# Grays Harbor Regional Support Network

External Quality Review Report
Division of Behavioral Health and Recovery

July 2015

**QUALIS HEALTH™**

As Washington's Medicaid External Quality Review Organization (EQRO), Qualis Health provides external quality review and supports quality improvement for enrollees of Washington Apple Health managed care programs and the managed mental healthcare services. Our work supports the Washington State Health Care Authority (HCA) and Department of Social and Health Services (DSHS) Division of Behavioral Health and Recovery.

This report has been produced in support of the DSHS Division of Behavioral Health and Recovery, documenting the results of external review of the state's Regional Support Networks (RSNs).Our review was conducted by: Ricci Rimpau, RN, BS, CPHQ, CHC, Operations Manager; Craig Mott, CHC, Program Manager; Heather Okey, MPA, QMHA, Clinical Quality Specialist; and Lisa Warren, Quality Program Specialist.

Qualis Health is one of the nation's leading population health management organizations, and a leader in improving care delivery and patient outcomes, working with clients throughout the public and private sector to advance the quality, efficiency and value of healthcare for millions of Americans every day. We deliver solutions to ensure that our partners transform the care they provide, with a focus on process improvement, care management and effective use of health information technology.

For more information, visit us online at: www.qualishealth.org/WAEQRO
PO Box 33400
Seattle, Washington 98133-0400
Toll-Free (800) 949-7536
Office (206) 364-9700

# Table of Contents

# Introduction

This report presents the results of the external quality review of Grays Harbor RSN, a mental health Regional Support Network (RSN) serving Washington Medicaid recipients.

In 2014, DBHR contracted with eleven RSNs throughout the State of Washington to provide comprehensive and culturally appropriate mental health services for adults, children and their families.

This report summarizes the 2014 review of Grays Harbor Support Network (RSN).

GHRSN is a program of Grays Harbor County Public Health and Social Services. The RSN employs a small administrative staff and does not provide any direct client services, however it provides funding and oversight for direct client services and other assistance within available resources and three contracted provider agencies. GHRSN has approximately 23,400 Medicaid beneficiaries enrolled with the RSN.

The Balanced Budget Act (BBA) of 1997 requires State Medicaid agencies that contract with managed care plans to conduct and report on specific External Quality Review activities. As the external quality review organization (EQRO) for the Washington State Department of Social and Health Services (DSHS) Division of Behavioral Health and Recovery (DBHR), Qualis Health has prepared this report to satisfy the federal EQR requirements.

DBHR currently contracts with 11 RSNs to deliver mental health services for Medicaid enrollees through managed care. The RSNs administer services by contracting with provider groups, including community mental health programs and private nonprofit agencies, to provide mental health treatment. The RSNs are accountable for ensuring that mental health services are delivered in a manner that complies with legal, contractual, and regulatory standards for effective care.

In this report, Qualis Health presents the results of the EQR to evaluate access, timeliness and quality of care for Medicaid enrollees delivered by health plans and their providers. The report also addresses the extent to which the RSN addressed the previous year's EQR recommendations (see Appendix A).

## EQR activities

EQR Federal regulations under 42 CFR §438.358 specify the mandatory and optional activities that the EQR must address in a manner consistent with protocols of the Centers for Medicare & Medicaid Services (CMS). This report is based on information collected from the RSN based on the CMS EQR protocols:

- **Compliance monitoring** through document review, clinical record reviews, onsite interviews at the RSN and telephonic interviews with provider agencies to determine whether the RSN met regulatory and contractual standards governing managed care
- **Encounter data validation** conducted through data analysis and clinical record review
- **Validation of performance improvement projects (PIPs)** to determine whether the RSN met standards for conducting these required studies
- **Validation of performance measures** including an Information Systems Capabilities Assessment (ISCA)

Together, these activities answer the following questions:
- Does the RSN meet CMS regulatory requirements?
- Does the RSN meet the requirements of its contract with the State and the Washington State administrative codes?
- Does the RSN monitor and oversee contracted providers in their performance of any delegated activities to ensure regulatory and contractual compliance?
- Does the RSN conduct the two required PIPs, and are they valid?
- Does the RSN produce accurate and complete encounter data?
- Does the RSN's information technology infrastructure support the production and reporting of valid and reliable performance measures?

# Executive Summary

In fulfillment of federal requirements under 42 CFR §438.350, the Washington State Department of Social and Health Services (DSHS) Division of Behavioral Health and Recovery (DBHR) contracts with Qualis Health to perform an annual external quality review (EQR) of the access, timeliness and quality of managed mental health services providedby Regional Support Networks (RSNs) to Medicaid enrollees.

In 2014, DBHR contracted with eleven RSNs throughout the State of Washington to providecomprehensive and culturally appropriate mental health services for adults, children and their families. This report summarizes the 2014 review of Grays Harbor Regional Support Network (GHRSN).

GHRSN is a program of Grays Harbor County Public Health and Social Services in Grays Harbor County. The RSN employs a small administrative staff and does not provide any direct client services but provides funding for, and oversight of direct services and other client assistance within available resources and three contracted provider agencies. GHRSN has approximately 23,400 Medicaid beneficiaries enrolled with the RSN.

Qualis Health's EQR consisted of assessing and identifying strengths, recommendations and findings for the RSN's compliance with State and Federal requirements for quality assessment and performance improvement, validating encounter data submitted to the State, completing an information system capability assessment, and validating the RSN's performance improvement projects.

The results are summarized below. For a complete list of all recommendations requiring Corrective Action Plans (CAPs), refer to Appendix B.

# Compliance Review Results

This review assesses the GHRSN's overall performance, identifies strengths, and notes Opportunities for Improvement / Recommendations Requiring Corrective Action Plans (CAPS) in areas where the RSN did not clearly or comprehensively meet Federal and/or State requirements. The accompanying recommendations offer guidance on how the GHRSN may achieve full compliance with State contractual and Federal CFR guidelines. The results are summarized below in table A-1. Please refer to the Compliance Review section of this report for complete results.

**Table A-1: Summary Results of Compliance Monitoring Review, by Section**

| CMS EQR Protocol | CFR Citation | Results |
|---|---|---|
| **Section 1. Availability of Services** | 438.206 | ● Fully Met (pass) |
| **Section 2. Coordination and Continuity of Care** | 438.208 | ● Partially Met (pass) |
| **Section 3. Coverage and Authorization of Services** | 438.210 | ● Partially Met (pass) |
| **Section 4. Provider Selection** | 438.214 | ● Partially Met (pass) |

| | | |
|---|---|---|
| **Section 5. Sub-contractual Relationships and Delegation** | 438.230 | 🟡 Partially Met (pass) |
| **Section 6. Practice Guidelines** | 438.236 | 🔴 Not Met (fail) |
| **Section 7. Quality Assessment and Performance Improvement Program** | 438.240 | 🟡 Partially Met (pass) |
| **Section 8. Health Information Systems** | 438.242 | 🟡 Partially Met (pass) |

# Performance Improvement Project (PIP) Validation Results

As a mandatory EQR activity, Qualis Health evaluated GHRSN's PIPs to determine whether they are designed, conducted and reported in a methodologically sound manner. The PIPs must be designed to achieve, through ongoing measurements and intervention, significant improvement, sustained over time, in clinical and non-clinical areas that are expected to have a favorable effect on health outcomes and enrollee satisfaction. The results for GHRSN's clinical and non-clinical PIPs are found in the following Table A-2. Further discussion can be found in the Performance Improvement Project section of this report.

It should be noted that the RSN has an opportunity to revise and resubmit its clinical and non-clinical PIPs following recent training and technical assistance from DBHR and Qualis Health. GHRSN has communicated to the State that it intends to submit a revised PIP, and DBHR has supported that plan. Qualis Health conducted our review and validation of GHRSN's previously-submitted PIP.

**Table A-2: Performance Improvement Project Validation Results**

| | Results | Validity and Reliability |
|---|---|---|
| **Clinical PIP: Collaboration and Coordination of Care with Physical Health and Behavioral Health Services providers and Monitoring of the Medication Side Effects for Persons Who Have Developmental Disabilities/Intellectual Developmental Disorders** | 🔴 Not Met | Moderate confidence in reported results |
| **Non-Clinical PIP: Coordination of physical health and behavioral healthcare as a measure of quality of mental health service.** | 🔴 Not Met | Moderate confidence in reported results |

# Information System Capability Assessment Results

Qualis Health's subcontractor, Healthy People, examined GHRSN's information systems and data processing and reporting procedures to determine the extent to which they supported the production of valid and reliable state performance measures and the capacity to manage care of RSN enrollees.

The ISCA procedures were based on the CMS protocol for this activity, as adapted for the Washington RSNs with DBHR's approval. For each of seven ISCA review areas, Healthy People used the following methods to rate GHRSN's performance:

- Information collected in the ISCA data collection tool
- Responses to interview questions
- Results of the claims/encounter analysis walkthroughs and security walkthroughs

The organization was then ranked as fully meeting, partially meeting, or not meeting standards. Healthy People also evaluated GHRSN's meaningful use of EHR systems for informational purposes, but this review area was not rated.

The results are summarized below in table A-3. Please refer to the ISCA section of this report for complete results.

**Table A-3: ISCA Review Results**

| ISCA Section | Description | ISCA Result |
|---|---|---|
| **A. Information Systems** | This section assesses the RSN's information systems for collecting, storing, analyzing and reporting medical, member, practitioner and vendor data. | 🟢 Fully Met (pass) |
| **B. Hardware Systems** | This section assesses the RSN's hardware systems and network infrastructure. | 🟢 Fully Met (pass) |
| **C. Information Security** | This section assesses the security of the RSN's information systems. | 🟡 Partially Met (pass) |
| **D. Medical Services Data** | This section assesses the RSN's ability to capture and report accurate medical services data. | 🟢 Fully Met (pass) |
| **E. Enrollment Data** | This section assesses the RSN's ability to capture and report accurate Medicaid enrollment data. | 🟢 Fully Met (pass) |
| **F. Practitioner Data** | This section assesses the RSN's ability to capture and report accurate practitioner information. | 🟢 Fully Met (pass) |
| **G. Vendor Data** | This section assesses the quality and completeness of the vendor data captured by the RSN. | 🟢 Fully Met (pass) |
| **H. Meaningful Use of EHR** | This section assesses how the RSN and its contracted providers use electronic health records (EHRs). This section is not scored. | ⚫ N/A |

# Encounter Data Validation Results

Encounter data validation (EDV) is a process used to validate encounter data submitted by RSNs to the State. Encounter data are electronic records of the services provided to Medicaid enrollees by providers under contract with an RSN. Encounter data is used bythe RSNs and the State to assess and improve the quality of care and to monitor program integrity. Additionally, the State uses encounter data to determine capitation rates paid to the RSNs.

Qualis Health performed independent validation of the procedures used by the RSNs to perform its own encounter data validation. Qualis Health used the EDV requirements included in contracts with DBHR as the standard for validation. Qualis Health obtained and reviewed each RSN's encounter data validation report submitted to DBHR as a contract deliverable for calendar year 2014. The RSN's encounter data validation methodology, encounter and enrollee sample size(s), selected encounter dates and fields selected for validation were reviewed for conformance with DBHR contract requirements. The RSN's encounter and/or enrollee sampling procedures were reviewed to ensure conformance with accepted statistical methods for random selection. Table A-4 shows the results of our review of the RSN's Encounter Data Validation processes. Please refer to the EDV section of this report for complete results.

**Table A-4: Results of External Review of the RSN's Encounter Data Validation Procedures**

| EDV Standard | Description | EDV Result |
|---|---|---|
| **Sampling procedure** | Sampling was conducted using an appropriate random selection process and was of adequate size. | 🟡 Partially Met (pass) |
| **Review tools** | Review and analysis tools are appropriate for the task and used correctly. | 🟢 Fully Met (pass) |
| **Methodology and analytic procedures** | The analytical and scoring methodologies are sound and all encounter data elements requiring review are examined. | 🟢 Fully Met (pass) |

In addition, Qualis Health conducted its own validation to assess the RSN's capacity to produce accurate and complete encounter data, including a review of the most recent Information System Capabilities Assessment (ISCA). Qualis Health then analyzed encounter data submitted by the RSNs to the State to determine the general magnitude of missing encounter data, types of potentially missing encounter data, overall data quality issues, and any issues with the processes the RSNs have in compiling encounter data and submitting the data files to the State. Following completion of the electronic data analysis, Qualis Health conducted a review of clinical record documentation to confirm the findings of the data analysis. Qualis Health performed clinical record reviews onsite at provider agencies contracted with the RSN. Qualis Health staff reviewed encounter documentation included in the clinical record to validate data submitted to the State, and to confirm the findings of the analysis of State-level data.

Table A-5 summarizes results of Qualis Health's EDV. Please refer to the EDV section of this report for complete results.

**Table A-5: Results of Qualis Health Encounter Data Validation**

| EDV Standard | Description | EDV Result |
|---|---|---|
| **Electronic Data Checks** | Full review of encounter data submitted to the state indicates no (or minimal) logic problems or out of range values. | 🟢 Fully Met (pass) |
| **Onsite Clinical Record Review** | State encounter data is substantiated through audit of patient charts at individual provider locations. Audited fields include demographics (name, date of birth, ethnicity, and language) and encounters (procedure codes, provider type, duration of service, service date and service location). | 🔴 Not Met (fail) |

# Compliance with Regulatory and Contractual Standards

The compliance review addresses the RSN's compliance with federal Medicaid managed care regulations and applicable elements of the contract between the RSN and the State. The applicable CFR sections and results for the compliance reviews are listed in Table B-1, below.

The CMS protocols for conducting the compliance review are available here:
http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Quality-of-Care/Quality-of-Care-External-Quality-Review.html

Each section of the compliance review protocol contains elements corresponding to relevant sections of 42 CFR§438, DBHR's contract with the RSNs, the RSN's contacts with the provider agencies, the Washington Administrative Code and other State regulations where applicable. Qualis Health evaluated the RSN's performance on each element of the protocol by:

- reviewing and performing desk audits on documentation submitted by the RSN,
- performing onsite record reviews/chart audits at the RSN's contracted provider agencies,
- conducting telephonic interviews with the RSN's contracted provider agencies, and
- conducting onsite interviews with the RSN staff.

## Compliance scoring

Qualis Health uses CMS's three-point scoring system in evaluating compliance. The three-point scale allows for credit when a requirement is partially met and the level of performance is determined to be acceptable. The three-point scoring system includes the following levels:

**Fully Met** means all documentation listed under a regulatory provision, or component thereof, is present and RSN staff provides responses to reviewers that are consistent with each other and with the documentation.

**Partially Met** means all documentation listed under a regulatory provision, or component thereof, is present, but RSN staff is unable to consistently articulate evidence of compliance, or RSN staff can describe and verify the existence of compliant practices during the interview(s), but required documentation is incomplete or inconsistent with practice.

**Not Met** means no documentation is present and RSN staff has little to no knowledge of processes or issues that comply with regulatory provisions, or no documentation is present and RSN staff has little to no knowledge of processes or issues that comply with key components of a multi-component provision, regardless of compliance determinations for remaining, non-key components of the provision.

# Summary of compliance review results

**Table B-1: Summary results of compliance monitoring review, by section**

| CMS EQR Protocol | CFR Citation | Results |
|---|---|---|
| **Section 1. Availability of Services** | 438.206 | 🟢 Fully Met (pass) |
| **Section 2.Coordination and Continuity of Care** | 438.208 | 🟡 Partially Met (pass) |
| **Section 3. Coverage and Authorization of Services** | 438.210 | 🟡 Partially Met (pass) |
| **Section 4.Provider Selection** | 438.214 | 🟡 Partially Met (pass) |
| **Section 5. Sub-contractual Relationships and Delegation** | 438.230 | 🟡 Partially Met (pass) |
| **Section 6. Practice Guidelines** | 438.236 | 🔴 Not Met (fail) |
| **Section 7. Quality Assessment and Performance Improvement Program** | 438.240 | 🟡 Partially Met (pass) |
| **Section 8.Health Information Systems** | 438.242 | 🟡 Partially Met (pass) |

This review assesses the RSN's overall performance, identifies strengths, and notes opportunities for improvement and recommendations requiring CAPSin areas where the RSN did not clearly or comprehensively meet Federal and/or State requirements. The accompanying recommendations offer guidance on how the RSN may achieve full compliance with State contractual and Federal CFR guidelines.

### Strengths

- GHRSN has policies and procedures in place to monitor its provider network to ensure adequacy of services. GHRSN relies on several methods for monitoring adequacy, including:
  - reviewing grievances for access issues
  - reviewing customer service call-in logs which break down the types of calls received, including access issues
  - reviewing the yearly customer satisfaction survey done by the RSN's quality review team
  - conducting annual geo-mapping to identify where the enrollee population is concentrated
  - meeting with providers and stakeholders to discuss topics such as access to care and recruitment of practitioners
- Although GHRSN reports very few requests for second opinions during the last year, the RSN does have three contracted providers who are able to provide second opinions.
- GHRSN provides information to enrollees through the state's Medicaid benefit booklet and at the time of the intake assessment.
- The provider agencies enter out-of-network encounters into the AVATAR EMR system which allows the RSN to track and review out-of-network encounters for network planning.
- GHRSN provider agencies report that they have very few requests for out-of-network services, but when needed, requests are promptly authorized by the RSN.
- GHRSN's three provider agencies are required by contract and policy to ensure out-of-network provider(s) are credentialed and that information is added to the RSN's EMR AVATAR system.

- Although GHRSN's largest provider agency is in compliance with access standards, its smaller provider agency has had difficulties meeting the standards. GHRSN, through monitoring, detected the provider was not meeting access standards. GHRSN has been working with the agency through GHRSN's quality management committee to identify issues and establish plans to address and correct them.
- GHRSN provides robust quarterly cultural competency trainings for provider community agencies.
- GHRSN's policy on culturally competent services incorporates the indictors of diversity, non-English languages, age, disability and self-disclosed sexual orientation.
- The RSN has provided specific training to the provider agency managers, supervisors and clinicians on coordinating care with other providers and services.
- GHRSN provides training to the provider agencies on assessment, treatment planning and documentation (the Golden Thread) and on reforming the treatment plans to include statements that the enrollee either agrees with the treatment plan or does not agree. One agency has changed the treatment plan to include this language. GHRSN states that the other agency is still in the process of implementation, as the agency has to get permission from their corporate office before any changes can take place on any forms.
- The RSN has policies in place for nondiscrimination of enrollees seeking services and monitoring nondiscrimination through chart reviews, grievances and appeals, and satisfaction surveys.
- The RSN monitors the use of services among high utilizers, specifically enrollees who are frequent users of the ED and crisis services. GHRSN states that the emergency room is over-utilized in Grays Harbor, and in 2014 the RSN was having monthly meetings with representatives from the ED to develop and implement interventions.
- GHRSN has worked with crisis services to hire two stabilization peers to work in the community to help decrease the use of ED and crisis services.
- GHRSN delegates the authorization process to an outside URAC accredited utilization management vendor (Behavior Healthcare Options, BHO). Grays Harbor performs onsite reviews to ensure BHO is complaint with contract requirements.
- BHO is required by contract to ensure that decisions to deny an authorization or authorize a service in an amount or duration or scope that is less than requested is made by a mental health professional with clinical expertise appropriate to the enrollee's condition or disease.
- The RSN hired a new Medical Director to continuously improve their Crisis Services.
- The RSN has the ability to produce scheduled and ad hoc reports as requested.
- The RSN has in place a broad system of edit checks to evaluate accuracy and completeness of encounter data received from subcontractors prior to submission to the State.

## RecommendationsRequiring Corrective Action Plans (CAPs)

Opportunities to improve are documented throughout this chapter. Recommendations requiring corrective action are listed below.

### Section 1.Availability of Services

No recommendations requiring CAP.

### Section 2.Coordination of Care

GHRSN does not have adequate processes in place to ensure coordination of care.
1. Grays Harbor needs to define coordination of care, define standards for care coordination, and implement strategies to ensure subcontractors meet the standards.

### Section 3. Coverage and Authorization of Services

The RSN does not monitor BHO to ensure there is no staff incentive to deny, limit, or discontinue services.

2. The RSN needs to include this item in their contract monitoring tool.

### Section 4. Provider Selection

The RSN does not run monthly System for Award Management (SAM) and List of Excluded Individuals/Entities (LEIE) on non-clinical staff that is being paid in whole or in part by Medicaid dollars.

3. The RSN and providers need to run monthly SAM and LEIE checks on all staff who work within the RSN network to ensure that no one is on the excluded provider list.

### Section 5. Subcontractual Relationships and Delegation

GHRSN did not conduct a pre-delegation assessment for their newest provider to ensure the provider agency has the ability to perform the activities to be delegated.

4. The RSN needs to conduct a pre-delegation assessment for all new providers. GHRSN needs to follow up on their newest provider agency and ensure that the agency is able to meet the functions and responsibilities required.

