



Southwest Washington Behavioral Health  
Regional Support Network  
External Quality Review Report  
Division of Behavioral Health and Recovery  
November 2015



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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; Lisa Warren, Quality Program Specialist; and Joe Galvan, Project Coordinator.

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PO Box 33400

Seattle, Washington 98133-0400

Toll-Free: (800) 949-7536

Office: (206) 364-9700



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## Introduction

This report presents the 2015 results of the external quality review of Southwest Washington Behavioral Health Regional Support Network serving Washington Medicaid recipients.

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

Southwest Washington Behavioral Health (SWBH) administers and coordinates public mental services in Clark and Skamania counties. Formed October 1, 2012, SWBH operates through an inter-local agreement between the two counties. The RSN 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.

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.

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 the following 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 telephone 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:

1. Does the RSN meet CMS regulatory requirements?
2. Does the RSN meet the requirements of its contract with the State and the Washington State administrative codes?
3. Does the RSN monitor and oversee contracted providers in their performance of any delegated activities to ensure regulatory and contractual compliance?
4. Does the RSN conduct the two required performance improvement projects, and are they valid?
5. Does the RSN produce accurate and complete encounter data?
6. 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 provided by Regional Support Networks (RSNs) to Medicaid enrollees.

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 2015 review of Southwest Washington Behavioral Health Regional Support Network (SWBH RSN).

Qualis Health's EQR consisted of assessing and identifying strengths, opportunities for improvement and recommendations requiring corrective action plans to meet the RSN's compliance with State and Federal requirements for quality measures. These measures include quality assessment and performance improvement, validating encounter data submitted to the State, completing an Information System Capabilities Assessment (ISCA) and validating the RSN's performance improvement projects.





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

Scoring Icon Key			
 Fully Met (pass)	 Partially Met (pass)	 Not Met (fail)	 N/A (not applicable)

## Compliance Review Results

This review assesses the SWBH RSN's overall performance, identifies strengths, and notes opportunities for improvement and 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 RSN 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	Results
Availability of Services	438.206	 Fully Met
Coordination and Continuity of Care	438.208	 Partially Met (pass)
Coverage and Authorization of Services	438.210	 Partially Met (pass)
Provider Selection	438.214	 Fully Met (pass)

<b>Subcontractual Relationships and Delegation</b>	438.230	● Fully Met (pass)
<b>Practice Guidelines</b>	438.236	● Fully Met (pass)
<b>Quality Assessment and Performance Improvement Program</b>	438.240	● Partially Met (pass)
<b>Health Information Systems</b>	438.242	● Fully Met (pass)

## Performance Improvement Project (PIP) Validation Results

As a mandatory EQR activity, Qualis Health evaluated SWBH RSN's performance improvement projects (PIPs) to determine whether the projects are designed, conducted and reported in a methodologically sound manner. The projects 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 SWBH RSN'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.

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

	Results	Validity and Reliability
<b>Clinical PIP:</b> Improving Outcomes for Youth with Intensive Mental Health Needs	● Fully Met (pass)	Moderate confidence in reported results
<b>Non-Clinical PIP:</b> Reduction of Psychiatric Readmissions for Adult Medicaid Beneficiaries	● Fully Met (pass)	Not enough time has elapsed to assess meaningful change

## Information System Capability Assessment (ISCA) Results

SWBH RSN information systems and data processing and reporting procedures were examined 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 the seven ISCA review areas, the following methods were used to rate SWBH RSN'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. Although not rated, SWBH RSN's meaningful use of EHR systems for informational purposes was evaluated.



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**

<b>ISCA Section</b>	<b>Description</b>	<b>ISCA Result</b>
<b>A. Information Systems</b>	This section assesses the RSN's information systems for collecting, storing, analyzing and reporting medical, member, practitioner and vendor data.	● Fully Met (pass)
<b>B. Hardware Systems</b>	This section assesses the RSN's hardware systems and network infrastructure.	● Fully Met (pass)
<b>C. Information Security</b>	This section assesses the security of the RSN's information systems.	● Fully Met (pass)
<b>D. Medical Services Data</b>	This section assesses the RSN's ability to capture and report accurate medical services data.	● Fully Met (pass)
<b>E. Enrollment Data</b>	This section assesses the RSN's ability to capture and report accurate Medicaid enrollment data.	● Fully Met (pass)
<b>F. Practitioner Data</b>	This section assesses the RSN's ability to capture and report accurate practitioner information.	● Fully Met (pass)
<b>G. Vendor Data</b>	This section assesses the quality and completeness of the vendor data captured by the RSN.	● Fully Met (pass)
<b>H. Meaningful Use of EHR</b>	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 (EDV) Results

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 the 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 RSN to perform its own encounter data validation. The EDV requirements included in the RSN's contract with DBHR were used 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 the 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**

<b>EDV Standard</b>	<b>Description</b>	<b>EDV Result</b>
<b>Sampling Procedure</b>	Sampling was conducted using an appropriate random selection process and was of adequate size.	● Fully Met (pass)
<b>Review Tools</b>	Review and analysis tools are appropriate for the task and used correctly.	● Fully Met (pass)
<b>Methodology and Analytic Procedures</b>	The analytical and scoring methodologies are sound and all encounter data elements requiring review are examined.	● Fully Met (pass)

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). The encounter data submitted by the RSNs to the State was analyzed 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. Clinical record review of encounter data was performed to validate data sent to the State and confirm the findings of the analysis of the 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**

<b>EDV Standard</b>	<b>Description</b>	<b>EDV Result</b>
<b>Electronic Data Checks</b>	Full review of encounter data submitted to the State indicates no (or minimal) logic problems or out-of-range values.	● Fully Met (pass)
<b>Onsite Clinical Record Review</b>	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). A passing score is that >95% of the encounter data fields in the clinical records match. SWBH had <95% records matched for encounter data fields.	● Not Met (fail)

## Compliance with Regulatory and Contractual Standards

The 2015 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 2015 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 42CFR§438, DBHR's contract with the RSNs, 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
- 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 have little to no knowledge of processes or issues that comply with regulatory provisions, or no documentation is present and RSN staff have 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	Results
Availability of Services	438.206	● Fully Met
Coordination and Continuity of Care	438.208	● Partially Met (pass)
Coverage and Authorization of Services	438.210	● Partially Met (pass)
Provider Selection	438.214	● Fully Met (pass)
Subcontractual Relationships and Delegation	438.230	● Fully Met (pass)
Practice Guidelines	438.236	● Partially Met (pass)
Quality Assessment and Performance Improvement Program	438.240	● Partially Met (pass)
Health Information Systems	438.242	● Fully Met (pass)

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

## Summary of Strengths

- SWBH has a thorough process in place for maintaining a delivery network capable of providing adequate services to its enrollees.
- SWBH uses geo-mapping as a resource for identifying where its population is located and the service needs of the population.
- SWBH requires that out-of-network providers are held to the same credentialing standard as in-network providers and frequently limits its single-case agreements to known providers.
- SWBH has a strong, data-driven process for monitoring the timeliness of access to care across its provider network and includes monitoring access standard's compliance by auditing clinical records, reviewing grievance logs and conducting enrollee surveys.
- SWBH utilizes TeleMed services to help meet the needs of the enrollee and to ensure there is adequate access to care.
- The SWBH Cultural Competency Committee is chaired by SWBH's CEO, meets quarterly and provides recommendations to the quality management committees on cultural competency needs and services.
- SWBH initial clinical intake includes thorough cultural competency documentation.
- SWBH regularly monitors care coordination and provides technical assistance to any provider on a corrective action plan.
- To assist with care coordination, the RSN has well-written policies and procedures including a coordinated care plan protocol that was created in conjunction with the primary care providers.

- SWBH monitors the care and treatment of enrollees with special healthcare needs through administrative and specialized clinical record reviews.
- SWBH monitors at least annually the treatment plans for enrollees with special healthcare needs to determine the enrollees' voice and participation.
- SWBH uses LOCUS and CALOCUS to serve as the framework for considering the authorization of medically necessary services, and the scope and duration of services for children, youth and adults who are eligible to receive treatment for psychiatric disorders.
- SWBH issued a formal memo to its provider network regarding strengthening its re-authorization requirements to include more precise information regarding the status of the enrollee.
- SWBH's policy on credentialing and re-credentialing is very concise and includes performing administrative chart reviews.
- SWBH performs ongoing monitoring of the agencies' credentialing processes through semi - annual reviews as well as semi-annual walkthroughs of each agency to ensure compliance with policies on confidentiality and seclusion and restraint.
- SWBH has well-written policies and procedures on determining whether individuals or organizations are excluded providers and includes performing monthly exclusion checks for all staff.
- The RSN created an elaborate delegation manual, which assists the providers and RSN with oversight, monitoring and technical assistance.
- SWBH developed a detailed 2015 quality strategy plan that includes and addresses specific quality indicators relative to the dissolution of SWBH.
- SWBH has created and implemented decisions tools to help and support its contracted provider agencies with utilization management.
- SWBH has a robust process for monitoring the quality and appropriateness of care furnished to enrollees through quarterly and annual administrative and clinical audits, reviewing grievances and appeals and reviewing enrollee survey results.

## Summary of Corrective Action Plans (CAPs) and Opportunities for Improvement, By Section

### Section 1: *Availability of Services*

**Recommendations Requiring CAP:** N/A

**Opportunities for Improvement:** N/A

### Section 2: *Coordination and Continuity of Care*

#### **Recommendation Requiring CAP**

SWBH's monitoring of care coordination revealed challenges with follow-through with treatment plan goals as well as care coordination impacting continuity of care for enrollees.

- The RSN needs to continue to provide training to the provider agencies, monitor for compliance and provide corrective actions if the lack of care coordination continues.

#### **Opportunity for Improvement**

SWBH submitted its spring/summer clinical record audit results, which indicated that only 43% of the treatment plans included enrollee participation/enrollee voice.

- SWBH should continue its effort to train the provider agencies on including enrollee participation and enrollee voice in the treatment plans.

### **Section 3: *Coverage and Authorization of Services***

**Recommendations Requiring CAP:** N/A

#### **Opportunity for Improvement**

Although the RSN stated it has a process for performing inter-rater review, the RSN has no policy or procedure documented.

- SWBH should formally document its policy and procedure for performing inter-rater reliability testing to ensure consistent application of review criteria.

### **Section 4: *Provider Selection***

**Recommendations Requiring CAP:** N/A

#### **Opportunity for Improvement**

As healthcare integration continues in Washington, there is the potential for many contractual changes and the opportunity for delegation to occur more frequently.

- The RSN is encouraged to carefully monitor its provider contracts to ensure that provider agencies do not knowingly have a director, officer, partner or person with a beneficial ownership of more than 5% of the agency's equity.

