notification of grievances and appeals:

- Completion of a grievance disposition – within 90 calendar days of receipt
PIHP – has 30 calendar days unless there is mutual written agreement to extend in that case can be extended up to another 60 calendar days
- State specified timeframes for a standard disposition of a grievance -not more than **30 days** from statement of grievance
- State specified timeframes for a standard resolution of an appeal - not more than **45 calendar days** from receipt of notice of appeal
- State specified timeframes for extensions on disposition of grievances up to **14 calendar days** if the enrollee requests extension, or MHD provides written approval
- State specified timeframes for extensions on disposition of appeals - up to **14 calendar days** if the enrollee requests extension, or MHD provides written approval
- State specified timeframes for expedited resolution of appeal – can not exceed more than **3 working days** after the PIHP receives the appeal

State Fair Hearings:

- State specified timeframes for request for an enrollee State Fair Hearing:
Standard service authorization decisions –not less than **20 days** and not more than **90 days** from date of the PIHP's notice of resolution of an appeal.
Appeals regarding termination, suspension or reduction of services – within **10 days** from date of the PIHP's notice of resolution of an appeal.

Note: State requires exhaustion of all PIHP level “appeal” procedures prior to request for State Fair Hearing. If the PIHP fails to adhere to notification timeframes the enrollee can exercise his or her rights to a State Fair Hearing.

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ACCESS AND AVAILABILITY STANDARDS

438.204	ACCESS STANDARDS – State Requirement								
438.206(b)(1)	<p>AVAILABILITY OF SERVICES</p> <p>(a) <u>Basic Rule:</u> Each State must ensure that all services covered under the State Plan are available and accessible to enrollees of PIHPs.</p> <p>(b) <u>Delivery Network:</u> The State must ensure, through its contracts, that each PIHP consistent with the scope of the PIHP’s contracted services, meets the following requirements:</p> <p>(1) Maintains and monitors a network of appropriate providers that is supported by written agreements and is sufficient to provide adequate access to all services covered under the contract. In establishing and maintaining the network, each PIHP must consider the following:</p> <ul style="list-style-type: none"> (i) The anticipated Medicaid enrollment. (ii) The expected utilization of services, considering Medicaid enrollee characteristics and health care needs. (iii) The numbers and types (in terms of training, experience and specialization) of providers required to furnish the contracted Medicaid services. (iv) The number of network providers who are not accepting new Medicaid patients. (v) The geographic location of providers and Medicaid enrollees, considering distance, travel time, the means of transportation ordinarily used by enrollees, and whether the location provides physical access for enrollees with disabilities. <p>(“Network” refers to the Regional Support Networks subcontracted providers, Community Mental Health Agencies (CMHAs) and their affiliated staff/providers.)</p>								
Scoring		0	1	2	3	4	5	05	
Scoring Guide 1 [Q18]	PIHP has a process that monitors the provider network on a reasonable basis to ensure adequate access to all medically necessary services based on b (1)(i) through (v) above. The process entails the following : [MHD-PIHP '05-'06 Contract 1.3-1.3.3.4 / 4.1 / 4.4] [MHD-PIHP '06-'07 Contract 6.1]								
Scoring Guide 2 [Q19]	PIHP has a mechanism to monitor change in network sufficiency and to provide reports to the state in a timely fashion. [MHD-PIHP '05-'06 Contract 4.1-4.3 / 5.5] [MHD-PIHP '06-'07 Contract 6.1.2 / 8.4-8.4.2 / 10.1.2-10.1.3.2]								
Scoring Guide 2 [Q20]	PIHP manages network adequacy by responding to changes in population served or network providers appropriately and monitors their network to insure that it remains adequate to provide all services including gaps in service capabilities. [MHD-PIHP '05-'06 Contract 4.2 / 4.3] [MHD-PIHP '06-'07 Contract 6.1 / 10.1.2-10.1.3.2]								
Comments/Observations:									

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438.206(b)(2)	ACCORDING TO MHD CMS HAS WAIVED THIS REQUIREMENT FOR WA STATE MENTAL HEALTH SERVICES							
438.206(b)(3)	DELIVERY NETWORK <u>Second Opinion</u> : The contract must require that the entity provide for a second opinion from a qualified health care professional within the network or arranges for the enrollee to obtain one outside the network at no cost to the enrollee.							
Scoring		0	1	2	3	4	5	05
Scoring Guide 2 [Q21]	The PIHP guarantees enrollees a second opinion and has a mechanism to ensure that this is accomplished in a systematic way and that the PIHP subcontracts clearly pass this requirement on to the providers as part of their service delivery requirements. [MHD-PIHP '05-'06 Contract 4.13] [MHD-PIHP '06-'07 Contract 13.2]							
<u>Comments/Observations:</u>								
438.206(b)(4)	DELIVERY NETWORK CONT'D. <u>Out of Network Providers</u> : If the PIHP is unable to provide covered services, to a particular enrollee, the PIHP must pay for these services to be delivered by non-contracted providers for as long as the PIHP is unable to provide them							
Scoring		0	1	2	3	4	5	05
Scoring Guide 1 [Q22]	The PIHP has a policy that lists the above requirement and has developed a system to ensure that subcontractors are aware of the PIHP policy and procedure so that they make out-of-network referrals when necessary. [MHD-PIHP '05-'06 Contract 1.4 / 4.13] [MHD-PIHP '06-'07 Contract 13.2 / 13.4.23]							
<u>Comments/Observations:</u>								
438.206(b)(5)	DELIVERY NETWORK CONT'D. <u>Out of Network Providers</u> : Requires out-of-network providers to coordinate with the PIHP with respect to payment and ensures that cost to the enrollee is no greater than it would be if the services were furnished within the network.							
Scoring		0	1	2	3	4	5	05
Scoring Guide 1 [Q23]	The PIHP has policies regarding the use of out of network providers and procedures to support coordination with respect to payment. [MHD-PIHP '05-'06 Contract 1.4 / 4.13] [MHD-PIHP '06-'07 Contract 13.2 / 13.4.23]							
Scoring Guide 2 [Q24]	The PIHP has a mechanism to ensure that cost to enrollees when an out of network provider is used is no greater than it would be if the services were furnished within the network. [MHD-PIHP '05-'06 Contract 1.4 / 4.13] [MHD-PIHP '06-'07 Contract 13.2 / 13.4.23]							
<u>Comments/Observations:</u>								

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438.206(b)(6)	ACCORDING TO MHD CMS HAS WAIVED THIS REQUIREMENT FOR WA STATE MENTAL HEALTH SERVICES
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438.206(c)(1)	FURNISHING OF SERVICES <u>Timely Access:</u> (i) Meet and require its providers to meet State standards for timely access to care and services, taking into account the urgency of need for services; (ii) Ensure that the network providers offer hours of operation that are no less than the hours of operation offered to commercial enrollees or comparable to Medicaid fee-for service, if the provider serves only Medicaid enrollees (iii) Makes services available 24 hours a day, 7 days a week when medically necessary (iv) Establish mechanisms to ensure compliance (v) Monitor providers regularly to determine compliance (vi) Take corrective action if there is a failure to comply
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Scoring		0	1	2	3	4	5	05
Scoring Guide 1 [Q25]	PIHP ensures compliance with standards regarding timely access (See Access Standards Below). [MHD-PIHP '05-'06 Contract 1.3.3.5 / 1.3.3.6 / 1.3.4 / 1.3.4.2 / 1.4.20(b)] [MHD-PIHP '06-'07 Contract 6.2-6.2.1.4]							
Scoring Guide 1 [Q26]	PIHP contracts require network providers to meet the standards for timely access and specify each standard. [MHD-PIHP '05-'06 Contract 1.3.3.5 / 1.3.3.6 / 1.3.4 / 1.3.4.2 / 1.4.20(b)] [MHD-PIHP '06-'07 Contract 6.2-6.2.1.4]							
Scoring Guide 2 [Q27]	PIHP has mechanisms for oversight of subcontractor compliance with standards for timely access. [MHD-PIHP '05-'06 Contract 1.4.20(b)] [MHD-PIHP '06-'07 Contract 6.2-6.2.1.4]							

Review the following Access Standards:

- Intake is initiated within 10 working days, of the request for MH services.
- Routine mental health services are offered to occur within 14 calendar days of determination of eligibility.
- An extension is possible upon request by the enrollee a total of 28 calendar days from request for services to first routine apt. will be the normal time period expected.
- Emergent Care occurs within 2 hours;
- Urgent Care occurs within 24 hours from the request for services.

Comments/Observations:

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438.206(c)(2)	FURNISHING OF SERVICES CONT'D Each PIHP participates in the State's efforts to promote the delivery of services in a culturally competent manner to all enrollees, including those with limited English proficiency and diverse cultural and ethnic backgrounds.									
	PIHP ensures the delivery of culturally competent services regarding :									
Scoring		0	1	2	3	4	5	05		
Scoring Guide 1 [Q28]	Mental Health Specialists as defined in WAC 388-865-0150 and 0415.									
[Q29]	Translation of materials into languages in covered population per contract: oral interpretation in any language, written interpretation in 7 languages (Cambodian, Chinese, Korean, Laotian, Russian, Spanish and Vietnamese). [MHD-PIHP '05-'06 Contract 1.4.5.2 / 1.4.5.3] [MHD-PIHP '06-'07 Contract 3.1.2-3.1.5]									
[Q30]	Availability of interpreters in 7 languages (Cambodian, Chinese, Korean, Laotian, Russian, Spanish and Vietnamese) when needed (including sign language for sensory impairments). [MHD-PIHP '05-'06 Contract 1.4.5.2 / 1.4.5.3 / 1.4.5.4(b) / 4.10] [MHD-PIHP '06-'07 Contract 3.1.2-3.1.5]									
<u>Comments/Observations:</u>										
	PIHP subcontract has requirements that ensure access to culturally competent service practices utilizing:									
Scoring		0	1	2	3	4	5	05		
Scoring Guide 1 [Q31]	Mental Health Specialists according to WAC 388-865-015.									
[Q32]	Materials translated according to WAC 388-865-0330 requirements related to language thresholds (most commonly used languages).									
Scoring Guide 2 [Q33]	PIHP has mechanism for oversight of culturally competent service standards. [MHD-PIHP '05-'06 Contract 5.2.2 / 1.4.5.2(b)] [MHD-PIHP '06-'07 Contract 7.2.2 / 9.2.10 / 9.2.11]									
<u>Comments/Observations:</u>										
438.207	ASSURANCES OF ADEQUATE CAPACITY AND SERVICES (a) Basic rule: The State must ensure through its contracts that each PIHP gives assurances to the State and provides supporting documentation that demonstrates that it has the capacity to serve the expected enrollment in its service area in accordance with the State's standards for access to care under this subpart (b) Nature of supporting documentation: Each PIHP must submit documentation to the State in a format specified by the state to demonstrate that it complies with the following requirements: (1) Offers an appropriate range of preventive, primary care and specialty services that is adequate for the anticipated number of enrollees for the service area.									