### Section 6. Practice Guidelines

.
Although GHRSN has conducted targeted reviews, they have not made a consistent practice of reviewing clinical records based on the practice guidelines the provider agencies have adopted. As stated earlier, the RSN needs to adopt practice guidelines that consider the needs of the RSNs enrollee population and disseminate the practice guidelines to the provider agencies.

5. The RSN needs to use these practice guidelines for targeted reviews and report findings and recommendations to the quality management committee and to the advisory board.

### Section 7. Quality Assessment and Performance Improvement Program

The RSN does not utilize objective performance measures to support its Quality Management Plan.

6. The RSN needs to adopt performance and quality benchmarks and use valid objective measures to assess their performance against those benchmarks. The RSN needs to evaluate its quality program and submit their annual quality improvement plan to DBHR.

The RSN does not have consistent level of care criteria sufficient to identify over and underutilization outside of chart reviews.

7. The RSN needs to develop a level of care system that defines expected levels of care of service in order to monitor for under- and over-utilization.

### Section 8. Health Information Systems

No recommendations requiring CAP.

# Section 1: Availability of Services

**Table B-2:Summary of compliance review for Availability of Services**

| Protocol Section | CFR | Result |
|---|---|---|
| **Availability of Services** | | |
| Delivery Network | 438.206 (b)(1) | 🟢 Fully Met (pass) |
| Second Opinion | 438.206 (b)(3) | 🟢 Fully Met (pass) |
| Out-of-network | 438.206 (b)(4) | 🟢 Fully Met (pass) |
| Coordination of Out-of-network | 438.206 (b)(5) | 🟢 Fully Met (pass) |
| Out-of-network  Provider Credentials | 438.206 (b)(6) | 🟢 Fully Met (pass) |
| Furnishing of Services and Timely Access | 438.206 (c)(1) | 🟡 Partially Met (pass) |
| Furnishing of Services and Cultural Considerations | 438.206 (c)(2) | 🟢 Fully Met (pass) |
| **Overall Result for Section 1.** | | 🟡 Partially Met (pass) |

## *Delivery Network*

**FEDERAL REGULATION SOURCE(S)**
**§ 438.206 (b)(1): Availability of Services – Delivery Network**
The State must ensure, through its contracts, that each MCO, and each PIHP and PAHP consistent with the scope of the PIHP's or PAHP's contracted services, meets the following requirements:
(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 MCO, PIHP and PAHP must consider the following:
　　(i) The anticipated Medicaid enrollment.
　　(ii) The expected utilization of services, taking into consideration the characteristics and healthcare needs of specific Medicaid populations represented in the particular MCO, PIHP, and PAHP.
　　(iii)The numbers and types (in terms of training, experience, and specialization) of providers required to furnish the contracted Medicaid services.
　　(iv)The numbers 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 Medicaid enrollees, and whether the location provides physical access for Medicaid enrollees with disabilities.

**STATE REGULATION / RSN AGREEMENT SOURCE(S)**
WAC 388-865-0230
RSN Agreement Section(s) 4.4; 4.9

**SCORING CRITERIA**
- The RSN maintains and monitors a network of appropriate providers that is supported by written agreements.
- The RSN's provider network is sufficient to provide adequate access to all services covered under the contract.
- In establishing and maintaining the network, the RSN considers:
  o The anticipated Medicaid enrollment.
  o The expected utilization of services, taking into consideration the characteristics and healthcare needs of specific Medicaid populations represented in the RSN.
  o The numbers and types (training, experience and specialization) of providers required to furnish the contracted Medicaid services.
  o The numbers of network providers who are not accepting new Medicaid patients.
  o Geographic location of providers and Medicaid enrollees, considering distance, travel time, the means of transportation ordinarily used by Medicaid enrollees, and whether the location provides physical access for Medicaid enrollees with disabilities.
- The RSN has formal procedures in place to monitor its provider network to ensure adequacy.

**Reviewer Determination**

● Fully Met (pass)

**Strengths**
GHRSN has policies and procedures in place to monitor its provider network to ensure adequacy of services. GHRSN relies on several methods for monitoring adequacy, including:
- reviewing grievances for access issues
- reviewing customer service call-in logs which break down the types of calls received, including access issues
- reviewing the yearly customer satisfaction survey done by the RSN's quality review team
- conducting annual geo-mapping to identify where the enrollee population is concentrated
- meeting with providers and stakeholders to discuss topics such as access to care and recruitment of practitioners

**Opportunity for Improvement**
Recruiting licensed practitioners for Grays Harbor County has been a significant challenge for the RSN and the providers. GHRSN and the provider agencies have offered several incentives to prospective practitioners, but recruitment has continued to remain low.
- GHRSN should continue its effort to work with provider agencies to develop strategies for hiring new practitioners in order to maintain adequacy of services and timely access to care.

*Second Opinion*

**FEDERAL REGULATION SOURCE(S)**
**§ 438.206 (b)(3): Availability of Services – Delivery Network**
3) Provides for a second opinion from a qualified healthcare professional within the network, or arranges for the enrollee to obtain one outside the network, at no cost to the enrollee.

**STATE REGULATION / RSN AGREEMENT SOURCE(S)**
WAC 388-865-0355
RSN Agreement Section(s) 9.10

**SCORING CRITERIA**

- The RSN provides for a second opinion from a qualified healthcare professional within the network, or arranges for the enrollee to obtain one outside the network, at no cost to the enrollee.

- The RSN maintains policies and procedures related to second opinions that meet the standards.

- The RSN provides literature or other materials available to enrollees to provide information about an enrollee's right to a second opinion.

- RSN staff is knowledgeable about State and Federal requirements, as well as internal policies and procedures.

- The RSN has an effective process in place to monitor compliance with standards.

**Reviewer Determination**

● Fully Met (pass)

**Strengths**

- Although GHRSN reports very few requests for second opinions during the last year, the RSN does have three contracted providers who are able to provide second opinions.
- GHRSN provides information to enrollees through the state's Medicaid benefit booklet and at the time of the intake assessment.

## *Out-of-Network*

**FEDERAL REGULATION SOURCE(S)**
**§ 438.206 (b)(4): Availability of Services – Delivery Network**

4) If the network is unable to provide necessary services, covered under the contract, to a particular enrollee, the MCO, PIHP or PAHP must adequately and timely cover these services out of network for the enrollee, for as long as the MCO, PIHP , or PAHP is unable to provide them.

**STATE REGULATION / RSN AGREEMENT SOURCE(S)**
RSN Agreement Section(s) 4.3;13.3

**SCORING CRITERIA**
- The RSN provides documentation of adequately and timely covered services for out-of-network enrollees when the network is unable to provide necessary services covered under the contract.
- The RSN provides up to date existing agreements and/or contracts with out of network providers.
- The RSN has a documented process of how out-of-network providers are paid.
- The RSN has a process to track out-of-network encounters and reviews this information for network planning.

**Reviewer Determination**

🟢 Fully Met (pass)

**Strengths**

- The provider agencies enter out-of-network encounters into the AVATAR EMR system which allows the RSN to track and review out-of-network encounters for network planning.
- GHRSN provider agencies report that they have very few requests for out-of-network services, but when needed, requests are promptly authorized by the RSN.

## *Coordination of Out-of-network*

**FEDERAL REGULATION SOURCE(S)**
**§ 438.206 (b)(5): Availability of Services – Delivery Network**

(5) Requires out-of-network providers to coordinate with the MCO or 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.

**STATE REGULATION / RSN AGREEMENT SOURCE(S)**
RSN Agreement Section(s) 13.3

**SCORING CRITERIA**
- The RSN has a documented process of how out-of-network providers are paid.
- The RSN has a documented policy and process that requires out-of-network providers to coordinate with the RSN with respect to payment.
- The RSN ensures and has a documented policy and process that cost to the enrollee is not greater than it would be if the out-of-network services were furnished within the network.
- The RSN has a process on the action taken if the enrollee receives a bill for out-of-network services.

**Reviewer Determination**

🟢 Fully Met (pass)

**Meets Criteria**

## *Out-of-network Provider Credentials*

**FEDERAL REGULATION SOURCE(S)**
**§ 438.206 Availability of services (b)(6): Out-of-network  Provider Credentials**

6) Demonstrates that out of area providers are credentialed as required by § 438.214

**STATE REGULATION / RSN AGREEMENT SOURCE(S)**
WAC 388-865-0284
RSN Agreement Section(s) 8.6

**SCORING CRITERIA**
- The RSN has a process to ensure that out-of-network providers are credentialed.

**Reviewer Determination**

● Fully Met (pass)

**Strength**
- GHRSN's three provider agencies are required by contract and policy to ensure out-of-network provider(s) are credentialed and that information is added to the RSN's EMR AVATAR system.

## Furnishing of Services and Timely Access

**FEDERAL REGULATION SOURCE(S)**
**§ 438.206 (c)(1): Availability of services – Furnishing of Services and Timely Access**

The State must ensure that each MCO, PIHP and PAHP contract complies with the requirements of this paragraph
    1) Timely Access. Each MCO, PIHP and PAHP must do the following:
        i) Meet and require its providers to meet State standards for timely access to care and services, taking into account the urgency of the 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) Make services included in the contract available 24 hours a day, 7 days a week, when medically necessary.
        iv) Establish mechanisms to ensure compliance by providers.
        v) Monitor providers regularly to determine compliance.
        vi) Monitor providers regularly to determine compliance.

**STATE REGULATION / RSN AGREEMENT SOURCE(S)**
RSN Agreement Section(s) 4.8

**SCORING CRITERIA**

- The RSN has documented policy and procedure for timely access.
- The RSN ensures its providers to meet State standards for timely access to care and services, taking into account the urgency of the need for services.
- The RSN ensures 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.
- The RSN has established mechanisms to ensures services included in the contract are available 24 hours a day, 7 days a week, when medically necessary.
- The RSN takes corrective action and has documentation of such corrective action if providers fail to comply with access standards.

- The RSN has a documented policy and process to track and provide documentation of monitoring inappropriate use of emergency rooms by Medicaid enrollees.

**Reviewer Determination**

🟡Partially Met (pass)

**Strength**
- Although GHRSN's largest provider agency is in compliance with access standards, its smaller provider agency has had difficulties meeting the standards. GHRSN, through monitoring, detected the provider was not meeting access standards. GHRSN has been working with the agency through GHRSN's quality management committee to identify issues and establish plans to address and correct them.

## *Furnishing of Services and Cultural Considerations*

**FEDERAL REGULATION SOURCE(S)**
**§ 438.206 Availability of services (c)(2): Furnishing of Services and Cultural Considerations**

Each MCO, PIHP and PAHP 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.

**STATE REGULATION / RSN AGREEMENT SOURCE(S)**
WAC 388-865-0200
RSN Agreement Section(s) 1.16; 4.4.2.

**SCORING CRITERIA**
- The RSN has a documented policy and procedure related to the delivery of services in a culturally competent manner for all enrollees. This includes enrollees with limited English proficiency and diverse cultural and ethnic backgrounds.
- The RSN monitors and documents through tracking of the use of services delivered to those with limited English proficiency and diverse cultural and ethnic backgrounds.
- The RSN maintains documentation of any cultural competency training(s).

**Reviewer Determination**

🟢Fully Met (pass)

**Strengths**
- GHRSN provides robust quarterly cultural competency trainings for provider community agencies.
- GHRSN's policy on culturally competent services incorporates the indictors of diversity, non-English languages, age, disability and self-disclosed sexual orientation.

# Section 2: Coordination and Continuity of Care

**Table B-3: Summary of compliance review for coordination and continuity of care**

| Protocol Section | CFR | Result |
|---|---|---|
| **Coordination and Continuity of Care** | | |
| Primary Care and Coordination of Health Care Services | 438.208 (b) | 🟡 Partially Met (pass) |
| Additional Services for Enrollees with Special Health Care Needs | 438.208 (c)(1)(2) | 🟢 Fully Met (pass) |
| Treatment Plans | 438.208(c)(3) | 🟡 Partially Met (pass) |
| Direct Access to Specialists | 438.208 (c)(4) | 🟢 Fully Met (pass) |
| **Overall Result for Section 2.** | | 🟡 Partially Met (pass) |

## *Primary Care and Coordination of Services*

**FEDERAL REGULATION SOURCE(S)**

**§ 438.208 (b): Coordination and Continuity of Care – Primary Care and Coordination of HealthCare Services for all RSN and Enrollees**

(b) Primary care and coordination of healthcare services for all MCO, PIHP and PAHP enrollees. Each MCO, PIHP and PAHP must implement procedures to deliver primary care to and coordinate healthcare service for all MCO, PIHP and PAHP enrollees. These procedures must meet State requirements and must do the following:

(1) Ensure that each enrollee has an ongoing source of primary care appropriate to his or her needs and a person or entity formally designated as primarily responsible for coordinating the healthcare services furnished to the enrollee.

(2) Coordinate the services the MCO, PIHP, or PAHP furnishes to the enrollee with the services the enrollee receives from any other MCO, PIHP, or PAHP.

(3) Share with other MCOs, PIHPs, and PAHPs serving the enrollee with special healthcare needs the results of its identification and assessment of that enrollee's needs to prevent duplication of those activities.

(4) Ensure that in the process of coordinating care, each enrollee's privacy is protected in accordance with the privacy requirements in 45 CFR parts 160 and 164 subparts A and E, to the extent that they are applicable.

**STATE REGULATION / RSN AGREEMENT SOURCE(S)**

RSN Agreement Section(s) 10.3.1

**SCORING CRITERIA**
- The RSN has a policy and procedure to deliver care to, and coordinate healthcare services for all enrollees.
- The RSN ensures that each enrollee has access to a primary healthcare provider.
- The RSN ensures providers coordinate with the RSN and with other health plans regarding the services it delivers.

The RSN has a process in place to monitor care coordination.

The RSN ensures that the enrollee's privacy is protected in the process of coordinating care.

**Reviewer Determination**

⬤ Partially Met (pass)

**Strengths**
- The RSN has provided specific training to the provider agency managers, supervisors and clinicians on coordinating care with other providers and services.

**Opportunity for improvement**
Although the RSN has provided training to the agencies, the RSN stated that, except for children, clinical records lack documentation that coordination of care has actually occurred.
- Grays Harbor needs to continue its effort working with the providers to ensure that when coordination of care occurs, documentation of the coordination is included in the clinical record.

**Recommendation Requiring CAP**
GHRSN did not have adequate processes in place to ensure coordination of care.
- Grays Harbor needs to define coordination of care, define standards for care coordination and implement strategies to ensure subcontractors meet the standards.

## *Additional Services for Enrollees with Special Health Care Needs*

**FEDERAL REGULATION SOURCE(S)**
**§ 438.208 (c)(1),(2):Coordination and Continuity of Care –Additional Services for Enrollees with Special Health Care Needs -**

(1) Identification. The State must implement mechanisms to identify persons with special healthcare needs to MCOs, PIHPs and PAHPs, as those persons are defined by the State. These identification mechanisms—

(i) Must be specified in the State's quality improvement strategy in § 438.202; and

(ii) May use State staff, the State's enrollment broker, or the State's MCOs, PIHPs and PAHPs.

(2) Assessment. Each MCO, PIHP, and PAHP must implement mechanisms to assess each Medicaid enrollee identified by the State (through the mechanism specified in paragraph (c) (1) of this section) and identified to the MCO, PIHP, and PAHP by the State as having special healthcare needs in order to identify any ongoing special conditions of the enrollee that require a course of treatment or regular care monitoring. The assessment mechanisms must use appropriate healthcare professionals.

**STATE REGULATION / RSN AGREEMENT SOURCE(S)**

WAC 388-865-0420

RSN Agreement Section(s) 13.3.16

**SCORING CRITERIA**
- The RSN has a documented mechanism for identifying persons with special healthcare needs.
- The RSN has a policy and procedure to assess each enrollee in order to identify any ongoing special conditions of the enrollee that require a special course of treatment or regular care monitoring.
- The RSN ensures enrollees with special healthcare needs are assessed by an appropriate mental health professional (MHP).
- The RSN has a process in place to monitor compliance with this requirement.

**Reviewer Determination**

● Fully Met (pass)

**Meets criteria**


## *Treatment Plans*


**FEDERAL REGULATION SOURCE(S)**
**§ 438.208 (c)(3): Coordination and continuity of care - Treatment Plans**

(3) Treatment plans. If the State requires MCOs, PIHP s, and PAHPs to produce a treatment plan for enrollees with special healthcare needs who are determined through assessment to need a course of treatment or regular care monitoring, the treatment plan must be—

(i) Developed by the enrollee's primary care provider with enrollee participation, and in consultation with any specialists caring for the enrollee;

(ii) Approved by the MCO, PIHP , or PAHP in a timely manner, if this approval is required by the MCO, PIHP or PAHP; and

(iii) In accord with any applicable State quality assurance and utilization review standards.

**STATE REGULATION / RSN AGREEMENT SOURCE(S)**
WAC 388-865-0425
RSN Agreement Section(s) 8.8.2.1.4; 10.2

**SCORING CRITERIA**
- The RSN ensures that treatment plans for enrollees with special healthcare needs are developed with the enrollee's participation, and in consultation with any specialists caring for the enrollee.
- The enrollee's treatment plan incorporates the enrollee's special healthcare needs.
- The RSN has a method to monitor treatment plans for enrollees with specialized needs.
- The RSN has a method to follow through on findings from monitoring the treatment plans.

**Reviewer Determination**

🟡 Partially Met (pass)

**Strength**
- GHRSN provides training to the provider agencies on assessment, treatment planning and documentation (the Golden Thread) and on reforming the treatment plans to include statements that the enrollee either agrees with the treatment plan or does not agree. One agency has changed the treatment plan to include this language. GHRSN states that the other agency is still in the process of implementation, as the agency has to get permission from their corporate office before any changes can take place on any forms.

**Opportunity for Improvement**
The RSN states that, although they have provided training to the agencies, enrollee healthcare needs identified at intake are not consistently included in the treatment plan.
- Grays Harbor needs to continue to work with the agencies to ensure the clinicians are including the healthcare needs, identified at intake or during the course of treatment, in the treatment plans.

## *Direct Access*

**FEDERAL REGULATION SOURCE(S)**
**§ 438.208 Coordination and Continuity of Care (c)(4):–Direct Access to Specialists**

(4) For enrollees with special health care needs determined through an assessment by appropriate health care professionals (consistent with § 438.208(c)(2)) to need a course of treatment or regular care monitoring, each MCO, PIHP,  and PAHP must have a mechanism in place to allow enrollees to directly access a specialist (for example, through a standing referral or an approved number of visits) as appropriate for the enrollee's condition and identified needs.

**STATE REGULATION / RSN AGREEMENT SOURCE(S)**
WAC 388-865-0430
RSN Agreement Section(s) 8.8.2.1.4; 13.3.16

**SCORING CRITERIA**
- The RSN has policies and procedures regarding direct access to specialists for enrollees with special healthcare needs.
- The RSN must allow the enrollee direct access to a specialist as appropriate for the enrollee's condition and identified needs.
- The RSN monitors the availability of direct access to specialist.

**Reviewer Determination**

🟢 Fully Met (pass)

**Meets criteria**

# Section 3: Coverage and Authorization of Services

**Table B-4.Summary of compliance review for authorization of services**

| Protocol Section | CFR | Result |
|---|---|---|
| **Coverage and Authorization of Services** | | |
| Basic Rule | 438.210 (a) | 🟢 Fully Met (pass) |
| Coverage and Authorization of Services | 438.210 (b) | 🟢 Fully Met (pass) |
| Notice of Adverse Action | 438.210 (c) | 🟡 Partially Met (pass) |
| Timeframe for Decisions(1) Standard Procedures (2) Expedited Authorizations | 438.210 (d) | 🟡 Partially Met (pass) |
| Compensation for Utilization of Services | 438.210 (e) | 🔴 Not Met (fail) |
| Emergency and Post-Stabilization services | 438.210 438.114 | 🟢 Fully Met (pass) |
| **Overall Result for Section 3.** | | 🟡 Partially Met (pass) |

## *Basic Rule*

**FEDERAL REGULATION SOURCE(S)**
**§ 438.210 (a): Coverage and Authorization of Services**
(a) Coverage. Each contract with an MCO, PIHP, or PAHP must do the following:

(1) Identify, define, and specify the amount, duration, and scope of each service that the MCO, PIHP, or PAHP is required to offer.

(2) Require that the services identified in paragraph (a)(1) of this section be furnished in an amount, duration, and scope that is no less than the amount, duration, and scope for the same services furnished to beneficiaries under fee-for-service Medicaid, as set forth in § 440.230

(3) Provide that the MCO, PIHP, or PAHP—

(i) Must ensure that the services are sufficient in amount, duration, or scope to reasonably be expected to achieve the purpose for which the services are furnished.