### **Section 5: *Subcontractual Relationships and Delegation***

**Recommendations Requiring CAP:** N/A

**Opportunities for Improvement:** N/A

### **Section 6: *Practice Guidelines***

**Recommendations Requiring CAP:** N/A

**Opportunities for Improvement:** N/A

### **Section 7: *Quality Assessment and Performance Improvement Program***

**Recommendations Requiring CAP:** N/A

#### **Opportunities 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 the State has completed the quality strategy plan, the RSN will need to be in compliance with the plan.

## Section 8: *Health Information Systems*

Recommendations Requiring CAP: N/A

Opportunities for Improvement: N/A

## Section 1: Availability of Services

Table B-2. Summary of Compliance Review for Availability of Services

Protocol Section	CFR	Result
<b>Availability of Services</b>		
Delivery Network	438.206 (b)(1)	● Fully Met
Second Opinion	438.206 (b)(3)	● Fully Met
Out-of-Network	438.206 (b)(4)	● Fully Met
Coordination of Out-of-Network	438.206 (b)(5)	● Fully Met
Out-of-Network Provider Credentials	438.206 (b)(6)	● Fully Met
Furnishing of Services and Timely Access	438.206 (c)(1)	● Fully Met
Furnishing of Services and Cultural Considerations	438.206 (c)(2)	● Fully Met
<b>Overall Result for Section 1.</b>		● Fully Met

### *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:
  - The anticipated Medicaid enrollment
  - The expected utilization of services, taking into consideration the characteristics and healthcare needs of specific Medicaid populations represented in the RSN.
  - The numbers and types (training, experience and specialization) of providers required to furnish the contracted Medicaid services
  - The numbers of network providers who are not accepting new Medicaid patients
  - 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

- SWBH has a thorough process in place for maintaining a delivery network capable of providing adequate services to its enrollees by
  - Maintaining written agreements with contracted providers and ensuring processes are in place to monitor provider contract compliance and performance
  - Providing a rich onboarding process for new providers
  - Using data to regularly evaluate its network performance relative to access and timeliness of care and services
  - Helping providers create Crystal Reports from Avatar with the use of grant monies.
- SWBH uses geo-mapping as a resource for identifying where its population is located and the service needs of the population.



## 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

**Strengths**

- SWBH has a formal policy and procedure for enrollee access to a second opinion and demonstrates that practices are in agreement with the policy and procedure.
- SWBH arranges for direct payment and makes sure second opinion providers are credentialed.

**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 cover these services out of network adequately and in a timely manner 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 services covered adequately and in a timely manner 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

**Strengths**

- SWBH's policy states that all authorizations for out-of-network services require the RSN's approval. If requested services cannot be provided within the network, SWBH will approve requests for out-of-network services.
- SWBH allows enrollees to seek services at neighboring RSNs through an out-of-network contract for specialized care.

**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 for 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

**Strength**

- SWBH has an effective process in place to ensure that enrollees are not liable for costs associated with medically necessary, out-of-network care.

*Out-of-Network Provider Credentials*

**FEDERAL REGULATION SOURCE(S)**

§ 438.206 (b)(6): Availability of services – 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

**Strengths**

- SWBH requires that out-of-network providers are held to the same credentialing standard as in-network providers and frequently limits its single-case agreements to known providers.

## 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 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 ensure 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

 Fully Met

### Strengths

- SWBH has a strong, data-driven process for monitoring the timeliness of access to care across its provider network and includes monitoring access standard's compliance by auditing clinical records, reviewing grievance logs and conducting enrollee surveys.

- SWBH has effective processes in place to take corrective action in the event that concerns relative to access to care are identified.
- SWBH utilizes TeleMed services to help meet the needs of the enrollee and to ensure there is adequate access to care.

### *Furnishing of Services and Cultural Considerations*

<p><b>FEDERAL REGULATION SOURCE(S)</b>  <b>§ 438.206 (c)(2): Availability of Services – Furnishing of Services and Cultural Considerations</b>  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.</p>
<p><b>STATE REGULATION / RSN AGREEMENT SOURCE(S)</b>  WAC 388-865-0200  RSN Agreement Section(s) 1.16; 4.4.2.</p>
<p><b>SCORING CRITERIA</b></p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• The RSN monitors and documents, through tracking, the use of services delivered to those with limited English proficiency and diverse cultural and ethnic backgrounds.</li> <li>• The RSN maintains documentation of any cultural competency training(s).</li> </ul>
<p><b>Reviewer Determination</b></p> <p>● Fully Met</p>

### **Strengths**

- SWBH Cultural Competency Committee is chaired by SWBH's CEO, meets quarterly and provides recommendations to the quality management committees on cultural competency needs and services.
- SWBH's initial clinical intake includes the following cultural competency documentation:
  - Whether the individual was asked about their culture and its relevance to their treatment
  - That the assessment covered treatment for recovery-relevant age- and stage-of-life-related domains
  - Cultural strengths or barriers, as identified by the individual, which might support or inhibit treatment

## Section 2: Coordination and Continuity of Care

**Table B-3: Summary of Compliance Review for Coordination and Continuity of Care**

Protocol Section	CFR	Result
<b>Coordination and Continuity of Care</b>		
Primary Care and Coordination of Healthcare Services	438.208 (b)	● Partially Met (pass)
Additional Services for Enrollees with Special Healthcare 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)
<b>Overall Result for Section 2.</b>		● 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

- SWBH regularly monitors care coordination and provides technical assistance to any provider on a corrective action plan.
- To assist with care coordination, the RSN has well-written policies and procedures including a coordinated care plan protocol which was created in conjunction with the primary care providers.
- The protocol includes identifying who will be responsible for coordinating the process and a case presentation outline. The case presentation outline plan includes:
  - the enrollee's history
  - summary of meetings
  - identified key issues
  - follow-ups with the enrollees
- SWBH's policy also states that at intake each enrollee is to be asked to identify his or her PCP and whether the provider can coordinate healthcare services, including dental services. If the enrollee has no PCP, the mental health provider will help the enrollee obtain one.

#### Recommendation Requiring CAP

SWBH's monitoring of care coordination revealed challenges with follow-through on treatment plan goals as well as care coordination, impacting continuity of care for enrollees.

- The RSN needs to continue to provide training to the provider agencies, monitor for compliance and provide corrective actions if the lack of care coordination continues.

#### *Additional Services for Enrollees with Special Healthcare Needs*

##### FEDERAL REGULATION SOURCE(S)

##### **§ 438.208 (c)(1),(2): Coordination and Continuity of Care – Additional Services for Enrollees with Special Healthcare 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)

**Strengths**

- SWBH's policy and procedure delegates identifying persons with special healthcare needs and any ongoing special conditions of the enrollee to the provider agency.
- SWBH monitors the care and treatment of enrollees with special healthcare needs through administrative and specialized clinical record reviews.
- One provider agency stated that for enrollees with highly complex needs, the agency reaches out to the RSN for advice and support.

**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, PIHPs 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**

- SWBH monitors at least annually the treatment plans for enrollees with special healthcare needs to determine the enrollee's voice and participation.

**Opportunity for Improvement**

SWBH submitted its spring /summer clinical record audit results, which indicated that only 43% of the treatment plans included enrollee participation /enrollee voice.

- SWBH should continue its effort to train the provider agencies on including enrollee participation and enrollee voice in the treatment plans.

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

(4) For enrollees with special healthcare needs determined through an assessment by appropriate healthcare 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)

**Strengths**

- SWBH has a policy and procedure for providing direct access to specialists for enrollees with special healthcare needs.
- The policy states that all authorization requests for specialists are covered when services are clinically necessary.

**Section 3: Coverage and Authorization of Services****Table B-4: Summary of Compliance Review for Authorization of Services**

Protocol Section	CFR	Result
<b>Coverage and Authorization of Services</b>		
Basic Rule	438.210 (a)	● Fully Met (pass)
Coverage and Authorization of Services	438.210 (b)	● Partially Met (pass)
Notice of Adverse Action	438.210 (c)	● Fully Met (pass)
Timeframe for Decisions (1) Standard Procedures (2) Expedited Authorizations	438.210 (d)	● Fully Met (pass)
Compensation for Utilization of Services	438.210 (e)	● Fully Met (pass)
Emergency and Post-Stabilization services	438.210 438.114	● Fully Met (pass)
<b>Overall Result for Section 3.</b>		● 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

- SWBH uses LOCUS and CALOCUS to serve as the framework for considering the authorization of medically necessary services, and the scope and duration of services for children, youth and adults who are eligible to receive treatment for psychiatric disorders.
- SWBH issued a formal memo to its provider network regarding strengthening its re-authorization requirements to include more precise information regarding the status of the enrollee.

#### Authorization of Services

#### FEDERAL REGULATION SOURCE(S)

##### § 438.210 (b): Coverage and Authorization of Services 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 healthcare 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 the initial 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

● Partially Met (pass)

#### Strengths

- SWBH has very detailed policies and procedures for the documentation needed for authorization and re-authorization of services.
- SWBH strengthened its authorization policy in June 2014 to include the following statement: SWBH will accept any face-to-face service encounter code submitted by a master's level or above clinician for reauthorization purposes as long as that clinician is the one completing the CALOCUS or LOCUS AND is the author of the clinical information entered into Avatar AND the face-to-face encounter occurred in the 30 days prior to the re-authorization request.
- SWBH approves and denies all authorizations for services by clinicians with a master's level or above degree.

#### Opportunity for Improvement

Although the RSN stated it has a process for performing inter-rater review, the RSN has no policy or procedure documented.

- SWBH should formally document its policy and procedure for performing inter-rater reliability testing to ensure consistent application of review criteria.

### Notice of Adverse Action

#### FEDERAL REGULATION SOURCE(S)

##### § 438.210 (c): Coverage and Authorization of Services – 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

● Fully Met (pass)

#### Strength

- SWBH sends all notices of action to enrollees. Letters returned to the RSN are forwarded to the agencies to be given to the enrollees.

### Timeframes for Decisions

#### FEDERAL REGULATION SOURCE(S)

##### § 438.210 (d): Coverage and Authorization of Services – 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 three working days after receipt of the request for service.

(ii) The MCO, PIHP or PAHP may extend the three 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

● Fully Met (pass)

#### Strengths

- SWBH has policies and procedures addressing time frames for both standard and expedited authorization decisions.
- The RSN's provider agencies state that the average turnaround time for processing standard requests is well within the required 14-day time frame and the turnaround for expedited request is within one day.

### Compensation for Utilization of Services

#### FEDERAL REGULATION SOURCE(S)

##### § 438.210 (e) Coverage and Authorization of Services: 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**

● Fully Met (pass)

**Strengths**

- SWBH's policies and procedures confirm that provider compensation is not structured to provide incentives to deny, limit or discontinue medically necessary services to enrollees.
- SWBH performs all outpatient service authorizations and states that it has no incentives in place to deny, limit or discontinue medically necessary services.