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Scoring		0	1	2	3	4	5	05
Scoring Guide 2 [Q34]	Maintains a network of Community Mental Health Agencies (CMHAs) that is sufficient in number, mix and geographic distribution to meet the needs of the anticipated number of enrollees in the service area. [MHD-PIHP '05-'06 Contract 1.3.1 / 1.3.3 / 4.1 / 4.4] [MHD-PIHP '06-'07 Contract 6.1 / 10.1.2-10.1.3.2]							
Scoring Guide 2 [Q35]	(c) <u>Timing of documentation:</u> Each PIHP must submit the documentation described in paragraph (b) of this section as specified by the State, but no less frequently than the following: (1) Current contract requires waiver renewal or when the changes are substantial. (2) At any time there has been a significant change (as defined by the State) in the PIHP's operations that would affect adequate capacity and services including: (i) changes in PIHP services, benefits, geographic service area or payments or (ii) enrollment of a new population in the PIHP. [MHD-PIHP '05-'06 Contract 1.3.2 / 1.3.2.1 / 5.5] [MHD-PIHP '06-'07 Contract 6.1.2 / 8.4-8.4.2 / 11.1.7]							
438.207(d)(e)	State Requirements							
<u>Comments/Observations:</u>								
438.208(a)	State Requirement							
438.208(b)(1)-(4)	ACCORDING TO MHD CMS HAS WAIVED THIS REQUIREMENT FOR WA STATE MENTAL HEALTH SERVICES							
438.208(c)	ACCORDING TO MHD CMS HAS WAIVED THIS REQUIREMENT FOR WA STATE MENTAL HEALTH SERVICES (Therefore questions 36, 37 and 38 have been removed)							
438.210	State Requirement							
438.210(b)	(b) <u>Authorization of Services:</u> For the processing of requests for initial and continuing authorizations of services, each contract must require: (1) That the PIHP and its subcontractors have in place, and follow, written policies and procedures (Note: subcontractors are typically CMHAs unless there is a contracted ASO organization). (2) Have contracts, written policies and procedures and mechanisms to ensure: (i) Consistent application of review criteria for authorization decisions (ii) Consultation with the requesting provider (3) Require that decisions to deny a service authorization request or to authorize a service in an amount, duration or scope that is less than requested, be made by a health care professional who has appropriate clinical expertise in treating the enrollees condition or disease.							

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Scoring		0	1	2	3	4	5	05
Scoring Guide 1 [Q39]	The PIHP ensures that authorization of services occurs within the consistent application of Access to Care Standards published by the MHD throughout the provider network and in consultation with the requesting provider. [MHD-PIHP '05-'06 Contract 4.6] [MHD-PIHP '06-'07 Contract 6.2.2.3 / 10.1.1.5]							
Scoring Guide 1 [Q40]	The PIHP ensures that authorization decisions are made by health care professionals with appropriate clinical expertise. (Mental Health Professionals-MHP) [MHD-PIHP '05-'06 Contract 4.8] [MHD-PIHP '06-'07 Contract 6.2.2.7 / 10.0]							
Scoring Guide 2 [Q41]	PIHP conducts audits of providers that insure compliance as evidenced by clear policy at the agency level and consistent authorization practices. [MHD-PIHP '05-'06 Contract 1.4.18 / 1.4.20] [MHD-PIHP '06-'07 Contract 8.2.1 / 8.4.3]							

Comments/Observations:

438.210(c)	(c) Notice of Adverse Action: Each contract must provide for the PIHP to notify the requesting provider, and give the enrollee written notice of any decision by the PIHP to deny a service authorization request, or to authorize a service in an amount, duration or scope that is less than requested. The notice must meet the requirements of §438.404, except that the notice to the provider need not be in writing. (See 438.404)
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Scoring		0	1	2	3	4	5	05
Scoring Guide 1 [Q42]	PIHP ensures that notices of adverse action meet the above requirements. [MHD-PIHP '05-'06 Contract 3.1.2 / 3.5.4.1] [MHD-PIHP '06-'07 Contract 10.2.7/ 10.2.8.1]							

Comments/Observations:

438.210(d)	(d) Timeframe for Decisions: Each PIHP contract must provide for the following decisions and notices:
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Scoring		0	1	2	3	4	5	05
Scoring Guide 1 [Q43]	(1) Standard Authorization Decisions: For standard authorization decisions, provide notice as expeditiously as the enrollee's health condition requires and within State-established timeframes that may not exceed 14 calendar days following receipt of the request for service, with a possible extension of up to 14 additional calendar days, if: (i) The enrollee, of the provider, requests extension: Authorization shall not take more than fourteen calendar days, unless the enrollee or the CMHA requests an extension. An extension of up to 14 additional calendar days is possible upon request by the enrollee or the CMHA. The Contractor must have written policy and procedure to ensure consistent application of requests within the service area. The Contractor must monitor the use and pattern of extensions and apply corrective action where necessary. [MHD-PIHP '05-'06 Contract 1.3.4.1 / 1.3.4.1(a) / 4.6 / 4.8] [MHD-PIHP '06-'07 Contract 6.2.2.3 / 12.2.3.3]							

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Scoring		0	1	2	3	4	5	<u>05</u>
Scoring Guide 1 [Q44]	<p>(2) Expedited Authorization Decisions: (i) For cases in which a provider indicates, or PIHP determines, that following the standard timeframe could seriously jeopardize the enrollee's life or health or ability to attain, maintain, or regain maximum function, the PIHP must make an expedited authorization decision and provide notice as expeditiously as the enrollee's health condition requires and no later than 3 working days after receipt of the request for service. [MHD-PIHP '05-'06 Contract 1.3.3.6(a)(b)] [MHD-PIHP '06-'07 Contract 6.2.1.2 / 6.2.1.3 / 6.2.1.3.1]</p>							
Scoring Guide 1 [Q45]	(ii) The PIHP may extend the 3 working days time period by up to 14 calendar days if the enrollee or the MHCP requests an extension or if the PIHP justifies to the State agency upon request, a need for additional information and how the extension is in the enrollee's interest.							
438.210(e)	<p>e) Compensation for Utilization Management Activities: Each contract must provide that, consistent with §438.6(h), and §422.208 of this chapter, compensation to individuals or entities that conduct utilization management activities is not structured so as to provide incentives for the individual or entity to deny, limit, or discontinue medically necessary services to any enrollee.</p>							
Scoring		0	1	2	3	4	5	<u>05</u>
Scoring Guide 2 [Q46]	If the PIHP contracts with an entity to perform ASO activities the PIHP has mechanisms in place that protect against financial incentives to authorize care in such a way as to minimize financial risk (or maximize financial gain). [MHD-PIHP '05-'06 Contract 4.12] [MHD-PIHP '06-'07 Contract 10.1.1.4]							
<u>Comments/Observations:</u>								
438.114	ACCORDING TO MHD CMS HAS WAIVED THIS REQUIREMENT FOR WA STATE MENTAL HEALTH SERVICES							
STRUCTURE AND OPERATION STANDARDS								
438.214 (a)(1)-(2) and (b)	ACCORDING TO MHD CMS HAS WAIVED THIS REQUIREMENT FOR WA STATE MENTAL HEALTH SERVICES							
438.214 (c)	<u>Nondiscrimination:</u> PIHP provider selection policies and procedures, consistent with 438.12 do not discriminate against particular providers that serve high-risk populations or specialize in conditions that require costly treatment.							
Scoring		0	1	2	3	4	5	<u>05</u>
Scoring Guide 1 [Q47]	PIHP guards against discrimination of providers. [MHD-PIHP '05-'06 Contract 1.4.13 / 1.4.14 / 1.4.15] [MHD-PIHP '06-'07 Contract 8.1.1]							

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<u>Comments/Observations:</u>								
438.12	Excluded Providers: PIHPs may not employ or contract with providers excluded from participation in Federal Health Care Programs under either section 1128 or section 1128A of the Act.							
Scoring		0	1	2	3	4	5	05
Scoring Guide 1 [Q48]	PIHP's provider network policies specify that PIHP may not employ or contract with providers excluded from participation in Federal Health Care Programs under either section 1128 or section 1128 A of the Act. [MHD-PIHP '05-'06 Contract-Special Terms and Conditions-General Requirements #10] [MHD-PIHP '06-'07 Contract 8.5.2]							
<u>Comments/Observations:</u>								
438.218	State Requirements							
438.224	CONFIDENTIALITY The State must ensure, through its contracts, that (consistent with Subpart F of part 431 of this chapter), for medical records and any other health and enrollment information that identifies a particular enrollee, each PIHP uses and discloses such individually identifiable health information in accordance with the privacy requirements in 45 CFR parts 160 and 164, Subparts A and E, to the extent that these requirements are applicable.							
Scoring		0	1	2	3	4	5	05
Scoring Guide 1 [Q49]	PIHP has policies regarding compliance with 45 CFR parts 160 and 164, Subparts A and E (HIPPA). [MHD-PIHP '05-'06 Contract-General Terms and Conditions-General Requirements #5-Confidentiality] [MHD-PIHP '06-'07 Contract 11.3.1-11.3.2 / 16.6 / 17.3.1 / 17.3.2]							
[Q50]	PIHP ensures that subcontractors comply with privacy requirements. [MHD-PIHP '05-'06 Contract-General Terms and Conditions-General Req #5-Confidentiality / 1.5.3] [MHD-PIHP '06-'07 Contract 8.3.10 / 16.6 / 17.3.1 / 17.3.2]							
[Q51]	PIHP ensures through audits of their subcontractors that procedures are in place that protects privacy according to the provisions of 45 CFR. [MHD-PIHP '06-'07 Contract 8.4.3]							
<u>Comments/Observations:</u>								
438.226	ACCORDING TO MHD CMS HAS WAIVED THIS REQUIREMENT FOR WA STATE MENTAL HEALTH SERVICES							
438.228	State Requirement							