(ii) May not arbitrarily deny or reduce the amount, duration, or scope of a required service solely because of diagnosis, type of illness, or condition of the beneficiary;

(iii) May place appropriate limits on a service—

(A) On the basis of criteria applied under the State plan, such as medical necessity; or

(B) For the purpose of utilization control, provided the services furnished can reasonably be expected to achieve their purpose, as required in paragraph (a)(3)(i) of this section; and

(4) Specify what constitutes "medically necessary services" in a manner that—

(i) Is no more restrictive than that used in the State Medicaid program as indicated in State statutes and regulations, the State Plan, and other State policy and procedures; and

(ii) Addresses the extent to which the MCO, PIHP, or PAHP is responsible for covering services related

to the following:

(A) The prevention, diagnosis, and treatment of health impairments.

(B) The ability to achieve age-appropriate growth and development.

(C) The ability to attain, maintain, or regain functional capacity.

**STATE REGULATION / RSN AGREEMENT SOURCE(S)**
WAC 388-865-0150
RSN Agreement Section(s) 1.35; 4.1; 4.2; 5.1; 13

**SCORING CRITERIA**
- The RSN ensures that services are provided in an amount, duration and scope sufficient to achieve the purpose for which they are provided.
- The RSN has a policy and procedure for not discriminating against difficult to serve enrollees.
- The RSN ensures difficult to serve enrollees are not discriminated against when provided services.
- The RSN applies the State's standard for "medical necessity" when making authorization decisions.

**Reviewer Determination**

● Fully Met (pass)

**Strengths**
- The RSN has policies in place for nondiscrimination of enrollees seeking services and monitoring nondiscrimination through chart reviews, grievances and appeals, and satisfaction surveys.
- The RSN monitors the use of services among high utilizers, specifically enrollees who are frequent users of the ED and crisis services. GHRSN states that the emergency room is over-utilized in Grays Harbor, and in 2014 the RSN was having monthly meetings with representatives from the ED to develop and implement interventions.
- GHRSN has worked with crisis services to hire two stabilization peers to work in the community to help decrease the use of ED and crisis services.

*Authorization of Services*

**FEDERAL REGULATION SOURCE(S)**
**§ 438.210 Coverage and Authorization of Services (b): Authorization of Services.**

(b) Authorization of services. For the processing of requests for initial and continuing authorizations of services, each contract must require—

(1) That the MCO, PIHP, or PAHP and its subcontractors have in place, and follow, written policies and procedures.

(2) That the MCO, PIHP , or PAHP—

(i) Have in effect mechanisms to ensure consistent application of review criteria for authorization decisions; and

(ii) Consult with the requesting provider when appropriate.

(3) That any decision 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 enrollee's condition or disease.

**STATE REGULATION / RSN AGREEMENT SOURCE(S)**
WAC 388-865-0320
RSN Agreement Section(s) 5.2

**SCORING CRITERIA**
- The RSN has documented policies and procedures for the consistent application of review criteria for theinitial and continuing authorization of services.
- The RSN has a mechanism in place to ensure consistent application of review criteria.
- The RSN consults with the requesting provider when appropriate.
- The RSN has a process to ensure that any decision to deny a service authorization request or to authorize a service in an amount, duration, or scope that is less than requested is made by a mental health professional that has appropriate clinical expertise in treating the enrollee's condition or disease.

**Reviewer Determination**

● Fully Met (pass)

**Strengths**
- GHRSN delegates the authorization process to an outside URAC accredited utilization management vendor (Behavior Healthcare Options, BHO). Grays Harbor performs onsite reviews to ensure BHO is complaint with contract requirements.
- BHO is required by contract to ensure that decisions to deny an authorization or authorize a service in an amount or duration or scope that is less than requested is made by a mental health professional with clinical expertise appropriate to the enrollee's condition or disease.

*Notice of adverse action*

**FEDERAL REGULATION SOURCE(S)**
**§ 438.210 Coverage and Authorization of Services (c):Notice of Adverse Action**
(c) Each contract must provide for the MCO, PIHP, or PAHP to notify the requesting provider, and give the enrollee written notice of any decision by the MCO, PIHP, or PAHP to deny a service authorization request, or to authorize a service in an amount, duration, or scope that is less than requested. For MCOs and PIHPs, the notice must meet the requirements of § 438.404, except that the notice to the provider need not be in writing.

**STATE REGULATION / RSN AGREEMENT SOURCE(S)**
RSN Agreement Section(s) 6.3

**SCORING CRITERIA**
- The RSN has a documented policy and procedure to notify the requesting provider, and give the

enrollee written notice of any decision by the RSN to deny a service authorization request, or to authorize a service in an amount, duration, or scope that is less than requested.

- The RSN ensures the notice meets the requirements of § 438.404, except that the notice to the provider need not be in writing.

**Reviewer Determination**

🟡Partially Met (pass)

**Opportunity for Improvement**

BHO does not use GHRSN letterhead when sending notices to enrollees.

- GHRSN needs to have BHO use the RSN's letterhead for any information sent to the enrollees.

## *Timeframes for Decisions*

**FEDERAL REGULATION SOURCE(S)**

**§ 438.210 Coverage and Authorization of Services (d): Timeframes for Decisions (1) Standard Procedures (2) Expedited Authorizations**

(d) Timeframe for decisions. Each MCO, PIHP , or PAHP contract must provide for the following decisions and notices:

(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, or the provider, requests extension; or

(ii) The MCO, PIHP, or PAHP justifies (to the State agency upon request) a need for additional information and how the extension is in the enrollee's interest.

(2) Expedited authorization decisions.

(i) For cases in which a provider indicates, or the MCO, PIHP, or PAHP 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 MCO, PIHP, or PAHP 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.

(ii) The MCO, PIHP , or PAHP may extend the 3 working days' time period by up to 14 calendar days if the enrollee requests an extension, or if the MCO,PIHP, or PAHP justifies (to the State agency upon request) a need for additional information and how the extension is in the enrollee's interest.

**STATE REGULATION / RSN AGREEMENT SOURCE(S)**
RSN Agreement Section(s) 5.2

**SCORING CRITERIA**
- The RSN has a documented policy and procedure for coverage and authorization decisions, including expedited authorizations.
- The RSN has a process for tracking standard and expedited authorization decisions.
- The RSN has mechanisms in place to ensure compliance with authorization timeframes.

**Reviewer Determination**

● Partially Met (pass)

**Opportunity for Improvement**

GHRSN does not track authorization requests for expedited decisions. The RSN states an enrollee is not required to wait for an authorization decision before receiving services. All authorizations go into a "pending" status after intake and the enrollee can receive immediate services. If the authorization is denied, the RSN does not require the enrollee to pay for any services that were rendered at that time.
- To ensure compliance with the standard, the RSN should develop a tracking system for all authorizations.

## *Compensation for Utilization of Services*

**FEDERAL REGULATION SOURCE(S)**
**§ 438.210(e): Coverage and Authorization of Services. (e) Compensation for Utilization of Services**
(e) 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.

**STATE REGULATION / RSN AGREEMENT SOURCE(S)**
WAC 388-865-0330
RSN Agreement Section(s) 5.4

**SCORING CRITERIA**
- The RSN has a documented policy and procedure specifying that 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.
- The RSN has mechanisms in place to ensure providers and/or utilization management contractors do not provide staff with incentives to deny, limit, or discontinue medically necessary services.

**Reviewer Determination**

● Not Met (fail)

**Recommendation Requiring CAP**

The RSN does not monitor BHO to ensure there is no staff incentive to deny, limit  or discontinue services.

- The RSN needs to include this item in their contract monitoring tool.

## *Emergency and Post-Stabilization Services*

**FEDERAL REGULATION SOURCE(S)**

**§438.210 Coverage and authorization of services—§438.114 Emergency and post-stabilization services**

(a) Definitions. As used in this section—

Emergency medical condition means a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) that a prudent layperson, who possesses an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention to result in the following:

(1) Placing the health of the individual (or, with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy.

(2) Serious impairment to bodily functions.

(3) Serious dysfunction of any bodily organ or part.

Emergency services means covered inpatient and outpatient services that are as follows:

(1) Furnished by a provider that is qualified to furnish these services under this title.

(2) Needed to evaluate or stabilize an emergency medical condition.

Post stabilization care services means covered services, related to an emergency medical condition that are provided after an enrollee is stabilized in order to maintain the stabilized condition, or, under the circumstances described in paragraph (e) of this section, to improve or resolve the enrollee's condition.

(b) Coverage and payment: General rule. The following entities are responsible for coverage and payment of emergency services and post stabilization care services.

(1) The MCO, PIHP, or PAHP.

(2) The PCCM that has a risk contract that covers these services.

(3) The State, in the case of a PCCM that has a fee-for-service contract.

(c) Coverage and payment: Emergency services—

(1) The entities identified in paragraph (b) of this section—

(i) Must cover and pay for emergency services regardless of whether the provider that furnishes the services has a contract with the MCO, PIHP, PAHP, or PCCM; and

(ii) May not deny payment for treatment obtained under either of the following circumstances:

(A) An enrollee had an emergency medical condition, including cases in which the absence of immediate medical attention would not have had the outcomes specified in paragraphs (1), (2), and (3) of the definition of emergency medical condition in paragraph (a) of this section.

(B) A representative of the MCO, PIHP, PAHP, or PCCM instructs the enrollee to seek emergency services.

(2) A PCCM must—

(i) Allow enrollees to obtain emergency services outside the primary care case management system regardless of whether the case manager referred the enrollee to the provider that furnishes the services; and

(ii) Pay for the services if the manager's contract is a risk contract that covers those services.

(d) Additional rules for emergency services.

(1) The entities specified in paragraph (b) of this section may not—

(i) Limit what constitutes an emergency medical condition with reference to paragraph (a) of this section, on the basis of lists of diagnoses or symptoms; and

(ii) Refuse to cover emergency services based on the emergency room provider, hospital, or fiscal agent not notifying the enrollee's primary care provider, MCO, PIHP, PAHP or applicable State entity of the enrollee's screening and treatment within 10 calendar days of presentation for emergency services.

(2) An enrollee who has an emergency medical condition may not be held liable for payment of subsequent screening and treatment needed to diagnose the specific condition or stabilize the patient.

(3) The attending emergency physician, or the provider actually treating the enrollee, is responsible for determining when the enrollee is sufficiently stabilized for transfer or discharge, and that determination is binding on the entities identified in paragraph (b) of this section as responsible for coverage and payment.

(e) Coverage and payment: Post stabilization care services. Post stabilization care services are covered and paid for in accordance with provisions set forth at § 422.113(c) of this chapter. In applying those provisions, reference to "M C organization" must be read as reference to the entities responsible for Medicaid payment, as specified in paragraph (b) of this section.

(f) Applicability to PIHPs and PAHPs. To the extent that services required to treat an emergency medical condition fall within the scope of the services for which the PIHP or PAHP is responsible, the rules under this section apply.

**STATE REGULATION / RSN AGREEMENT SOURCE(S)**

RSN Agreement Section(s) 5.2

**SCORING CRITERIA**
- The RSN has written policies and procedures pertaining to crisis, stabilization and post-hospital follow-up services.
- The RSN pays for treatment of conditions defined in its policies as urgent or emergent conditions.
- The RSN tracks and monitors payment denials, to ensure that there is no denial for crisis services.
- The RSN tracks and monitors the use of crisis services for inappropriate or avoidable use related to access to routine care.

**Reviewer Determination**

🟢 Fully Met (pass)

**Strengths**
- The RSN hired a new Medical Director to continuously improve their Crisis Services.

# Section 4: Provider Selection

**Table B-5: Summary of compliance review for provider selection**

| Protocol Section | CFR | Result |
|---|---|---|
| **Provider Selection** | | |
| General Rules Provider Selection; credentialing, re-credentialing | 438.214 (a)(b) | 🟢 Fully Met (pass) |
| Provider Selection and Non-Discrimination | 438.214 (c) | 🟢 Fully Met (pass) |
| Excluded Providers | 438.214 (d) | 🟡 Partially Met (pass) |
| **Overall Result for Section 4.** | | 🟡 Partially Met (pass) |

## *General Rules and Credentialing and Re-credentialing Requirements*

**FEDERAL REGULATION SOURCE(S)**

**§ 438.214 (a) General rules  (b)  Provider Selection**

(a) General rules. The State must ensure, through its contracts, that each MCO, PIHP,  or PAHP implements written policies and procedures for selection and retention of providers and that those policies and procedures include, at a minimum, the requirements of this section.

(b) Credentialing and re-credentialing requirements.

(1) Each State must establish a uniform credentialing and re-credentialing policy that each MCO, PIHP, and PAHP must follow.

(2) Each MCO, PIHP, and PAHP must follow a documented process for credentialing and re-credentialing of providers who have signed contracts or participation agreements with the MCO, PIHP, or PAHP.

(e) State requirements. Each MCO, PIHP, and PAHP must comply with any additional requirements established by the State.

**STATE REGULATION / RSN AGREEMENT SOURCE(S)**
WAC 388-865-028
RSN Agreement Section(s) 4.5; 8.6; 8.8.2.1.12

**SCORING CRITERIA**
- The RSN has a credentialing and re-credentialing policy and procedure for providers who have signed contracts or participation agreements.
- The RSN has a uniform documented process for credentialing.
- The RSN has a uniform documented process for re-credentialing.
- The RSN monitors the credentialing and re-credentialing process.

- The RSN ensures the provider agencies have in place credentialing and re-credentialing polices and processes.

**Reviewer Determination**

●Fully Met (pass)

**Meets criteria**

## *Nondiscrimination*

**FEDERAL REGULATION SOURCE(S)**

**§ 438.214 (c) Provider Selection and Non-Discrimination**

(c) Nondiscrimination. MCO, PIHP, and PAHP provider selection policies and procedures, consistent with § 438.12, must not discriminate against particular providers that serve high-risk populations or specialize in conditions that require costly treatment.

**§ 438.12 - Provider Selection and Non-Discrimination**

(1)An MCO, PIHP and PAHP may not discriminate for the participation, reimbursement, or indemnification of any provider who is acting within the scope of his or her license or certification under applicable State law, solely on the basis of that license or certification. If the MCO, PIHP or PAHP declines to include individuals or groups of providers in its network it must give the affected providers written notice of the reason for its decision.

(2) In all contracts with healthcare professionals, an MCO, PIHP and PAHP must comply with the requirements specified in § 438.214.

**STATE REGULATION / RSN AGREEMENT SOURCE(S)**
WAC 388-865-028
RSN Agreement Section(s) 4.5; 8.6; 8.8.2.1.12

**SCORING CRITERIA**
- The RSN has policies and procedures for the selection and retention of providers that do not discriminate against providers who serve high risk enrollees or specialize in conditions that require costly treatment.
- The RSN has policies and procedures in place that do not discriminate for participation, reimbursement or indemnification of any provider who is acting within the scope of his or hers license or certification.
- The RSN has a process to notify individuals or groups of providers when not chosen for participation in the network.

**Reviewer Determination**

●Fully Met (pass)

**Meets criteria**

*Excluded Providers*

| |
|---|
| **FEDERAL REGULATION SOURCE(S)**<br><br>**§ 438.214 (d) –- Excluded Providers**<br><br>(d) Excluded providers. MCOs, PIHP s, and PAHPs 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. |
| **STATE REGULATION / RSN AGREEMENT SOURCE(S)**<br>WAC 388-865-028<br>RSN Agreement Section(s) 4.5; 8.6; 8.8.2.1.12 |
| **SCORING CRITERIA**<br>• The RSN has a policy and procedure to ensure the RSN does not employ or contract with providers excluded from participation in Federal healthcare programs.<br>• The RSN can demonstrate the process and the documentation to determine whether individuals or organizations are excluded providers.<br>• The RSN ensures that the RSN does not knowingly have on staff or on the governing board a person with beneficial ownership of more than 5% of the RSN's equity.<br>• The RSN's provider contracts include the provision that providers not knowingly have a director, officer, partner or person with a beneficial ownership of more than 5% of the agency's equity. |
| **Reviewer Determination**<br><br>● Partially Met (pass) |

**Recommendation Requiring CAP**
The RSN does not run monthly System for Award Management (SAM) and List of Excluded Individuals/Entities (LEIE) on non-clinical staff that is being paid in whole or in part by Medicaid dollars.
• The RSN and providers need to run monthly SAM and LEIE checks on all staff who work within the RSN network to ensure that no one is on the excluded provider list.

## Section 5: Subcontractual Relationships and Delegation

**Table B-6: Summary of compliance review for sub contractual relationships and delegation**

| Protocol Section | CFR | Result |
|---|---|---|
| **Sub contractual Relationships and Delegation** | | |
| Sub contractual Relationships and Delegation | 438.230 | ● Partially Met (pass) |

*General Rule*

| |
|---|
| **FEDERAL REGULATION SOURCE(S)**<br><br>**§ 438.230 Sub contractual Relationships and Delegation.**<br><br>(a) General rule. The State must ensure, through its contracts, that each MCO, PIHP, and PAHP—<br><br>(1) Oversees and is accountable for any functions and responsibilities that it delegates to any |

subcontractor; and

(2) Meets the conditions of paragraph (b) of this section.

(b) Specific conditions.

(1) Before any delegation, each MCO, PIHP, and PAHP evaluates the prospective subcontractor's ability to perform the activities to be delegated.

(2) There is a written agreement that—

(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.

(3) The MCO, PIHP, or PAHP 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.

(4) If any MCO, PIHP, or PAHP identifies deficiencies or areas for improvement, the MCO, PIHP, or PAHP and the subcontractor take corrective action.

**STATE REGULATION / RSN AGREEMENT SOURCE(S)**
WAC 388--865-0284

RSN Agreement Section(s) 8

**SCORING CRITERIA**
- The RSN has policies and procedures for oversight and accountability for any functions and responsibilities that it delegates to any subcontractor/provider.
- The RSN performs pre-delegation assessments of contracted providers before delegation is granted on the subcontractor's ability to perform the activities to be delegated.
- The RSN has written contracts/agreements that address the specifics of what activities have been delegated to the subcontractor/provider.
- The RSN includes in the delegation contract/agreement that the RSN is responsible to monitor and review the subcontractor's/provider's performance on an ongoing basis and provides for revoking delegation or imposing other sanctions if the subcontractor's performance is inadequate.
- The RSN initiates a corrective action if subcontractor/provider performance is inadequate.

**Reviewer Determination**

🟡Partially Met (pass)

**Opportunity for Improvement**
The RSN submits corrective action; however the subcontractors do not consistency follow through with addressing the correction action plans.
- The RSN should take advantage of remedial action in its contracts to enforce corrective actions.

**Recommendation Requiring CAP**
The RSN did not conduct a pre-delegation assessment for their newest provider to ensure the provider agency has the ability to perform the activities to be delegated.

- The RSN needs to conduct a pre-delegation assessment for all new providers. GHRSN needs to follow up on their newest provider agency and ensure that the agency is able to meet the functions and responsibilities required.

## Section 6: Practice Guidelines

**Table B-6: Summary of compliance review for practice guidelines**

| Protocol Section | CFR | Result |
|---|---|---|
| **Practice Guidelines** | | |
| Practice Guidelines;Clinical evidence and adoption | 438.236(a-b) | ● Partially Met (pass) |
| Practice Guidelines;Dissemination | 438.236 (c) | ● Partially Met (pass) |
| Practice Guidelines; Application | 438.236 (d) | ● Partially Met (pass) |
| **Overall Result for Section 6.** | | ● Partially Met (pass) |

### *Basic Rule*

**FEDERAL REGULATION SOURCE(S)**

**§ 438.236 Practice Guidelines. (a – b) Basic Rule**

(a) Basic rule: The State must ensure, through its contracts, that each MCO and, when applicable, each PIHP and PAHP meets the requirements of this section.

(b) Adoption of practice guidelines. Each MCO when applicable, each PIHP and PAHP adopts practice guidelines that meet the following requirements:

(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 MCO, PIHP, or PAHP's enrollees.

(3) Are adopted in consultation with contracting health care professionals.

(4) Are reviewed and updated periodically as appropriate.

**STATE REGULATION / RSN AGREEMENT SOURCE(S)**
RSN Agreement Section(s) 7.7.3

**SCORING CRITERIA**
- The RSN has documented policies and procedures related to adoption of practice guidelines including consultation with contracting healthcare professionals.
- The RSN's guidelines are based on valid and reliable clinical evidence or a consensus of healthcare professionals in the particular field.
- The RSN has documentation of the needs of the enrollees and how the guidelines fit those needs.

- The RSN has documentation that the guidelines are reviewed and updated periodically as appropriate.
- The RSN has a documented policy and procedure of how affiliated providers are consulted as guidelines are adopted and re-evaluated.

**Reviewer Determination**

⬤ Partially Met (pass)

**Opportunity for Improvement**

Although the RSN did not adopt and disseminate network-wide practice guidelines, it did adopt the guidelines its two agencies developed and incorporated. The agencies each developed their guidelines based on their own population and individual needs. GHRSN states that the agency-specific guidelines were reviewed and approved by the RSN's quality improvement committee.