**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 to ensure that there is no payment 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)

**Meets Criteria****Section 4: Provider Selection****Table B-5: Summary of Compliance Review for Provider Selection**

Protocol Section	CFR	Result
<b>Provider Selection</b>		
General Rules: Credentialing, Re-Credentialing	438.214 (a)(b)	● Fully Met (pass)
Non-Discrimination	438.214 (c)	● Fully Met (pass)
Excluded Providers	438.214 (d)	● Fully Met (pass)
<b>Overall Result for Section 4.</b>		● Fully 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 policies and processes.

**Reviewer Determination**

 Fully Met (pass)

**Strengths**

- SWBH's policy on credentialing and re-credentialing is very concise and includes performing administrative chart reviews.
- SWBH performs ongoing monitoring of the agencies' credentialing processes through semi-annual reviews as well as semi-annual walkthroughs of each agency to ensure compliance with policies on confidentiality and seclusion and restraint.
- SWBH delegates practitioner credentialing and re-credentialing to the contracted providers and requires providers to have policies in place for credentialing.

***Nondiscrimination*****FEDERAL REGULATION SOURCE(S)****§ 438.214 (c): Provider Selection and Nondiscrimination**

(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 Nondiscrimination**

(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 her 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)

**Strengths**

- SWBH's policies and procedures for the selection and retention of providers state that the RSN does not discriminate against providers who serve high-risk enrollees or specialize in conditions that require costly treatment.

**Excluded Providers****FEDERAL REGULATION SOURCE(S)****§ 438.214 (d): Excluded Providers**

(d) Excluded providers. MCOs, PIHPs and PAHPs may not employ or contract with providers excluded from participation in Federal healthcare programs under either section 1128 or section 1128A of the Act.

**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 policy and procedure to ensure the RSN does not employ or contract with providers excluded from participation in Federal healthcare programs.
- The RSN can demonstrate the process and the documentation to determine whether individuals or organizations are excluded providers.
- 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.
- 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**

● Fully Met (pass)

**Strength**

- SWBH has well-written policies and procedures on determining whether individuals or organizations are excluded providers and includes performing monthly exclusion checks for all staff.

**Opportunity for Improvement**

As healthcare integration continues in Washington, there is the potential for many contractual changes and the opportunity for delegation to occur more frequently.

- The RSN is encouraged to carefully monitor its provider contracts to ensure that provider agencies do not knowingly have a director, officer, partner or person with a beneficial ownership of more than 5% of the agency's equity.

**Section 5: Subcontractual Relationships and Delegation**

**Table B-6: Summary of Compliance Review for Subcontractual Relationships and Delegation**

Protocol Section	CFR	Result
<b>Subcontractual Relationships and Delegation</b>		
Subcontractual Relationships and Delegation	438.230	● Fully Met (pass)

**General Rule**

**FEDERAL REGULATION SOURCE(S)**

**§ 438.230 Subcontractual Relationships and Delegation**

- (a) General rule. The State must ensure, through its contracts, that each MCO, PIHP and PAHP—
- (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**

 Fully Met (pass)

**Strengths**

- SWBH's delegation policy states that contracted providers performing delegated functions must be able to perform the activities and be held accountable for those responsibilities.
- The RSN has written contracts/agreements that address the specifics of activities that have been delegated to the subcontractors/providers and include that the RSN is responsible for oversight of all delegated activities.
- The RSN created an elaborate delegation manual that assists the providers and RSN with oversight, monitoring and technical assistance.

**Section 6: Practice Guidelines****Table B-7: Summary of Compliance Review for Practice Guidelines**

Protocol Section	CFR	Result
<b>Practice Guidelines</b>		
Clinical evidence and Adoption	438.236(a–b)	 Fully Met (pass)
Dissemination	438.236 (c)	 Fully Met (pass)
Application	438.236 (d)	 Fully Met (pass)
<b>Overall Result for Section 5.</b>		 Fully Met (pass)

**Basic Rule****FEDERAL REGULATION SOURCE(S)****§ 438.236 (a–b): Practice Guidelines – 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 healthcare professionals in the particular field.
- (2) Consider the needs of the MCO, PIHP or PAHP's enrollees.
- (3) Are adopted in consultation with contracting healthcare 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**

● Fully Met (pass)

**Strength**

- The RSN has a documented policy and procedure of how affiliated providers are consulted as guidelines are adopted and re-evaluated.

**Dissemination of Guidelines****FEDERAL REGULATION SOURCE(S)****§ 438.236 (c): Practice Guidelines**

(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**

● Fully Met (pass)

**Meets Criteria**

***Application of Guidelines***

**FEDERAL REGULATION SOURCE(S)**

**§ 438.236 (d): Practice Guidelines**

(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**

- 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.
- The RSN had documentation of how there is an interface between the QA/PI program and the practice guidelines adoption process.

**Reviewer Determination**

- Fully Met (pass)

**Strengths**

- SWBH has two very robust monitoring tools for both practice guidelines: Adult Major Depressive Disorder and Childhood Post-Traumatic Stress Disorder.
- The tools assess the extent to which the guidelines are adhered to during the course of treatment of the enrollees.

## Section 7: Quality Assessment and Performance Improvement Program

**Table B-8: Summary of Compliance Review for QAPI General Rules and Basic Elements**

Protocol Section	CFR	Result
<b>Quality Assessment and Performance Improvement Program</b>		
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	● Fully Met (pass)
Quality and Appropriateness of Care Furnished to Enrollees with Special Healthcare Needs	438.240 (b)4	● Fully Met (pass)
<b>Overall Result for Section 7.</b>		● Partially Met (pass)

### General Rules

#### FEDERAL REGULATION SOURCE(S)

#### § 438.240 (a)(b)(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 its 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)

**Strengths**

- The RSN has an ongoing quality assessment and performance improvement program (QAPI) for the services it furnishes to its enrollees.
- The QM program description is very detailed, including utilization and quality indicators and an annual review monitoring cycle for the annual work plan.
- The RSN has a quality assessment and performance improvement process to evaluate the QAPI program and provides for an annual report to DBHR.
- SWBH developed a detailed 2015 quality strategy plan that includes and addresses specific quality indicators relative to the dissolution of SWBH.

**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 the State has completed the quality strategy plan, the RSN will need to be in compliance with the plan.

**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, any 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

<p>performance improvement program.</p> <ul style="list-style-type: none"> <li>The RSN reports performance data to the State every year.</li> </ul>
<p><b>Reviewer Determination</b></p> <p>● Fully Met (pass)</p>

**Meet Criteria**

*Mechanisms to Detect Underutilization and Overutilization of Services*

<p><b>FEDERAL REGULATION SOURCE(S)</b></p> <p><b>§ 438.240 (b)(3): Quality Assessment and Performance Improvement Program</b></p> <p>(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:</p> <p>(3) Have in effect mechanisms to detect both underutilization and overutilization of services.</p>
<p><b>STATE REGULATION / RSN AGREEMENT SOURCE(S)</b></p> <p>WAC 388-865-0280; 388-865-0320</p> <p>RSN Agreement Section(s) 7.9; 7.10</p>
<p><b>SCORING CRITERIA</b></p> <ul style="list-style-type: none"> <li>The RSN has a documented policy and procedure regarding the detection of both underutilization and overutilization of services.</li> <li>The RSN has consistent criteria for identifying underutilization and overutilization.</li> <li>The RSN has processes for routine monitoring for underutilization and overutilization.</li> <li>The RSN has processes for taking corrective action to address underutilization and overutilization.</li> </ul>
<p><b>Reviewer Determination</b></p> <p>● Fully Met (pass)</p>

**Strengths**

- When SWBH identifies issues regarding over- and underutilization, the RSN staff work with the provider agencies to resolve the issues regarding level of care.
- SWBH has created and implemented decisions tools to help and support its contracted provider agencies with utilization management.

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

<p><b>FEDERAL REGULATION SOURCE(S)</b></p> <p><b>§ 438.240 (b)(4): Quality Assessment and Performance Improvement Program</b></p> <p>(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:</p> <p>(4) Have in effect mechanisms to assess the quality and appropriateness of care furnished to enrollees with special healthcare needs.</p>
<p><b>STATE REGULATION / RSN AGREEMENT SOURCE(S)</b></p> <p>WAC 388-865-0280; 388-865-0320</p> <p>RSN Agreement Section(s) 7.9; 7.10</p>
<p><b>SCORING CRITERIA</b></p> <ul style="list-style-type: none"> <li>• The RSN has a process in place to assess the quality and appropriateness of care furnished to enrollees.</li> <li>• The RSN monitors and tracks the quality and appropriateness of care furnished to enrollees.</li> <li>• The RSN has processes to take action when quality and appropriateness of care issues are identified.</li> </ul>
<p><b>Reviewer Determination</b></p> <p>● Fully Met (pass)</p>

#### Strength

- SWBH has a robust process for monitoring the quality and appropriateness of care furnished to enrollees through quarterly and annual administrative and clinical audits, reviewing grievances and appeals and reviewing enrollee survey results.

## 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
<b>Health Information Systems</b>		
Collect, Analyze, Integrate and Report Data	438.242 (a)	● Fully Met (pass)
Data Accuracy, Timeliness, Completeness	438.242 (b)	● Fully Met (pass)
Overall Result for Section 8.		● Fully 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 disenrollments 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, disenrollments 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**

● Fully Met (pass)

**Meets Criteria****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 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)

**Strength**

- SWBH performs ongoing encounter data validation of providers' clinical records to ensure accuracy of data and provides technical assistance when needed.

## Performance Improvement Project (PIP) 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. Their 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"
- 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**

Scoring Icon Key			
● Fully Met (pass)	● Partially Met (pass)	● Not Met (fail)	● N/A (not applicable)

## 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
<b>High confidence in reported results</b>	The study results are based on high-quality study design and data collection and analysis procedures. The study results are clearly valid and reliable.
<b>Moderate confidence in reported results</b>	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.
<b>Low confidence in reported results</b>	The study design and/or data collection and analysis procedures are unlikely to result in valid and reliable study results.
<b>Not enough time has elapsed to assess meaningful change</b>	The PIP has not advanced to at least the first re-measurement of the study indicator.

## PIP Validation Results: Clinical PIP

### *Improving Outcomes for Youth with Intensive Mental Health Needs*

In November 2009, a Medicaid lawsuit was filed (T.R. v. Dreyfus) regarding intensive children's mental health services for children and youth. The lawsuit was based on Federal laws requiring Early and Periodic Screening, Diagnosis and Treatment (EPSDT) which compels states to provide any medically necessary services and treatment to children who need them even if the services have not been provided in the past. After several years of negotiations a full settlement agreement was reached with the plaintiffs.



Washington State developed the Wraparound with Intensive Services (WISe) program to focus therapeutic treatment for youth ages 0–21 and SWBH committed to being an early adopter of the WISe model.

Now in its second year, SWBH's clinical PIP focuses on implementing High-fidelity Wraparound services for improving services and outcomes for youth with acute behavioral health needs who have experienced or are at risk of foster care or other out-of-home placements. SWBH believes that youths who participate in the WISe program will have access to full treatment options, and that this will reduce the risk for out-of-home placement.