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438.230	<p>SUBCONTRACTUAL RELATIONSHIPS AND DELEGATION</p> <p><u>(a) General Rule.</u> The State must ensure, through its contracts, that each PIHP:</p> <p>(1) Oversees and is accountable for any functions and responsibilities that it delegates to any subcontractor, and</p> <p>(2) Meets the conditions of paragraph (b) of this section.</p>
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438.230(b)	<p>(b) Specific Conditions:</p> <p>(1) Before any delegation, each PIHP evaluates the prospective subcontractor's ability to perform the activities to be delegated.</p> <p>(2) There is a written agreement that-</p> <p style="padding-left: 20px;">(i) Specifies the activities and report responsibilities delegated to the subcontractor; and (ii) Provides for revoking delegation or imposing other sanctions if the subcontractor's performance is inadequate.</p> <p>(3) The PIHP monitors the subcontractor's performance on an ongoing basis and subjects it to formal review according to a periodic schedule established by the State, consistent with industry standards or State laws and regulations.</p> <p>(4) If the PIHP identifies deficiencies or areas for improvement, the MCO or PIHP and the subcontractor take corrective action.</p> <p>PIHP has policies that state the following conditions:</p>
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Scoring		0	1	2	3	4	5	05
Scoring Guide 1								
[Q52]	(1) Before any delegation, each PIHP evaluates the prospective subcontractor's ability to perform the activities to be delegated. [MHD-PIHP '05-'06 Contract 1.4.19 / 1.4.19.1] [MHD-PIHP '06-'07 Contract 8.2.2 / 8.2.2.1]							
[Q53]	(2) There is a written agreement that-(i) Specifies the activities and reports responsibilities delegated to the subcontractor; and (ii) Provides for revoking delegation or imposing other sanctions if the subcontractor's performance is inadequate. [MHD-PIHP '05-'06 Contract 1.4.19 / 1.4.19.2] [MHD-PIHP '06-'07 Contract 8.2.2 / 8.2.2.3]							
[Q54]	(3) The MCO or PIHP monitors the subcontractor's performance on an annual basis and subjects it to formal review according to a periodic schedule established by the State, consistent with industry standards or State laws and regulations. [MHD-PIHP '05-'06 Contract 1.4.20] [MHD-PIHP '06-'07 Contract 8.2.1 / 8.2.2]							
[Q55]	(5) If any MCO or PIHP identifies deficiencies or areas for improvement, the MCO or PIHP and the subcontractor take corrective action. [MHD-PIHP '05-'06 Contract 1.4.19 / 1.4.19.2 / 1.5.4 / 1.5.5] [MHD-PIHP '06-'07 Contract 8.3.12]							

Comments/Observations:

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MEASUREMENT AND IMPROVEMENT STANDARDS
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438.236	PRACTICE GUIDELINES (a) Basic Rule: The State must ensure, through its contracts, that each PIHP meets the requirements of this section. (b) Adoption of Practice Guidelines: Each PIHP adopts practice guidelines that meet the following requirements:	0	1	2	3	4	5	05
Scoring								
Scoring Guide 1 [Q56]	(1) Are based on valid and reliable clinical evidence or a consensus of health care professionals in the particular field. (2) Consider the needs of the PIHP's enrollees. (3) Are adopted in consultation with contracting health care professionals. (4) Are reviewed and updated periodically as appropriate. [MHD-PIHP '05-'06 Contract 3.1.7-3.1.7.4] [MHD-PIHP '06-'07 Contract 7.12-7.12.1.3]							
Scoring Guide 1 [Q57]	(c) Dissemination of Guidelines: Each PIHP disseminates the guidelines to all affected providers and, upon request to enrollees. [MHD-PIHP '05-'06 Contract 3.1.7.5] [MHD-PIHP '06-'07 Contract 7.12.1.4]							
Scoring Guide 2 [Q58]	(d) Application of Guidelines: Decisions for utilization management, enrollee education coverage of services, and other areas to which the guidelines apply are consistent with the guidelines. [MHD-PIHP '05-'06 Contract 3.1.7.6] [MHD-PIHP '06-'07 Contract 7.12.1.5 / 8.4.3 / 10.1.1.3]							

Comments/Observations:

438.240	QUALITY ASSESSMENT AND PERFORMANCE IMPROVEMENT PROGRAM (a) General Rules: (1) The State must require, through its contracts that each PIHP have an ongoing quality assessment and performance improvement program for the services it furnishes to its enrollees. (2) CMS, in consultation with States and other stakeholders, may specify performance measures and topics for performance improvement projects to be required by States in their contracts with PIHPs. (b) Basic Elements of PIHP Quality Assessment and Performance Improvement Programs: At a minimum, the State must require that each PIHP comply with the following requirements:	0	1	2	3	4	5	05
Scoring								
Scoring Guide 2 [Q59]	Omitted as there is a separate scoring mechanism for PIPs							
[Q60]	Omitted, not being scored							
[Q61]	(3) Have in effect mechanisms to detect both under utilization and over utilization of services. [MHD-PIHP '05-'06 Contract 4.1 / 4.5] [MHD-PIHP '06-'07 Contract 10.1.1.4]							
[Q62]	Omitted as there is a separate scoring mechanism							

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Scoring Guide 2	(c) Performance Measurement: Annually, each PIHP must:													
[Q63]	Omitted, not being scored													
[Q64]	Omitted, not being scored													
[Q65]	Omitted, not being scored													
	(d) Performance Improvement Projects: (1) PIHPs must have an ongoing program of performance improvement projects that focus on clinical and non-clinical areas, and that involve the following:													
Scoring								0	1	2	3	4	5	05
[Q66]	Omitted as there is a separate scoring mechanism for PIPs													
[Q67]	Omitted as there is a separate scoring mechanism for PIPs													
[Q67A]	Omitted as there is a separate scoring mechanism for PIPs													
[Q67B]	Omitted as there is a separate scoring mechanism for PIPs													
[Q67C]	Omitted as there is a separate scoring mechanism for PIPs													
Comments/Observations:														

Contract Deliverables:

1. Report the number of individual staff by geographic locations, specialty or type employed or contracted by community mental health agencies to meet access, age, cultural , quality of care and travel standards within 60 days of execution of (this) agreement (42CFR 438-206...)
2. Report changes in the number, mix and/or geographic distribution of CMHAs and qualified personnel to meet:
 - a) An appropriate range of services;
 - b) The needs of the anticipated number of enrollees;
 - c) Access and travel standards, in a CMS approved format to MHD when required by the Waiver renewal or when the changes are substantial 42CFR 438.207(c).
3. Access standards include the following:
 - Routine Care is offered to occur within 10 working days, but not to exceed 14 calendar days;
 - Emergent Care occurs within 2 hours;
 - Urgent Care occurs within 24 hours from the request for services.
4. Time and distance standards in:
 - Rural areas, service sites are within a 30-minute commute time.
 - Large rural geographic areas, service sites are accessible within a 90-minute commute time;
 - Urban areas sites area accessible by public transportation with the total trip not to exceed 90 minutes each way.

438.10

Information Requirements

- (a) Terminology:** As used in this section, the following terms have the indicated meanings: enrollee means a Medicaid recipient who is subject to mandatory enrollment or may voluntarily elect to enroll in a given managed care program, but are not yet an enrollee of a specific in a PIHP,... Enrollee means a Medicaid recipient who is currently enrolled in a PIHP... in a given managed care program.
- (b) Basic Rule:** Each...PIHP,...must provide all enrollment notices, informational materials, and instructional materials relating to enrollees and enrollees in a manner and format that may be easily understood.
- (c) Language:** The State must:
- (1) Establish a methodology for identifying the prevalent non-English languages spoken by enrollees and enrollees throughout the State. "Prevalent" means a non-English language spoken by a significant number or percentage of enrollees and enrollees in the State.
 - (2) [This paragraph contains a requirement for the State, not the PIHP.]
 - (3) Require each PIHP,... to make its written information available in the prevalent, non-English languages in its particular service area.
 - (4).Require each PIHP, to make those services [i.e., oral and sensory interpretation services] available free of charge to each enrollee. This applies to all non-English languages, not just those the State identifies as prevalent.
 - (5).Require each PIHP,... to notify its enrollees:
 - (i) That oral interpretation is available for any language and written information is available in prevalent languages; &
 - (ii) How to access those services.
- (d) Format:**
- (1) Written material must:
 - (i) Use easily understood language and format; (fourth grade reading level, easy-to-read 14 point font)
 - (ii) Be available in alternative formats and in an appropriate manner that takes into consideration the special needs of those who, for example, are visually limited or have limited reading proficiency. (Large print, Braille, recorded cassettes)
 - (2) All enrollees and enrollees must be informed that information is available in alternative formats and how to access those formats.
- (e) Information for Enrollees:** [The requirements of this paragraph pertain to the State Medicaid agency or its contracted representative, not to PIHPs.]
- (f) General Information for all Enrollees of PIHPs:**...Information must be made available to PIHP,... enrollees as follows:
- (1) [Requirement pertains to State, not to PIHPs.]
 - (2) The State, its contracted representative, or the PIHP,... must notify all enrollees of their right to request and obtain the information listed in paragraph (f)(6) of this section, (and (g)* of this section if applicable) at least once a year.
 - (3) The State, its contracted representative, or the PIHP,... must furnish to each of its enrollees the information listed in paragraph (f)(6) of this section, (and (g) of this section if applicable) within a reasonable time after the PIHP,... receives, from the State or its contracted representative, notice of the recipient's enrollment. (Within 30 Days of enrollment and annually)

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	<p>(4) The PIHP, must give each enrollee written notice of any change (that the State defines as "significant") in the information specified in paragraph (f)(6) of this section, (and section (g) of this section if applicable) at least 30 days before the intended effective date of the change.</p> <p>(5) The PIHP,... must make a good faith effort to give written notice of termination of a contracted provider, within 15 days after receipt or issuance of the termination notice, to each enrollee who received his or her primary care from, or was seen on a regular basis by, the terminated provider.</p> <p>(6) The following information must also be provide to all enrollees:</p> <ul style="list-style-type: none"> (i) Names, locations, telephone numbers of, and non-English languages spoken by current network providers in the enrollee's service area, including information at least on primary care physicians, specialists, and hospitals, and identification of providers that are not accepting new patients. (ii) Any restrictions on the enrollee's freedom of choice among network providers. <p>*(g) referenced in number (2) above is the grievance, appeal and fair hearing information.</p>
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Scoring	0	1	2	3	4	5	05
<p>Scoring Guide 1 [Q1]</p> <ul style="list-style-type: none"> • PIHP has written policies and procedures addressing the information requirements the PIHP is responsible for in 438.10. • PIHP has the most recent DSHS Public Mental Health System Benefits Booklet in seven languages (Cambodian, Chinese, Korean, Laotian, Russian, Spanish, Vietnamese, English) available at the PIHP and contracted providers for distribution to enrollees at first request for services <p>[MHD-PIHP '05-'06 Contract 1.4.5.1 / 1.4.5.4] [MHD-PIHP '06-'07 Contract 3.1.1.1 / 3.1.1.2 / 8.3.13]</p>							

