



United Behavioral Health

Clinical and Administrative Review Including Annual Review of Behavioral Health Agencies			Policy Identifier/Number: QA-08
Annual Review Completed Date: February 2018			
Policy Category: Government – Pierce Regional Support Network	Applicable Lines of Business: Medicaid	Entity/Plan: Optum Pierce Behavioral Health Organization	State: Pierce County, Washington
Approved by: <i>Bea Dixon, Executive Director</i>		Signature: <i>B. Dixon</i>	

Policy Statement and Purpose

Optum Pierce Behavioral Health Organization (BHO) performs desk top reviews and on-site visits of network providers to review clinical and administrative policies and procedures, clinical records against standards, administrative practices, and the monitoring of sub-contract activities for the purpose of monitoring compliance with the Optum Pierce BHO contract and state and federal requirements.

To describe clinical and administrative assessment of network providers through site visits, monitoring results, investigations into community complaints and consumer grievances, clinical record review, services verification, and sub-contract monitoring activities. To clearly communicate the expectation that network providers cooperate with Quality Review Activities and provide access to their facilities, personnel and records.

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. In accordance with the current PIHP Contract terms on Subcontractor reviews Optum Pierce BHO monitors contracts with providers and notifies the DSHS of observations and information indicating that providers may not be in compliance with licensing and certification requirements.
2. Network providers cooperate with all Quality Review Activities and provide access to their facilities, personnel and records to the BHO, DSHS, External Quality Review Organization and other approved review organizations.

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.

3. Optum Pierce BHO conducts, at minimum, a site visit to providers in its network once per contract period. Network providers are notified in writing at least 1 week prior to a site visit about the purpose of the review and to arrange a convenient time and date. The site visit protocol is comprehensive and includes a review of the following elements stipulated in the PIHP contract:
 - 3.1. Traceability of Services —Optum Pierce BHO staff assess whether medical necessity is established and documented, and that access to care standards are met for mental health and/or substance use diagnoses using the American Society of Addiction Medicine (ASAM) Criteria and/or DSM 5. Staff examines the clinical records to ensure that authorized services are appropriate for the diagnosis that the treatment plan reflects the identified needs, and that progress notes support the use of each authorized state-plan service. The staff checks records to make sure that an appropriate 180 day review was conducted to update the service plan, diagnostic information and provide justification for level of continued treatment.
 - 3.2. Timeliness of Services – Optum staff goes over the chart documentation to ensure that individuals in behavioral health services access care in a timely manner.
 - 3.2.1. Emergent Mental Health Services = 2 hours from request.
 - 3.2.2. Urgent Health Services = 24 hours from request.
 - 3.2.3. Initial Psychiatric Inpatient Certification = 12 hours from request.
 - 3.2.4. Crisis and Phone Service = 24/7/365 availability. Phones answered by live persons.
 - 3.2.5. Post stabilization Services = Individuals need to receive an outpatient service within 7 days of discharge from a psychiatric inpatient stay or residential substance use disorder treatment stay.
 - 3.2.6. Routine Intake Evaluation or Assessment for Behavioral Health Services = 14 days from request.
 - 3.2.7. First Routine Outpatient Service = 28 days from request.
 - 3.2.8. If behavioral health services are not rendered within these guidelines, the clinical record is required to list the reason for and appropriateness of the delay. This can include documentation that there were no appropriate available resources as allowed under this agreement or that the individual did not meet the definition of a priority population for substance use disorder treatment as defined in the State contract.
 - 3.3. Range of Services / Network Adequacy -- Optum staff gathers information from each contracted behavioral health agency to ensure that it has the capacity to provide all state-plan services (including second opinions, interpretive services, requests for written information in alternative formats, and referrals to out-of-network providers) to meet the clinical needs of its population. In order to ensure adequate capacity, the contracted provider agency must evaluate its anticipated Medicaid enrollment, expected utilization of services, characteristics and health care needs of the population, the number and types of direct behavioral health care providers (training, experience and specialization) able to furnish services, and the geographic location of providers and enrollees (including distance, travel time, means of transportation ordinarily used by enrollees, and whether the location is ADA accessible).
 - 3.4. Special Populations –Contracted behavioral health agencies demonstrate during the review that individuals who self-identify as having specialized cultural, ethnic, linguistic, disability, or age related needs have those needs addressed. Referrals for specialty service consultation are tracked through the treatment plan, progress notes, and a tracking log. The tracking log must be available to Optum Pierce BHO quarterly or upon request. If a behavioral health care provider identifies a need, but

it is deferred by the individual in services, the behavioral health care provider documents the reason it is not being addressed at this time.