- To be in full compliance with the protocol, GHRSN should consider reviewing their total enrollee population's top diagnoses and services utilized and, with their providers, develop appropriate network-wide guidelines.

## *Dissemination of Guidelines*

**FEDERAL REGULATION SOURCE(S)**

**§ 438.236 Practice Guidelines. (c)**

(c) Dissemination of guidelines. Each MCO, PIHP and PAHP disseminates the guidelines to all affected providers and, upon request, to enrollees and potential enrollees.

**STATE REGULATION / RSN AGREEMENT SOURCE(S)**

RSN Agreement Section(s) 7.7.3.4; 7.7.3.5

**SCORING CRITERIA**

- The RSN has a policy and procedure on how to disseminate practice guidelines to all providers and, upon request, to enrollees and potential enrollees.
- The RSN can demonstrate it has disseminated the practice guidelines to all providers and to enrollees upon request.

**Reviewer Determination**

⬤ Partially Met (pass)

**Opportunity for Improvement**

As stated above, GHRSN did not develop or disseminate its own network-wide guidelines, but used the guidelines of the individual agencies.

- To be in full compliance, GHRSN should consider adopting and disseminating its own network-wide guidelines.

*Application of Guidelines*

| FEDERAL REGULATION SOURCE(S) |
|---|
| **§ 438.236 Practice Guidelines. (d)**<br> (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. |
| **STATE REGULATION / RSN AGREEMENT SOURCE(S)** |
| RSN Agreement Section(s) 7.7.3.4; 7.7.3.5 |
| **SCORING CRITERIA**<br>• The RSN has documented policy and procedures as well as documented meeting minutes regarding decisions for utilization management, enrollee education, coverage of services, and other areas to which the guidelines apply are consistent with the guidelines.<br>• The RSN had documentation of the interface between the QA/PI program and the practice guidelines adoption process. |
| **Reviewer Determination**<br>🟡 Partially Met (pass) |

**Recommendation Requiring CAP**

Although GHRSN has conducted targeted reviews, they have not made a consistent practice of reviewing clinical records based on the practice guidelines the provider agencies have adopted. As stated earlier, the RSN needs to adopt practice guidelines that consider the needs of the RSNs enrollee population and disseminate the practice guidelines to the provider agencies.

• The RSN needs to use these practice guidelines for targeted reviews and report findings and recommendations to the quality management committee and to the advisory board.

# Section 7: Quality Assessment and Performance Improvement Program

**Table B-8: Summary of compliance review for QA/PI General Rules and Basic Elements**

| Protocol Section | CFR | Result |
|---|---|---|
| **Quality Assessment and Performance Improvement Program** | | |
| Quality Assessment and Performance Improvement Program; rules, evaluation, measurement, improvement, program review by State | 438.240 (a)(b)1 (d)(e) | 🟡 Partially Met (pass) |
| Submit performance measurement data | 438.240 (b)(c) | 🟡 Partially Met (pass) |

| | | |
|---|---|---|
| Mechanisms to detect over and underutilization of services | 438.240 (b)3 | 🔴 Not Met (fail) |
| Quality and appropriateness of care furnished to enrollees with special healthcare needs | 438.240 (b)4 | 🟡 Partially Met (pass) |
| **Overall Result for Section 7.** | | 🟡 Partially Met (pass) |

## *General Rules*

**FEDERAL REGULATION SOURCE(S)**

**§ 438.240 (a) (b) 1 (d) (e): Quality Assessment and Performance Improvement Program.**

(a) General rules.

(1) The State must require, through its contracts, that each MCO and PIHP have an ongoing quality assessment and performance improvement program for the services it furnishes to its enrollees.

(b) Basic elements of MCO and PIHP quality assessment and performance improvement programs. At a minimum, the State must require that each MCO and PIHP comply with the following requirements:

(1) Conduct performance improvement projects as described in paragraph (d) of this section. These projects must be designed to achieve, through ongoing measurements and intervention, significant improvement, sustained over time, in clinical care and nonclinical care areas that are expected to have a favorable effect on health outcomes and enrollee satisfaction.

(d) Performance improvement projects.

(1) MCOs and PIHPs must have an ongoing program of performance improvement projects that focus on clinical and nonclinical areas, and that involve the following:

(i) Measurement of performance using objective quality indicators.

(ii) Implementation of system interventions to achieve improvement in quality.

(iii) Evaluation of the effectiveness of the interventions.

(iv) Planning and initiation of activities for increasing or sustaining improvement.

(2) Each MCO and PIHP must report the status and results of each project to the State as requested, including those that incorporate the requirements of § 438.240(a) (2). Each performance improvement project must be completed in a reasonable time period so as to generally allow information on the success of performance improvement projects in the aggregate to produce new information on quality of care every year.

(e) Program review by the State.

(1) The State must review, at least annually, the impact and effectiveness of each MCO's and PIHP's quality assessment and performance improvement program. The review must include—

(i) The MCO's and PIHP's performance on the standard measures on which it is required to report; and

(ii) The results of each MCO's and PIHP's performance improvement projects.

(2) The State may require that an MCO or PIHP have in effect a process for its own evaluation of the impact and effectiveness of its quality assessment and performance improvement program.

**STATE REGULATION / RSN AGREEMENT SOURCE(S)**
WAC 388-865-0280; 388-865-0320
RSN Agreement Section(s) 7.9; 7.10

**SCORING CRITERIA**
- The RSN has an ongoing quality assessment and performance improvement program (QAPI) for the services it furnishes to its enrollees.
- The RSN has a QA and PI process to evaluate the QAPI program and provides for an annual report to DBHR.
- The RSN collects, analyzes, and uses performance data to support is quality assessment and performance improvement program.
- The RSN has a Quality Management Committee that meets regularly, reviews results of performance data and reports to the governing board.
- The RSN has effective mechanisms to assess the quality and appropriateness of care furnished to enrollees.
- The RSN conducts one clinical Performance improvement project and one non-clinical performance improvement project each year.
- The RSN ensures its compliance with the State Quality Strategy plan.

**Reviewer Determination**

🟡Partially Met (pass)

**Recommendation Requiring CAP**
The RSN does not utilize objective performance measures to support its Quality Management Plan.
- The RSN needs to adopt performance and quality benchmarks and use valid objective measures to assess their performance against those benchmarks. The RSN needs to evaluate its quality program and submit their annual quality improvement plan to DBHR.

**Opportunity for Improvement**
- The RSN was unable to ensure its compliance with the State's quality strategy plan, as the State does not have a current quality strategy plan. When DBHR has completed the State's quality strategy plan, GHRSN will then be able align it's quality strategy with the State's quality strategy.

## *Basic Elements*

**FEDERAL REGULATION SOURCE(S)**

**§ 438.240 (b) (c): Quality Assessment and Performance Improvement Program.**

(b) Basic elements of MCO and PIHP quality assessment and performance improvement programs. At a minimum, the State must require that each MCO and PIHP comply with the following requirements:

(2) Submit performance measurement data as described in paragraph (c) of this section.

(c) Performance measurement. Annually each MCO and PIHP must—

(1) Measure and report to the State its performance, using standard measures required by the State including those that incorporate the requirements of §438.204(c) and §438.240(a)(2);(listed below)

(2) Submit to the State, data specified by the State, that enables the State to measure the MCO's or

PIHP's performance; or

(3) Perform a combination of the activities described in paragraphs (c) (1) and (c) (2) of this section.

(a) General rules.

§ 438.204(c): For MCOs and PIHPs, nay national performance measures and levels that may be identified and developed by CMS in consultation with State and other relevant stakeholders.

§438.240(a)(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 MCOs and PIHPs.

**STATE REGULATION / RSN AGREEMENT SOURCE(S)**
WAC 388-865-0280; 388-865-0320
RSN Agreement Section(s) 7.9; 7.10

**SCORING CRITERIA**
- The RSN collects, analyzes, and uses performance data to support its quality assessment and performance improvement program.
- The RSN reports performance data to the State every year.

**Reviewer Determination**

🟡 Partially Met (pass)

**Opportunity for Improvement**
The RSN conducts chart reviews and reviews its grievances and appeals logs, satisfaction surveys and customer services logs to assess the quality and appropriateness of care furnished to enrollees.
- The RSN should consider developing other methods to assess quality, such as setting benchmarks with adherence to practice guidelines, and when GHRSN implements its new assessment and placement guidelines (Locus and Calocus), measuring the adherence to levels of care.

## *Mechanisms to Detect Underutilization and Overutilization of Services*

**FEDERAL REGULATION SOURCE(S)**

**§ 438.240 (b) 3: Quality Assessment and Performance Improvement Program.**

(b) Basic elements of MCO and PIHP quality assessment and performance improvement programs. At a minimum, the State must require that each MCO and PIHP comply with the following requirements:

(3) Have in effect mechanisms to detect both underutilization and overutilization of services.

**STATE REGULATION / RSN AGREEMENT SOURCE(S)**
WAC 388-865-0280; 388-865-0320
RSN Agreement Section(s) 7.9; 7.10

**SCORING CRITERIA**
- The RSN has a documented policy and procedure regarding the detection of both underutilization and overutilization of services.

- The RSN has consistent criteria for identifying underutilization and overutilization.
- The RSN has processes for routine monitoring for underutilization and overutilization.
- The RSN has processes for taking corrective action to address underutilization and overutilization.

**Reviewer Determination**

🔴 Not Met (fail)

**Recommendation Requiring CAP**

The RSN does not have consistent level of care criteria sufficient to identify over and underutilization outside of chart reviews.

- The RSN needs to develop a level of care system that defines expected levels of care of service in order to monitor for under-and over-utilization.

## *Mechanism to Assess the Quality and Appropriateness of Care*

**FEDERAL REGULATION SOURCE(S)**

**§ 438.240 (b) 4: Quality Assessment and Performance Improvement Program.**

(b) Basic elements of MCO and PIHP quality assessment and performance improvement programs. At a minimum, the State must require that each MCO and PIHP comply with the following requirements:

(4) Have in effect mechanisms to assess the quality and appropriateness of care furnished to enrollees with special health care needs.

**STATE REGULATION / RSN AGREEMENT SOURCE(S)**
WAC 388-865-0280; 388-865-0320
RSN Agreement Section(s) 7.9; 7.10

**SCORING CRITERIA**
- The RSN has a process in place to assess the quality and appropriateness of care furnished to enrollees.
- The RSN monitors and tracks the quality and appropriateness of care furnished to enrollees.
- The RSN has processes to take action when quality and appropriateness of care issues are identified.

**Reviewer Determination**

🟡 Partially Met (pass)

**Opportunity for Improvement**
- As stated before the RSN needs to ensure subcontractors comply with subcontractor requirements and corrective action.

# Section 8: Health Information Systems

**Table B-9: Summary of compliance review for Health Information Systems, General Rules and Basic Elements**

| Protocol Section | CFR | Result |
|---|---|---|
| **Heath Information Systems** | | |
| Health information systems;<br>Collect, analyze, integrate, and report data | 438.242 (a) | 🟡 Partially Met (pass) |
| Health information systems;<br>Data accuracy, timeliness, completeness | 438.242 (b) | 🟢 Fully Met (pass) |
| **Overall Result for Section 8.** | | 🟡 Partially Met (pass) |

## *General Rule*

**FEDERAL REGULATION SOURCE(S)**

**§ 438.242 (a) - Health information systems.**

(a) General rule. The State must ensure, through its contracts that each MCO and PIHP maintains a health information system that collects, analyzes, integrates, and reports data and can achieve the objectives of this subpart. The system must provide information on areas including, but not limited to, utilization, grievances and appeals, and dis-enrollments for other than loss of Medicaid eligibility.

.

**STATE REGULATION / RSN AGREEMENT SOURCE(S)**
WAC 388-865-0275
RSN Agreement Section(s) 11

**SCORING CRITERIA**
- The RSN has a health information system that collects, analyzes, integrates, and reports data on utilization, dis-enrollments and requests to change providers, grievances and appeals.
- The RSN utilizes reports from health information data to make informed management decisions.
- The RSN analyzes the health information data to identify services needed for enrollees.

**Reviewer Determination**

🟡 Partially Met (pass)

**Strengths**
- The RSN has the ability to produce scheduled and ad hoc reports as requested.

**Opportunity for Improvement**
- The RSN needs to capture all grievances and appeals, disenrollments and requests to change providers in a health information system in order to analyze, integrate and generate reports to make informed management decisions.

## *Basic Elements*

**FEDERAL REGULATION SOURCE(S)**

**§ 438.242 (b) - Health information systems.**

(b) Basic elements of a health information system. The State must require, at a minimum, that each MCO and PIHP  comply with the following:

(1) Collect data on enrollee and provider characteristics as specified by the State, and on services furnished to enrollees through an encounter data system or other methods as may be specified by the State.

(2) Ensure that data received from providers is accurate and complete by—

(i) Verifying the accuracy and timeliness of reported data;

(ii) Screening the data for completeness, logic, and consistency; and

(iii) Collecting service information in standardized formats to the extent feasible and appropriate.

(3) Make all collected data available to the State and upon request to CMS, as required
in this subpart.

**STATE REGULATION / RSN AGREEMENT SOURCE(S)**
WAC 388-865-0275
RSN Agreement Section(s) 11

**SCORING CRITERIA**
- The RSN's collects data on service encounters and on all provider and enrollee characteristics included in the Consumer Information System (CIS) Data Dictionary.
- The RSN ensures that data received from providers is accurate and complete by collecting data in standardized formats and reviewing the data for accuracy, timeliness, completeness, logic and consistency.
- The RSN makes all collected data available to the State and, upon request, to CMS.

**Reviewer Determination**

🟢 Fully Met (pass)

**Strengths**
- The RSN has in place a broad system of edit checks to evaluate accuracy and completeness of encounter data received from subcontractors prior to submission to the State.

# Performance Improvement Project Validation

## PIP review procedures

Performance improvement projects (PIPs) are designed to assess and improve the processes and outcomes of the healthcare system. They represent a focused effort to address a particular problem identified by an organization. As Prepaid Inpatient Health Plans (PIHPs), Regional Support Networks (RSNs) are required to have an ongoing program of PIPs that focus on clinical and non-clinical areas that involve:

- Measurement of performance using objective quality indicators
- Implementation of systems interventions to achieve improvement in quality
- Evaluation of the effectiveness of the interventions
- Planning and initiation of activities for increasing or sustaining improvement

As a mandatory EQR activity, Qualis Health evaluates the RSNs' PIPs to determine whether they are designed, conducted and reported in a methodologically sound manner. The RSN's PIPs must be designed to achieve, through ongoing measurements and intervention, significant improvement, sustained over time, in clinical and non-clinical areas that are expected to have a favorable effect on health outcomes and enrollee satisfaction. In evaluating PIPs, Qualis Health determines whether:

- The study topic was appropriately selected
- The study question is clear, simple and answerable
- The study population is appropriate and clearly defined
- The study indicator is clearly defined and is adequate to answer the study question
- The PIP's sampling methods are appropriate and valid
- The procedures the RSN used to collect the data to be analyzed for the PIP measurement(s) are valid
- The RSN's plan for analyzing and interpreting PIP results is accurate
- The RSN's strategy for achieving real, sustained improvement(s) is appropriate
- It is likely that the results of the PIP are accurate and that improvement is "real," and
- Improvement is sustained over time

Following PIP evaluations, RSNs are offered technical assistance to assist them with improving their PIP study methodology and outcomes. RSNs may resubmit their PIPs up to two weeks following the initial evaluation. PIPs are assigned a final score following the final submission.

## PIP scoring

Qualis Health assessed the RSNs' PIPs using the current CMS EQR protocol available here: http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Quality-of-Care/Quality-of-Care-External-Quality-Review.html

Qualis Health assigns a score of Met or Not Met to each element that is applicable to the PIP being evaluated. Elements may be Not Applicable if the PIP is at an early stage of design or implementation. If a PIP has advanced only to the first measurement of the study indicator (baseline), elements 1-6 are reviewed. If a PIP has advanced to the first re-measurement, elements 1-9 are reviewed. Elements 1-10 are reviewed for PIPs that have advanced to repeated re-measurement.

If all reviewed elements are assigned a score of Met, the overall score is Met. If any reviewed element is assigned a score of Not Met the overall score is Not Met.

**Table C-1: Performance improvement project scoring**

| | Response | PIP Score |
|---|---|---|
| **All reviewed elements score Met** | Yes | 🟢 Met |
| | No | 🔴 Not Met |

## PIP Validity and Reliability

Qualis Health assesses the overall validity and reliability of the reported results for all PIPs. Because determining potential issues with the validity and reliability of the PIP is sometimes a judgment call, Qualis Health reports a level of confidence in the study findings based on a global assessment of study design, development and implementation. Levels of confidence and their definitions are included in Table C-2.

**Table C-2: Performance improvement project validity and reliability confidence levels**

| Confidence level | Definition |
|---|---|
| **High confidence in reported results** | The study results are based on high-quality study design and data collection and analysis procedures. The study results are clearly valid and reliable. |
| **Moderate Confidence in reported results** | The study design and data collection and analysis procedures are not sufficient to warrant a higher level of confidence. Study weaknesses (e.g. threats to internal or external validity, barriers to implementation, questionable study methodology) are identified that may impact the validity and reliability or reported results. |
| **Low confidence in reported results** | The study design and/or data collection and analysis procedures are unlikely to result in valid and reliable study results. |
| **Not enough time has elapsed to assess meaningful change** | The PIP has not advanced to at least the first re-measurement of the study indicator. |

## PIP Validation Results: Clinical PIP

Grays Harbor Regional Support Network's brief description of their clinical PIP states:

*We seek to demonstrate that our consumers' satisfaction with our outpatient mental health services and that the outcomes of the services improve when we implement the Monitoring of Side Effects Scale (MOSES) as part of the service we provide to individuals who have developmental/intellectual development disorders, and coordinate behavioral health services with the physical health services. Our PIP plan calls for the Grays Harbor County Regional Support Network-contracted providers to complete the MOSES on those clients who have developmental delay/intellectual development disorders and Medicaid benefits. The providers, with the consumer's written authorization, will send a copy of the completed MOSES to the consumer's PCP. The original form is filed in the consumer's chart at the GHRSN-contracted behavioral health services provider's program site.*

It should be noted that the RSN has an opportunity to revise and resubmit its clinical PIP following recent training and technical assistance from DBHR and Qualis Health. GHRSN has communicated to the state that it intends to submit a revised PIP, and DBHR has supported that plan. Qualis Health conducted our review and validation of GHRSN's previously-submitted PIP.