Comments/Observations:

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438.100	ENROLLEE RIGHTS							
	General rule.-State requirement							
438.100(b)	<p>(b) Specific Rights:</p> <p>(1) Basic requirement. The State must ensure that each managed care enrollee is guaranteed the rights as specified in paragraphs (b)(2) and (b)(3) of this section.</p> <p>(2) An enrollee of an PIHP has the following rights to:</p> <ul style="list-style-type: none"> i. Receive information in accordance with Sec. 438.10 (right to a State fair hearing). ii. Be treated with respect and with due consideration for his or her dignity and privacy. iii. Receive information on available treatment options and alternatives, presented in a manner appropriate to the enrollee's condition and ability to understand. [The information requirements for services that are not covered under the contract because of moral or religious objections are set forth in Sec. 438.10(f)(6)(ix)] iv. Participate in decisions regarding his or her health care, including the right to refuse treatment. v. Be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience or retaliation, as specified in other Federal regulations on the use of restraints and seclusion. vi. If the privacy rule as set forth in 45 CFR parts 160 and 164 subparts A and E applies, request and receive a copy of his or her medical records and request that they be amended or corrected as specified in 45 CFR 164.524 and 164.526. vii. The right to request and receive a copy of enrollees medical record under 45 CFR parts 160 and 164 and a right for the medical record to be amended or corrected as specified in 45 CFR 45 Section 164.524 and 164.526. <p>(3) An enrollee of a PIHP (consistent with the scope of the PIHP's contracted services) has the right to be furnished health care services in accordance with Secs. 438.206 through 438.210.</p>							
Scoring		0	1	2	3	4	5	05
Scoring Guide 1	The PIHP has a written policy that guarantees the rights of the enrollee as specified in paragraphs (b)(2) and (b)(3) above. [MHD-PIHP '05-'06 Contract 1.4.5.4(a)]							
[Q2]	[MHD-PIHP '06-'07 Contract 9.1]							
[Q3]	The PIHP has written contracts with subcontractors that include advising enrollees of their rights (as above) in their primary language as needed.							
[Q4]	The PIHP has provider contract language that holds subcontractors to posting the rights of enrollees in public places in all prevalent languages. [MHD-PIHP '05-'06 Contract 1.4.5.3]							
[Q5]	[MHD-PIHP '06-'07 Contract 3.1.3. / 3.1.4]							
	The PIHP has contract language that requires subcontractors to ensure that clients understand their rights.							

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Comments/Observations:								
438.100(c)	(c) Free Exercise of Rights: Each enrollee is free to exercise his or her rights, and the exercise of those rights does not adversely affect the way that the PIHP or its community mental health agencies or the State agency treats the enrollee.							
Scoring		0	1	2	3	4	5	05
Scoring Guide 1 [Q6]	The PIHP has provider contract language that requires subcontractors to protect an enrollee's right to exercise his or her rights, and when enrollees exercise these rights, assurance that their treatment will not be adversely affected. [MHD-PIHP '05-'06 Contract 4.11.9] [MHD-PIHP '06-'07 Contract 9.2.9]							
Comments/Observations:								
438.100(d)	(d) Compliance with Other Federal and State Laws: Each PIHP must comply with any other applicable Federal and State laws (such as Title VI or the Civil rights Act of 1964 as implemented by regulations at 45 CFR part 80; the Age Discrimination Act of 1965 as implemented by regulations at 45CFRpart 91; the Rehabilitation Act of 1973; and Titles II and III of the Americans with Disabilities Act; and other laws regarding privacy and confidentiality). <ul style="list-style-type: none"> • Right to a second opinion from a qualified health care professional within the network, at no cost to the enrollee (438.206) (b)(3). • Client involvement in decisions about their mental health treatment • Client access to clinical records 							
Scoring		0	1	2	3	4	5	05
Scoring Guide 1 [Q7] [Q8]	Compliance with other Federal and State Laws is reflected in the PIHP's policies. [MHD-PIHP '05-'06 Contract 1.4.10.2, 1.4.21] [MHD-PIHP '06-'07 Contract 16.5 / 17.2 / 17.8.2 / 9.1] Compliance with other Federal and State Laws is required of subcontractors as evidenced by their contract with the PIHP. [MHD-PIHP '05-'06 Contract 1.4.10.2 / 1.4.21] [MHD-PIHP '06-'07 Contract 16.5 / 17.2 / 17.8.2 / 9.1]							
Scoring		0	1	2	3	4	5	05
Scoring Guide 1 [Q9] [Q10] [Q11]	PIHP has policies to ensure compliance with the three client rights noted in the above section. [MHD-PIHP '05-'06 Contract 3.1.6 / 4.11.5 / 4.11.8 / 4.13] [MHD-PIHP '06-'07 Contract 13.2 / 9.3.1 / 9.2.8] Provider contracts have references that hold them to compliance with a client's right to a second opinion, involvement in their mental health treatment and access to clinical records. [MHD-PIHP '05-'06 Contract 3.1.6 / 4.11.5 / 4.11.8 / 4.13] [MHD-PIHP '06-'07 Contract 13.2 / 9.3.1 / 9.2.8] PIHP has policies and procedures on how they monitor their subcontractors to ensure compliance with these regulations. [MHD-PIHP '05-'06 Contract 3.1.6 / 5.2 / 5.2.1] [MHD-PIHP '06-'07 Contract 8.3.12]							

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Comments/Observations:

438.102	<p>PROVIDER – ENROLLEE COMMUNICATIONS <u>General Rules</u> (1) A PIHP may not prohibit, or otherwise restrict, a mental health care professional acting within the lawful scope of practice, from advising or advocating on behalf of an enrollee who is his or her patient, for the following:</p> <ul style="list-style-type: none"> (i) The enrollee’s health status, medical care, or treatment options, including any alternative treatment that may be self-administered (ii) Any information the enrollee needs in order to decide among all relevant treatment options (iii) The risks, benefits, and consequences of treatment or non-treatment. (iv) The enrollee’s right to participate in decisions regarding his or her health care, including the right to refuse treatment, and to express preferences about future treatment decisions
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Scoring	0	1	2	3	4	5	<u>05</u>
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Scoring Guide 1 [Q12]	The PIHP has policies and procedures that ensures against prohibiting or otherwise restricting any subcontractor from advising or advocating on behalf of an enrollee who is his or her patient (with respect to any of the conditions cited above). [MHD-PIHP '05-'06 Contract 4.11-4.11.5] [MHD-PIHP '06-'07 Contract 9.2-9.2.11]						
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Comments/Observations:

438.102 438.104 438.108 438.114 438.116	<p>ACCORDING TO MHD CMS HAS WAIVED THESE REQUIREMENTS FOR WA STATE MENTAL HEALTH SERVICES 438.102 (a)(2); (b)(1) – enrollee communications 438.104 – marketing activities 438.108 – cost sharing 438.114 – emergency and post-stabilization services 438.116 – solvency standards</p>
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438.106	<p>LIABILITY FOR PAYMENT Each PIHP must provide that its Medicaid enrollees are not held liable for any of the following:</p> <ul style="list-style-type: none"> (a) The PIHP’s debts, in the event of the entity’s insolvency (b) Covered services provided to the enrollee for which – <ul style="list-style-type: none"> (1) The state does not pay the PIHP; or (2) The State or the PIHP does not pay the individual or health care provider that furnishes the services under a contractual, referral or other arrangement. (c) Payments for covered services furnished under a contract, referral or other arrangement, to the extent that those payments are in excess of the amount that the enrollee would owe if the PIHP provided the services directly.
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Scoring		0	1	2	3	4	5	05
Scoring Guide 1 [Q13]	<p>The PIHP subcontracts ensure that Medicaid enrollees are not held liable for payment if the PIHP does not pay its subcontractors or for :</p> <ul style="list-style-type: none"> • payment of PIHP debt in the event of the entity’s insolvency, (RSNs are exempt from this requirement per the CFR) • covered services provided to the enrollee for which the state does not pay the PIHP; or • any service provided on referral that exceeds what the PIHP would cover if provided within the network • community psychiatric hospitals in the event of insolvency <p>[MHD-PIHP '05-'06 Contract 1.4.9-1.4.9.3 / 1.4.20(c)] [MHD-PIHP '06-'07 Contract 9.4-9.4.5]</p>							

Comments/Observations:

438.10 (g)	<p>ADVANCE DIRECTIVES Note: Section 438.10(g)(2) requires PIHP enrollees receive information on advance directives. Because of the relationship of advance directives to decisions regarding health care, these provisions are discussed in this section. 438.10(g) states that, "...PIHPs must provide to their enrollees, information on (2) Advance Directives, as set forth in 438.6(i)(2). (1) All PIHP contracts must provide for compliance with the requirements of Sec. 422.128 of this chapter for maintaining written policies and procedures for advance directives. (Note: Section 422.128(a) requires that each organization must maintain written policies and procedures that meet the requirements for advance directives, as set forth in subpart I of part 48889 of the chapter. Section 489.102(d) requires adherence to 417.436 requirements that are stated below. (2) The PIHP must provide adult enrollees with written information on advance directives policies, and include a description of applicable State law. (3) The information must reflect changes in State law as soon as possible, but no later than 90 days after the effective date of the change.</p>							
438.6(h)(2)(i)								

Scoring		0	1	2	3	4	5	05
Scoring Guide 1 [Q14]	The PIHP has written policies and procedures for Mental Health Advance Directives (see endnotes for required provisions). [MHD-PIHP '05-'06 Contract 1.4.3] [MHD-PIHP '06-'07 Contract 9.6.1]							
[Q15]	The PIHP’s policy clearly reflects changes in State law as soon as possible but no later than 90 days after the effective date of the change and the PIHP is able to show evidence of a procedure that supports this. [MHD-PIHP '05-'06 Contract 1.4.3] [MHD-PIHP '06-'07 Contract 9.6.1]							
[Q16]	The PIHP specifies in its subcontracts that providers must have policies and procedures for Mental Health Advance Directives. [MHD-PIHP '05-'06 Contract 1.4.3] [MHD-PIHP '06-'07 Contract 8.3.4]							

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[Q17]	<p>The PIHP subcontracts clearly reinforce the requirement that all adult enrollees must be informed in writing about their right to be advised of Mental Health Advance Directives and the policies as evidenced in their clinical record by a signed statement indicating their choice for a Mental Health Advance Directive or not. (provide example of signed statement)</p> <p>[MHD-PIHP '06-'07 Contract 9.6.1]</p>						
Comments/Observations:							

END NOTES TO FOLLOW

The PIHP policy and procedures for advance directives contain the following provisions:

- Require documentation in each adult enrollee's medical record whether or not the individual has executed an advance directive;
- Protect against the provision of care conditioned upon execution of an advance directive or discrimination against an individual based on whether or not the individual has executed an advance directive.
- Address situations in which an enrollee is incapacitated at the time of initial enrollment and is unable to receive information (due to the incapacitating condition or a mental disorder) or articulate whether or not he or she has executed an advance directive.
- Giving advance directive information to the enrollee's family or surrogate in the same manner that it issues other materials about policies and procedures to the family of the incapacitated enrollee or to a surrogate or other concerned persons in accordance with State law.
- Follow-up procedures to ensure that the information is given to the individual directly at the appropriate time; i.e., once he or she is no longer incapacitated or unable to receive such information.
- Policy that informs individuals that complaints concerning non-compliance with the advance directive may be filed with the State survey and certification agency.