**Table C-3: Clinical PIP Validation Results**

Study Design	Activity	Narrative	SCORE
Design	1 Appropriate Study Topic	SWBH implemented High-fidelity Wraparound as its clinical PIP to achieve better outcomes for children and youth through the recognition of the intensive services needs of this vulnerable population in the SWBH service region.	● Fully Met (pass)
	2 Clearly Defined, Answerable Study Question	SWBH study question asks: Does provision of WISe services lead to a statistically significant increase in the percentage of Medicaid-eligible, WISe-enrolled youth (ages 0–20) whose actionable needs as measured by the CANS show a decrease from admission to discharge after receiving services through the WISe program for at least three months over the baseline rate?	● Fully Met (pass)
	3 Correctly Identified Study Population	All youth who meet study criteria (Medicaid-eligible, less than 21 years old, receiving at least three months of services through the local WISe program, with a completed full CANS at intake and at discharge). <i>Medicaid eligibility:</i> Confirmed at time of screening into the WISe program using ProviderOne eligibility checks and on a monthly basis after admission into services. <i>WISe-enrolled:</i> Children and youth are admitted to the WISe program after a screening process described in the WISe Program Policy and	● Fully Met (pass)

		Procedure Manual <i>Youth ages 0–20:</i> Age is calculated as of the date of admission into the WISE program.		
4	Correctly Identified Study Indicator	<p><i>Numerator:</i> Number of youth in the denominator whose count of actionable needs, as measured by the CANS, decrease from admission to discharge.</p> <p><i>Denominator:</i> Number of Medicaid-eligible youth enrolled in the WISE program for at least three months with CANS ratings at admission and discharge .</p>	● Fully Met (pass)	
<p><b>Reviewer Comments:</b></p> <p>SWBH choose an appropriate study topic regarding implementation of High-fidelity Wraparound to achieve better outcomes for children and youth. The study question includes an intervention (WISE program practice model), a numerator (mean aggregate CANS score), a denominator (Medicaid-enrolled youth less than 21 years old in need of intensive mental health treatment and at risk for out-of-home placement), a metric (average), and a direction of change (decrease). The RSN has a clearly defined study population of Medicaid-enrolled children/youth (ages 0–20 years) who reside in SWBH's counties, have involvement in multiple child-serving systems and meet the inclusionary criteria. SWBH identified the study indicator with a clear and correct numerator and denominator.</p> <p>The RSN has met all standards for the design of the PIP.</p>				
<b>Implementation</b>	5	Valid Sampling Technique	No sampling was conducted. ● N/A	
	6	Accurate/Complete Data Collection	<p>A standardized online data entry tool, CANS, has been developed and is in current use with verification of raters' training in and certification to use the tool. Data collection should be accurate and consistent over the study time period. However, as of this review date, the BHAS system outputs did not include "flat files" of raw data needed for analysis of the study indicator. DBHR has stated this functionality will be added soon.</p> <p>SWBH did not report on this standard, as no measurement data were available.</p>	● N/A
	7	Appropriate Data Analysis/ Interpretation of Study Results	<p>The intervention was not implemented as planned as the RSN was unable to access the BHAS to obtain the CANS scores, although the RSN stated Medicaid-enrolled children/youth</p>	● N/A

included in this study appear to have improved emotional and behavioral functioning as a result of this intervention.			
<b>Reviewer Comments:</b> SWBH did not use sampling techniques for this PIP. Appropriate data analysis and interpretation of study results were not completed as the RSN was not able to access the BHAS to obtain the CANS scores.			
<b>Outcomes</b>	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
<b>Overall Score</b>			● Fully Met (pass)
<b>Reviewer Comments</b>	<p>SWBH has fully met the first four steps of the PIP. SWBH is using the CANS assessment to identify treatment needs and to guide action planning for enrollees in the WISe program. The RSN's plan was to compare CANS scores over time to monitor the program's effect on mental health outcomes but because the RSN is unable to access the data at this time, the PIP has not progressed.</p> <p><b>Opportunity for Improvement</b> SWBH might consider changing the study question and intervention to include other means by which the RSN can measure the outcome of the mental healthcare needs of its enrollees as the current means of collecting data is unavailable.</p> <p><b>Confidence Level:</b> Moderate confidence in reported results</p>		

### 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.	● Fully Met (pass)
1.2	The PIP is consistent with the demographics and epidemiology of the enrollees.	● Fully Met (pass)
1.3	The PIP considered input from enrollees with special healthcare needs.	● Fully Met (pass)
1.4	The PIP addresses a broad spectrum of key aspects of enrollee care and services.	● Fully Met (pass)
1.5	The PIP, over time, included all enrolled populations.	● N/A

Reviewer Comments: SWBH met all criteria for the study topic.

The study topic was chosen in the summer of 2013 through recognition of the intensive service needs of this at-risk population in SWBH's region, and the prioritization at the local and statewide level on improving services and outcomes for youth with acute behavioral health needs who have experienced, or are at risk of, foster care or other out-of-home placements.

In the State of Washington in November 2009, a Medicaid lawsuit was filed (T.R. v. Dreyfus) regarding intensive children's mental health services for children and youth. The lawsuit was based on Federal laws requiring Early and Periodic Screening, Diagnosis and Treatment (EPSDT), which compels states to provide any medically necessary services and treatment to children who need them even if the services have not been provided in the past. After several years of negotiations a full settlement agreement was reached with the plaintiffs. Washington State developed the Wraparound with Intensive Services (WISe) program to focus therapeutic treatment for youth ages 0–21. SWBH's clinical/children's PIP addresses acute mental health needs in eligible children and youth; involves coordination of care among multiple child- and youth-serving agencies and primary care providers; and aims to prevent inpatient and other out-of-home placements through the provision of individualized, collaborative, culturally relevant, and home and community-based services.

The PIP is expected to include all WISe-eligible youth whose special healthcare needs include serious emotional disabilities.

## 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.	● Fully Met (pass)
2.2	The study question identifies the focus of the PIP and sets the framework for data collection, analysis and interpretation.	● Fully Met (pass)
<p><b>Reviewer Comments:</b> SWBH met all criteria for the study question.</p> <p>The study question is clear, concise and answerable: Does provision of WISe services lead to a statistically significant increase in the percentage of Medicaid-eligible, WISe-enrolled youth (ages 0–20) whose actionable needs as measured by the CANS show a decrease from admission to discharge after receiving services through the WISe program for at least three months over the baseline rate?</p> <p>The study question identifies</p> <ul style="list-style-type: none"> <li>the planned intervention (provision of Wraparound with Intensive Services, or WISe)</li> <li>the study population (Medicaid-eligible, WISe-enrolled youth ages 0–20)</li> <li>the measurement/data collection tool (the Child and Adolescent Needs and Strengths, or CANS, instrument)</li> <li>the study indicator (comparison of individual youths' count of actionable needs—all items, from any domain rated at a level of 2 or 3—at admission and discharge)</li> <li>how to interpret progress toward the study goal (achievement of a statistically significant increase in the percentage of youth whose actionable needs have decreased compared to a baseline rate)</li> </ul>		

Opportunities for Improvement: N/A

### 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.	● Fully Met (pass)
3.2	The data collection approach captures all enrollees to whom the study question applied.	● Fully Met (pass)
3.3	Appropriate data sources and evaluation methods were used to identify the study population.	● Fully Met (pass)
<p><b>Reviewer Comments:</b> SWBH meets all criteria for the study population.</p> <p>The RSN PIP enrollee population is clearly defined: Medicaid-enrolled or Medicaid-eligible children under age 21 who are in need of intensive mental health treatment, are at risk for out-of-home placement or in an out-of-home placement, and have completed necessary screening for eligibility in the WISE program. The study population expanded description follows:</p> <ul style="list-style-type: none"> <li>• Medicaid eligibility: Is confirmed at time of screening into the WISE program using ProviderOne eligibility checks and on a monthly basis after admission into services.</li> <li>• WISE-enrolled: Children and youth are admitted to the WISE program after a screening process described in the WISE Program, Policy and Procedure Manual</li> <li>• Youth ages 0–20: Age is calculated as of the date of admission into the WISE program.</li> </ul> <p>Appropriate data sources and evaluation methods were used to identify the study population as all children and youth enrolled in WISE services are authorized by SWBH care management staff, with demographic, Level of Care, diagnostic and encounter data entered and tracked through the SWBH Avatar/NetSMART electronic record.</p>		

### 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.	● Fully Met (pass)
4.2	The indicators track performance over a specified period of time.	● Fully Met (pass)
4.3	The number of indicators is adequate to answer the study question, appropriate for the level of complexity of applicable	● Fully Met (pass)

clinical practice guidelines, and appropriate to the availability of and resources to collect necessary data.
<b>Reviewers Comments:</b> SWBH met all criteria for the study indicator.
<p>The study uses objective, clearly defined, measurable indicators. SWBH defined the study indicator as the change in the mean aggregate CANS score for enrollees in the study population between admission to and discharge from the WISE program, and included the following elements:</p> <ul style="list-style-type: none"> <li>• Numerator: Number of youth in the denominator whose count of actionable needs, as measured by the CANS, decrease from admission to discharge.</li> <li>• Denominator: Number of Medicaid-eligible youth enrolled in the WISE program for at least three months with CANS ratings at admission and discharge.</li> </ul> <p>At the start of this PIP, 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. Unfortunately, the RSN is unable to get any data from the BHAS system from the State.</p>

### 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
<b>SWBH did not use sampling techniques for this PIP.</b>		

### 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.	● Fully Met (pass)
6.2	The study design clearly specifies the sources of data.	● Fully Met (pass)
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.	● Fully Met (pass)
6.4	The instruments for data collection provide for consistent and accurate data collection over the time periods studied.	● Fully Met (pass)

6.5	The study design prospectively specifies a data analysis plan.	● Fully Met (pass)
6.6	Qualified staff and personnel were used to collect the data.	● Fully Met (pass)
<b>Reviewer Comments:</b> SWBH met all criteria for the data collection procedures.		
<p>The RSN states that providing WISe services will lead to a statistically significant increase in the percentage of Medicaid-eligible, WISe-enrolled youth (ages 0–20) whose actionable needs as measured by the CANS will show a decrease from admission to discharge after receiving services through the WISe program for at least three months over the baseline rate.</p> <p>The data source used to measure the result is the Washington State DBHR BHAS (Behavioral Health Assessment System), which collects CANS ratings for all individuals screened and admitted to the WISe program. SWBH will obtain additional data for this PIP through the Netsmart Avatar electronic record. The RSN reported that data validation procedures are carried out daily or weekly, as recommended.</p> <p>The data analysis plan calls for collecting the results for the CANS at intake and discharge for given cohorts of program participants compared at set intervals. Since categorical data is being compared (number of youth with identified actionable needs), a Chi-square test for statistical significance will be used with a <math>p</math> value of <math>&lt;.05</math> indicating statistically significant change or difference. Also, CANS instruments can only be completed by certified CANS raters.</p>		

## 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
<b>Reviewer Comments:</b> SWBH has not progressed to this step as the data from the CANS screening has not been available to the RSN.		

