




United Behavioral Health

<b>External Audit Preparation and Corrective Action Plan Monitoring</b>			<b>Policy Identifier/Number:</b> QA-05
Annual Review Completed Date: February 2018			
<b>Policy Category:</b> Government – Pierce Regional Support Network	<b>Applicable Lines of Business:</b> Medicaid	<b>Entity/Plan:</b> Optum Pierce Behavioral Health Organization	<b>State:</b> Pierce County, Washington
<b>Approved by:</b> Bea Dixon, Executive Director		<b>Signature:</b> 	

#### Policy Statement and Purpose

The Quality Assurance/Performance Improvement (QA/PI) Manager holds responsibility for organizing preparation efforts for external audits. The QA/PI Manager and staff of the QA/PI Unit pull in other Optum Pierce Behavioral Health Organization (BHO) staff as necessary to prepare for external audits and to participate in the on-site audit process.

To describe responsibility for preparation for external audits, such as audits by an External Quality Review Organization (EQRO), the Department of Social and Health Service (DSHS), and others from the State of Washington.

#### Policy Audience and Applicability

This policy is applicable to the Optum Pierce BHO and benefits administered through the Washington State Department of Social and Health Services (DSHS) current Prepaid Inpatient Health Plan (PIHP).

#### Policy Definitions

N/A

#### Policy Provisions

1. At the beginning of each contract period, the QA/PI Manager prepares a document outlining all of the external audits that are required in the contract and any other audits that may reasonably be expected to occur.
  - 1.1. This document is updated when notices for upcoming audits are received.
  - 1.2. This document is updated to note the dates and times of actual audits when they occur.
2. The QA/PI staff works closely with the Chief Executive Officer to make Optum Pierce BHO staff aware of all of the contract deliverable requirements.
  - 2.1. Training of staff promotes strict compliance with all contracts.

Optum is responsible for adhering to all applicable state and/or federal laws governing activities within the scope of this policy, including the Mental Health Parity and Addiction Equity Act (MHPAEA) and the Health Insurance Portability and Accountability Act (HIPAA) privacy requirements, as well as the applicable requirements, standards and regulations as set forth by the Employee Retirement Income Security Act (ERISA), the Center for Medicare and Medicaid Services (CMS), the Department of Labor (DoL), and any applicable accrediting organizations.

- 2.2. Training simplifies the audit preparation process.
3. Once a notice for an upcoming audit is received, the QA/PI Manager creates and disseminates an audit preparation work plan which includes all of the steps necessary to prepare for the audit.
  - 3.1. The work plan is based specifically on the contract requirements to be audited.
  - 3.2. The work plan includes the generation of documents required for the audit.
  - 3.3. The work plan includes a “responsible party” for each item and a specific timeline for each task.
4. The Chief Executive Officer notifies the appropriate staff that they need to be present for the on-site portion of the external audit.
5. When the external audit is completed and results are received, the QA/PI Manager distributes the verbal and/or written audit report to staff so that any necessary changes and improvements in processes, policies, and goals can be included in the *Quality Assurance/Performance Improvement Work Plan*.
6. Audit results are presented by the QA/PI Manager to the QA/PI Committee along with any suggested corrective actions/changes in response to the audit. In addition, audit results are shared with the Behavioral Health Advisory Board (BHAB) for their review and comment, as well as the Governing Board.
7. Corrective action plans and changes are tracked through the *Quality Assurance/Performance Improvement Work Plan* until fully resolved.

#### **Related Policies, Procedures & Materials**

- Pierce Behavioral Health Organization Policy: QA-01 - *QA/PI Program Description and Work Plan*
- Pierce Behavioral Health Organization Policy: QA-02 - *QA/PI Program Annual Evaluation*
- Pierce Behavioral Health Organization Policy: QA-03 - *QA/PI Performance Improvement Projects*
- Pierce Behavioral Health Organization Policy: QA-04 - *QA/PI Monitoring Important Aspects of Care and Service*
- Pierce Behavioral Health Organization Policy: QA-06 - *QA/PI Committee Structure*

#### **Attachments**

N/A

#### **Approval History**

- Policy created and effective: 09/2009
- Policy and Procedure Committee review and approval: 10/26/2009
- Policy and Procedure Committee review and approval: 08/23/2010
- Policy and Procedure Committee review and approval: 09/26/2011
- Policy and Procedure Committee review and approval: 08/27/2012
- Policy and Procedure Committee review and approval: 12/02/2013
- Policy and Procedure Committee review and approval: 12/15/2014
- Policy and Procedure Committee review and approval: 02/24/2016

- Operational Procedures and Standards Committee Reviewed and Accepted: 01/25/2017
- Optum Pierce BHO reviewed and accepted: February 2018