CFR REFERENCE AND APPLICATION	SUBPART H – CERTIFICATIONS AND PROGRAM INTEGRITY	8-07-06
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NOTE: FOR SUBPART H SCORING GUIDELINES 1 AND 2 DO NOT APPLY. USE THE SCORING GUIDE INDICATED IN THE LEFT HAND COLUMN.				
438.600	STATUTORY BASIS AND DEFINITIONS – State Requirement			
438.602	<u>Basic Rule</u> As a condition for receiving payment under the Medicaid managed care program, a PIHP must have a mechanism to ensure compliance with the applicable certification, program integrity and prohibited affiliation requirements of this subpart.			
438.604	<u>Data that Must be Certified</u> (a) Data Certifications. When State payments to a PIHP are based on data submitted by the PIHP, the State must require certification of the data as provided in 438.606. The data that must be certified include, but are not limited to: enrollment information, encounter data, and other information required by the State and contained in contracts, proposals, and related documents. (b) Additional certifications. Certification is required as provided in 438.606 for all documents specified by the State.			
438.606 [Q90]	Source, Content and Timing of Certification			
Scoring		0	1	05
0 = No Evidence 1 = Evidence Exists	(a) <u>Source of Certification:</u> For the data specified in 438.604, the data the PIHP submits to the State must be certified by one of the following: (1) The PIHP’s Chief Executive Officer; (2) The PIHP’s Chief Financial Officer ; or (3) An individual who has delegated authority to sign for, and who reports directly to the PIHP’s CEO or CFO. [MHD-PIHP '05-'06 Contract 6.5] [MHD-PIHP '06-'07 Contract 11.5]			
0 = No Evidence 1 = Evidence Exists	(b) <u>Content Certification:</u> The certification must attest, based on best knowledge, information and belief as follows: (1) To the accuracy, completeness and truthfulness of the data. [MHD-PIHP '05-'06 Contract 6.5] [MHD-PIHP '06-'07 Contract 11.5] (2) To the accuracy completeness and truthfulness of the documents specified by the State. [MHD-PIHP '05-'06 Contract 6.5] [MHD-PIHP '06-'07 Contract 11.5] (3) Timing of certification. The PIHP must submit the certification concurrently with the certified data. [MHD-PIHP '05-'06 Contract 6.5] [MHD-PIHP '06-'07 Contract 11.5]		0	1
<u>Comments/Observations:</u>				

CFR REFERENCE AND APPLICATION	SUBPART H – CERTIFICATIONS AND PROGRAM INTEGRITY	8-07-06
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438.608 [91]	PROGRAM INTEGRITY REQUIREMENTS (a) <u>General requirement:</u> The PIHP must have administrative and management arrangements or procedures including a mandatory compliance plan that are designed to guard against fraud and abuse. [MHD-PIHP '05-'06 Contract 1.4.10 / 1.4.10.1] [MHD-PIHP '06-'07 Contract 17.8]			
Scoring		0	1	<u>05</u>
0 = No Evidence 1 = Evidence Exists	(b) <u>Specific requirements:</u> The arrangements or procedures must include the following:			
	(1) Written policies, procedures and standards of conduct that articulate the organization's commitment to comply with all applicable Federal and State standards. [MHD-PIHP '05-'06 Contract 1.4.10.2] [MHD-PIHP '06-'07 Contract 17.8-17.8.2]			
	(2) The designation a compliance officer and a compliance committee that are accountable to senior management. [MHD-PIHP '05-'06 Contract 1.4.10.3] [MHD-PIHP '06-'07 Contract 17.8.3]			
	(3) Effective training and education for the compliance officer and the organization's employees. [MHD-PIHP '05-'06 Contract 1.4.10.4] [MHD-PIHP '06-'07 Contract 17.8.4]			
	(4) Effective lines of communication between the compliance officer and the organization's employees. [MHD-PIHP '05-'06 Contract 1.4.10.5] [MHD-PIHP '06-'07 Contract 17.8.5]			
	(5) Enforcement of standards through well-publicized disciplinary guidelines. [MHD-PIHP '05-'06 Contract 1.4.10.6] [MHD-PIHP '06-'07 Contract 17.8.6]			
	(6) Provision for internal monitoring and auditing. [MHD-PIHP '05-'06 Contract 1.4.10.7] [MHD-PIHP '06-'07 Contract 17.8.7]			
	(7) Provision for prompt response to detected offenses, and for development of corrective action initiatives relating to the PIHP's contract. [MHD-PIHP '05-'06 Contract 1.4.10.8] [MHD-PIHP '06-'07 Contract 17.8.8-17.8.9]			
<u>Comments/Observations:</u>				

CFR REFERENCE AND APPLICATION	SUBPART H – CERTIFICATIONS AND PROGRAM INTEGRITY	8-07-06
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438.610	Prohibited affiliations with individuals debarred by Federal agencies		
Scoring	0	1	<u>05</u>
Scoring Guide 2 [92]	<p>(a) General Requirement: A PIHP may not knowingly have a relationship of the type described in paragraph (b) of this section with the following:</p> <ol style="list-style-type: none"> (1) An individual who is debarred suspended or otherwise excluded from participating in procurement activities under the Federal Acquisition Regulation or from participating in non-procurement activities under regulations issues under Executive Order No. 12549 or under guidelines implementing Executive Order No 12549. . (2) An individual who is an affiliate as defined in the Federal Acquisition paragraph (a)(1) of this section. <p>(b) Specific requirements: The relationships described in this paragraph are as follows:</p> <ol style="list-style-type: none"> (1) A director, officer, or partner of the PIHP (2) A person with beneficial ownership of five percent or more of the PIHP's equity (3) A person with an employment consulting or other arrangement with the PIHP for the provision of items and services that are significant and material to the PIHP's obligations under its contract with the State. <p>[MHD-PIHP '05-'06 Contract-General Terms and Conditions-Definitions #7 / Special Terms and Conditions-General Requirements-#11] [MHD-PIHP '06-'07 Contract 8.5 and 16.8]</p>		
438.610	(c) Effect of Noncompliance-State Requirement		

Comments/Observations:

Attachments

Attachment 6 – Subpart Scoring Guides

Washington State EQRO

Scoring Guide 1

(This guideline is used for scoring most policy, procedures, and contract language based on Balanced Budget Act (BBA) requirements and provisions)

0 = No evidence of written policies and procedures, or contract language to ensure that the specific provision is implemented in the PIHP.

1 = Policies and procedures and/or contract language can be located that is relevant to the scope and intent of the BBA provision.

2 = The written policies and procedures and/or contract language are readily available to all PIHP and Provider staff that might need access and, if required, is adequately displayed for staff or, where applicable, enrollees.

3 = Evidence is found that staff and, where applicable, Providers are trained and aware of the policies and procedures and/or contract language.

4 = PIHP staff and, where applicable, Providers can articulate the purpose of the provision and describe how it is implemented in the local setting.

5 = All of the following exist:

- Written policies and procedures for the specific provision are in place and readily accessible and/or prominently displayed.
- There is evidence that PIHP staff and Providers have been trained regarding the requirements of the provision and are aware of written policies and procedures.
- PIHP staff and Providers can articulate purpose of provision, how practice is implemented in local setting and understand why the specific provision is needed.
- There is evidence that the provision has been thoroughly and consistently implemented through documented signatures, certificates, training logs, or other documentation satisfactory to the State.

Washington State EQRO

Scoring Guide 2

(This guideline is used for scoring Balanced Budget Act (BBA) provisions that require specific mechanisms, processes, and/or analyses to be in place)

0 = No evidence that mechanisms, processes, and/or analyses are written or otherwise documented.

1 = Written descriptions of the mechanisms, processes, and/or analyses are in place and in sufficient detail to permit implementation.

2 = Written descriptions of the mechanisms, processes, and/or analyses are readily available to PIHP staff responsible for implementation and, where applicable, Providers.

3 = Evidence exists that indicates PIHP staff and Providers are trained and aware of written descriptions of the mechanisms, processes, and/or analyses.

4 = PIHP staff and, where applicable, Providers can articulate purpose of the mechanisms, processes, and/or analyses and describe how they are implemented in local setting.

5 = The presence of all of the following:

- Written descriptions of the mechanisms, processes, and/or analyses are in place and readily accessible to appropriate PIHP staff and where applicable, Providers.
- There is evidence that the responsible staff has been trained regarding the implementation of the mechanisms, processes, and/or analyses required by the provision and are aware of written policy and procedures.
- PIHP staff and Providers can articulate purpose of the mechanisms, processes, and/or analyses, how the practice is implemented in local setting, and understand why the specific provision is needed.
- There is documented evidence that the descriptions of the mechanisms, processes, and/or analyses have been thoroughly and consistently implemented through documented signatures, products, or transmittals to the appropriate target (usually the State MHD). The State may approve other forms of documentation that the mechanisms, processes, and/or analyses have been thoroughly and consistently implemented.

Attachments

Attachment 7 – Performance Improvement Project Review Information



2006 External Quality Review

WA EQRO **Performance Improvement Project Review** **Information and Instructions**

As part of the 2006 External Quality Review, APS will be conducting a detailed review of two Performance Improvement Projects, of PIHP choosing, one clinical and one non-clinical. As with the Subpart Review, APS will conduct a desk review initially, followed by discussion with the PIHPs during the site visit.

For the review this year APS will be utilizing a somewhat modified version of the 2005 Validation Worksheet. This tool highlights those steps in the process that are critical for producing a valid PIP. While the scoring method is displayed on the tool and will be utilized by APS, it will be an “as if” process, without consequence for the PIHPs. APS will provide the PIHP with suggestions throughout the document for improving the process and ultimate validity of the PIP.