## Standard 8: Appropriate Improvement Strategies

**Table C-11: Validation of PIP Improvement Strategies**

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.	● Fully Met (pass)
8.3	The interventions are/were sufficient to be expected to improve processes or outcomes.	● Fully Met (pass)
8.4	The interventions are/were culturally and linguistically appropriate.	● Fully Met (pass)
<p><b>Reviewer Comments:</b> SWBH met criteria for the improvement strategies standard.</p> <p>Research has shown that Wraparound services are most effective when a combination of professional knowledge and consumer perspective is used in the treatment model (Walter &amp; Petr, 2011). The National Wraparound Initiative published that multiple states are reporting positive effects on service cost, residential status, school functioning and community functioning alongside mental health outcomes (Bruns et al, 2013 &amp; 2011; Suter &amp; Bruns, 2009). Mendenhall and others (2013) state that “localized innovations and agency compliance is essential for optimizing children’s mental health services.” Implementation of Wraparound with fidelity has been found to be more effective when community service areas develop a local model within the Medicaid eligibility and documentation rules.</p> <p>Cultural competence, including linguistically appropriate services, is one of several key principles of children’s mental health services in Washington State as described in the WISE program manual. The nature of Wraparound services, which involve direct involvement of family members and other natural supports from the youth’s community in service planning and delivery, also relies on and results in culturally competent care.</p> <p>Per the analysis plan, initial and repeat measurements were planned on a set schedule based on completion of the CANS by cohorts of program participants at two time points. Statistical significance will be determined by use of the Chi-square test where <math>p &lt; .05</math>. Factors that may influence comparability of initial and repeat measurements and that may also pose potential threats to internal and external validity include</p> <ul style="list-style-type: none"> <li>• Inter-rater reliability among CANS raters. Mandatory training and re-certification in use of the CANS will help mitigate the risk of less-than-optimal reliability.</li> <li>• Loss of membership (and statistical power) in study cohorts due to early termination from WISE services (due to youth and family choice or need to transfer to another level of care or service provider).</li> <li>• Varying lengths of stay (“dose”) in WISE program—3–6 months may not be sufficient to address high levels of need for some youth and families.</li> <li>• Uneven implementation of the WISE program model. Fidelity to the model will be monitored at least annually, per the statewide WISE Quality Management plan.</li> </ul>		



## 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
<b>Reviewer Comments:</b> SWBH has not progressed to this step.		

## 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
<b>Reviewer Comments:</b> SWBH has not progressed to this step.		

## PIP Validation Results: Non-Clinical PIP

### Reduction of Psychiatric Readmissions for Adult Medicaid Beneficiaries

The study topic for this PIP, which is in its first year, focuses on evaluating the effectiveness of an intervention to reduce the percentage of adults readmitted to an inpatient psychiatric facility within 30 days of their discharge. SWBH states that with the passage of the Patient Protection and Affordable Care Act in 2010, CMS is required under section 3025 to address 30-day readmissions for hospitals paid under the Inpatient Prospective Payment System (IPPS) through the Hospital Readmissions Reduction Program (Public Law 111-148). While section 3025 does not specifically single out 30-day readmissions at inpatient psychiatric hospitals, the Readmission Reduction Program has brought heightened focus to the behavioral health community, and provided an impetus to develop strategies which will reduce the percentage of individuals who are readmitted to an inpatient psychiatric facility within 30 days of discharge. There has also been increased attention nationally and within Washington State regarding the rate of 30-day hospital readmissions. In early 2015 the Washington State Health Care Authority adopted a statewide healthcare performance measure that includes the percentage of individuals 18 or older with acute inpatient psychiatric stays that were followed by an acute readmission for a psychiatric diagnosis within 30 days.

SWBH also included in its write-up the study by Rosenblatt and Mayer (1974) that psychiatric readmissions are often considered a mental health system failure, but it is a multifaceted phenomenon with a wide range of causal factors. The study noted that higher rates of 30-day readmissions may

indicate several quality of care concerns within the inpatient facility, the coordination of care process and/or with the outpatient providers. Furthermore, 30-day readmission rates raise concerns among healthcare providers because they signify an adverse circumstance for individuals, and may imply an opportunity for improvement along an individual's continuum of care. Although written over 40 years ago, the study is still pertinent to today's mental healthcare system.

SWBH's quality management work plan includes measuring several data points related to inpatient hospitalizations, of which 30-day adult (18 and older) Medicaid beneficiaries' readmission is collected and reviewed on a quarterly basis. Additionally, the work plan monitored the percentage of individuals who re-engaged with outpatient mental health services following an inpatient discharge within two and seven days of discharge. Included in the measurement of post-discharge follow-up was the analysis of barriers to outpatient appointments, the availability of outpatient appointments and follow-through with appointments. The measurement's intent was to evaluate the findings and improve the process of outpatient engagement, which would also have the intended effect of a reduction in readmissions and increased use of least restrictive community-based services. Trend data for this measure dated back to 2012. In 2014, SWBH's overall average of adult individuals readmitted to an inpatient facility within 30 days of discharge was 12.8%. Several of SWBH's standing committees, including the Utilization Management Committee, reviewed and discussed the quarterly inpatient hospital data and decided to implement the current PIP.

The intervention being examined in the PIP applies to several aspects along the continuum of care for individuals who require inpatient psychiatric support. The intervention is focused on a specific program design within an E&T facility in SWBH's region and attention is primarily focused on preventive measures to decrease the number of individuals who, after being discharged from an inpatient facility, require a subsequent inpatient admission within 30 days of discharge. The intervention concentrates on coordination of care while the individual is receiving services in the E&T, as opposed to coordination of care only at the point of discharge.

The PIP will be measuring whether the intervention SWBH has identified reduces the overall number of individuals readmitted to an inpatient facility within 30 days of discharge, and therefore decreases the percentage of individuals readmitted. While the subpopulation of individuals who will be affected by the PIP is small, SWBH estimates that the number of individuals affected by the intervention is significant, and that it therefore will be able to determine if the intervention had the desired effect.

At the time of the review, baseline measurement had not taken place. The PIP's baseline measurements will be taken during the third quarter of 2015 (July–Sept). First measurement of the intervention will take place during the first quarter of 2016 (Jan–March). Subsequent measurements will occur every other quarter.

**Table C-14: Non-Clinical PIP Validation Results**

Study Design	Activity	Narrative	SCORE
Design	1 Appropriate Study Topic	The study topic is to evaluate the effectiveness of an intervention to reduce the percentage of adults	● Fully Met (pass)

		readmitted to an inpatient psychiatric facility within 30 days of discharge.	
2	Clearly Defined, Answerable Study Question	The study question asks: Does the intervention identified reduce the number of individuals who are readmitted to an inpatient facility within 30 days of discharge?	● Fully Met (pass)
3	Correctly Identified Study Population	SWBH is studying all adult Medicaid-eligible enrollees who were admitted to an inpatient psychiatric facility, discharged and then re-admitted to an inpatient facility.	● Fully Met (pass)
4	Correctly Identified Study Indicator	Denominator: The number of all adult Medicaid beneficiaries who were admitted to an inpatient psychiatric hospital and discharged all within the measurement period. Numerator: All adult Medicaid enrollees re-admitted to an inpatient facility within 30 days. The measureable indicators of the PIP are defined as the number of individuals who were admitted and discharged from an inpatient facility (denominator) and subsequently readmitted to an inpatient facility within 2–30 days of their discharge (numerator). The measurement is described as a percentage, with the goal of decreasing the percentage of individuals who are readmitted to an inpatient facility within 30 days of discharge.	● Fully Met (pass)
<p><b>Reviewer Comments:</b> The RSN has met all standards for the design of the PIP.</p> <p>SWBH choose an appropriate study topic, which is to evaluate the effectiveness of an intervention to reduce the percentage of adults readmitted to an inpatient psychiatric facility within 30 days of discharge. The study question (does the intervention identified reduce the number of individuals who are readmitted to an inpatient facility within 30 days of discharge?) is clearly defined and measurable with an intervention and desired direction of change. The study population includes all adult Medicaid-eligible enrollees who were admitted to an inpatient psychiatric facility, discharged and then re-admitted to an inpatient facility. The study indicator clearly describes both the numerator and denominator.</p>			
<b>Implementation</b>	5	Valid Sampling Technique	No sampling was conducted. ● N/A
	6	Accurate/Complete Data Collection	At the time of the review, baseline measurement had not occurred. ● N/A

	7	Appropriate Data Analysis/ Interpretation of Study Results	The PIP not progressed to this standard.	● N/A
<b>Reviewer Comments:</b> No sampling was conducted. The PIP has not progressed to collection, analysis and interpretation of study results				
<b>Outcomes</b>	8	Appropriate Improvement strategies	The PIP did not progress to this point.	● N/A
	9	Real Improvement Achieved	The PIP did not progress to this point.	● N/A
	10	Sustained Improvement Achieved	The PIP did not progress to this point.	● N/A
<b>Overall Score</b>				● Fully Met (pass)
<b>Reviewer Comments</b>	<p>SWBH has met the first four standards of this PIP. The PIP, which evaluates the effectiveness of the proposed intervention to reduce the percentage of adults readmitted to an inpatient psychiatric facility within 30 days of discharge, is valid and significant.</p> <p><b>Confidence Level:</b> Not enough time has elapsed to assess meaningful change.</p>			

**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.	● Fully Met (pass)
1.2	The PIP is consistent with the demographics and epidemiology of the enrollees.	● Fully Met (pass)
1.3	The PIP considered input from enrollees with special healthcare needs.	● Fully Met (pass)
1.4	The PIP addresses a broad spectrum of key aspects of enrollee care and services.	● Fully Met (pass)
1.5	The PIP, over time, included all enrolled populations.	● Fully Met (pass)
<b>Reviewer Comments:</b> The RSN clearly met all criteria in the study topic standard. The study topic was chosen based on data collected by the RSN and on research that indicated that providing care		

coordination to enrollees in an inpatient care setting prior to discharge may help to reduce readmission within 30 days of discharge. Although the population for this topic does not include all enrollees, it does include the enrollees who are at risk for readmission once discharged from an inpatient facility.