**Table C-3: Clinical PIP validation results**

| Study Design | | Activity | Narrative | SCORE |
|---|---|---|---|---|
| **Design** | 1 | Appropriate Study Topic | The Study Topic touches on consumer satisfaction with outpatient mental health services and whether outcomes of the services improve when implementing the Monitoring of Side Effect Scale (MOSES) to individuals who have development/intellectual disorders and utilize behavioral health services with physical health services. | 🔴 Not Met |
| | 2 | Clearly defined, Answerable study question | GHRSN Study Question: Will GHRSN enrollees, who have developmental disability/intellectual developmental disorders and receive outpatient and medication management services from a GHRSN contracted provider, and who are DDA clients, experience increased satisfaction with GHRSN provider-services after increased collaboration and care coordination between the enrollees physical health services provider and GHRSN contracted outpatient mental health provider? | 🔴 Not Met |
| | 3 | Correctly identified study population | The first 25 Medicaid enrollees, aged 21 and older, with intellectual or developmental impairments and who receive both outpatient mental health services with GHRSN and DDA, and also receive medical care for one or more physical health conditions. | 🔴 Not Met |
| | 4 | Correctly identified study indicator | Numerator: Documentation, in the chart, of collaboration and care coordination, including collaboration with the enrollees DDA case manager regarding treatment planning, for 95% of persons who have developmental disability/intellectual developmental disorder documented in the chart. A copy of the Cross System Crisis Plan, generated by the DDA case manager, is in the enrollee's chart at BHR or Sea Mar. Denominator: The number of MOSES screens completed by the mental health services provider and sent to the person's medical care provider. | 🔴 Not Met |

**Reviewer comments**
To fully meet the PIP requirements, GHRSN needs to clarify the Study Topic. It is currently unclear if the Study Topic is regarding consumer satisfaction, implementation of the MOSES, or care coordination. The RSN needs to clarify how the topic was selected through data collection and analysis of comprehensive aspects of enrollee needs, care and services. Additionally, the RSN needs to clarify the Study Question regarding how satisfaction, implementation of the MOSES or care coordination will be measured and what is intended to be measured. GHRSN needs to clarify the Study Population; for example, does the individual need to be enrolled with DDA, what is meant by taking the first 25 people meeting the population parameters, and explain the logic used to pull the population. The RSN also needs to clarify the Study Indicator. The numerator does not address the MOSES and has coordination with a DDA case manager and not the medical provider. The denominator does not include the total population, nor how it measures either consumer satisfaction, implementation of the MOSES or care coordination.

| Implementation | 5 | Valid Sampling Technique | No sampling was conducted. | ● N/A |
| --- | --- | --- | --- | --- |
| | 6 | Accurate/ complete data collection | The PIP has not progressed to this point. | ● N/A |
| | 7 | Appropriate data analysis/ interpretation of study results | The PIP has not progressed to this point. | ● N/A |

**Reviewer comments**
No sampling was conducted.  The PIP has not progressed to Standard 6, 7, 8, 9 or 10.

| Outcomes | 8 | Appropriate improvement strategies | The PIP has not progressed to this point. | ● N/A |
| --- | --- | --- | --- | --- |
| | 9 | Real Improvement Achieved | The PIP has not progressed to this point. | ● N/A |
| | 10 | Sustained Improvement Achieved | The PIP has not progressed to this point. | ● N/A |

| Overall Score | ● Not Met |
| --- | --- |

| Reviewer Comments | **Strength(s):**<br><br>GHRSN has selected a population that meets the definition of special healthcare needs as the population will have a diagnosis as mentally ill.<br>The RSN has qualified staff and personnel to collect data.<br><br>**Recommendation Requiring CAP(s):** GHRSN should use the recommendation from the EQR onsite interview and this report to clarify the Study Topic, Study Question, Study Population, and Study Indicators.  The RSN should update their PIP to meet the current PIP Protocol and criteria.<br><br>**Confidence Level:**<br><br>Moderate Confidence in reported results |
| --- | --- |

## Standard 1: Selected study topic is relevant and prioritized

**Table C-4: Validation of PIP selected study topic**

| Criterion | Description | Result |
|---|---|---|
| 1.1 | The study topic was selected through data collection and analysis of comprehensive aspects of specific enrollee needs, care, and services. | 🔴 Not Met |
| 1.2 | The PIP is consistent with the demographics and epidemiology of the enrollees. | 🔴 Not Met |
| 1.3 | The PIP considered input from enrollees with special healthcare needs. | 🔴 Not Met |
| 1.4 | The PIP addresses a broad spectrum of key aspects of enrollee care and services. | 🔴 Not Met |
| 1.5 | The PIP, over time, included all enrolled populations. | 🔴 Not Met |

**Reviewer comments**

The Study Topic did not meet the criteria due to inadequate data collection, lack of documented enrollee input and inconsistency with the demographics and epidemiology of the enrollees. In the PIP, Grays Harbor states "at the present time, GHRSN and its providers are not able to estimate how many enrollees, who receive behavioral health services and medication management services from GHRSN contracted providers, receive DDA service". The Study Topic does not support consistent demographics and the specific needs of the enrollees.

**Area for Improvement**

GHRSN needs to clarify the Study Topic. The RSN needs to identify how this topic was selected other than by chart review. The PIP focuses on improving consumer satisfaction. The RSN needs to identify data that provides evidence the target population has been less satisfied with services. The PIP states the RSN is "not able to estimate how many enrollees receive behavioral health services and medication management from GHRSN and who also receive DDA service." The RSN needs to clarify how this PIP is consistent with demographic and epidemiology. The PIP did not state if enrollee input was considered. The RSN needs to clarify how information from enrollees or consumers was included in the formation of the Study Topic. GHRSN needs to clarify what key aspects of enrollee care the PIP is expected to address,such as access, timeliness or prevention.

## Standard 2: Study question is clearly defined

**Table C-5: Validation of PIP study question**

| Criterion | Description | Result |
|---|---|---|
| 2.1 | The study question(s) is clear, concise and answerable. | 🔴 Not Met |

| 2.2 | The study question identifies the focus of the PIP and sets the framework for data collection, analysis and interpretation. | 🔴 Not Met |
|---|---|---|

**Reviewer comments**
The Study Question did not meet the criteria due to inconsistency with previous portions of the PIP.  In the Study Topic Grays Harbor states, "At the present time, GHRSN and its providers are not able to estimate how many enrollees, who receive behavioral health services and medication management services from a GHRSN contracted provider, receive DDA service." The RSN is not able to estimate how many enrollees are receiving DDA services.  The Study Question cannot reference an indicator the RSN states it cannot measure.

**Areas for Improvement**
GHRSN needs to clarify what the Study Question is answering: increased enrollee satisfaction, care coordination, implementing the MOSES, decreasing medication side effects, or improved health outcomes.  GHRSN does not mention the MOSES in the Study Question or how the RSN will collect data and interpret the Study Question.  The RSN needs to clarify how enrollee satisfaction and care coordination will be measured.

## Standard 3: Study population is clearly defined and, if a sample is used, appropriate methodology is used

**Table C-6: Validation of PIP study population**

| Criterion | Description | Result |
|---|---|---|
| 3.1 | The enrollee population to whom the study question and indicator is relevant is clearly defined. | 🔴 Not Met |
| 3.2 | The data collection approach captures all enrollees to whom the study question applied. | 🔴 Not Met |
| 3.3 | Appropriate data sources and evaluation methods were used to identify the study population. | 🔴 Not Met |

**Reviewer comments**
The Study Population did not meet the criteria due to inconsistency with previous portions of the PIP.  The Study Topic is unclear, the Study Question is unclear and the indicator is not measurable, thus the enrollee population is not clearly defined.  In the PIP, Grays Harbor states, "at the present time, GHRSN and its providers are not able to estimate how many enrollees, who receive behavioral health services and medication management services from a GHRSN contracted provider, receive DDA service."  The Study Population is not defined and data collection capturing all enrollees cannot occur.

**Areas for Improvement**
GHRSN needs to clearly define the study population for this PIP.  The RSN needs to clarify if the population needs to be enrolled in Medicaid, enrolled in outpatient mental health, enrolled in DDA, on medications, and/or receiving medical care for one or more physical health conditions.  If the enrollee must be enrolled with DDA services, this should be included as a parameter in step 3.1.  GHRSN needs to clarify what is meant in the PIP by "taking the first 25 people meeting the population parameters" and the rationale for limiting the population to "the first 25 people meeting the population parameters". The RSN needs to clarify what data sources other than AVATAR and

enrollment in DDA can be used to find a true population size.  GHRSN needs to clarify the logic used to pull the population. Additional explanation is needed to explain how the RSN is able to identify when the enrollee also has a physical healthcare condition and is being seen by a physical healthcare provider.

## Standard 4: Study indicator is objective and measureable

**Table C-7: Validation of PIP study indicator**

| Criterion | Description | Result |
|---|---|---|
| 4.1 | The study uses objective, clearly defined, measurable indicators. | 🔴 Not Met |
| 4.2 | The indicators track performance over a specified period of time. | 🔴 Not Met |
| 4.3 | The number of indicators is adequate to answer the study question, appropriate for the level of complexity of applicable clinical practice guidelines, and appropriate to the availability of and resources to collect necessary data. | 🔴 Not Met |

**Reviewer comments**
The Study Indicator did not meet criteria due to inconsistency with previous portions of the PIP. The Study Topic is unclear, the Study Question is unclear, and the Study Population is undefined, therefore the Study Question does not use clearly defined and measurable indicators.

**Areas for Improvement**
GHRSN needs to clarify the PIP Study Indicators. The numerator that is cited in the PIP is coordination with a DDA case manager and not the medical provider. The RSN needs to clarify how this criteria measures enrollee satisfaction, care coordination, or implementation of the MOSES. GHRSN needs to clarify how 95% of people who meet the study population criteria of having a MOSES completed in the enrollee's chart improves enrollee satisfaction.  The RSN needs to clarify the start date of the administration ofsatisfaction survey and if it coincides with the implementation of the MOSES which occurs every 180 days. GHRSN needs to clarify how they intend to track performance over time. The RSN needs to clarify the clinical practices to which the PIP is referring: coordination or care, completion of chart documentation, completion of the MOSES, and/or any medication management criteria. All of these will impact enrollee satisfaction.

## Standard 5: Sampling method

**Table C-8: Validation of PIP sampling methods**

| Criterion | Description | Result |
|---|---|---|
| 5.1 | The sampling technique considered and specified the true (or estimated) frequency of occurrence of the event, the confidence interval to be used, and the acceptable margin of error. | ⚫ N/A |
| 5.2 | Valid sampling techniques were employed that protected against bias. | ⚫ N/A |
| 5.3 | The sample contained a sufficient number of enrollees. | ⚫ N/A |

| Reviewer comments |
|---|
| GHRSN did not use sampling techniques for this PIP. |

## Standard 6: Data collection procedure

**Table C-9: Validation of PIP data collection procedures**

| Criterion | Description | Result |
|---|---|---|
| 6.1 | The study design clearly specifies the data to be collected. | ⬤ N/A |
| 6.2 | The study design clearly specifies the sources of data. | ⬤ N/A |
| 6.3 | The study design specifies a systematic method of collecting valid and reliable data that represents the entire population to which the study's indicators apply. | ⬤ N/A |
| 6.4 | The instruments for data collection provide for consistent and accurate data collection over the time periods studied. | ⬤ N/A |
| 6.5 | The study design prospectively specifies a data analysis plan. | ⬤ N/A |
| 6.6 | Qualified staff and personnel were used to collect the data. | ⬤ N/A |
| **Reviewer comments** | The PIP has not progressed to this point, and therefore these requirements could not be validated. | |

## Standard 7: Data analysis and interpretation of study results

**Table C-10: Validation of PIP data analysis and interpretation**

| Criterion | Description | Result |
|---|---|---|
| 7.1 | An analysis of the findings was performed according to the data analysis plan. | ⬤ N/A |
| 7.2 | Numerical PIP results and findings were accurately and clearly presented. | ⬤ N/A |
| 7.3 | The data analysis methodology was appropriate to the study question and data types. | ⬤ N/A |
| 7.4 | The analysis identified initial and repeat measurements, statistical significance, factors that influence comparability of initial and repeat measurements, and factors that threaten internal and external validity. | ⬤ N/A |
| 7.5 | The analysis of study data included an interpretation of the extent to which the PIP was successful, as well as follow-up activities. | ⬤ N/A |
| **Reviewer comments** | The PIP has not progressed to this point, and therefore these requirements could not be validated. | |

## Standard 8: Reported improvement represents real change

**Table C-11: Validation of PIP reported improvement**

| Criterion | Description | Result |
|---|---|---|
| 8.1 | A continuous cycle of measurement and performance analysis was conducted. | ● N/A |
| 8.2 | Reasonable interventions were undertaken to address causes/barriers identified through data analysis and QI processes. | ● N/A |
| 8.3 | The interventions are/were sufficient to be expected to improve processes or outcomes. | ● N/A |
| 8.4 | The interventions are/were culturally and linguistically appropriate. | ● N/A |
| **Reviewer comments** The PIP has not progressed to this point, and therefore these requirements could not be validated. | | |

## Standard 9: Assess whether improvement is "real" improvement

**Table C-12: Validation of PIP improvement assessment**

| Criterion | Description | Result |
|---|---|---|
| 9.1 | The same methodology as the baseline measurement was used when measurement was repeated. | ● N/A |
| 9.2 | There was documented, quantitative improvement in processes or outcomes of care. | ● N/A |
| 9.3 | The reported improvement in performance appears to be the result of the planned quality improvement intervention. | ● N/A |
| 9.4 | There is statistical evidence that any observed performance improvement is true improvement. | ● N/A |
| **Reviewer comments** The PIP has not progressed to this point, and therefore these requirements could not be validated. | | |

## Standard 10: The RSN has sustained the documented improvement

**Table C-13: Validation of PIP sustained improvement**

| Criterion | Description | Result |
|---|---|---|
| 10.1 | Sustained improvement was demonstrated through repeated measurements over comparable time periods. | ● N/A |
| **Reviewer comments** The PIP has not progressed to this point, and therefore these requirements could not be validated. | | |

## PIP Validation Results: Non-Clinical PIP

Grays Harbor Regional Support Network's brief description of their clinical PIP states:

*The quality of the medical chart documentation is a reasonable predictor of the quality of the provided mental health services. Grays Harbor County Regional Support Network (GHRSN) measures the quality of its providers' medical charts. Do the charts meet the industry standards? This study seeks to determine an area of medical chart documentation that has most room for improvement and develop and implement needed improvements. The GHRSN standard is 90% of the reviewed cases (clinical charts) will indicate treatment met the quality of care standards of GHRSN, applicable state regulatory standards, and NCQA quality of care and chart review protocols.*

It should be noted that the RSN has an opportunity to revise and resubmit its non-clinical PIP following recent training and technical assistance from DBHR and Qualis Health. GHRSN has communicated to the state that it intends to submit a revised PIP, and DBHR has supported that plan. Qualis Health conducted our review and validation of GHRSN's previously-submitted PIP.

**Table C-14: Non-Clinical PIP validation results**

| Study Design | | Activity | Narrative | SCORE |
|---|---|---|---|---|
| **Design** | 1 | Appropriate Study Topic | The Study Topic seeks to determine an area of medical chart documentation that has the most room for improvement and develop and implement needed improvements. | 🔴 Not Met |
| | 2 | Clearly defined, Answerable study question | GHRSN Study Question: What is the GHRSN contracted providers' conformance of clinical practices, as documented in charts, regarding physical care coordination and continuance of care as a predictor of quality of care? | 🔴 Not Met |
| | 3 | Correctly identified study population | Medicaid enrolled beneficiaries residing in Grays Harbor County, including children and youth who, at the time of requesting services, are enrolled Medicaid beneficiaries, placed in foster care, and are requesting outpatient mental health services from GHRSN- contracted providers. | 🔴 Not Met |
| | 4 | Correctly identified study indicator | Numerator: The percentage of Medicaid beneficiaries whose physical care coordination and continuation with mental health services providers are documented in the enrollees' charts by the mental health providers. Denominator: 10 percent of GHRSN enrolled Medicaid beneficiaries who, during the study period, receive out-patient mental health services from GHRSN contracted providers in Grays Harbor County.  Special focus | 🔴 Not Met |

| | | | | |
|---|---|---|---|---|
| | | | group: foster children and youth who received services from Grays Harbor – contracted outpatient mental health service providers. | |

**Reviewer comments**
GHRSN needs to clarify if any data collection and analysis, other than chart review, was conducted when selecting this PIP topic. The RSN needs to clarify how the PIP topic is consistent with the enrollee demographic and epidemiology because the target group becomes an extremely small sub-population when the foster care element is added in later sections. GHRSN needs to clarify why the study focused on children living in foster care rather than the broader population of children requiring care coordination. GHRSN needs to clarify how improved documentation is a reflection of improved care coordination.

| | | | | |
|---|---|---|---|---|
| **Implementation** | 5 | Valid Sampling Technique | No sampling was conducted. | ● N/A |
| | 6 | Accurate/ complete data collection | The PIP has not progressed to this point. | ● N/A |
| | 7 | Appropriate data analysis/ interpretation of study results | The PIP has not progressed to this point. | ● N/A |

**Reviewer comments**
No sampling was conducted. The PIP has not progressed to Standard 6, 7, 8, 9 or 10.

| | | | | |
|---|---|---|---|---|
| **Outcomes** | 8 | Appropriate improvement strategies | The PIP has not progressed to this point. | ● N/A |
| | 9 | Real Improvement Achieved | The PIP has not progressed to this point. | ● N/A |
| | 10 | Sustained Improvement Achieved | The PIP has not progressed to this point. | ● N/A |

| | |
|---|---|
| **Overall Score** | ● Not Met |

| | |
|---|---|
| **Reviewer Comments** | **Strength(s):**<br>GHRSN has selected a population that meets the definition of special healthcare needs as the population will have a diagnosis of mentally ill.<br>The RSN has qualified staff and personnel to collect data.<br><br>**Recommendation(s):**<br>GHRSN should use the recommendation from the EQR onsite interview and this report to clarify the Study Topic, Study Question, Study Population, and Study Indicators. The RSN should update their PIP to meet the current PIP Protocol and criteria.<br><br>**Confidence Level:**<br>Moderate Confidence in reported results |

## Standard 1: Selected study topic is relevant and prioritized

**Table C-15: Validation of PIP selected study topic**

| Criterion | Description | Result |
|---|---|---|
| 1.1 | The study topic was selected through data collection and analysis of comprehensive aspects of specific enrollee needs, care and services. | ● Not Met |
| 1.2 | The PIP is consistent with the demographics and epidemiology of the enrollees. | ● Not Met |
| 1.3 | The PIP considered input from enrollees with special healthcare needs. | ● Not Met |
| 1.4 | The PIP addresses a broad spectrum of key aspects of enrollee care and services. | ● Not Met |
| 1.5 | The PIP, over time, included all enrolled populations. | ● Not Met |

**Reviewer comments**

The Study Topic did not meet criteria due to inconsistency with the demographic and epidemiology of the enrollees. GHRSN PIP states, "GHRSN, at the present time, is unable to determine and predict the prevalence in Grays Harbor Medicaid population that is receiving physical health services while, at the same time, receiving outpatient mental health services." The Study Topic was selected as a response to internal and external audit findings rather than as a result of data collection and analysis. The Study Topic does not support a comprehensive aspect of specific enrollee needs, care and services.

**Areas for Improvement**

GHRSN needs to clarify the PIP Study Topic. The RSN needs to clarify the data collection and analysis which was used when selecting the PIP topic. GHRSN needs to clarify how it determined that the lack of coordination was an issue for GHRSN enrollees. The RSN needs to clarify how the PIP topic is consistent with enrollee demographic and epidemiology. The PIP initially states the demographics are for youth enrolled in services, however, later on, the report narrows the focus to children who are living in foster care, on psychotropic medication, enrolled in outpatient mental health services and receiving physical healthcare services with coordination of care with the PCP documented. The RSN needs to clarify why other youth populations are not included in the study topic. GHRSN needs to clarify how the RSN knows that improved documentation of care coordination is a reflection of improved care coordination rather than just improved documentation of the coordination that is already occurring. The RSN needs to clarify how the provider's documentation ensures quality mental health services. GHRSN needs to explain how the RSN assesses the effectiveness of care that care coordination. The PIP states "we are cognizant that the provider may not consistently and clearly document coordination of care." The RSN needs to demonstrate what the study topic will cover: adequate documentation, adequate training, or adequate care coordination.

## Standard 2: Study question is clearly defined

**Table C-16: Validation of PIP study question**

| Criterion | Description | Result |
|---|---|---|
| 2.1 | The study question(s) is clear, concise and answerable. | ● Not Met |

| 2.2 | The study question identifies the focus of the PIP and sets the framework for data collection, analysis and interpretation. | 🔴 Not Met |
|---|---|---|

**Reviewer comments**
The Study Question does not meet criteria due to inconsistency with previous portions of the PIP. In the Study Topic, Grays Harbor states, "GHRSN, at the present time, is unable to determine and predict the prevalence in Grays Harbor Medicaid population that is receiving physical health services while, at the same time, receiving outpatient mental health services." The RSN is not able to estimate how many enrollees are receiving physical health services while, at the same time, receiving outpatient mental health services.  The Study Question cannot reference an indicator the RSN states they cannot measure.

**Areas for Improvement**
GHRSN needs to clarify the Study Question. The RSN needs to clarify how documentation of care coordination, as opposed to the practice of care coordination, is a predictor of quality. GHRSN needs to clarify what the PIP will collect for data analysis. The RSN needs to clarify if they are collecting the results of the RSN's training on improved documentation and if so, how the RSN collects the results. GHRSN needs to clarify if they are collecting results of improved coordination of care and clarify if they are analyzing the impact on enrollee care in terms of improved outcomes and how. GHRSN should clarify how the study question relates to the focus of the PIP, especially the target population of children in foster care. The RSN needs to clarify how the Study Question sets the framework for data collection, analysis and interpretation when it is not linked to the target population.

## Standard 3: Study population is clearly defined and, if a sample is used, appropriate methodology is used

**Table C-17: Validation of PIP study population**

| Criterion | Description | Result |
|---|---|---|
| 3.1 | The enrollee population to whom the study question and indicator is relevant is clearly defined. | 🔴 Not Met |
| 3.2 | The data collection approach captures all enrollees to whom the study question applied. | 🔴 Not Met |
| 3.3 | Appropriate data sources and evaluation methods were used to identify the study population. | 🔴 Not Met |

**Reviewer comments**
The Study Population criteria are not met due to inconsistency with previous portions of the PIP. Both the Study Topic and the Study Question are unclear and the indicator is not measurable, thus the enrollee population is not clearly defined. In the PIP, Grays Harbor states, "GHRSN, at the present time, is unable to determine and predict the prevalence in Grays Harbor Medicaid population that is receiving physical health services while, at the same time, receiving outpatient mental health services." The RSN is not able to define the population. The Study Population is not defined, therefore data collection to capture all enrollees cannot occur.