- 3.5. Coordination of Primary Care –Optum staff review clinical records to ensure that individuals who have no assigned primary care provider (PCP) are assisted in obtaining a PCP. For individuals in behavioral health services who already have a PCP, staff evaluates whether the behavioral health care provider coordinated needed care. Staff also evaluates whether coordination for individuals with complex medical needs was tracked through the treatment plan and progress notes.
 - 3.6. Practice Guidelines -- Optum staff examines documentation to determine whether the behavioral health care providers are using identified practice guidelines.
 - 3.7. Complaints/Grievance –Optum staff analyzes each network provider’s process for reporting, tracking, and resolving expressions of dissatisfaction (grievances) from individuals in services, and concerns from families, allied professionals, and the community (complaints). Optum staff monitors the frequency and types of grievances to ensure that systemic issues are addressed.
 - 3.8. Critical Incidents – Optum staff reviews the network provider’s process for reporting and managing critical incidents. Optum Pierce BHO must track and monitor the incidents that occur within the network and determine whether the incidents are responded to in an appropriate and timely manner by the behavioral health care providers. If a systemic issue is identified, the involved behavioral health agency shares their actions and progress until it is resolved.
 - 3.9. Information Security – Optum staff monitors network providers to ensure they are actively following federal regulations for managing personal health information (HIPPA / Hi-Tech), and appropriately reporting any violations.
 - 3.10. Disaster Recovery Plans –Optum staff checks each network provider’s Disaster Recovery and Business Continuity Plan to ensure that a plan is in place and is periodically tested and updated. The plan ensures that client services are resumed and electronic data can be recovered after a natural disaster or computer systems failure.
 - 3.11. Excluded Providers -- Optum staff examines behavioral health care provider personnel records to ensure that network providers have documentation that shows the completion of an initial screen and on-going monthly monitoring for excluded providers. Screens should be completed through the List of Excluded Individuals (<https://exclusions.oig.hhs.gov>), System for Award Management (<https://www.sam.gov>); and through comparisons of staffing rosters against the Washington Department of Health Disciplinary Action Report (<http://www.doh.wa.gov/Newsroom/2015NewsReleases>). Exclusion checks are reviewed for all staff, volunteers, board members, and subcontractors to ensure that they are not excluded entities. Optum staff screens individuals and entities with an ownership or control interest of at least 5% of the provider’s equity prior to entering into a contractual or other relationship, individuals with an employment, consulting or other arrangement with the provider, and employees, individuals and entities with an ownership or control interest who would benefit from funds received.
 - 3.12. Fiscal Management –Optum staff monitors documentation of the network provider’s cost allocations, revenues, expenditures and reserves in order to ensure that Medicaid dollars under this Contract are being spent appropriately.
 - 3.13. Licensing and Certification Issues – Optum staff monitor for current licenses and certifications and additionally follow up on any issues noted during licensing and/or certification reviews conducted by DSHS.
4. Administrative Review Component