**Opportunities for Improvement:** N/A

## 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.	● Fully Met (pass)
2.2	The study question identifies the focus of the PIP and sets the framework for data collection, analysis and interpretation.	● Fully Met (pass)
<b>Reviewer Comments:</b> SWBH met all requirements.		
<b>Opportunities for Improvement:</b> N/A		

## 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.	● Fully Met (pass)
3.2	The data collection approach captures all enrollees to whom the study question applied.	● Fully Met (pass)
3.3	Appropriate data sources and evaluation methods were used to identify the study population.	● Fully Met (pass)
<b>Reviewer Comments:</b> SWBH met all the criteria for the study population standard.		
<p>The enrollee population to whom the study question and indicator is relevant is clearly defined. Appropriate data sources and evaluation methods will be used to identify the study population. SWBH is studying all adults who are re-admitted to an inpatient facility within 30 days of discharge of an inpatient mental health facility. SWBH will exclude all adults re-admitted within 24 hours of discharge as this is considered to be a transfer.</p>		
<b>Opportunity for Improvement:</b> N/A		

## 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.	● Fully Met (pass)
4.2	The indicators track performance over a specified period of time.	● Fully Met (pass)
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.	● Fully Met (pass)
<p><b>Reviewer Comments:</b> SWBH met all the criteria for the study indicator standard.</p> <p>The RSN uses objective, clearly defined, measurable indicators. The measureable indicators of the PIP are defined as the number of individuals who were admitted and discharged from an inpatient facility (denominator) and subsequently readmitted to an inpatient facility within 2–30 days of their discharge (numerator), with the goal of decreasing the percentage of individuals who are readmitted to an inpatient facility within 30 days of discharge. Individuals who are readmitted to an inpatient facility within one day are considered transfers from one facility to another like facility and therefore not considered a readmission post-discharge.</p> <p>The measurement period is tracked over an identified period of time with the baseline measurement to be taken during the first quarter of 2015 (July–Sept). The first measurement of the intervention will take place during the first quarter of 2016 (Jan–March) and subsequent measurements will occur every other quarter.</p> <p><b>Opportunities for Improvement:</b> N/A</p>		

## 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
<p><b>SWBH did not use sampling techniques for this PIP.</b></p>		

## 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.	● Fully Met (pass)
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
<p><b>Reviewer Comments:</b> SWBH met the first criteria in this standard. The data to be collected will be the number of enrollees who are readmitted to any inpatient facility within 30 days of discharge from a mental health facility. Enrollees readmitted within one day of discharge will not be included. The other criteria had not progressed at the time of the review.</p> <p><b>Opportunities for Improvement:</b> N/A</p>		

## 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
<p><b>Reviewer Comments:</b> The PIP has not progressed to this point.</p> <p><b>Opportunities for Improvement:</b> N/A</p>		

### Standard 8: Appropriate Improvement Strategies

**Table C-22: Validation of PIP Improvement Strategies**

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
<b>Reviewer Comments:</b> The PIP has not progressed to this point.		

### 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 the 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
<b>Reviewer Comments:</b> The PIP has not progressed to this point.		

### 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
<b>Reviewer Comments:</b> The PIP has not progressed to this point.		



## Information Systems Capabilities Assessment (ISCA)

Qualis Health's subcontractor, Healthy People, examined the RSN'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 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. Rankings are based on the following: fully meeting, partially meeting, or not meeting standards. Although not rated, the RSN's meaningful use of EHR systems was also evaluated.

The ISCA review process consists of four phases:

- **Phase 1: Standard information about the RSN's information systems is collected.** The RSN and two of its delegated provider agencies complete the ISCA data collection tool before the onsite review.
- **Phase 2: The completed ISCA data collection tools and accompanying documents are reviewed.** Submitted ISCA tools are thoroughly reviewed. Wherever an answer seems incomplete or indicates an inadequate process, it is marked for follow-up. If the desktop review indicates that further accompanying documents are needed, those documents are requested.
- **Phase 3: 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 completed at the RSN and at two delegated provider agencies.
- **Phase 4: Analysis of the findings from the RSN's information system onsite review commences.** In this phase, the material and findings from the first three phases are reviewed in cooperation 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 data by member, practitioner and vendor. 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 should include

- good documentation
- clear, continuous communication between the enrollee and the programmers on enrollee 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:

- Maintaining a well-run security management program that 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.
- Protecting computer systems and terminals from unauthorized access through use of a password system and security screens. Passwords should be changed frequently and reset whenever an employee terminates.
- Locking paper-based claims and encounters in storage facilities when not in use. Data transferred between systems/locations should be encrypted.
- Maintaining 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.
- Ensuring integrity by verifying backups 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.
- Including in databases and database updates 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.

- Utilizing formal controls in the form of batch control sheets or assignment of a batch control number to ensure a full accounting of all claims received.

Section 11.2 of DBHR's RSN 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 these criteria:

- 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, and process for frequent backup of systems and data
- offsite storage of system and data backups, ability to recover data and systems from backup files, and 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 RSN 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 is 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
- whether any EHR technology providers are using has been determined by the RSN to be 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 (i.e., 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, the information collected in the ISCA data collection tool, responses to interview questions and results of the claims/encounter walkthroughs, as well as security walkthroughs were used to rate the RSN's performance. The rating was applied to the review areas specified in this chapter below and ranked as fully meeting, partially meeting or not meeting standards. The RSN's meaningful use of electronic health records systems was reviewed but is not rated. The table below presents the scoring key for the ISCA Standards.

**Table D-1: Scoring Key for ISCA Standards**





Scoring Icon Key			
 Fully Met (pass)	 Partially Met (pass)	 Not Met (fail)	 N/A (not applicable)

## Summary of Review Results

SWBH's information systems, data processing and reporting procedures were all reviewed 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.

SWBH *fully met* the Federal standards related to information systems capabilities for seven review areas. One review area was not scored. Table D-2 presents SWBH's ratings for the eight separate ISCA review areas.

**Table D-2: ISCA Scores by Section**

ISCA Section	Description	ISCA Result
<b>A. Information Systems</b>	This section assesses the RSN's information systems for collecting, storing, analyzing and reporting medical, member, practitioner and vendor data.	 Fully Met (pass)
<b>B. Hardware Systems</b>	This section assesses the RSN's hardware systems and network infrastructure.	 Fully Met (pass)
<b>C. Information Security</b>	This section assesses the security of the RSN's information systems.	 Fully Met (pass)
<b>D. Medical Services Data</b>	This section assesses the RSN's ability to capture and report accurate medical services data.	 Fully Met (pass)

<b>E. Enrollment Data</b>	This section assesses the RSN's ability to capture and report accurate Medicaid enrollment data.	● Fully Met (pass)
<b>F. Practitioner Data</b>	This section assesses the RSN's ability to capture and report accurate practitioner information.	● Fully Met (pass)
<b>G. Vendor Data</b>	This section assesses the quality and completeness of the vendor data captured by the RSN.	● Fully Met (pass)
<b>H. Meaningful Use of EHR</b>	This section assesses how the RSN and its contracted providers use electronic health records (EHRs). This section is not scored.	● N/A

SWBH is a member of the Washington State RSN-Netsmart Consortium (WSC). The WSC comprises 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.

SWBH'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 SWBH 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: Information Systems**

Section	Description	Result
<b>Section A</b>	This section assesses the RSN's information systems for collecting, storing, analyzing and reporting medical, member, practitioner and vendor data.	● Fully Met (pass)
SWBH uses Netsmart's Avatar product suite for encounter data processing. Each contracted provider agency either entered claims/encounter data directly into Avatar PM or submitted batch information from its in-house EHR system. 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.		

SWBH uses Crystal Reports, Microsoft applications and SQL 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.

SWBH contracts with an IS administrator to maintain its Avatar MSO and PM databases and to furnish software support to provider agencies. SWBH 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 either enters claims/encounter data directly into Avatar PM or submits batch information from its in-house EHR system. 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.

SWBH-contracted provider agencies request authorization for outpatient services through Avatar PM, where all authorization data are housed. Authorizations are processed by the SWBH care managers and benefits coordinators, who review each authorization request for clinical and financial eligibility. There are eight master-level care managers, one transition care manager, and three benefits coordinators who perform these duties and other functions. The benefits coordinators are members of the CSR unit and process only routine authorization checks requiring no clinical judgment (i.e. missing information). The benefits coordinators do not deny authorization of services, though they are able to pend authorizations to request that agencies make any necessary corrections prior to care manager review.

**Recommendations Requiring CAP:** N/A

## ISCA Section B: Hardware Systems

**Table D-4: Hardware Systems**

Section	Description	Result
<b>Section B</b>	This section assesses the RSN's hardware systems and network infrastructure.	● Fully Met (pass)
<p>SWBH and Netsmart maintain current premium-level hardware, software and network service contracts. SWBH'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.</p> <p>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 network attached storage (NAS) device and dual network interface card (NIC) and switch configuration.</p>		

SWBH leases its server room and office space from the county. SWBH contracts with Polar Systems for backup and disaster recovery services.

**Recommendations Requiring CAP:** N/A

## ISCA Section C: Information Security

**Table D-5: Information Security**

Section	Description	Result
<b>Section C</b>	This section assesses the security of the RSN's information systems.	● Fully Met (pass)
<p>SWBH has multiple policies and procedures related to information security. The SWBH information security policies and procedures are all fully compliant. SWBH contracts with Polar Systems for backup and disaster recovery services.</p> <p>Netsmart performs daily incremental backups and weekly full backups. All backups performed by Netsmart are encrypted. Netsmart replicates backups to its Kansas City, KS, facility on a nightly basis. Netsmart performs regular restoration testing of backup data to ensure that data are readily available for production.</p> <p>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.</p> <p>Netsmart maintains a warm site (backup site from which to operate in the event of a disaster) in Kansas City. Netsmart can switch to the backup site within a short period of time, because of the recent implementation of virtual servers.</p> <p>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.</p> <p>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.</p> <p>Netsmart contracts with an outside vendor to perform penetration testing of its network to ensure that proper security measures and safeguards are in place.</p> <p>SWBH delegates oversight of Netsmart-contracted services to the WSC, for which SWBH's IS administrator serves as the E-Team leader. Netsmart is audited yearly by WSC.</p>		

**Recommendations Requiring CAP:** N/A



## ISCA Section D: Medical Services Data

**Table D-6: 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)
<p>SWBH had 14 contracted provider community mental health agencies in 2014. Each provider agency either entered claims/encounter data directly into Avatar PM or submitted batch information from their in-house EHR system. 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 (SERI).</p> <p>SWBH's formal procedures for rectifying encounter data submitted with one or more required fields missing, incomplete or invalid are adhered to and well documented. SWBH has multiple weekly and bi-monthly Crystal reports that are run off the data warehouse to identify encounter services that should be flagged for transmission to DBHR and to identify errors. If an error occurs, the provider agency is notified promptly via email to correct the error(s) within the Avatar system. Once the agency corrects the error(s), the batch is recreated in Avatar MSO and flagged for transmission to DBHR. As required by DBHR, SWBH verifies and certifies batched encounter data for accuracy and completeness before transmitting the data to directories in DBHR-CIS.</p> <p>Per DBHR instructions, SWBH submits outpatient service data to DBHR via 837P transaction files and inpatient service data to DBHR via 837I transaction files. DBHR's <i>Service Encounter Reporting Instructions v.201411.2</i> indicates the following for reporting outpatient service diagnosis codes:</p> <ul style="list-style-type: none"> <li>● For all intake evaluation modality encounters that are complete and a diagnosis has been determined, report that diagnosis.</li> <li>● 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.</li> <li>● DBHR will only use the HI01-2 field when looking at diagnosis. Other diagnosis codes do not need to be reported.</li> </ul> <p>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 SWBH does collect multiple diagnoses from provider agencies in Avatar's diagnoses entry screen for enrollees.</p>		