**Areas for Improvement**
GHRSN needs to clarify the Study Population. The RSN needs to clarify the specific population on which the PIP is focused. GHRSN needs to clarify why the RSN is separating foster care youth. The RSN needs to clarify how GHRSN identified the consumers that made up the study population. The GHRSN needs to clarify the level of confidence that all enrollees to whom the study applied were identified. The RSN needs to clarify the logic used to identify the study population from the data system and how the selection criteria were validated.

## Standard 4: Study indicator is objective and measureable

**Table C-18: Validation of PIP study indicator**

| Criterion | Description | Result |
|---|---|---|
| **4.1** | The study uses objective, clearly defined, measurable indicators. | 🔴 Not Met |
| **4.2** | The indicators track performance over a specified period of time. | 🔴 Not Met |
| **4.3** | The number of indicators is adequate to answer the study question, appropriate for the level of complexity of applicable clinical practice guidelines, and appropriate to the availability of and resources to collect necessary data. | 🔴 Not Met |
| **Reviewer comments** | | |
| The Study Indicator did not meet criteria due to inconsistency with previous portions of the PIP. The Study Topic and the Study Question are unclear, and the Study Population is not defined. The Study Question does not use clearly defined and measurable indicators.<br><br>**Areas for Improvement**<br>GHRSN needs to clarify the Study Indicator. The RSN needs to clarify why the denominator includes 10% of GHRSN enrollees, rather than just the number of children in foster care. GHRSN needs to clarify for the numerator; how change is attributed to improved care coordination rather than just improved documentation of care coordination. The RSN needs to clarify what they are trying to measure, improved documentation or improved care coordination. GHRSN should clarify the source of the original documentation rate and how it was derived. The RSN needs to clarify how improved clinical chart documentation will improve the quality of health services, improve enrollee health, functional status and satisfaction. GHRSN should identify timelines for baseline, intervention and first-re-measurement. | | |

## Standard 5: Sampling method

**Table C-19: Validation of PIP sampling methods**

| Criterion | Description | Result |
|---|---|---|
| **5.1** | The sampling technique considered and specified the true (or estimated) frequency of occurrence of the event, the confidence interval to be used, and the acceptable margin of error. | ⚪ N/A |
| **5.2** | Valid sampling techniques were employed that protected against bias. | ⚪ N/A |
| **5.3** | The sample contained a sufficient number of enrollees. | ⚪ N/A |
| **Reviewer comments** | | |
| GHRSN did not use sampling techniques for this PIP. | | |

## Standard 6: Data collection procedure

**Table C-20: Validation of PIP data collection procedures**

| Criterion | Description | Result |
|---|---|---|
| **6.1** | The study design clearly specifies the data to be collected. | ● N/A |
| **6.2** | The study design clearly specifies the sources of data. | ● N/A |
| **6.3** | The study design specifies a systematic method of collecting valid and reliable data that represents the entire population to which the study's indicators apply. | ● N/A |
| **6.4** | The instruments for data collection provide for consistent and accurate data collection over the time periods studied. | ● N/A |
| **6.5** | The study design prospectively specifies a data analysis plan. | ● N/A |
| **6.6** | Qualified staff and personnel were used to collect the data. | ● N/A |
| **Reviewer comments** The PIP has not progressed to this point, and therefore these requirements could not be validated. | | |

## Standard 7: Data analysis and interpretation of study results

**Table C-21: Validation of PIP data analysis and interpretation**

| Criterion | Description | Result |
|---|---|---|
| **7.1** | An analysis of the findings was performed according to the data analysis plan. | ● N/A |
| **7.2** | Numerical PIP results and findings were accurately and clearly presented. | ● N/A |
| **7.3** | The data analysis methodology was appropriate to the study question and data types. | ● N/A |
| **7.4** | The analysis identified initial and repeat measurements, statistical significance, factors that influence comparability of initial and repeat measurements, and factors that threaten internal and external validity. | ● N/A |
| **7.5** | The analysis of study data included an interpretation of the extent to which the PIP was successful, as well as follow-up activities. | ● N/A |
| **Reviewer comments** The PIP has not progressed to this point, and therefore these requirements could not be validated. | | |

## Standard 8: Reported improvement represents real change

**Table C-22: Validation of PIP reported improvement**

| Criterion | Description | Result |
|-----------|-------------|--------|
| 8.1 | A continuous cycle of measurement and performance analysis was conducted. | ● N/A |
| 8.2 | Reasonable interventions were undertaken to address causes/barriers identified through data analysis and QI processes. | ● N/A |
| 8.3 | The interventions are/were sufficient to be expected to improve processes or outcomes. | ● N/A |
| 8.4 | The interventions are/were culturally and linguistically appropriate. | ● N/A |
| **Reviewer comments** The PIP has not progressed to this point, and therefore these requirements could not be validated. | | |

## Standard 9: Assess whether improvement is "real" improvement

**Table C-23: Validation of PIP improvement assessment**

| Criterion | Description | Result |
|-----------|-------------|--------|
| 9.1 | The same methodology as the baseline measurement was used when measurement was repeated. | ● N/A |
| 9.2 | There was documented, quantitative improvement in processes or outcomes of care. | ● N/A |
| 9.3 | The reported improvement in performance appears to be the result of the planned quality improvement intervention. | ● N/A |
| 9.4 | There is statistical evidence that any observed performance improvement is true improvement. | ● N/A |
| **Reviewer comments** The PIP has not progressed to this point, and therefore these requirements could not be confirmed. | | |

## Standard 10: The RSN has sustained the documented improvement

**Table C-24: Validation of PIP sustained improvement**

| Criterion | Description | Result |
|-----------|-------------|--------|
| 10.1 | Sustained improvement was demonstrated through repeated measurements over comparable time periods. | ● N/A |
| **Reviewer comments** The PIP has not progressed to this point, and therefore these requirements could not be validated. | | |

# Information Systems Capabilities Assessment

Qualis Health's subcontractor, Healthy People, examined GHRSN's information systems and data processing and reporting procedures to determine the extent to which they supported the production of valid and reliable state performance measures and the capacity to manage care of RSN enrollees.

## ISCA Methodology

The ISCA procedures were based on the CMS protocol for this activity, as adapted for the Washington RSNs with DBHR's approval. For each ISCA review area, Healthy People used the information collected in the ISCA data collection tool, responses to interview questions, and results of the claims/encounter walkthroughs and security walkthroughs to rate GHRSN's performance for seven review areas as: fully meeting, partially meeting, or not meeting standards. Healthy People also evaluated GHRSN's meaningful use of EHR systems; this review area was not rated.

The ISCA review process consists of four phases:

**Phase 1-Data Collection for Information Systems**
Healthy People collects standard information about RSN information systems. The RSN and two of their delegated provider agencies complete the ISCA data collection tool provided by Healthy People before the onsite review.

**Phase 2-Analysis**
Healthy People reviews the completed ISCA data collection tools and accompanying documents. Submitted ISCA tools are thoroughly reviewed. Wherever an answer seems incomplete or indicates an inadequate process, Healthy People marks that section for follow-up. If the desktop review indicates that further accompanying documents are needed, those documents are requested.

**Phase 3-Onsite Visits**
Onsite visits and walkthroughs with the RSN and two delegated provider agencies are conducted. Claims/encounter walkthroughs and data center security walkthroughs are conducted. In-depth interviews with knowledgeable RSN staff and delegated provider agency staff are conducted. Additional documents are requested if needed, based upon interviews and walkthroughs conducted at the RSN and at two delegated provider agencies.

**Phase 4-Conclusions-**
Post-onsite analysis of findings about the RSN's information systems is conducted. In this phase, Healthy People reviews the material and findings from the first three phases and works with the RSN and selected delegate provider agencies to close out any open review questions. The RSN-specific ISCA evaluation report is then finalized.

The following sections discuss the specific criteria for assessing compliance for each of the eight ISCA review areas.

### Section A: Information Systems

This section assesses the RSN's information systems for collecting, storing, analyzing and reporting medical, member, practitioner and vendor data. Information systems that facilitate valid and reliable performance measurement have the following characteristics:

- flexible data structures
- no degradation of processing with increased data volume
- adequate programming staff
- reasonable processing and coding time
- ease of interoperability with other database systems
- data security via user authentication and permission levels
- data locking capability
- proactive response to changes in encounter and enrollment criteria
- adherence to the federally required format for electronic submission of claims/encounter data

To ensure accurate and complete performance measure calculation, appropriate practices in computer programming include:

- good documentation
- clear, continuous communication between the client and the programmers on client information needs
- a quality assurance process version control
- continuous professional development of programming staff

### Section B: Hardware Systems

This section assesses the RSN's hardware systems and network infrastructure. Appropriate protocol for sustaining quality hardware systems include:

- infrastructural support that includes maintenance and timely replacement of computer equipment and software, disaster recovery procedures, adequate training of support staff, and a secure computing environment
- redundancy or duplication of critical components of a hardware system with the intention of increasing reliability of the system, usually in the case of a backup or fail-safe

### Section C: Information Security

This section assesses the security of the RSN's information systems. Appropriate practices for securing data include:

- A well-run security management program which includes IT governance, risk assessment, policy development, policy dissemination, and monitoring. Each of these activities should flow into the next to ensure that policies remain current and that important risks are addressed.
- Computer systems and terminals should be protected from unauthorized access through use of a password system and security screens. Passwords should be changed frequently and reset whenever an employee terminates.
- Paper-based claims and encounters should be in locked storage facilities when not in use. Data transferred between systems/locations should be encrypted.
- A comprehensive backup plan that includes scheduling, rotation, verification, retention, and storage of backups to provide additional security in the event of a system crash or compromised integrity of the data. Managers responsible for processing claims and encounter data must be knowledgeable of their backup schedules and of retention of backups to ensure data integrity.

- To ensure integrity, backups should be verified periodically by performing a "restore" and comparing the results. Ideally, annual backups would be kept for seven years or more in an offsite climate-controlled facility.
- Databases and database updates should include transaction management, commits, and rollbacks. Transaction management is useful when making multiple changes in the database to ensure that all changes work without errors before finalizing the changes. A database commit is a command for committing a permanent change or update to the database. A rollback is a method for tracking changes before they have been physically committed to disk. This prevents corruption of the database during a sudden crash or some other unintentional intervention.
- Formal controls in the form of batch control sheets or assignment of a batch control number should be used to ensure a full accounting of all claims received.

Section 11.2 of DBHR's GHRSN contract presents requirements related to Business Continuity and Disaster Recovery (BC/DR). The contractor must certify annually that a BC/DR plan is in place for both the contractor and subcontractors. The certification must indicate that the plans are up to date and that the system and data backup and recovery procedures have been tested. The plan must address:
- a mission or scope statement
- an appointed IS disaster recovery staff
- provisions for backup of key personnel, identified emergency procedures, visibly listed emergency telephone numbers
- procedures for allowing effective communication with hardware and software vendors, confirmation of updated system and operations documentation, process for frequent backup of systems and data
- offsite storage of system and data backups, ability to recover data and systems from backup files designated recovery options that may include use of a hot or cold site
- evidence that disaster recovery tests or drills have been performed

Exhibit C of the GHRSN contract presents detailed requirements for data security, including:
- data protection during electronic transport, including via email and the public Internet
- safeguarding access to data stored on hard media (hard disk drives, network server disks, and optical discs), on paper, or on portable devices or media, and access to data used interactively over the State Governmental Network
- segregation of DSHS data from non-DSHS data to ensure that all DSHS data can be identified for return or destruction, and to aid in determining whether DSHS data has or may have been compromised in the event of a security breach
- data disposition (return to DSHS or destruction) when the contracted work has been completed or when data no longer needed
- notification of DSHS in the event of compromise or potential compromise of DSHS shared data
- sharing of DSHS data with subcontractors

**Section D: Medical Services Data**
This section assesses the RSN's ability to capture and report accurate medical services data. To ensure the validity and timeliness of the encounter and claims data used in calculating performance measures, it is important to have documented standards, a formal quality assurance of input data sources and transactional systems, and readily available historical data.

Appropriate practices include:
- automated edit and validity checks of procedure and diagnosis code fields, timely filing, eligibility verification, authorization, referral management, and a process to remove duplicate claims and encounters.
- a documented formal procedure for rectifying encounter data submitted with one or more required fields missing, incomplete, or invalid. Ideally, the data processor would not alter the data until receiving written notification via a paper claim or from the provider.
- periodic audits of randomly selected records conducted internally and externally by an outside vendor to ensure data integrity and validity. Audits are critical after major system upgrades or code changes.
- multiple diagnosis codes and procedure codes for each encounter record, distinguishing clearly between primary and secondary diagnoses.
- efficient data transfer (frequent batch processing) to minimize processing lags that can affect data completeness.

### Section E: Enrollment Data

This section assesses the RSN's ability to capture and report accurate Medicaid enrollment data. Timely and accurate eligibility data are paramount in providing high-quality care and for monitoring services reported in utilization reports.

Appropriate enrollment data management practices include:
- Access to up-to-date eligibility data should be easy and fast. Enrollment data should be updated daily or in real time.
- The enrollment system should be capable of tracking an enrollee's entire history with the RSN, further enhancing the accuracy of the data.

### Section F: Practitioner Data

This section assesses the RSN's ability to capture and report accurate practitioner information. RSNs need to ensure accuracy in capturing rendering practitioner type as well as practitioner service location. RSNs also need to be able to uniquely identify each of their practitioners. RSNs must also present accurate practitioner information within the RSN provider directory.

### Section G: Vendor Data

This section assesses the quality and completeness of the vendor data captured by the RSN.  The majority of each RSN's claims/encounter data is contracted provider agency data. RSNs must perform encounter data validation audits at least annually for each of their contracted provider agencies. RSNs must also evaluate the timeliness of the claims/encounter data submitted to their agency by their vendors.

### Section H: Meaningful Use of Electronic Health Records (EHR)

This section assesses how the RSN and its contracted providers use electronic health records (EHRs). This section is not rated. This review section evaluates the following:
- any planning and/or development efforts the RSN has taken toward adopting and using a certified EHR system
- number of providers in the RSN network currently using EHRs
- if providers are using EHRs, the RSN has sought to determine whether the technology has been certified by the appropriate federal body
- any training, education, or outreach the RSN has delivered to network providers on the meaningful use of certified EHR technology

- whether the RSN uses data from EHRs as part of its quality improvement program (e.g., to improve the quality of services delivered or to develop PIPs)
- strategies or policies the RSN has developed to encourage the adoption of EHR by providers

## Scoring criteria

For each ISCA review area, Healthy People used the information collected in the ISCA data collection tool, responses to interview questions, and results of the claims/encounter walkthroughs and security walkthroughs to rate the RSN's performance for seven review areas as: fully meeting, partially meeting, or not meeting standards. Healthy People also evaluated the RSN's meaningful use of EHR systems; this review area is not rated. The table below presents the Rating scheme for the ISCA Standards.

**Table D-1.Scoring scheme for ISCA standards**

| Rating | Definition |
|---|---|
| ● Fully Met (pass) | Meets or exceeds the standard requirements. |
| ● Partially Met (pass) | Meets essential requirements of the standard but is deficient in some areas. |
| ● Not Met (fail) | Does not meet the essential requirements of the standard. |
| ● N/A | Not applicable. |

## Summary of review results

Healthy People examined GHRSN's information systems and data processing and reporting procedures to determine the extent to which they supported the production of valid and reliable state performance measures and the capacity to manage care of RSN enrollees.

GHRSN *fully met* the federal standards related to information systems capabilities for six review areas and *partially met* the federal standards related to information systems capabilities for one review area. One review area was not scored. Table D-2 presents GHRSN's ratings for the eight separate ISCA review areas:

**Table D-2: Scores and ratings on ISCA sections**

| ISCA Section | Description | ISCA Result |
|---|---|---|
| A. Information Systems | This section assesses the RSN's information systems for collecting, storing, analyzing and reporting medical, member, practitioner and vendor data. | ● Fully Met (pass) |
| B. Hardware Systems | This section assesses the RSN's hardware systems and network infrastructure. | ● Fully Met (pass) |

| C. Information Security | This section assesses the security of the RSN's information systems. | 🟡 Partially Met (pass) |
|---|---|---|
| D. Medical Services Data | This section assesses the RSN's ability to capture and report accurate medical services data. | 🟢 Fully Met (pass) |
| E. Enrollment Data | This section assesses the RSN's ability to capture and report accurate Medicaid enrollment data. | 🟢 Fully Met (pass) |
| F. Practitioner Data | This section assesses the RSN's ability to capture and report accurate practitioner information. | 🟢 Fully Met (pass) |
| G. Vendor Data | This section assesses the quality and completeness of the vendor data captured by the RSN. | 🟢 Fully Met (pass) |
| H. Meaningful Use of EHR | This section assesses how the RSN and its contracted providers use electronic health records (EHRs). This section is not scored. | ⚫ N/A |

GHRSN is a member of the Washington State RSN-Netsmart Consortium (WSC). The WSC is comprised of several counties formed under five RSNs and several licensed provider agencies that use a common managed care and practice management system, remotely hosted by Netsmart Technologies, an application service provider (ASP) in Dublin, OH. Netsmart uses SAVVIS/CenturyLink Communications Corp.'s co-location facilities in Columbus, OH, to host its ASP environment. WSC holds one contract with Netsmart. The Netsmart contract is managed by Timberlands RSN.

WSC membership is structured in three tiers: (1) Administration, represented by the respective administrators with final authority for directing the WSC; (2) the "E-Team" with one or more technical representatives from each RSN as well as Netsmart, who advise the administrators on technical matters; and (3) the Executive Committee, represented by committees of the counties and/or groups of counties for voting and decision making.

GHRSN's systems administrator leads the WSC's E-Team. The team leader is elected annually to serve as the single point of contact for the following: coordination with the Netsmart project manager on product development matters, communicating all such correspondence to the E-Team members, and chairing the team meetings.

The detailed GHRSN ISCA review findings for each of the eight ISCA review areas will be presented in the following sections of this report.

## ISCA Section A: Information Systems

**Table D-3: Section A, Information Systems**

| Section | Description | Result |
|---|---|---|
| **Section A** | This section assesses the RSN's information systems for collecting, storing, analyzing and reporting medical, member, practitioner and vendor data. | ● Fully Met (pass) |

GHRSN and its contracted provider agencies use Netsmart's Avatar product suite for encounter data processing. Check Point VPN client software and/or hardware appliances are used to authenticate and connect to the environment. Avatar's remotely hosted Managed Services Organization (MSO) and Practice Management (PM) software applications use the InterSystem Cache database management system.

GHRSN uses Crystal Reports and Microsoft applications for additional analysis and reporting of Medicaid data.

NetSmart's Avatar product suite is secure, robust, and scalable, giving programmers the flexibility to develop sophisticated data processing methods. Netsmart uses Apache Subversion for software configuration and source code (version control) management. Avatar Cache databases use write-image journaling to record database transactions. In the event of a system failure, the journal can be replayed up to the point of failure to prevent data loss.

GHRSN contracts with an IS administrator to maintain its Avatar MSO and PM databases and to furnish software support to provider agencies. GHRSN actively participates in WSC User Group meetings and trainings, which provide information about the Avatar system as well as report changes and updates.

Each provider agency enters claims/encounter data directly into Avatar PM. If a claim/encounter requires an authorization, a valid authorization must be present before it is sent to the RSN. Encounters are batched hourly and sent through an electronic data interchange (EDI) mapping process that screens the data to ensure that all data submission standards, except for verification of eligibility, are met before exporting to Avatar MSO. Claims/encounter data are converted into a HIPAA-compliant 837 format before transmitting to DBHR via a secure shell connection once a month.

GHRSN contracts with BHO for utilization management (UM) services, including verification of initial service authorization. BHO intake coordinators remotely access the Avatar system daily to process service authorization requests. A credentialed UM specialist performs all authorization decisions on the basis of Access to Care standards and other data submitted by the provider agency. GHRSN contracted provider agencies request authorization for outpatient services through Avatar PM, where all authorization data are housed.

### Recommendation Requiring CAP

There are no recommendations for GHRSN's information systems.

## ISCA Section B: Hardware Systems

**Table D-4: Section B, Hardware Systems**

| Section | Description | Result |
|---|---|---|
| **Section B** | This section assesses the RSN's hardware systems and network infrastructure. | ● Fully Met (pass) |
| GHRSN's reporting data reside on a Microsoft Windows server located in the Grays Harbor Regional Technology Center. The server is managed by Grays Harbor County. GHRSN uses an SFTP server managed by Chelan-Douglas RSN.<br><br>Netsmart replaces server hardware at least every five years. Netsmart's software and hardware designs include redundant array of independent disks (RAID) configuration, connection to a network attached storage (NAS) device, and dual network interface card (NIC) and switch configuration.<br><br>GHRSN and NetSmart maintain current premium-level hardware, software, and network vendor service contracts. GHRSN's and Netsmart's data center facilities and hardware systems are well designed and maintained. Netsmart actively monitors its data center facility to identify performance and quality issues. | | |

### Recommendations Requiring CAP

There are no recommendations or findings for GHRSN's information systems.