Because the CMS protocol clearly expects that a year’s worth of activity should be reviewed each year, APS will be reviewing documents for a specific timeframe for each PIHP, again assuming that performance improvement is ongoing, and that each project will be developing at its own pace.

Attached here also is a “Roadmap to a PIP”, created by the California EQRO – we hope this is helpful in thinking about your projects.

Attachments

Attachment 8 – Instructions for Submission of PIP Materials



2006 External Quality Review

Instructions for Submission of PIP Materials

1. Documentation for two PIPs is required, one clinical and one non-clinical.
2. In order to support PIHPs' increasing understanding of the process of conducting PIPs, APS is requesting that PIHPs conduct their own validation this year. Please complete and submit a validation tool (attached) for each PIP being considered for review this year. APS will also complete a validation tool for each PIP.
3. Additional documentation should include (but is not limited to):
 - Performance Improvement Plan descriptions, as outlined in CMS protocol
 - Analyzed data and results (pre and post intervention), including any charts, graphs, etc. created for analysis purposes
 - Minutes from QI (or other relevant) Committee meetings discussing development or progress of a PIP
 - Copies of survey tools or other data collection instruments
 - Reports documenting progress or outcomes of performance improvement project activities

CD-ROM Submission

- Create folder labeled, "PIPs"
- Create a subfolder for each PIP, using title of PIP as name of folder
- In each PIP subfolder
 - Create a subfolder labeled, "Document List"
 - Use copy of tool, Comments column, to list name and date of documents being submitted as support – place in Document List folder
 - Complete 1st page of tool
 - Create additional subfolder labeled, "Self Validation" and place validated tool in that folder
 - Place remainder of all documents for each PIP in the relevant folder
 - Document titles should include name and date
 - Documents should have page numbers

- Highlight relevant sections of documents (if only part being used, as in meeting minutes) and insert comment with procedural step being supported (from PIP Validation tool)

Hard Copy

- Prepare and submit two packets of all documents for each PIP
 - 3-hole punched
 - Each PIP separated by dividers
- Remember to create an identical packet for yourself
- Use a copy of the validation tool to list documents submitted for each requirement (use Comments column); include document name/title and date
 - Include in relevant PIP section
 - Complete first page of tool
- Highlight relevant sections of each document and identify standard being supported
- Include copy of self-validation in each PIP packet

Attachments

Attachment 9 – Quality Assurance and Improvement Review Instructions



2006 External Quality Review

Quality Assurance and Improvement Review Document Preparation

Please submit all documents that support PIHP compliance with standards outlined in draft review tool as follows.

C-D ROM

- Create folder labeled QAI
- Create subfolders for each major standard heading (far left column on tool)
- Create subfolder labeled Document List
- Place all documents in relevant subfolders
 - Documents titles should include name and date
 - Documents should have page numbers
- Highlight relevant sections of documents and insert comment with standard number being supported
- Use copy of tool, Comments column, to list name and date of documents being submitted as support – place in Document List folder

Hard Copy

- Prepare and submit two packets of all documents, 3-hole punched, and indexed (separated) by Standard number
- Remember to create an identical packet for yourself
- Use a copy of the tool to list documents submitted for each requirement (use Comments column); include document name/title and date
- Highlight relevant sections of each document and identify standard being supported

Documents supporting compliance with this section would include (but not necessarily be limited to):

- * Most recent PIHP Quality Improvement/Assurance Plan
- Quality Management Oversight committee structure and roster

- Policies and procedures related to standards of care and provider oversight
- Provider contract sections addressing standards of care requirements and oversight procedures
- Provider manual
- Completed monitoring tools
- Results of provider reviews, including corrective action requests
- Documentation of follow-up on CA activities of providers
- Reports presented to QI and other committees re: network performance on standards of care, including analyses of results (includes long term trending as well as annual review results)
- Minutes of meetings demonstrating discussion of reports and recommendations for follow-up
- * Policies and procedures related to grievance and appeals
- * Copy of Grievance and Appeal report for Period April through September, 2006
- * Copies of all grievance and appeal files resolved or in process during reporting period above
- * Grievance and appeal tracking logs

*** Required documents**

Attachments

Attachment 10 – 2006 Encounter Validation Document Request



2006 External Quality Review

Instructions for the Submission of Encounter Validation Documentation

Below you will find specific document submission information for the 2006 encounter validation activities being conducted by APS Healthcare. To help the PIHPs understand the direction of this year's review process, the following excerpt from the CMS protocol is relevant:

“Development of accurate and complete encounter data is an iterative process. Because encounter data are an outgrowth of MCO/PIHP IS and data policies, it is often not possible for MCOs and PIHPs to overcome all limitations in their IS and data policies in one year. As a result, in the first year that a State requires the submission of encounter data from its MCOs and PIHPs, the data may be significantly incomplete and contain errors. Improving the completeness and accuracy will take place through continuous quality improvement (CQI) processes implemented year after year. Because of this, States will need to develop a “phased-in” approach for using standards for encounter data accuracy and completeness. “Phased-in” standards acknowledge the start-up issues affecting both MCO/PIHPs and State Medicaid information systems receiving the encounter data.”

This year's External Quality Review is geared towards looking at the first iteration of the PIHPs' encounter validation processes.

The protocol to evaluate the PIHPs will follow the same sequential logic as the formal CMS protocol, as applicable to the PIHP's particular environment.

1. Review the State's and the PIHP's requirements for collection and submission of encounter data.
2. Review of PIHP's Provider Agency network's capability to produce accurate and complete encounter data.
3. Analysis of PIHP's Provider Agencies' electronic encounter data for accuracy and completeness.
4. Review of medical records, as appropriate, for additional confirmation of findings (the encounter validation/matching exercise).
5. Submission of findings (and follow-up activities).

The 2006 Encounter Validation (EV) compliance review will include a desk-review of the processes used by the PIHP to meet the Encounter Validation requirements in the

PIHP's contract with MHD. The EQRO will also evaluate the results of the process, including any follow-up with the individual provider agencies that were evaluated.

Please organize and submit the EV Documents as described below.

1. **Suggested documents include:**

- Descriptive documentation of EV process (include any policy and procedures, contract language, trading partner agreements that help define this process)
- Data standards used (PIHP contracts with provider agencies, Trading Partner Agreements, PIHP Data Dictionary and/or any policies and procedures that define data standards)
- Documentation of IT evaluation efforts (any information collected by the PIHP to understand their network's capability to produce accurate and complete encounter data – a mini ISCA done by the PIHP on their provider network)
- Results from reviews (internal working documents and external reports)
- Corrective actions issued (if any)
- Re-evaluation results (if any)

2. **Electronic Submission**

- Submit materials on CD-ROM
- Create a **folder for Encounter Validations**
- Place EV related documentation in this folder
- In order for evidence to be easily located and referenced in each document, please include the following on the document:
 - ◆ Document title
 - ◆ Document, Revision or Version Date
 - ◆ Page numbers
- Please prepare a **Table of Contents** and/or a **Guide** to understanding the layout of your electronic submission, including a list of all documents and the requirement each is intended to support and include as a separate file on the C-D ROM.

3. **Hard Copy submission**

- Create two (2) separate binder-ready packets
- Place EV related documentation in these packets
- In order for evidence to be easily located and referenced in each document, please include the following on each document:
 - ◆ Document title
 - ◆ Document, Revision or Version Date

- ◆ Page numbers
- Please prepare a **Table of Contents** and/or a **Guide** to understanding the layout of your submission

Attachments

Attachment 11 – Subpart Documentation Request



2006 External Quality Review

Instructions for Submission of Subpart Materials

The 2006 Subpart compliance review will include all elements scored below a 3 in the 2005 review using the same scoring mechanism that has been in place the last 2 years. Elements scored as a zero (0) on a two (0-1) point scale will also be reviewed. Please organize and submit the **Subpart Review Documents** as described herein.

1. Please utilize the **Subpart Scoring Tools** and the **Scoring Guidelines** attached, along with your **PIHP's 2005 External Quality Review Report** as guides to assist you in preparing and organizing evidence of compliance for your Subpart review document submission.
2. Please submit:
 - Board approved policies and procedures
 - Signed and dated subcontracts
 - Training logs, agendas, Power Points, and attendance sheets
 - Actual NOAs, grievances and appeals
 - Completed contract and clinical monitoring tools, including results and reports and corrective actions
 - Provider corrective action plans and PIHP follow-up
 - Evidence of other quality assurance and improvement activities
 - Current and relevant data
 - Etc.
3. **Draft policies and procedures, outdated contracts, blank forms, incomplete monitoring tools and the like will not be accepted as evidence of how practice is implemented as required in the Scoring Guides.**
4. **2004 MHD EQR Corrective Actions** will be a focus in this year's review. For any 2004 corrective action elements not meeting a score of 3 or above, please submit your corrective action plans and implementation update.
5. **Electronic Document Submission via CD-ROM:**
 - Create a **folder for each Subpart** (i.e. Subpart C-Enrollee Rights and Protections).
 - In each Subpart folder create a **folder for each CFR** in which you scored below a 3 during the 2005 EQR.

- Example: **Subpart C-Enrollee Rights and Protections** would potentially have folders with the following names:
 - ◆ **438.10**
 - ◆ **438.100(b)**
 - ◆ **438.100(c)**
 - ◆ **438.100(d)**
 - ◆ **438.102**, and so on.
- In each CFR folder create a **folder for each Review Element Number** (i.e. [Q1], [Q2], etc.) in which you scored below a 3 during the 2005 EQR.
- In each Review Element Number folder place **all documents containing relevant evidence**.
- In order for evidence to be easily located, each document should contain:
 - ◆ Title and date
 - ◆ Page numbers
 - ◆ Highlighted subject matter pertaining to each review element
- Please prepare a **Table of Contents** and/or a **Guide** to understanding the layout of your electronic Subpart Review submission. Documents may be duplicated throughout the Subpart folders, or may be included once, with the Table of Contents or Guide providing a roadmap to reference the pages and paragraphs to be reviewed for each CFR and review element. One acceptable strategy would be listing, on a copy of the Subpart Scoring Tools, each document submitted as evidence for each of the Review Element Numbers.