- 4.1. All network providers are reviewed using a standardized protocol.
- 4.2. In order to work in close coordination with DSHS, Optum Pierce BHO uses the DSHS *Quality Assurance/Quality Improvement Provider Agency Self Evaluation and State Licensing/Certification Survey Tool* or similar tool with some additional items to measure compliance with the Optum Pierce BHO Policies and Procedures.
- 4.3. Areas of focus include:
 - 4.3.1. Inspection of the physical site to ensure that the following requirements are met:
 - 4.3.1.1. Americans with Disabilities Act (ADA) requirements for physical accessibility;
 - 4.3.1.2. Rights for individuals involved in behavioral health services;
 - 4.3.1.3. Medication storage and handling; and
 - 4.3.1.4. Confidentiality of medical record storage and computer access.
 - 4.3.2. Review of policies, procedures and administrative practices related to *Washington Administrative Code (WAC)*, federal *Balanced Budget Act (BBA)*, and Optum Pierce BHO contract requirements such as Mental Health Advance directives.; and
 - 4.3.3. Review of supervisory protocols, supervisory records and the staff training programs.
5. Personnel Record Review Component
 - 5.1. All contracted behavioral health care providers are reviewed using this protocol.
 - 5.2. The Personnel Record Review protocol is used to document qualifications, licensure, and competencies of contracted mental health care provider clinical staff.
 - 5.3. Optum Pierce BHO staff uses the Staff Competency Requirements section of the DSHS *Administrative Licensing Tool* to review compliance with WAC statutes.
 - 5.4. Optum Pierce BHO staff also employs the DBHR *Personnel Record Review Tool* or a similar tool to document personnel requirements. BHO staff review 100% of personnel files to document the following:
 - 5.4.1. Behavioral health care provider staff credentials (licensing and registration, educational degrees, mental health experience, specialty certifications);
 - 5.4.2. Training (that each behavioral health care provider has an annual training plan, that training is documented in their personnel file, completion of required training on cultural competence, safety and violence prevention described in RCW 49.19, any training requested by DBHR, and supervisors have completed required supervisory training);
 - 5.4.3. Supervision (that behavioral health care providers receive regular supervision) and annual performance evaluations (that evaluations are done annually);
 - 5.4.4. Follow-up related to substantiated grievances filed about an individual.
6. Clinical/Medical Record Review Component
 - 6.1. The Medical Record Review protocol is applied at site visits to document requirements related to WAC, BBA, general standards of clinical practice, quality and appropriateness of care, as well as quality indicators from the Optum Pierce BHO *QA/PI Plan* that specify chart reviews as the data source.

- 6.2. A representative sample of 500 medical records is reviewed across the Pierce BHO. Optum Pierce BHO staff employs a modified version of the DBHR *Clinical Record Review Tool* or similar tool with some additions.
- 6.3. Areas reviewed include, but are not limited to:
 - 6.3.1. Initiation of services/consents;
 - 6.3.2. Legal status;
 - 6.3.3. Intake assessment;
 - 6.3.4. GAIN-SS tool;
 - 6.3.5. Care and service planning;
 - 6.3.6. Services are provided by staff with the appropriate credentials;
 - 6.3.7. Age, culturally and linguistically appropriate services;
 - 6.3.8. Active participation of individuals and families in treatment planning and goal setting;
 - 6.3.9. Diagnostic education;
 - 6.3.10. Recovery-oriented, strengths-based documentation;
 - 6.3.11. Special health care needs and special population consults;
 - 6.3.12. Referrals;
 - 6.3.13. Crisis Planning;
 - 6.3.14. Timely progress notes; and
 - 6.3.15. Psychiatric treatment, including complete medication lists with the need for appropriate labs and testing frequencies;
 - 6.3.16. Coordination with medical providers;
 - 6.3.17. Discharge summaries.
- 6.4. Optum Pierce BHO staff also conducts focused medical record reviews for targeted quality monitoring for behavioral health care providers with specialized programs (including fidelity reviews of evidence-based and promising practices) and performance evaluation related to contract performance incentives.
7. Data Integrity Review Component
 - 7.1. Optum Pierce BHO Information Technology (IT) staff collaborates with clinical staff to conduct the *Data Integrity Review* to match data in the Optum Pierce BHO and state information systems with information in provider medical records, to ensure data completeness and accuracy at the state, Optum Pierce BHO, and provider levels.
 - 7.2. Random samples are drawn by Optum Pierce BHO staff for the medical record reviews.
 - 7.3. For the selected sample, MIS and clinical staff employs a tool to evaluate data compliance with timeliness of key data transmissions, data completeness for required fields and data match between the medical record and our data warehouse.
8. Billing/Encounter Data Review Component
 - 8.1. Optum Pierce BHO uses the *Billing/Encounter Data Review* protocol to verify that encounter data in the information system matches reported services documented in the medical record.