## ISCA Section C: Information Security

**Table D-5: Section C, Information Security**

| Section | Description | Result |
|---|---|---|
| **Section C** | This section assesses the security of the RSN's information systems. | ● Partially Met (pass) |
| Grays Harbor County Infrastructure Services performs nightly incremental encrypted backups and weekly full backups. Grays Harbor County restricts access to hard drives for authorized users by requiring unique user ID and password.<br><br>Netsmart performs daily incremental backups and weekly full backups. All backups performed by Netsmart are encrypted. Netsmart replicates backups to its Kansas City facility on a nightly basis. Netsmart performs regular restoration testing of backup data to ensure that data are readily available for production.<br><br>Netsmart's current disaster recovery plan is regularly reviewed, audited, and tested to ensure that information systems can be maintained, resumed, and/or recovered as intended. Netsmart and the WSC work together to perform monthly tests to verify the transition from primary to secondary | | |

databases. WSC conducts annual restoration testing with Netsmart.

Netsmart maintains a warm site (backup site from which to operate in the event of a disaster) in Kansas. Netsmart can switch to the backup site within a short period of time, due to the recent implementation of virtual servers.

Netsmart's secure three-tiered application architecture makes it difficult for unauthorized users to gain access to data and other network resources. Netsmart performs regular network scanning for potential vulnerabilities that may result from poor or improper system configuration.

Netsmart's Avatar Cache is protected by a before-image and after-image journaling mechanism. If a system fails, the database structure applies the before-image journal, and all uncommitted transactions are rolled back from the after-image journal.

Netsmart contracts with an outside vendor to perform penetration testing of its network to ensure that proper security measures and safeguards are in place.

GHRSN delegates oversight of Netsmart-contracted services to the WSC, for which GHRSN's IS administrator serves as the E-Team leader. Netsmart is audited yearly by WSC. Every second year, the audit includes an onsite review component at Netsmart's facilities.

Not all GHRSN provider agencies are encrypting their backup data. GHRSN needs to work with its provider agencies to establish encryption practices in accordance with the DBHR contract requirements. It is important to note that the GHRSN contracts with their provider agencies do include the required data encryption requirements, but one contracted provider agency is currently out of compliance with their contract with GHRSN.

### RecommendationRequiring CAP
Not all GHRSN provider agencies are encrypting their backup data.
8.  GHRSN needs to work with its provider agencies to establish encryption practices in accordance with the DBHR contract requirements.

At the time of the onsite in May 2015, Grays Harbor County's Disaster Recovery Plan was in draft form. GHRSN needs to work with Grays Harbor County to ensure timely update of the disaster recovery plans.
9.  GHRSN needsto ensure that all RSN disaster recovery policy and procedures are current.

## ISCA Section D: Medical Services Data

**Table D-6: Section D, Medical Services Data**

| Section | Description | Result |
|---|---|---|
| **Section D** | This section assesses the RSN's ability to capture and report accurate medical services data. | ● Fully Met (pass) |
| GHRSN currently has three contracted provider agencies. For calendar year 2014, one of those | | |

agencies only served five members with the provision of transitional housing. In 2014, GHRSN was still in the process of providing technical assistance to that agency for encounter data entry. For the two other contracted provider agencies, both agencies manually entered and posted encounter data into Avatar PM. Encounter data were batched and sent through an EDI mapping process that screened the data to ensure that all submission standards, except for verification of eligibility, were met before exporting to Avatar MSO. If an encounter type required authorization, a valid authorization was present before it was sent to GHRSN.

During processing, encounter data submissions were run through an automated, rules-based edit system in Avatar to screen the data and identify potential input errors, such as validity checks of procedure and diagnosis code fields, as well as to ensure compliance with DBHR-CIS Data Dictionary and Service Encounter Reporting Instructions.

GHRSN created a batch report in Avatar MSO to identify encounter services that should be flagged for transmission to DBHR, and to identify errors. If an error occurred, the provider agency was notified promptly via email to correct the error(s) within the Avatar system. Once the agency corrected the error(s), the batch was recreated in Avatar MSO and flagged for transmission to DBHR. As required by DBHR, GHRSN verified and certified batched encounter data for accuracy and completeness before transmitting the data to directories in DBHR-CIS. The RSN administrator was responsible for ensuring GHRSN's compliance with state Medicaid reporting requirements.

GHRSN's formal procedures for rectifying encounter data submitted with one or more required fields missing, incomplete, or invalid are adhered to and well documented.

Per DBHR instructions, GHRSN submits outpatient service data to DBHR via 837P transaction files and inpatient service data to DBHR via 837I transaction files. DBHR's Service Encounter Reporting Instructions v.201411.2 indicates the following for reporting outpatient service diagnosis codes:

- For all Intake Evaluation modality encounters which are complete and a diagnosis has been determined, report that diagnosis.
- For all encounters that occur after an intake has been completed and authorized, use the approved/authorized diagnosis in the HI01-2 field in the 837P HIPAA transaction.
- DBHR will only use the HI01-2 field when looking at diagnosis. Other diagnosis codes do not need to be reported.

It is not best practice to only capture the intake evaluation diagnosis. However, it is not out of compliance with DBHR requirements to only capture the intake evaluation diagnosis. It is important to note that GHRSN does collect multiple diagnoses from provider agencies in Avatar's diagnoses entry screen for clients.

**Opportunity for Improvement**
It is recommended that GHRSN capture more than the intake evaluation diagnosis. However, it is not out of compliance with DBHR requirements to only capture the intake evaluation diagnosis.

# ISCA Section E: Enrollment Data

**Table D-7: Section E, Enrollment Data**

| Section | Description | Result |
|---|---|---|
| **Section E** | This section assesses the RSN's ability to capture and report accurate Medicaid enrollment data. | ● Fully Met (pass) |

DBHR provides member enrollment data to GHRSN. GHRSN receives 834 and 820/821 enrollment data files from DBHR. GHRSN imports the enrollment data into Avatar MSO. GHRSN uses a custom MS Access program to combine enrollment data with encounter services and then track and reconcile which services have been paid for by Medicaid, state funds, or other sources.

GHRSN performs monthly reconciliation activities to verify the authorization status of each encounter service, provider credentials, member month eligibility files, member ID codes, and income source and program codes.

Most services are pre-authorized. Those that are not are pended until the authorization is completed. If the pended authorization is denied, any denied services submitted to GHRSN are not submitted to DBHR via the 837 file submission. Only authorized services are sent to the state. Per state guidelines, authorizations must be approved or denied within 14 days.

Provider agencies are contractually required to check DBHR's ProviderOne system to determine if a member has eligibility at the time of intake.

GHRSN does not cross-check 834s to 837s before submitting 837s to remove services for members who weren't Medicaid eligible at the time of the encounter as this is not a State requirement.  Instead, GHRSN follows the State DBHR's Service Encounter Reporting Instructions (SERI) v201411.2, on p. 4, which specifies all services that meet the following criteria should be reported to the State:

- "State plan services provided to Medicaid eligible individuals.
- Non-covered/non-state plan services to Medicaid eligible individuals (i.e., IMD facilities, State-Only, or Federal Block Grant).
- All services to non-Medicaid individuals who are funded in whole or part by the RSN."

**Opportunity for Improvement**

It is recommended that GHRSN cross-check 834s to 837s before submitting 837s to remove services for members who weren't Medicaid eligible at the time of the encounter. However, this is not a State requirement. GHRSN does follow the State DBHR's Service Encounter Reporting Instructions (SERI) v201411.2, on p. 4, which specifies all services that meet the following criteria should be reported to the State:

- State plan services provided to Medicaid eligible individuals.
- Non-covered/non-state plan services to Medicaid eligible individuals (i.e., IMD facilities, State-Only, or Federal Block Grant).
- All services to non-Medicaid individuals who are funded in whole or part by the RSN.

## ISCA Section F: Practitioner Data

**Table D-8: Section F, Practitioner Data**

| Section | Description | Result |
|---|---|---|
| **Section F** | This section assesses the RSN's ability to capture and report accurate practitioner information. | ● Fully Met (pass) |
| GHRSN claims/encounter reporting is accurate regarding both rendering practitioner type and practitioner service location. GHRSN also has accurate practitioner information within the RSN provider directory. GHRSN maintains up-to-date provider profile information in Avatar that enables the RSN's member services staff to help Medicaid enrollees make informed decisions about access to providers that can meet their special care needs, such as non-English languages or clinical specialties. <br><br> GHRSN's subcontracted provider agencies deliver current practitioner rosters to GHRSN every quarter. Credentialing data is audited once a year by the GHRSN. | | |

### Recommendation Requiring CAP

There are no recommendations for GHRSN's practitioner data processing.

## ISCA Section G: Vendor Data

**Table D-9: Section G, Vendor Data**

| Section | Description | Result |
|---|---|---|
| **Section G** | This section assesses the quality and completeness of the vendor data captured by the RSN. | ● Fully Met (pass) |
| The majority of GHRSN's claims/encounter data is contracted provider agency data; GHRSN does not provide any direct client care. <br><br> GHRSN currently has three contracted provider agencies. For calendar year 2014, one of those agencies only served five members with the provision of transitional housing. In 2014, GHRSN was still in the process of providing technical assistance to that agency for encounter data entry. For the two other contracted provider agencies, GHRSN performed encounter data validation audits monthly in 2014, with an annual summary report submitted to DBHR. All encounters were drawn from Medicaid enrollees in GHRSN MSO database. | | |

### Recommendation Requiring CAP

There are no recommendations for GHRSN's vendor data.

## ISCA Section H: Meaningful Use of EHR

**Table D-10: Section H, Meaningful Use of EHR**

| Section | Description | Result |
|---|---|---|
| **Section H** | This section assesses how the RSN and its contracted providers use electronic health records (EHRs). | ⬤N/A |

GHRSN provides the NetsmartmyAvatar EHR software application to each contracted agency. GHRSN provides software, training, implementation planning, and support to the contracted agencies.

GHRSN cannot currently accept EDI data from any contracted provider agency. GHRSN needs to work to be able to accept EDI data from contracted provider agencies so that the agencies with in-house EHR systems can avoid having to perform double data entry.

GHRSN currently has three contracted provider agencies. For calendar year 2014, one of those agencies only served five members with the provision of transitional housing. The second provider agency has been submitting 837 EDI batch files to Thurston Mason RSN for about 18 months. The third provider agency is going live with their internal EHR system in 2016 and would prefer to submit claims/encounter data by EDI batch to GHRSN rather than conduct double data entry once they have gone live with their internal EHR system.

### Recommendation  Requiring CAP
10. GHRSN cannot currently accept EDI data from any contracted provider agency
    - GHRSN should work to be able to accept EDI data from contracted provider agencies so that the agencies with in-house EHR systems can avoid having to perform double data entry.

This page is intentionally left blank.

# Encounter Data Validation

Encounter data validation (EDV) is a process used to validate encounter data submitted by RSNs to the State. Encounter data are electronic records of the services provided to Medicaid enrollees by providers under contract with an RSN. Encounter data is used by RSNs and the State to assess and improve the quality of care and to monitor program integrity. Additionally, the State uses encounter data to determine capitation rates paid to the RSNs.

In performing the EDV, Qualis Health first reviewed the State's standards for collecting, processing, and submitting encounter data to develop an understanding of State encounter data processes and standards. Documentation reviewed included:

- Service Encounter Reporting Instructions (SERI) in effect for the date range of encounters reviewed;

- The Consumer Information System (CIS) Data Dictionary for RSNs;

- The Health Care Authority Encounter Data Reporting Guide for Managed Care Organizations, Qualified Health Home Lead Entities, Regional Support Networks;

- The 837 Encounter Data Companion Guide ANSI ASC X12N (Version 5010) Professional and Institutional, State of Washington; and

- The prior year's EQR report(s) on validating encounter data.

After reviewing the State's data processes and standards, Qualis Health reviewed the RSN's capacity to produce accurate and complete encounter data, including a review of the most recent Information System Capabilities Assessment (ISCA) performed by an External Quality Review Organization (EQRO).

Qualis Health then analyzed encounter data submitted by the RSNs to the State to determine the general magnitude of missing encounter data, types of potentially missing encounter data, overall data quality issues, and any issues with the processes the RSNs have in compiling encounter data and submitting the data files to the State. Specific tasks included:

- A review of standard edits checks performed by the State on encounter data received by the RSNs and how the States Medicaid Management Information System (MMIS) treats data that fails an edit check;

- Conducting a basic integrity check on the encounter data files to determine whether expected data exists, whether the encounter data fit with expectations, and whether the data is of sufficient quality to proceed with more complex analysis;

- Application of consistency checks, including verification that critical fields contain non-missing values in the correct format and that the values are consistent across fields;

- Inspection of data fields for general validity; and

- Analyzing and interpreting data on submitted fields, the volume and consistency of encounter data and utilization rates, in aggregate and by time dimensions, including service date and encounter processing data, provider type, service type and diagnostic codes.

Following completion of the electronic data analysis, Qualis health conducted a review of clinical record documentation to confirm the findings of the data analysis.

## Validating RSN EDV procedures

Qualis Health performed independent validation of the procedures used by the RSNs to perform encounter data validation. Qualis Health used the EDV requirements included in contracts with DBHR as the standard for validation.

Qualis Health obtained and reviewed each RSN's encounter data validation report submitted to DBHR as a contract deliverable for calendar year 2014. The RSN's encounter data validation methodology, encounter and enrollee sample size(s), selected encounter dates and fields selected for validation were reviewed for conformance with DBHR contract requirements. The RSN's encounter and/or enrollee sampling procedures were reviewed to ensure conformance with accepted statistical methods for random selection.

Each RSN submitted a copy of the data system (spreadsheet, database or other application) used to conduct encounter data validations, along with any supporting documentation, policies and procedures or user guides, to Qualis Health for review. Qualis Health analytics staff evaluated the data system to determine whether its functionality was adequate for its intended use.

Additionally, each RSN also submitted documentation of the data analysis methods used to create summary statistics of the encounter data validation results. The data analysis methods were reviewed by Qualis Health analytics staff to determine their validity.

## Clinical record reviews

Qualis Health performed clinical record reviews onsite at provider agencies contracted with the RSNs. In preparation for the clinical chart reviews:

- Qualis Health analytics staff used standard statistical techniques to identify a sample of encounters from the encounter file provided by the State, and to ensure that the sample size was sufficient to estimate the error rate for the encounter data being reviewed.

- The encounter sample was loaded into a custom database used to record the scores for each encounter data field.

- A list of the enrollees whose clinical charts were to be reviewed was provided to the RSN to coordinate with the associated provider agencies regarding the onsite review.

Qualis Health staff reviewed encounter documentation included in the clinical record to validate data submitted to the State, and to confirm the findings of the analysis of State-level data.

Upon completion of the clinical record reviews, Qualis Health calculated error rates for each encounter field reviewed. The error rates were compared to error rates reported by the RSNs to DBHR for encounters with a service date within the same time period.

## Scoring criteria

**Table E-1: Scoring scheme for Encounter Data Validation standards**

| Rating | Definition |
|---|---|
| 🟢 Fully Met (pass) | Meets or exceeds the standard requirements. |
| 🟡 Partially Met (pass) | Meets essential requirements of the standard but is deficient in some areas. |
| 🔴 Not Met (fail) | Does not meet the essential requirements of the standard. |
| ⚫ N/A | Not applicable. |

## GHRSN Encounter Data Validation

The GHRSN performed its encounter data review in December, 2014. The RSN contracts with three providers, two of which have been in place since 2007 and one new provider in 2014. At the time of the GHRSN EDV in December, the RSN was providing assistance to the new provider in setting up encounter data entry for five Medicaid funded enrollees, so their encounter records were not included in the validation. GHRSN noted it intends to conduct two EDVs in FY2015 to ensure accuracy of the new provider's encounter data entry, after which their encounter data will be included the RSN's future EDV samples.

**Table E-2: Scores and ratings on RSN's Encounter Data Validation**

| EDV Standard | Description | EDV Result |
|---|---|---|
| Sampling procedure | Sampling was conducted using an appropriate random selection process and was of adequate size. | 🟡 Partially Met (pass) |
| Review tools | Review and analysis tools are appropriate for the task and used correctly | 🟢 Fully Met (pass) |
| Methodology and analytic procedures | The analytical and scoring methodologies are sound and all encounter data elements requiring review are examined. | 🟢 Fully Met (pass) |

**Recommendation Requiring CAP**
- The randomization technique for client selection was not explained in the documentation. The method used for generating patient encounter samples may have skewed results because of failure to adjust for patient volume disparities. Though internal scoring used by GHRSN does not match the categories required by the DBHR contract, the reviewers were able to crosswalk five charts and get 100% agreement in the findings. Recommend evaluation and revision of procedure code crosswalks as transmitted to Provider One. Use encounter data processed by the state rather than data maintained by the RSN for validation.

## Sampling Procedure

Qualis Health reviewed the sampling procedure and overall sample size to evaluate GHRSN's adherence to the contractually required sampling methodology.

For its EDV, the RSN sampled from Medicaid funded encounters that occurred between October 1, 2013 and September 30, 2104 for its two longstanding providers. As one of the providers has a very small Medicaid patient volume, the RSN oversampled it to ensure a reliable validation of its encounters. As per the DBHR contract, for each provider a sample size of 411 encounters was targeted.  While the RSN indicated that a "computer generated random list" was used to select from the entire "active Medicaid client list" as the enrollee sample frame, it is unclear how encounters were drawn from the random selection of clients. The RSN noted that for six enrollees, every encounter was examined, but it was uncertain how this portion of the sample was selected. The final sample used for review included 807 encounters from 208 patients, which exceeded the DBHR contract requirement for an RSN with two network providers.

GHRSN indicated that the final sample proportions of adults and children were close to the sample frame proportions. While it was unclear how this was achieved, it is consistent with the results that would be expected from a simple random sample procedure for selecting enrollees for the given sample size. GHRSN's sampling procedure may have been sufficient for selecting a reliable and representative sample, but the provided documentation did not make it possible to say conclusively.

## Review Tools

GHRSN uses a Microsoft Excel spreadsheet to collect and analyze EDV data. The spreadsheet collects all encounter data fields required by contract with DBHR for review. The data collection tool contains calculated fields used to display EDV results. Those fields are not locked and the formulas are based on populated cells, which would need to be manually edited to accommodate differing record counts.  This increases the potential for human error in calculating EDV results. However, the data collection tool appears to be adequate for its intended purpose.

## Methodology and Analytic Procedures

GHRSN compared encounter data maintained in the GHRSN information system to data in clinical charts to validate encounter data received from contracted provider agencies.

GHRSN uses a match/no-match scoring system, with a score of "5" being a perfect match and with the no-match category stratified into five distinct categories:
- 4 = Data found in system, Missing from chart;
- 3 = Data in chart, Missing from system;
- 2 = Data in chart and system do not match;
- 1 = Data missing in chart and system; and
- 0 = Insufficient documentation for service

The internal scoring used by GHRSN does not match the scoring categories required by the DBHR contract. However, a crosswalk between the GHRSN internal scoring system and the state-required scoring categories was included in the GHRSN EDV report to DBHR.  The crosswalk did omit the GHRSN internal score of "1 = Data missing in chart and system."

The most recent GHRSN internal EDV review was completed by two reviewers, both of whom are licensed mental health counselors. GHRSN performed inter-rater reliability testing using a random sample

of encounters reviewed to determine the overall level of agreement between reviewers. GHRSN reported 100% agreement between reviewers based on a cross-review of five charts comprising 140 comparison points. GHRSN reviewed all fields required by their contract with DBHR, and did not review any additional data, such as demographic information.

EDV results were calculated in the Microsoft Excel spreadsheet using the COUNTIF function and calculated fields. The number of each assigned score was summed for each included field, and a percentage was calculated by dividing the sum of each scoring category for each associated field by the total number of records. The result is the percentage of each encounter field that meets the criteria for one of the six scoring categories. The GHRSN analysis method can be reasonably expected to produce valid EDV results.

## Qualis Health Encounter Data Validation

Results are presented for each of the EDV activities performed, including electronic data checks of demographic and encounter data provided by DBHR, onsite reviews comparing electronic data to data included in the clinical record, and a comparison of Qualis Health's EDV findings to the internal findings reported by GHRSN to DBHR for the same encounter date range.