**Recommendations Requiring CAP:** N/A

**Opportunity for Improvement:**

It is recommended that SWBH 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: 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)
<p>DBHR provides member enrollment data to SWBH. SWBH receives 834 and 820/821 enrollment data files from DBHR. Provider agencies are contractually required to check DBHR's ProviderOne system to determine if a member has eligibility at the time of intake.</p> <p>SWBH uses a custom 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. The RSN 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.</p> <p>NetSmart Avatar filters out encounters that do not meet the requirements of the authorization. If the pended authorization is denied, any denied services submitted to SWBH 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 unless an extension was requested. Twelve additional days are granted.</p> <p>SWBH 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, SWBH 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:</p> <ul style="list-style-type: none"> <li>• State plan services provided to Medicaid-eligible individuals.</li> <li>• Non-covered/non-State plan services to Medicaid-eligible individuals (e.g., IMD facilities, State-Only, or Federal Block Grant).</li> <li>• All services to non-Medicaid individuals who are funded in whole or part by the RSN.</li> </ul>		

**Recommendations Requiring CAP:** N/A

## ISCA Section F: Practitioner Data

**Table D-8: Practitioner Data**

Section	Description	Result
Section F	This section assesses the RSN's ability to capture and report accurate practitioner information.	● Fully Met (pass)
<p>SWBH claims/encounter reporting is accurate regarding both rendering practitioner type and practitioner service location. SWBH also has accurate practitioner information within the RSN provider directory. SWBH 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</p>		

meet their special care needs, such as non-English languages or clinical specialties.

SWBH's subcontracted provider agencies deliver current practitioner rosters to SWBH on a periodic basis.

**Recommendations Requiring CAP: N/A**

## ISCA Section G: Vendor Data

**Table D-9: 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)
SWBH's claims/encounter data is contracted provider agency data; SWBH does not provide any direct client care. Many SWBH provider agencies were not meeting the acceptable standard of 95% match rate for encounter data validation in 2014. However, SWBH's encounter data validation results for 2014 were 7% improved from 2013. SWBH developed a corrective action plan to increase encounter data validation accuracy for 2015.		

**Recommendations Requiring CAP: N/A**

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

**Table D-10: Meaningful Use of EHR**

Section	Description	Result
Section H	This section assesses how the RSN and its contracted providers use electronic health records (EHRs). This section is not rated.	● Not Rated
SWBH provides the Netsmart myAvatar EHR software application to each contracted agency that does not have its own EHR system and wishes to use an EHR system. SWBH provides software, training, implementation planning and support to the contracted agencies. SWBH is able to accept EDI data from any contracted provider agency that prefers to use its own EHR system.		

**Recommendations Requiring CAP: N/A**

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## Encounter Data Validation (EDV)

Encounter data validation (EDV) is a process used to validate encounter data submitted by Regional Support Networks (RSNs) to Washington State (the State). Encounter data are electronic records of the services provided to Medicaid enrollees by providers under contract with an RSN. Encounter data are 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.

Prior to performing the data validation for encounters, Qualis Health 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
- Health Care Authority Encounter Data Reporting Guide for Managed Care Organizations, Qualified Health Home Lead Entities and Regional Support Networks
- The 837 Encounter Data Companion Guide ANSI ASC X12N (Version 5010) Professional and Institutional, State of Washington
- 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).

Following the standards review and ISCA, Qualis Health performed three additional activities supporting a complete encounter data validation. First, Qualis Health performed a validation of encounter data received by the state from the RSNs. Second, Qualis Health conducted a review of the procedures and results of each RSN's internal EDV required under each RSN's contract with the State. Finally, Qualis Health conducted an independent validation of State encounter data matched against provider-level clinical record documentation to confirm the findings of the RSN's internal EDV.

## State-Level Encounter Data Validation

Qualis Health 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 edit checks performed by the State on encounter data received by the RSNs and how Washington's Medicaid Management Information System (MMIS) treats data that fail 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 are of sufficient quality to proceed with more complex analysis
- Application of consistency checks, including verification that critical fields contain values in the correct format and that the values are consistent across fields
- Inspection of data fields for general validity
- 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

## Validating RSN EDV Procedures

Qualis Health performed independent validation of the procedures used by the RSNs to perform encounter data validation. The EDV requirements included in the RSNs' contract with Division of Behavioral Health and Recovery (DBHR) were the standards 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 validation, along with any supporting documentation, policies, procedures or user guides, to Qualis Health for review. Qualis Health's analytics staff then evaluated the data system to determine whether its functionality was adequate for the intended program.

Additionally, each RSN submitted documentation of its data analysis methods from which summary statistics of the encounter data validation results were drawn. The data analysis methods were then reviewed by Qualis Health analytics staff to determine validity.

## Clinical Record Reviews

Qualis Health performed clinical record reviews onsite at provider agencies which had contracts with the RSNs. The process included the following:





- Selecting a statistically valid sample of encounters from the file provided by the State
- Loading data from the encounter sample into a custom database to record the scores for each encounter data field
- Providing the RSN with a list of the enrollees whose clinical charts were selected for review for coordination with contracted provider agencies pursuant to 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. The error rates were then compared to error rates reported by the RSN to DBHR for encounters for which dates of service fell within the same time period.

## Scoring Criteria




**Table E-1: Scoring Scheme for Encounter Data Validation Standards**

Scoring Icon Key			
 Fully Met (pass)	 Partially Met (pass)	 Not Met (fail)	 N/A (not applicable)

## SWBH's Encounter Data Validation

Southwest Washington Behavioral Health contracts with 14 providers for Medicaid-funded services. For its largest two providers, SWBH conducted quarterly EDV reviews. One provider agency was excluded from the 2014 EDV analysis because of technical difficulties in extracting encounters from the community mental health's management information system for review. For the remaining providers, the RSN conducted EDV biannually. SWBH's EDV activities include both Medicaid-funded and State-funded encounters.

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

EDV Standard	Description	EDV Result
<b>Sampling Procedure</b>	Sampling was conducted using an appropriate random selection process and was of adequate size.	 Fully Met (pass)
<b>Review Tools</b>	Review and analysis tools are appropriate for the task and used correctly	 Fully Met (pass)
<b>Methodology and Analytic Procedures</b>	The analytical and scoring methodologies are sound and all encounter data elements requiring review are examined.	 Fully Met (pass)
<b>Recommendations Requiring CAP: N/A</b>		
<b>Opportunities for Improvement</b>		
<ul style="list-style-type: none"> <li>SWBH should report the number of individuals sampled for EDV work, in addition to reporting the number of encounters.</li> <li>While not specifically required by the State, SWBH should use encounter data received by the State in its review, rather than records extracted from its MIS that are expected to be sent to the State.</li> </ul>		

## Sampling Procedure

Qualis Health reviewed the sampling procedure and overall sample size to evaluate SWBH's adherence to the contractually required sampling methodology. SWBH drew quarterly proportional random samples from across its network of providers for services provided during the period from October 2013 through September 2014. Proportionality was determined according to the size of the provider and composition of children and adults, based on 2013 encounter counts. In each quarter, a minimum of 50 individual charts and a minimum of 300 encounters were sampled for each program (Medicaid and State-funded). The minimum sample size for each agency was set at 2 individuals and 30 encounters for the Medicaid contract.

SWBH used a Crystal Report to define the sample frame and Excel for random number assignment for sample selection. The resulting encounters selected for EDV analysis were imported to an Access database for clinical chart comparison and EDV scoring. A total of 1,977 were sampled, exceeding the State PIHP contract guidelines for an RSN of its size of 822. The number of individuals selected for review was not stated in SWBH's documentation but it likely exceeded the minimum of 200 required by the State.

SWBH sampled from encounters within its own MIS, rather than from the encounters actually received by the State. Qualis Health recommends that RSNs use encounter data received by the State rather than data expected to be sent to the State, so that the validation can detect problems associated with State processing of encounter data. This will allow the RSNs to take corrective action more quickly than when solely relying on the EQR EDV validation to detect problems.

The sampling procedure used by SWBH was adequate for selecting an EDV sample.

## Review Tools

SWBH uses an Access database process for onsite comparison of paper clinical records and desk audits using electronic health records available in the SWBH MIS. The database is designed to record occurrences of matching and non-matching encounter data elements according to DBHR recommendations. Non-matches are allocated to one of three criteria: erroneous entry, missing (no entry in encounter record) or unsubstantiated (no entry or duplicated entry in the chart record). SWBH's review tool includes all contract-required encounter data elements, but no additional elements or demographic elements.

## Methodology and Analytic Procedures

According to SWBH documentation, a list of enrollee charts was requested from each provider one day prior to the review. The EDV review team included the compliance auditor, the quality coordinator and a mental health professional with multiple years of experience in clinical practice and clinical auditing. The EDV review team reviewed encounters that were questionable and set aside a sample for analysis of inter-rater reliability. The results of the inter-reliability analysis were not reported. The EDV review team has participated in State-sponsored and EQRO-sponsored compliance trainings and also commissions the advice of an outside reviewer from another RSN for review of appeals submitted by CMHAs.



The results were presented in several tables by CMHA, error type and encounter data field. SWBH did not present demographic data validation results.

The EDV methodology and analytic procedures described by SWBH are adequate for assessing the accuracy and completeness of its encounter data.

## 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 the RSN to DBHR.

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

EDV Standard	Description	EDV Result
<b>Electronic Data Checks</b>	Full review of encounter data submitted to the State indicates no (or minimal) logic problems or out-of-range values.	● Fully Met (pass)
<b>Onsite Clinical Record Review</b>	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). A passing score is that >95% of the encounter data fields in the clinical records match. SWBH had <95% records matched for encounter data fields.	● Not Met (fail)
<p><b>Recommendation Requiring CAP</b></p> <p>To ensure encounter data is substantiated and in compliance, the RSN needs to</p> <ul style="list-style-type: none"> <li>• Provide training on the Service Encounter Reporting Instructions: on coding, on what is included and excluded in each modality, and on the general encounter reporting instructions</li> <li>• Provide training on medical necessity to ensure that services provided and encountered are medically necessary and cannot be provided by some other means</li> <li>• Provide training on standards of documentation</li> <li>• Monitor encounters more closely to ensure that the encounters submitted are accurate and well documented</li> </ul>		

## Electronic Data Checks

Qualis Health analysts reviewed all demographic details and encounters for the RSN from ProviderOne for the reporting period, comprising 14,334 patients and 255,978 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-4. Nearly all demographic and all encounter data fields were 100% complete and included values within expected ranges.