6. **Hard Copy Document Submission:**

- Create two (2) separate binder-ready (whole punched, indexed, etc.) packets for each Subpart and title the binder packets accordingly (Subpart C, D, F, or H):
 - ◆ Example: Packets 1 and 2 would each be titled **Subpart C-Enrollee Rights and Protections**, packets 2 and 3 would each be titled **Subpart D-Quality Assessment and Performance Improvement** and so on.
- In each Subpart label a section for each CFR reference in which you scored below a 3 during the 2005 EQR.
- Example: **Subpart C-Enrollee Rights and Protections** would potentially have sections with tabs labeled:
 - ◆ **438.10**
 - ◆ **438.100(b)**

- ◆ 438.100(c)
 - ◆ 438.100(d)
 - ◆ 438.102, and so on.
- Under each labeled section place the supporting documents pertaining to that CFR.
 - In order for evidence to be easily located, each document should contain:
 - ◆ Title and date
 - ◆ Page numbers
 - ◆ Review element numbers (i.e. [Q1], [Q2], etc.)
 - ◆ Highlighted subject matter pertaining to each review element
 - Please prepare a **Table of Contents** and/or a **Guide** to understanding the layout of your packet for each Subpart. Documents may be duplicated throughout the Subpart packets, or may be included once, with the Table of Contents or Guide providing a roadmap to reference the pages and paragraphs to be reviewed for each CFR and review element. One acceptable strategy would be listing, on a copy of the Subpart Scoring Tools, each document submitted as evidence for each of the Review Element Numbers.

Attachments

Attachment 12 – Site Visit Agenda



**North Sound PIHP
117 N. 1st Street, Suite #8
Mount Vernon, WA 98273
360-416-7013 x 239
Administrator: Chuck Benjamin**

***** January 18th, 2007*****

- | | | |
|------------|---|-----------------------------|
| I | Introductions/Review Agenda | 9:00 - 9:15 |
| II | Updates from PIHPs | 9:15 – 9:45 |
| III | Quality Management | 9:45 – 10:30 |
| | <i>Break</i> | <i>10:30 - 10:45</i> |
| IV | Performance Improvement Projects (Review of 1) | 10:45 - 11:15 |
| V | Subparts | 11:15 - 12:00 |
| VI | Encounter Validation/Performance Measurement | 11:15 - 12:00 |
| VII | Wrap-up | 12:00 - 12:10 |

Catholic Community Services **2:30 – 4:00**
1133 Railroad Avenue
Bellingham, WA 98225
Kathy McNaughton, Clinical Director
360-676-2164

***** January 19th, 2007*****

Compass Health **9:00 - 10:30**
4526 Federal Ave
Everett, WA 98213
Jess Jamieson, Executive Director
425-349-6200

Attachments

Attachment 13 – Site Visit Letter



WA EQRO
2405 Evergreen Park Dr SW
Olympia, WA 98502

December 18, 2006

Chuck Benjamin, PIHP Administrator
North Sound RSN
117 N. 1st Street, Suite #8
Mount Vernon, WA 98273

Dear Mr. Administrator:

APS Healthcare is looking forward to the third year External Quality Review site visit with North Sound PIHP on 01/18/07, from 9:00 am – 12:10 am.

The designated review team will include the following APS staff members:

- Harriet Markell, EQRO Executive Director
- Brad Babayan, IT Analyst
- Marty Driggs, Clinical/Administrative Reviewer
- Irene Finley, Clinical/Administrative Reviewer

This year the review will incorporate an update of your overall service delivery system as well as a discussion about those Subpart items from last year's review that were re-reviewed. Included also will be a review of your PIPs, using one specifically as the vehicle for identifying strengths and opportunities for improvement, and an in depth discussion about your quality management program.

Representatives from the following PIHP operations should plan on participating:

- Executive Leadership
- Information Systems
- Utilization Management
- Quality Management
- Ombuds – either at site visit, on phone at site visit, or phone call at some later date

The list of planned participants will be discussed in detail with Harriet Markell, prior to the site review, in order to ensure that the appropriate staff members are included in each component of the review.

Please ensure that one conference room and one office-type space is available that can accommodate the PIHP and APS staff conducting simultaneous reviews. We will begin promptly at 9:00 am.

In addition to the EQRO visit to the PIHP, we will be visiting the following network providers on January 18th, 2007:

Catholic Community Services 1133 Railroad Avenue Bellingham, WA 98225	2:30 – 4:00
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And January 19th, 2007:

Compass Health 4526 Federal Ave Everett, WA 98213	9:00 – 10:30
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Please notify your providers about the date and time. These visits will cover implementation of policies and procedures addressed in your Subpart review and provider involvement in PIHP QM/QI activities, so we would like to meet with staff responsible for carrying those out. Included may be clinical service staff as well as relevant administrative and executive staff.

Attached is a detailed agenda for the PIHP visit. Please arrange for a telephone call between yourself and Ms. Markell to discuss this agenda by calling or emailing me at (360) 570-2216 or jjerabek@apshealthcare.com. We would like to schedule this call within the next 2 weeks.

Sincerely,

Joanne Jerabek
Administrative Manager

Attachments:
PIHP Site Visit Agenda

CC: Harriet Markell, Executive Director
Marty Driggs, Clinical/Administrative Reviewer
Brad Babayan, IT Analyst
Irene Finley, Clinical/Administrative Reviewer
Judy Gosney, Mental Health Division Operations

Attachments

Attachment 14 – QAI Plan Requirements Tool



QAI Plan Requirements

PIHP: North Sound

Activities	Met/Not met	Comments
<p>Comprehensive plan that includes: (details in sections below)</p> <ul style="list-style-type: none"> • Annual review and update • Mission/vision/guiding principles • Goals of plan • Scope of activities (population, areas of ops addressed) • Committee structure that's effective • Quality Indicators • Monitoring methods • Reporting and improvement process • Annual work plan • PIP activities 	<p>Partial Met</p>	<ul style="list-style-type: none"> • Most components of QAI Plan are mentioned generally. • Clarity is enhanced by addressing QA and QI separately. • Goals of plan are congruent with objectives. • Plan discusses evaluation and improvement in quality of care to consumers. • The scope of activities of the QAI Plan is not concisely stated. • An overall, global Work Plan is included but it does not have identifiable, targeted annual quality improvement activities of an annual work plan. • Missing is language about an annual review of the QAI Plan. (The QM Policy clearly states that an annual evaluation of the plan will be done.) • The QM Plan includes language about committees and concepts that are not clearly stated and/or are outdated.

Activities	Met/Not met	Comments
		<ul style="list-style-type: none"> Board approval of Plan and revisions is not specifically documented
<p>Development of mission/vision/guiding principles for organization</p> <ul style="list-style-type: none"> Reference to recovery model Consumer-driven 	Met	<ul style="list-style-type: none"> Recovery model is referenced. Consumer-driven focus is referenced.
<p>Identified governing body with final authority to ensure that PIHP implements it's plan and recommended improvement activities</p>	Met	<ul style="list-style-type: none"> Plan states that the Board of Directors (BOD) makes final decisions based on information received from standing committee reports. Board of Directors provides oversight of the annual QM Plan adopts it and acts on recommendations of QMOC. The Plan states that changes to QM Plan are made in writing and approved by the Board before implemented or plan changed. QMOC is chaired by Board member/reports directly to Board of Directors.
<p>Committee structure that ensures effective reporting, analysis and operational oversight of improvement activities</p>	Partially Met	<ul style="list-style-type: none"> The committee organizational chart of external and internal committees provides reporting mechanisms: <ul style="list-style-type: none"> QMOC reports corrective actions to the Regional Quality Management Committee (QMC). QMC analyzes data/makes recommendations to QMOC who decides recommendations to Board or back to committee. The Advisory Board can also make recommendations to the BOD. A member of the Advisory Board is on QMOC QMC is comprised of NSMHA staff, providers, and clinical directors. It is chaired by the QM Manager.

Activities	Met/Not met	Comments
		<ul style="list-style-type: none"> • The QM Policy identifies functions of IT and the Contracts Compliance and Fiscal Services Manager. This detail is not in the QM Plan. The functions of the quality manager were not clearly defined: <ul style="list-style-type: none"> ○ No reference to a Quality Manager in the QM Policy, which does reference other managers. ○ All committee meetings identified a Chair except the QMC, which does not state who is chairing the meetings. ○ The Training Committee charter stated that Training Committee was facilitated by the QM Manager. Another version of the document referenced as the Final stated that the Training Committee was chaired by NSMHA staff. Lack of date on this document results in confusion about most current version. • The description of CQIP is confusing: <ul style="list-style-type: none"> ○ The plan references a committee structure under CQIP. ○ PIHP stated that CQIP is a designation rather than a committee or a reporting structure. ○ The charter for IQMC calls the IQMC committee the CQIP.
<p>Clearly defined indicators with relevant benchmarks, thresholds, or targets (that relate back to organization's mission/vision)</p> <ul style="list-style-type: none"> • Address all areas of operations covered in plan 	Partial Met	<ul style="list-style-type: none"> • All areas of operation are covered in QM plan. • Work Plan defines indicators as global goals rather than as specific measures of performance • The majority of indicators did not have: <ul style="list-style-type: none"> ○ Numerator/denominator specified ○ Performance goals expressed as percentages or

Activities	Met/Not met	Comments
		numerical targets ○ Thresholds defined for taking action
Monitoring methods/schedules/responsibilities defined for all oversight and reporting activities	Partially Met	<ul style="list-style-type: none"> ● Work Plan (included in QM Plan) is a matrix of oversight activities related to Service Delivery and Administrative Quality goals stated in general terms. Matrix includes: monitoring and measuring tasks, sources of information, oversight responsibility, reporting method, and placeholder for benchmarks that includes some performance targets. ● The QM Plan did not include monitoring methods for encounter validation. ● Section 2 of the Plan, Standards for Record Review, is a brief summary of plans to develop tools.
Reporting and Improvement process effective <ul style="list-style-type: none"> ● Reports allow for trending ● Corrective action thresholds defined ● CA management process is defined and effective 	Partially Met	<ul style="list-style-type: none"> ● Reporting and improvement processes are clearly described in plan (Work Plan) (content/frequency). ● Reporting generally is narrative with some evidence that specific issues are tracked over time; however data-driven basis of information is not readily accessible. For example: <ul style="list-style-type: none"> ○ PIHP provided sample sets of spreadsheets that indicate their capability to track and trend data; however, few actual data reports were submitted in chart/graph format demonstrating use of available information ○ The 4th biennial Quality Management Plan Integrated Report for 6-12/05 has comparison data from administrative audits; shows follow up from quality activities from

