



United Behavioral Health

<b>Independent Peer Review in Substance Use Disorder Treatment</b>		<b>Policy Identifier/Number:</b> QA-13	
<b>Annual Review Completed Date:</b> February 2018			
<b>Policy Category:</b> Government - <b>Pierce Regional Support Network</b>	<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**

Optum Pierce Behavioral Health Organization (BHO) will ensure that network providers participate in the statewide independent peer review process when requested by DSHS. Treatment programs will be reviewed by Chemical Dependency Professionals (CDPs) as experts in the field of Substance Use Disorder (SUD) treatment.

The purpose of this policy is to establish the Independent Peer Review process in substance use disorder treatment services.

#### **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. Peer review is not a monitoring, licensing or auditing process. Peer review is an educational process for both the professional being reviewed and the professional conducting the review and serves to stimulate professional growth and strengthen the entire profession.
2. The BHO will provide DSHS annually with a list of SUD agencies, representing at least five percent (5%) of the total SABG-funded agencies, by the 15<sup>th</sup> of February.
  - 2.1. Providers will be asked to volunteer to participate in the peer review process. If there is no agency volunteering to participate, DSHS will randomly select an agency.
  - 2.2. Selected agencies may be excluded for 2 years after their initial participation.
3. The BHO will provide at least 2 volunteer CDPs to be peer reviewers.

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.

- 3.1. All volunteer CDP peer reviewers must sign a disclaimer for each agency they are reviewing to assure they have no financial connection.
- 3.2. Volunteer CDPs will be reviewing SABG-funded agencies from other BHOs.
4. DSHS will work in coordination with the volunteer CDPs to make travel and lodging arrangements for peer review orientation and site reviews. DSHS will reimburse reviewers for travel miles, meals, and parking costs.
5. The general timeline for peer review activities is as follows:
  - 5.1. February -- Participating agencies and CDPs will be identified.
  - 5.2. Early Spring -- Training for volunteer CDP peer reviewers.
  - 5.3. May – June -- Peer review site-visits occur.
  - 5.4. By July 30 -- Final peer review reports completed and submitted to DBHR.
6. Peer Reviewers
  - 6.1 Peer reviewers are volunteer CDPs experienced in the SUD treatment field.
  - 6.2 Peer reviewers will work as a team of at least 2 and no more than 4 CDPs.
  - 6.3 Peer review teams will review 2 agencies.
  - 6.4 Peer reviewers can receive up to 32 Continuing Education Units (CEUs) for participating in the peer review process. The number of CEUs provided is based on the number of hours spent conducting a review.
  - 6.5 Peer reviewers will schedule site visits.
  - 6.6 Peer reviewers will interview program staff chosen by the provider.
  - 6.7 Peer reviewers will review a minimum of 5% of individual records for active individuals, or 5 records, whichever is smaller, to determine quality and appropriateness of treatment services per the American Society of Addiction Medicine (ASAM), while adhering to all Federal and State confidentiality requirements including *42 CFR Part 2*.
    - 6.7.1 “Quality” for purposes in this policy, is the provision of treatment services which, within the constraints of technology, resources, and individual circumstances, will meet accepted standards and practices which will improve individual health and safety status in the context of recovery.
    - 6.7.2 “Appropriateness” for purposes of this section, means the provision of treatment services consistent with the individual’s identified clinical needs and level of functioning per ASAM.
  - 6.8 Peer reviewers shall examine the following:
    - 6.8.1 Admission criteria/intake process;
    - 6.8.2 Assessments;
    - 6.8.3 Treatment planning, including appropriate referrals such as prenatal care, tuberculosis screening and referral to services;
    - 6.8.4 Documentation of implementation of treatment services;
    - 6.8.5 Discharge and continuing care planning; and
    - 6.8.6 Indications of treatment outcomes.
  - 6.9 The reviewers’ main responsibilities are to:
    - 6.9.1 Assist the provider to identify program strengths and challenges;
    - 6.9.2 Assess needs and make recommendations for technical assistance and training to improve skills and improve quality and appropriateness of treatment and recovery services;

- 6.9.3 Recommend possible changes in service delivery patterns to improve the quality and appropriateness of treatment and recovery services;
- 6.9.4 Provide suggestions and recommendations regarding the effectiveness of the peer review program, and modifications to the program tools, training, and procedures; and
- 6.9.5 Complete a Peer Review report for each program visited in a format provided by DSHS and within the following timelines:
  - 6.9.5.1 Within 10 business days of the site visit, the reviewer shall send a draft report to the provider for their review and comments. The provider has 10 business days from the receipt of the draft to return the report with comments, if any, to the reviewer.
  - 6.9.5.2 Within 10 business days of receiving the provider's comments on the draft report, the reviewer must complete a final report.
  - 6.9.5.3 The final report must be emailed to the provider, DSHS, and to the managing BHO.
- 6.9.6 Provide suggestions and recommendations regarding the effectiveness of the Peer Review program and modifications to program tools, training and procedures.

## 7. Organizational Roles and Responsibilities

- 7.1 The SUD provider being reviewed is responsible for the following:
  - 7.1.1 Coordinating with the peer reviewers to schedule the site visit. Each review is no less than 4 hours but no more than 6 hours;
  - 7.1.2 Selecting 1 or 2 key staff to participate in the site visit interviews;
  - 7.1.3 Sharing copies of brochures and community educational materials distributed by the agency with peer reviewers;
  - 7.1.4 Randomly selecting and arranging 5 records or (5% of patient records from the caseload of currently active clients for peer review purposes only;
  - 7.1.5 Reviewing and providing comments on the draft peer review report within 10 business days; and
  - 7.1.6 Completing a peer review process evaluation form.
- 7.2 DSHS is responsible for the following:
  - 7.2.1 Mailing the annual peer review recruitment letters to all eligible CDPs;
  - 7.2.2 Providing an orientation and training to Peer Reviewers prior to site visits. Trainings are approximately 4 hours long and are designed to bring consistency to the peer review process and will include information regarding:
    - 7.2.2.1 Training tools, forms, and support services that may be available to the provider;
    - 7.2.2.2 Scheduling the site visit;
    - 7.2.2.3 Structuring/organizing the peer review day;
    - 7.2.2.4 Using the peer review forms and information gathering tools;
    - 7.2.2.5 Maintaining confidentiality of patient and provider information;
    - 7.2.2.6 Writing the individual peer review reports;
    - 7.2.2.7 Making travel arrangements and completing the reimbursement forms; and
    - 7.2.2.8 Meeting reporting deadlines.
  - 7.2.3 Sending each participating provider a copy of the recommendations document presented to DSHS.
  - 7.2.4 For each annual peer review process, DSHS maintains records of the following:

- 7.2.4.1 A listing of providers reviewed and the dates of the peer review site-visits;
- 7.2.4.2 A listing of the peer reviewers;
- 7.2.4.3 A copy of summary peer review reports; and
- 7.2.4.4 A copy of the summary recommendations to DSHS.

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

- Pierce Behavioral Health Organization Policy: QA-10 - *Customer Service Call Monitoring*
- Pierce Behavioral Health Organization Policy: CM-05 - *Utilization Management Resource Management Plan*
- Pierce Behavioral Health Organization Policy: CM-10 – *UM Authorization and Concurrent Reviews*

#### **Attachments**

N/A

#### **Approval History**

- Policy created and effective: 04/2016
- Operational Procedures and Standards Committee reviewed and accepted: 12/28/2016
- Optum Pierce BHO reviewed and accepted: February 2018