- 8.2. A minimum of 1% of all encounters reported for each 12month period are reviewed.
- 8.3. This review is completed using a random sample of consumer medical records for each agency. The sample is drawn from records that include services received during the audit period.
- 8.4. For the selected sample, Optum Pierce BHO staff match reported encounters for the review period with documentation in the medical record, as well as unreported encounters. Specifically, for each reported service, Optum staff look at whether there is a progress note in the record, whether the date is correct, and whether the behavioral health care provider identified and duration of service noted in the record matches what is in the Optum Pierce BHO and state information systems.
- 8.5. The Encounter Data Validation Report includes at a minimum:
 - 8.5.1. Method of the validation process including the study time frame, staff involved, and request for record and review process;
 - 8.5.2. Sampling methodology, including data source and stratification;
 - 8.5.3. Record review tool(s) and audit guide employed;
 - 8.5.4. Scoring methods;
 - 8.5.5. Data analysis, results and summary of findings;
 - 8.5.6. Conclusions, limitations, and opportunities for improvement, including corrective action plans, if applicable.
- 8.6. These reviews may also include a clinical component conducted by Optum Pierce BHO clinical staff that assesses whether the service provided was included on the active treatment plan of care and whether the content of the progress note matches the service reported.
9. In the spirit of cooperation and to decrease the duplication of services, Optum Pierce BHO respects the findings of DSHS Licensing and External Quality Review Organization Reviews at the Behavioral Health Agencies. During the year of the DSHS review, Optum Pierce BHO staff may follow up on DSHS-discovered areas of deficiencies and have the option of not repeating the review in areas found to be compliant. During the year of a DSHS review, Optum Pierce BHO staff may focus the review on a specific focal point, federal requirements for mental health services, Washington State regulations, and/or policy standards not covered in the DSHS review.
10. If Optum Pierce BHO staff discover during a site visit that a network provider is not in compliance with licensing or certification requirements, Optum Pierce BHO staff notify DSHS.
11. If Optum Pierce BHO staff have concerns about potential fraud and/or abuse identified through the clinical, administrative, or personnel review process, the staff report the potential fraud or abuse to the Optum Pierce BHO Compliance Officer for further investigation.
12. The Optum Pierce BHO conducts, at a minimum, annual reviews of the evaluation and treatment service facilities consistent with BHO procedures and notifies the appropriate authorities if it believes that a facility is not in compliance with applicable statutes, rules and regulations.
13. If Optum Pierce BHO staff discovers during site visits that any network provider is out of compliance with statutes, rules and regulations, this is addressed immediately with the provider and reports are made to any applicable authorities including, but not limited to, the DSHS.
14. If an Optum Pierce BHO staff reviewer has immediate concerns about the current care and services and/or appropriateness of the level of care of a consumer whose record is under review, the reviewer flags the case for immediate feedback to the contracted behavioral

health care provider, with a request for immediate review or corrective action. The reviewer also may request a consultation and/or on site review by the Optum Pierce BHO Clinical Manager or Medical Director.

15. A brief exit summary of major findings and impressions is presented at the close of each review. A written report of the site review findings and recommendations is to be forwarded to the network provider within 30 calendar days. If more than thirty days is required to complete a report, Optum staff provides updates to the network provider about the reason for the delay and the expected timeframe for completion. If necessary, a request for corrective action is included with the written report that identifies areas in which requirements were not met and any actions required to correct the deficiencies is to be included.
 - 15.1. Providers are to respond to the report of findings and recommendations within 14 calendar days with additional documentation and/or plans for corrective actions as applicable. If more than fourteen days is needed to complete a response, the network provider's director submits a written request to Optum with the reason for the delay and expected timeframe for completion.
 - 15.2. Providers are to follow the Optum Pierce BHO policy AD-16 entitled, "*Provider Complaints and Grievances*" to appeal a decision or for resolution of disputes after Optum Pierce BHO's final written report has been issued.
16. Optum Pierce BHO participates with the DSHS in review activities. Participation includes at a minimum:
 - 16.1. The submission of requested materials necessary for the DSHS-initiated review within 30 days of the request;
 - 16.2. The completion of site visit protocols provided by DSHS; and
 - 16.3. Assistance in scheduling interviews and agency visits required for completion of the review.

Related Policies, Procedures & Materials

- Pierce Behavioral Health Organization Policy: QA-01 - *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 - *Performance Improvement Projects*
- Pierce Behavioral Health Organization Policy: QA-04 - *Monitoring Important Aspects of Care and Service*
- Pierce Behavioral Health Organization Policy: QA-05 - *External Audit Preparation*
- Pierce Behavioral Health Organization Policy: QA-06 – *QA-PI Committee Structure*
- Pierce Behavioral Health Organization Policy: QA-09 - *Quality Review Team*

Attachments

N/A

Approval History

- Policy created and effective: 07/2009
- 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
- Operational Procedures and Standards Committee reviewed and accepted: 12/28/2016
- Optum Pierce BHO reviewed and accepted: February 2018