Activities	Met/Not met	Comments
		<p>previous years;</p> <ul style="list-style-type: none"> ○ The Integrated Report presents data-specific results on only a few indicators ○ The Complaint/Grievance/Appeal Report (also called Exhibit N) provides a narrative update from the previous report. <ul style="list-style-type: none"> ● Some quality improvement activities in Exhibit N are not consistently reflected in the QM Work Plan ● No trends from Appeal and Denial data are discussed in minutes. ● PIHP did not provide multi-year reports of data based on chart reviews for individual providers or across the system. ● Specifics of CA process is not articulated in Plan; no other documents submitted providing this information
<p>PIPs</p> <ul style="list-style-type: none"> ● Description of PIP selection and implementation included in Plan ● Ongoing activity related to selected PIPs 	Met	<ul style="list-style-type: none"> ● PIPs topics are mentioned in plan. ● Selection and management of those projects not described.
<p>Information systems that are adequate to provide timely and reliable information</p> <ul style="list-style-type: none"> ● Include IS update information here 	Partial Met	<ul style="list-style-type: none"> ● Good data submission processes. ● IT staff routinely attend QMC meetings. ● Data quality considered “fair” based on EV review ● IS has the capacity to generate reports on aggregated utilization review data and compare item scores by reviewer name. ● No reference to encounter data validation found in the QM Plan.
Coordination with internal and external groups to	Met	<ul style="list-style-type: none"> ● Minutes of the QMC show considerable involvement

Activities	Met/Not met	Comments
ensure appropriate input and involvement		<p>and communication/coordination with internal and external groups.</p> <ul style="list-style-type: none"> • Chart review results are conveyed in committee meetings, in reports and through provider CA process. • Providers report good communication and involvement on committees. • Information made available on Web provides general public with key performance information
Adequate resources – staffing to accomplish goals of plan	Met	<ul style="list-style-type: none"> • PIHP has Quality department with several staff as well as a data analyst to assist in development and interpretation of reports.
Education and training at all levels re: QA and I process and content; engagement of staff at all levels in PIHP and provider agencies	Partial Met	<ul style="list-style-type: none"> • Training/quality of providers is a QM focus with a training committee and routine minutes. • A training calendar is posted on the web. • QMC minutes reflect that providers received information on PTSD practice guidelines, trauma screening tool, and “quality in action” presentations. • A clinical training module approved by QMOC is posted on the website. Providers confirm that training occurs continuously, both formal and informally through supervision and staff meetings.
<p>Annual Work Plan</p> <ul style="list-style-type: none"> • Description of 3-4 focused QI activities for the year • Based on monitoring results • Specifies accountabilities, deliverables 	Not Met	<ul style="list-style-type: none"> • The QM Plan has a global work plan for all performance monitoring activities; however, they have not specified in a specific document those QI activities that are the focus for a given year.

Attachments

Attachment 15 – QAI Review Scoring Criteria



PIHP Quality Assurance and Improvement Review
2006 External Quality Review
Scoring Criteria

Scoring: Each element for each standard may achieve up to 4 points on a 0-4 scale. Fully met = 4 and indicates that the PIHP consistently accomplishes or has in place all aspects of the element; Partially Met is indicated by scores of 1, 2, or 3, to reflect the degree to which the element approaches fully met; and Not Met indicates that the element is not present or is very inconsistent or incomplete. Achieving the target score of 4 on each element indicates that the PIHP has a comprehensive and effective QA&I Plan and effectively monitors the quality of care provided throughout its network.

PIHP:				
Requirement	Met	PM	Not Met	Findings Comments
<u>Standard</u>				
1. The PIHP plans for ongoing assessment and improvement of the quality of public mental health services in its service area. (2006-7 Contract Section 7.2)				
A. PIHP has QA and I plan that is comprehensive and clearly defines structure, accountability, and process.				<ul style="list-style-type: none"> See Requirements of QA&I Process (in separate document)
B. Plan includes annual review of PIHP Quality Assurance and Improvement program.				<ul style="list-style-type: none"> Review plan includes timing, process, plan to incorporate results into following year plan and reports to stakeholders
C. Plan includes annual work plan and process for review of associated activities and progress.				<ul style="list-style-type: none"> Based on previous year's QA results; Is not the PIPs

PIHP:				
Requirement	Met	PM	Not Met	Findings Comments
D. Plan includes routine and ad hoc provider review activities, including scope, frequency, follow-up, and use of results for system improvement.				<ul style="list-style-type: none"> At least semi-annual review of clinical charts At least bi-annual review of provider staff training
E. Plan includes involvement of providers and consumers and their families on regular basis in all aspects of QA and I process.				<ul style="list-style-type: none"> Specifies committee involvement and avenues for input
F. PIHP demonstrates implementation of QA and I Plan as written, including annual work plan.				<ul style="list-style-type: none"> Annual summary of activities/findings/etc. Evidence of consumer involvement in committees and QI activities Evidence of progress on work plan (e.g. committee minutes) and inclusion of year-end status in report
Standard 1	Count (Target 6 Met):		Target Points: 24 Actual:	
<u>Standard</u>				
2. PIHP evaluates and ensures improvement in the quality and effectiveness of the regional system of care. (2006-7 Contract, Section 7.2)				
A. Clinical chart reviews are conducted for each network provider, according to QI Plan, on regular basis.				<ul style="list-style-type: none"> Has Policy & procedure defining review process Review schedule follows plan Results for each provider produced in timely fashion and communicated to agency

PIHP:				
Requirement	Met	PM	Not Met	Findings Comments
B. Review Tool is effective for measuring performance related to assessments, treatment plans, ongoing care, and required/indicated periodic review.				<ul style="list-style-type: none"> • Tool includes items related to all categories mentioned • Review questions structured for easy and clear evaluation of compliance <u>and</u> quality; e.g. evidence of positive outcomes, use of best practices, etc. • Scoring or evaluation system clearly spelled out in policy and procedure • Thresholds/definitions of scores clearly defined • Scoring system is amenable to aggregation of results on various parameters
C. Review process incorporates training and inter-rater reliability testing of all staff conducting reviews.				<ul style="list-style-type: none"> • Plan clearly identified/documented • Specification of frequency and/or incorporation of new staff • Evidence of implementation
D. PIHP maintains effective system for identifying and following up on any improvements/corrective actions required of providers.				<ul style="list-style-type: none"> • Policy/procedure or In QAI plan: <ul style="list-style-type: none"> ➤ Who responsible; ➤ Ensures timely follow-up and documentation of progress; ➤ Documentation for PIHP and provider of satisfactory completion of required activities • Evidence that process implemented reliably and consistently
Standard 2	Count (Target 4 Met):		Target Points: 16 Actual:	

PIHP:				
Requirement	Met	PM	Not Met	Findings Comments
Standard				
3. Results of reviews are analyzed by designated committee and action taken to improve performance where needed; network, advisory board and other interested parties are informed on regular basis of findings and performance improvement activities. (2006-7 Contract Section 7.4)				
A. QI Committee (or other designated committee) regularly reviews results of provider quality oversight activities.				<ul style="list-style-type: none"> Minutes of committee reflect discussion of reports as scheduled in plan Discussions include corrective action oversight activities
B. PIHP analyzes and trends individual provider performance.				<ul style="list-style-type: none"> Reports include longer term analysis of individual provider performance Discussion re: trends and needed remediation reflected in minutes
C. PIHP analyzes and trends system-wide performance.				<ul style="list-style-type: none"> System-wide trends on key indicators reviewed regularly and analyzed for necessary remediation, training, etc
D. PIHP communicates regularly with network, Board, and others regarding results of system-wide analyses and improvement activities.				<ul style="list-style-type: none"> Minutes of meetings with providers, advisory boards, QRT, etc. reflect provision of information about QAI results and activities
Standard 3	Count (Target 4 Met):		Target Points: 16 Actual:	
Standard				
4. PIHP incorporates results of grievances, fair hearings, appeals and actions into system improvement (2006-7 Contract Section 7.3)				

PIHP:				
Requirement	Met	PM	Not Met	Findings Comments
A. PIHP has effective methods and systems for tracking timeliness and outcomes of actions, appeals, grievances, and fair hearings which are consistently applied.				<ul style="list-style-type: none"> Identifies specific positions responsible for all aspects of implementation and tracking Maintains documentation of each case in manner that ensures timelines and requirements met Maintains logs documentation over-all compliance with requirements
B. PIHP has methodology and regularly incorporates grievance and appeal activity and analyses into QA and I reviews and system improvement activities.				<ul style="list-style-type: none"> Provider reviews include grievance and appeal requirements Minutes of QI committee reflect reporting of results for individual providers and system-wide Need and plan for improvements identified and acted upon when indicated
C. PIHP ensures that network provider staff and PIHP Ombuds understand and appropriately facilitate consumer access to appeal, grievance, and fair hearing procedures.				<ul style="list-style-type: none"> Evidence of training on regular basis and for all new employees Staff and Ombuds can articulate basic requirements and role of agency staff/PIHP Ombuds understands level of detail required to provide effective support to consumers Ombuds and/or agency staff describe actual situation and outcome demonstrating familiarity with process and detail for which they would be accountable.
Standard 4	Count (Target 3 Met):		Target Points: 12 Actual:	

PIHP:				
Requirement	Met	PM	Not Met	Findings Comments
Grand Totals	Count (Target 17 Met):		Target Points: 68	Actual:

Summary Quality Assurance and Improvement Findings

QAI Strengths

-
- QAI Challenges**
-

QAI Recommendations

- 1.

Attachments

Attachment 16 – List of Site Visit Attendees



**North Sound PIHP
2006 External Quality Review
January 18, 2007**

Site Visit Participants

Name	Position/Title
<u>PIHP</u>	
Chuck Benjamin	Executive Director
Debra Jaccard	Quality Manager
Dennis Regan	Data Analyst
Michael S. White	IS/IT Administrator
Shannon Solor	Support Staff
Diana Striplin	Quality Specialist
Terry McDonough	Quality Specialist
Charissa Fuller	Quality Specialist
Greg Long	Deputy Director
Bill Whitlock	Fiscal Office
<u>Catholic Community Services</u>	
Kathy McNaughton	Clinical Director
Rod Elin	Chief of Staff
Eric Love	Director Integrated Family Services
<u>Compass Health</u>	
Heather Fennell	Quality Manager
Stacey Alles	Quality Manager
Tom Sebastian	Chief Operating Offices
Rhonda Hickman	Director Everett Outpatient
Kay Tilloma	Regional Services Director
Steve Metcalf	Manager, Adult Extended Care - Everett
Melissa Brady	Clinician, Adult Extended Care - Everett
Sara Bender	Manager, Adult Extended Care - Snohomish
Lin Bauer	Manager, Smokey Point Extended and Primary Care
Alisabeth Beecher	Clinician, Everett Youth and Child Services
Cindy Ainsley	Clinical Manager