**Table E-3: Scores and ratings on Qualis Health Encounter Data Validation**

| EDV Standard | Description | EDV Result |
|---|---|---|
| **Electronic Data Checks** | Full review of encounter data submitted to the state indicates no (or minimal) logic problems or out of range values. | 🟢 Fully Met (pass) |
| **Onsite Clinical Record Review** | State encounter data is substantiated in audit of patient charts at individual provider locations. Audited fields include demographics (name, date of birth, ethnicity, and language) and encounters (procedure codes, provider type, duration of service, service date and service location). | 🔴 Not Met (fail) |
| **Opportunity for Improvement**<br>- Though the score for the Social Security data element does not match, the reviewers believe this is due to missing values at the state level as opposed to the customer. Match rate for procedure codes is significantly below the benchmark. Also, the rate of not match due to unsubstantiated or incorrect procedure code for the encounter data exceeds the contract threshold. Recommend weighting the validation sample to reflect the RSN match rate. | | |

## Electronic Data Checks

Qualis Health analysts reviewed all demographic details and encounters for the RSN from Provider One for the reporting period, comprising 1,851 patients and 26,713 encounters. Each field of each encounter was checked for completeness and whether the values were within expected ranges.  Results of the electronic data checks are given in Table E-1.

**Table E-4: Results of Qualis Health's encounter data validation for RSN**

| Measure | State standard | RSN Performance |
|---|---|---|
| Demographic Data | | |
| **RSN ID** | 100% complete, all values in range | 100% |
| **Consumer ID** | 100% complete | 100% |
| **First Name** | 100% complete | 100% |
| **Last Name** | 100% complete | 100% |
| **Date of Birth** | Optional | 100% |
| **Gender** | Optional | 100% |
| **Ethnicity** | 100% complete, all values in range | 100% |
| **Language preference** | 100% complete, all values in range | 100% |
| **Social Security Number** | Optional | 73.3% |
| **Sexual Orientation** | 100% complete | 100% |
| Encounter Data | | |
| **RSN ID** | 100% complete, all values in range | 100% |
| **Consumer ID** | 100% complete, all values in range | 100% |
| **Agency ID** | 100% complete, all values in range | 100% |
| **Primary Diagnosis** | 100% complete | 100% |
| **Service Date** | 100% complete | 100% |
| **Service Location** | 100% complete, all values in range | 100% |
| **Provider Type** | 100% complete, all values in range | 100% |
| **Procedure Code** | 100% complete | 100% |
| **Claim Number** | 100% complete | 100% |
| **Minutes of Service** | 100% complete | 100% |

## Clinical Record Review

Qualis Health reviewed 1% of all encounters (n=270) submitted by GHRSN to Provider One with a service date between October 1, 2013 and September 30, 2014, as well as demographics records associated with the individuals whose encounters were included in the sample. Qualis Health reviewers compared data included in database extracts provided by DBHR to data included in the clinical records. Qualis Health reviewed encounter data fields required for review in the GHRSN contract with DBHR contract, including:

- Date of service
- Name of service provider
- Procedure code
- Service units/duration
- Service location
- Provider type and
- Whether the service code agrees with the treatment described in the encounter documentation.

Qualis Health reviewed all demographics fields delineated in the CIS Consumer Demographics native transaction as described in the most current CIS data dictionary, including:

- First name
- Last name
- Gender
- Date of birth
- Ethnicity
- Hispanic origin

- Preferred language
- Social security number
- Sexual Orientation

## Site visit results

Results of the comparison of demographic data included in the clinical record to demographic data extracted from the DBHR CIS system are shown in Table E-2. The data element match rate ranged from a low of 76% for Social Security Number to a high of 100% for first name. The majority of match errors appeared to be the result of data entry errors, where the values included in the clinical record differed from the values submitted by the provider agency. The score for the Social Security Number data element differs in that the no match rate (17.33%) is attributed to missing values at the State rather than to erroneous data. However, given that Social Security Number is an optional demographics field according the CIS data dictionary, this may be an artifact of business processes around required versus optional data elements.

Results of the comparison of encounter data included in the clinical record to encounter data extracted from the Provider One database are shown in Table E-3. The match rate for the procedure code data element, at 67.83%, is significantly below the DBHR contract benchmark of 95%. Qualis Health reviewers found several issues contributing to the no match rate, with the primary driver being crosswalk discontinuities between the provider agency's internal coding (CPT/HCPCS) and the codes submitted by the provider agency to the RSN (a mix of RSN local codes and CPT/HCPCS). As an example, when the provider agency codes a service as a 90832 – Individual Psychotherapy, 30 minutes, it is cross-walked to local code 77110 for reporting to the RSN through direct data entry. GHRSN then performs its own crosswalk to convert the local code to a CPT/HCPCS code prior to submission to Provider One. GHRSN converts local code 77110 to HCPCS code H0004 – Behavioral Health Counseling. As a result, for this example, the encounter is coded as 90832 in the clinical record but is coded as H0004 in provider One. Qualis Health identified numerous instances where the provider-to-RSN procedure code crosswalks were in conflict with the RSN-to-Provider One procedure code crosswalks.

In addition to the aforementioned procedure code crosswalk issues, the rate of no match due to the encounter being unsubstantiated exceeds the DBHR contract threshold of <2%. The rate of unsubstantiated encounters was directly due to lack of documentation in the clinical record related to the reported encounter.

GHRSN did not review demographics data as part of their internal EDV process. As such, Qualis Health was unable perform a comparison, as shown in Table E-4.

The comparison of the total match rate from the Qualis Health review to the total match rate from the GHRSN internal EDV is shown in Table E-5. There is significant variance across all data elements. The variance is partially due to the data sources involved. GHRSN used RSN-level data when performing their internal EDV, while Qualis Health used State-level data. Because GHRSN did not use data from Provider One, the issues with procedure code crosswalks was not identified. That is, for GHRSN the procedure code in the clinical record was a match to the RSN procedure code as long as it aligned with the provider-to-RSN crosswalk, without consideration as to the procedure code received by the State. While the difference in data sources is a significant driver of variance between Qualis Health and GHRSN EDV findings, the sampling methodology used was also a potential factor. Qualis Health used an RSN-level random sample of encounters within the specified date range, while GHRSN took equal samples of

411 encounters from each of its providers, despite their different sizes relative to encounter volume. GHRSN's reporting of match rates without weighting to adjust for oversampling in the smaller agency may have resulted in better overall scores.

**Table E-5: Demographic Data Validation**

| Demographics Data (N = 75) | | | | |
|---|---|---|---|---|
| **Field** | Match | No Match – Erroneous | No Match – Missing | No Match – Unsubstantiated |
| **Last Name** | 98.67% | 1.33% | 0.00% | 0.00% |
| **First Name** | 100.00% | 0.00% | 0.00% | 0.00% |
| **Gender** | 97.33% | 2.67% | 0.00% | 0.00% |
| **Date of Birth** | 97.33% | 1.33% | 0.00% | 1.33% |
| **Ethnicity** | 90.67% | 9.33% | 0.00% | 0.00% |
| **Hispanic Origin** | 92.00% | 8.00% | 0.00% | 0.00% |
| **Preferred Language** | 89.33% | 9.33% | 0.00% | 1.33% |
| **Social Security Number** | 76.00% | 0.00% | 17.33% | 6.67% |
| **Sexual Orientation** | 90.67% | 9.33% | 0.00% | 0.00% |

**Table E-6: Encounter Data Validation**

| Encounter Data (N = 258) | | | | |
|---|---|---|---|---|
| **Field** | Match | No Match – Erroneous | No Match – Missing | No Match – Unsubstantiated |
| **Procedure Code** | 67.83% | 20.16% | 0.39% | 11.63% |
| **Date of Service** | 85.27% | 3.10% | 0.39% | 11.24% |
| **Service Location** | 85.27% | 2.71% | 0.39% | 11.63% |
| **Service Duration** | 78.68% | 6.98% | 0.39% | 13.95% |
| **Provider Agency** | 85.66% | 2.33% | 0.39% | 11.63% |
| **Provider Type** | 84.50% | 3.10% | 0.39% | 12.02% |
| **Clinical Note Matches Procedure Code** | 77.52% | 22.48% | 0.00% | 0.00% |

**Table E-7: Comparison of Qualis Health and RSN Demographics Data Validation Results**

| Field | Qualis Health Match | RSN Match | Variance |
|---|---|---|---|
| **Last Name** | 98.67% | Did not report | Could not determine |
| **First Name** | 100.00% | Did not report | Could not determine |
| **Gender** | 97.33% | Did not report | Could not determine |
| **Date of Birth** | 97.33% | Did not report | Could not determine |
| **Ethnicity** | 90.67% | Did not report | Could not determine |
| **Hispanic Origin** | 92.00% | Did not report | Could not determine |
| **Preferred Language** | 89.33% | Did not report | Could not determine |
| **Social Security Number** | 76.00% | Did not report | Could not determine |
| **Sexual Orientation** | 90.67% | Did not report | Could not determine |

**Table E-8: Comparison of Qualis Health and RSN Encounter Data Validation Results**

| Field | Qualis Health Match | RSN Match | Variance |
|---|---|---|---|
| Procedure Code | 67.83% | 94.42% | -26.21% |
| Date of Service | 85.27% | 97.77% | -12.11% |
| Service Location | 85.27% | 94.18% | -8.52% |
| Service Duration | 78.68% | 97.03% | -17.96% |
| Provider Agency | 85.66% | 98.02% | -11.97% |
| Provider Type | 84.50% | 93.93% | -9.04% |
| Clinical Note Matches Procedure Code | 77.52% | 87.11% | -9.59% |

### Discussion

The GHRSN EDV processes related to sampling, data collection and analysis appear adequate to meet the requirements of their contract with DBHR.  However, by using RSN-level data rather than data submitted to Provider One, GHRSN was unable to identify the significant coding issues associated with their system of procedure code crosswalks.  As a result, the rate of no match between the provider clinical records and encounter data in Provider One is substantially higher than what GHRSN found through their internal EDV reviews.  Additionally, by over-representing a smaller, high-performing provider in the EDV sample, the overall results of the EDV were potentially different than if the larger provider had been proportionately represented in the total sample.

The encounter and demographics data received from DBHR were 100% complete, with the exception of Social Security Number, an optional data element, which was 73.3% complete.

Qualis Health found a significant level of disagreement between encounter data extracted from Provider One and data included in the clinical record, with a match range of 67.383% for procedure code and 85.66% for provider agency.  The match rate for all data elements was below the DBHR contract standard of 95%.

With regard to demographics, there was a significant level disagreement between the value included in the CIS database extract and the values in the clinical record.  While the match rate for first name, last name, data of birth and gender were all above the 95% match benchmark, the remaining elements fell below the acceptable level.

There was considerable variance when comparing the Qualis Health EDV clinical chart review results to the GHRSN internal EDV results reported to DBHR.  This is likely a function of both the data sources used and the relative balance of the different samples across high and lowperforming providers.

### Recommendations Requiring CAP
- GHRSN needs to evaluate and revise its system of procedure code crosswalks to ensure that the correct procedure code is passed through to Provider One.
- GHRSN needs to utilize encounter data processed by the State rather than data maintained by the RSN when conducting EDV.

### Opportunity for Improvement
- Weight EDV results to better reflect the RSN-level match rate.

This page is intentionally left blank.

# Appendix A: Previous Year Findings and Recommendations

| CFR | Prior Year Findings, Recommendations, Opportunities | RSN Activity since the Prior Year | Current Status |
|---|---|---|---|
| **Protocol Section: Enrollee Rights** | | | |
| **Information requirements— §438.100(b)** | GHRSN needs to notify enrollees that information is available in languages other than English and inalternative formats. | This information is included in the Washington Medicaid Mental Health Benefits Booklet | Resolved |
| | GHRSN needs to provide information for enrollees on how to obtain oral interpretation or information in alternative formats. | This information is included in the Washington Medicaid Mental Health Benefits Booklet | Resolved |
| **§ General information for all enrollees— §438.100(b); §438.10(f)(2)–(6); 438.10(b)–(d)** | GHRSN needs to inform enrollees at least annually of their right to request and obtain names, locations, telephone numbers of, and non-English languages spoken by individual practitioners. This information needs to include practitioner specialties. | This information is included in the Washington Medicaid Mental Health Benefits Booklet | Resolved |
| | GHRSN needs to inform enrollees how to obtain benefits from out-of-network providers and the extent to which out-of-network benefits are covered benefits. | | Recommendation stands |
| | GHRSN needs to inform enrollees that they are not liable for payment for authorized services delivered by insolvent providers. | | Recommendation stands |
| | GHRSN needs to inform enrollees how to request information on the RSN's structure and operations, and about any provider incentive plans used to limit utilization. | This information is included in the Washington Medicaid Mental Health Benefits Booklet | Resolved |

| | | | |
|---|---|---|---|
| **Information on grievance process and time frame— §438.100(b); §438.10(g)(1) and (3) Respect and dignity— §438.100(b)(2)(ii)** | The RSN needs to ensure that staff members treat enrollees with respect, dignity, and consideration of their privacy. | This is included in initial training of all new staff. The RSN reviews all grievances related to respect, dignity and consideration of their privacy | Resolved |
| **Advance directives— §438.100(b)(2)(iv)** | GHRSN needs to monitor compliance concerning documentation in the clinical record of an enrollee's medical and mental health advance directive. | | Recommendation stands |
| **Seclusion and restraint— §438.100(b)(2)(v)** | GHRSN needs to include the use of seclusion and restraint in its re-credentialing reviews. | | Recommendation stands |

### Protocol Section: Grievances

| | | | |
|---|---|---|---|
| **Language and format requirements for notice of action— §438.404(a)** | GHRSN needs to notify enrollees that written translation and alternative formats of Notices of Action are available in non-English languages | This information is included in the Washington Medicaid Mental Health Benefits Booklet | Resolved |
| **Timing of notice of action— §438.404(c)(1)–(6)** | GHRSN's policies and procedures need to address requirements for Notice of Action when an enrollee's services are discontinued and then reinstated after their whereabouts become known. | | Recommendation stands |
| **Expedited resolution of appeals §438.408(a)–(c)** | GHRSN needs to ensure that it meets criteria for standard disposition of grievances and appeals. The RSN needs to have mechanisms in place to resolve expedited appeals within the required time frames. | | Recommendation stands |

### Protocol Section: Performance Improvement Project

| | | | |
|---|---|---|---|
| | Grays Harbor discontinued the two PIPs they were doing in 2014 and implemented two new PIPs in 2015. | | N/A |

**Protocol Section: Encounter Data Validation**

| | | | |
|---|---|---|---|
| | GHRSN should use encounters processed by the state rather than encounters sent to the state for all EDV activities | | Recommendation stands |
| | GHRSN should provide additional detail regarding the sampling methodology and review procedure, including the process by which data are transferred from one system to another and the processes for reviewer training and inter-rater reliability. | | Recommendation stands |

**Protocol Section: Information Systems Capabilities Assessment**

| | | | |
|---|---|---|---|
| | GHRSN needs to verify enrollee eligibility before sending encounters to DBHR. | | Recommendation stands |
| | GHRSN should consider implementing formal version control for its reporting and archiving process. | | Recommendation stands |
| | GHRSN should consider using version control software to enable a more robust, quick, and efficient process that is less prone to error. | | Recommendation stands |

This page is intentionally left blank.

# Appendix B: Recommendations Requiring Corrective Action Plans (CAPs)

## Compliance with Regulatory and Contractual Standards

**Recommendations Requiring Corrective Action Plans (CAPs)**

*Section 1. Availability of Services*

No recommendations requiring CAP.

*Section 2. Coordination of Care*

GHRSN does not have adequate processes in place to ensure coordination of care.
1. Grays Harbor needs to define coordination of care, define standards for care coordination, and implement strategies to ensure subcontractors meet the standards.

*Section 3. Coverage and Authorization of Services*

The RSN does not monitor BHO to ensure there is no staff incentive to deny, limit, or discontinue services.
2. The RSN needs to include this item in their contract monitoring tool.

*Section 4. Provider Selection*

The RSN does not run monthly System for Award Management (SAM) and List of Excluded Individuals/Entities (LEIE) on non-clinical staff that is being paid in whole or in part by Medicaid dollars.
3. The RSN and providers need to run monthly SAM and LEIE checks on all staff who work within the RSN network to ensure that no one is on the excluded provider list.

*Section 5. Subcontractual Relationships and Delegation*

GHRSN did not conduct a pre-delegation assessment for their newest provider to ensure the provider agency has the ability to perform the activities to be delegated.
4. The RSN needs to conduct a pre-delegation assessment for all new providers. GHRSN needs to follow up on their newest provider agency and ensure that the agency is able to meet the functions and responsibilities required.

*Section 6. Practice Guidelines*
.
Although GHRSN has conducted targeted reviews, they have not made a consistent practice of reviewing clinical records based on the practice guidelines the provider agencies have adopted. As stated earlier, the RSN needs to adopt practice guidelines that consider the needs of the RSNs enrollee population and disseminate the practice guidelines to the provider agencies.
5. The RSN needs to use these practice guidelines for targeted reviews and report findings and recommendations to the quality management committee and to the advisory board.

*Section 7. Quality Assessment and Performance Improvement Program*

The RSN does not utilize objective performance measures to support its Quality Management Plan.
6. The RSN needs to adopt performance and quality benchmarks and use valid objective measures to assess their performance against those benchmarks. The RSN needs to evaluate its quality program and submit their annual quality improvement plan to DBHR.

The RSN does not have consistent level of care criteria sufficient to identify over and underutilization outside of chart reviews.
7. The RSN needs to develop a level of care system that defines expected levels of care of service in order to monitor for under- and over-utilization.

*Section 8.Health Information Systems*

No recommendations requiring CAP.

# Performance Improvement Project Validation

For both the clinical and non-clinical PIPs, the Study Topics were unclear, the Study Populations were not defined and the Study Questions did not use clearly defined and measurable indicators. Both PIPs did not meet the CMS protocols.
8. GHRSN should use the recommendation from the EQR onsite interview and this report to clarify the Study Topic, Study Question, Study Population, and Study Indicators. The RSN should update their clinical and non-clinical PIPs to meet the current PIP Protocol and criteria.

# Information Systems Capabilities Assessment

Not all GHRSN provider agencies are encrypting their backup data.
9. GHRSN needs to work with its provider agencies to establish encryption practices in accordance with the DBHR contract requirements.

At the time of the onsite in May 2015, Grays Harbor County's Disaster Recovery Plan was in draft form.
10. GHRSN needs to work with Grays Harbor County to ensure timely update of the disaster recovery plans. GHRSN needs to ensure that all RSN disaster recovery policy and procedures are current.

GHRSN cannot currently accept EDI data from any contracted provider agency.
11. GHRSN should work to be able to accept EDI data from contracted provider agencies so that the agencies with in-house EHR systems can avoid having to perform double data entry.

# Encounter Data Validation

The randomization technique for client selection was not explained in the documentation submitted. The method used for generating patient encounter samples may have skewed results because of failure to adjust for patient volume disparities. Though internal scoring used by GHRSN does not match the

categories required by the DBHR contract, the reviewers were able to crosswalk five charts and get 100% agreement in the findings.

12. GHRSN needs to evaluate and revise its system of procedure code crosswalks to ensure that the correct procedure code is passed through to Provider One.

13. GHRSN needs to utilize encounter data processed by the State rather than data maintained by the RSN when conducting EDV.

This page is intentionally left blank.

# Appendix C: Acronyms

| | |
|---|---|
| BC/DR | Business Continuity and Disaster Recovery |
| BHO | Behavior Healthcare Options |
| BHR | Behavior Health Resources |
| CAP | Corrective Action Plan |
| CFR | Code of Federal Regulations |
| CIS | Consumer Information System |
| CMS | Centers for Medicare & Medicaid Services |
| CPT | Current Procedural Terminology |
| DBHR | Department of Social and Health Services, Division of Behavioral Health and Recovery |
| DDA | Disability Discrimination Act |
| EDI | Electronic Data Interchange |
| EDV | Encounter Data Validation |
| EHR | Electronic Health Record |
| EQR | External Quality Review |
| EQRO | External Quality Review Organization |
| GHRSN | Grays Harbor Regional Support Network |
| HCA | Health Care Authority |
| HCPCS | Healthcare Common Procedural Coding System |
| ISCA | Information System Capability Assessment |
| MCO | Managed Care Organization |
| MHP | Mental Health Professional |
| MMIS | Medicaid Management Information System |
| LEIE | List of Excluded Individuals/Entities |
| MOSES | Monitoring of Side Effects Scale |
| MSO | Management System Organization |
| NAS | Network Attached Storage |
| NIC | Network Interface Card |
| PAHP | Prepaid Ambulatory Health Plans |
| PCCM | Primary Care Case Management |
| PCP | Primary Care Provider |
| PIHP | Prepaid Inpatient Health Plan |
| PIP | Performance Improvement Project |
| QAPI | Quality Assessment and Performance Improvement |
| RAID | Redundant Array of Independent Disks |
| RSN | Regional Support Network |
| SAM | System for Award Management |
| SERI | Service Encounter Reporting Instructions |
| URAC | Utilization Review Accreditation Commission |
| WSC | Washington State Consortium |

This page is intentionally left blank.