Overall, SWBH's encounter data coding errors were within acceptable limits.

**Table E-4: Results of Qualis Health's Encounter Data Validation for SWBH RSN**

Measure	State Standard	RSN Performance
<b>Demographic Data</b>		
<b>RSN ID</b>	100% complete, all values in range	100%
<b>Consumer ID</b>	100% complete	100%
<b>First Name</b>	100% complete	100%
<b>Last Name</b>	100% complete	100%
<b>Date of Birth</b>	Optional	100%
<b>Gender</b>	Optional	100%
<b>Ethnicity/Race</b>	100% complete, all values in range	100%
<b>Language preference</b>	100% complete, all values in range	100%
<b>Social Security Number</b>	Optional	99.6%
<b>Sexual Orientation</b>	100% complete	100%
<b>Encounter Data</b>		
<b>RSN ID</b>	100% complete, all values in range	100%
<b>Consumer ID</b>	100% complete, all values in range	100%
<b>Agency ID</b>	100% complete, all values in range	100%
<b>Primary Diagnosis</b>	100% complete	100%
<b>Service Date</b>	100% complete	100%
<b>Service Location</b>	100% complete, all values in range	100%
<b>Provider Type</b>	100% complete, all values in range	100%
<b>Procedure Code</b>	100% complete	100%
<b>Claim Number</b>	100% complete	100%
<b>Minutes of Service</b>	100% complete	100%

## Clinical Record Review

Qualis Health reviewed 439 encounters submitted by SWBH to ProviderOne with a service date between October 1, 2013, and September 30, 2014, as well as the 138 demographic records associated with the individuals whose encounters were included in the sample. Qualis Health reviewers compared data included in ProviderOne database extracts provided by DBHR to data included in the clinical records. Qualis Health reviewed encounter data fields required for review in the RSN contract with DBHR, including

- Date of service
- Name of service provider
- Procedure code
- Service units/duration
- Service location
- Provider type
- 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/Race
- Hispanic origin
- Preferred language
- Social security number
- Sexual orientation

## Site Visit Results

Demographic data elements were mostly accurate and complete, well exceeding the 95% match rate standard, except for race and sexual orientation, where in each case about 11% of State records did not match the chart (Table E-5).

For all encounter data elements the match rate was below the 95% State standard, ranging from a low match rate of 86% for Service Duration and Clinical Note, to a maximum match rate of 91% for Date of Service (Table E-6). In most cases, the mismatch was due to State encounter data being unsubstantiated by the enrollee charts, with every element except Clinical Notes exceeding the State maximum allowance of 2% unsubstantiated records. Clinical notes did not agree with State data procedure codes in 14% of records. Some of the observed discrepancies are

- Discovery of activities entered as encounters which do not qualify as encounters, including internal communications, staff meetings, transportation and leaving voice mails
- Lack of clinical documentation for services
- Incorrect bundling of services
- Coding errors, especially for 99214, which cannot be used regardless of medical decision-making

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

<b>Demographics Data (N = 138)</b>				
<b>Field</b>	<b>Match</b>	<b>No Match – Erroneous</b>	<b>No Match – Missing</b>	<b>No Match – Unsubstantiated</b>
<b>Last Name</b>	98.55%	0.72%	0.00%	0.72%
<b>First Name</b>	98.55%	0.72%	0.00%	0.72%
<b>Gender</b>	97.83%	0.72%	0.00%	0.72%
<b>Date of Birth</b>	98.55%	0.72%	0.00%	0.72%
<b>Ethnicity/Race</b>	90.58%	8.70%	0.00%	0.72%
<b>Hispanic Origin</b>	86.96%	11.59%	0.00%	1.45%
<b>Preferred Language</b>	97.10%	1.45%	0.00%	0.72%
<b>Social Security Number</b>	97.83%	0.00%	0.00%	0.72%
<b>Sexual Orientation</b>	87.68%	10.87%	0.00%	1.45%

Table E-6: Encounter Data Validation

Encounter Data (N = 439)				
Field	Match	No Match – Erroneous	No Match – Missing	No Match – Unsubstantiated
Procedure Code	88.38%	2.51%	0.00%	9.11%
Date of Service	90.89%	0.23%	0.00%	8.88%
Service Location	87.70%	3.42%	0.00%	8.88%
Service Duration	85.65%	5.47%	0.00%	8.88%
Provider Agency	90.21%	0.68%	0.00%	9.11%
Provider Type	89.29%	1.59%	0.00%	9.11%
Clinical Note Matches Procedure Code	85.65%	14.35%	0.00%	0.00%

SWBH did not conduct a demographic data validation, so Qualis Health's onsite review results could not be compared with SWBH results (Table E-7). Qualis Health's findings for encounter data agreement with enrollee charts differed substantially from the SWBH's review (Table E-8). While match rates for encounter data fields other than Clinical Notes were below those found by SWBH, the match rate for Clinical Notes observed by Qualis Health was higher than that found by SWBH.

It is not possible to determine how much of the variation in EDV results was due to the differences in data sources, given that SWBH used encounter data extracted from its MIS for validation, while Qualis Health used data extracted from ProviderOne.

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

Field	Qualis Health Match	RSN Match	Variance
Last Name	98.55%	--	--
First Name	98.55%	--	--
Gender	97.83%	--	--
Date of Birth	98.55%	--	--
Ethnicity/Race	90.58%	--	--
Hispanic Origin	86.96%	--	--
Preferred Language	97.10%	--	--
Social Security Number	97.83%	--	--
Sexual Orientation	87.68%	--	--

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

Field	Qualis Health Match	RSN Match	Variance
Procedure Code	88.38%	97.88%	-9.50%
Date of Service	90.89%	99.60%	-8.71%
Service Location	87.70%	98.23%	-10.53%
Service Duration	85.65%	98.23%	-12.58%
Provider Agency	90.21%	99.49%	-9.28%
Provider Type	89.29%	99.29%	-10.00%
Clinical Note Matches Procedure Code	85.65%	80.27%	5.38%

## Discussion

The sampling procedure, methodology and analytical procedures were adequate for determining the accuracy and completeness of encounter data. The electronic data validation did not identify any potential gaps or logical inconsistencies in SWBH's encounter data stored in ProviderOne.

The SWBH EDV found that only 3 of the 14 CMHAs met the State standard of 95% encounter data elements matching clinical record data elements, with a match rate of 77.9% overall for the RSN. Most of the non-matching records were due to procedure codes which were unsubstantiated by clinical documentation. SWBH noted that encounters lacking proper clinical documentation were required to be amended with proper documentation or recoded by CMHAs into a code not submitted for State reimbursement.

A low match rate for Clinical Notes was also observed by Qualis Health. However, in contrast to SWBH's findings for other data elements, Qualis Health also found below-standard match rates for all other encounter data elements as well. Discrepancies in match rates between the two validation analyses ranged from +5 percentage points to -13 percentage points. It is not possible to determine how much of this discrepancy was due to the differences in encounter data sources.

### Opportunities for Improvement

- It would be helpful if SWBH reported the number of individuals sampled for EDV work, in addition to reporting the number of encounters.
- While not specifically required by the State, SWBH should use encounter data received by the State in its review, rather than records extracted from its MIS that are expected to be sent to the State.

### Recommendation Requiring CAP

To ensure encounter data is substantiated and in compliance, the RSN needs to

- Provide training on the Service Encounter Reporting Instructions: on coding, on what is included and excluded in each modality, and on the general encounter reporting instructions
- Provide training on medical necessity to ensure that services provided and encountered are medically necessary and cannot be provided by some other means
- Provide training on standards of documentation
- Monitor encounters more closely to ensure that the encounters submitted are accurate and well documented

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## Appendix A: Previous Year Findings and Recommendations

There were no Corrective Action Plans identified in the previous year for SWBH.

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

### Compliance with Regulatory and Contractual Standards

#### **Section 1: Availability of Services**

N/A

#### **Section 2: Coordination of Care**

SWBH's monitoring of care coordination revealed challenges with follow-through on treatment plan goals as well as care coordination, impacting continuity of care for enrollees.

1. The RSN needs to continue to provide training to the provider agencies, monitor for compliance and provide corrective actions if the lack of care coordination continues.

#### **Section 3: Coverage and Authorization of Services**

N/A

#### **Section 4: Provider Selection**

N/A

#### **Section 5: Subcontractual Relationships and Delegation**

N/A

#### **Section 6: Practice Guidelines**

N/A

#### **Section 7: Quality Assessment and Performance Improvement Program**

N/A

#### **Section 8: Health Information Systems**

N/A

### Performance Improvement Project (PIP) Validation

There were no Recommendations Requiring CAP for Performance Improvement Project (PIP) Validation.

### Information Systems Capabilities Assessment (ISCA)

There were no Recommendations Requiring CAP for the Information Systems Capabilities Assessment (ISCA).

### Encounter Data Validation (EDV)

2. To ensure encounter data is substantiated and in compliance, the RSN needs to
  - Provide training on the Service Encounter Reporting Instructions: on coding, on what is included and excluded in each modality, and on the general encounter reporting instructions
  - Provide training on medical necessity to ensure that services provided and encountered are medically necessary and cannot be provided by some other means
  - Provide training on standards of documentation
  - Monitor encounters more closely to ensure that the encounters submitted are accurate and well documented

## Appendix C: Acronyms

BHAS	Behavioral Health Assessment System
BBA	Balanced Budget Act
BC/DR	Business Continuity and Disaster Recovery
CANS	Child Adolescent Needs and Strengths
CAP	Corrective Action Plan
CALOCUS	Child and Adolescent Level of Care Utilization System
CFR	Code of Federal Regulations
CHIP	Child's Health Insurance Program
CIS	Consumer Information System
CMHA	Community Mental Health Agency
CMS	Centers for Medicare & Medicaid Services
CPT	Current Procedural Terminology
DBHR	Department of Social and Health Services, Division of Behavioral Health and Recovery
E&T	Evaluation and Treatment Facility
EDI	Electronic Data Interchange
EDV	Encounter Data Validation
EHR	Electronic Health Record
EPSDT	Early and Periodic Screening, Diagnosis and Treatment
EQR	External Quality Review
EQRO	External Quality Review Organization
HCA	Health Care Authority
HCPCS	Healthcare Common Procedural Coding System
IMD	Institution for Mental Diseases
IPPS	Inpatient Prospective Payment System
ISCA	Information System Capability Assessment
LOCUS	Level of Care Utilization System
MCO	Managed Care Organization
MMIS	Medicaid Management Information System
NIC	Network Interface Card
NAS	Network Attached Storage
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	Rapid Assessment Interface Discharge
RSN	Regional Support Network
SERI	Service Encounter Reporting Instructions
SWBH	Southwest Washington Behavioral Health
WISe	Wraparound with Intensive Services
WSC	Washington State RSN-Netsmart Consortium

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