Peninsula Regional Support Network

External Quality Review Report
Division of Behavioral Health and Recovery

December 2015

QUALIS HEALTH™

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

This report has been produced in support of the DSHS Division of Behavioral Health and Recovery, documenting the results of external review of the state's Regional Support Networks (RSNs).Our review was conducted by Ricci Rimpau, RN, BS, CPHQ, CHC, Operations Manager; Lisa Warren, Quality Program Specialist; Crystal Didier, M.Ed, Clinical Quality Specialist; Sharon Poch, MSW, Clinical Quality Specialist; and Joe Galvan, Project Coordinator.

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

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

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Introduction

This report presents the 2015 results of the external quality review of Peninsula RSN (PRSN), a mental health Regional Support Network (RSN) serving Washington Medicaid recipients.

In 2014, the Washington State Department of Social and Health Services (DSHS) Division of Behavioral Health and Recovery (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. 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.

Peninsula RSN administers public mental health funds for Medicaid participants enrolled in managed care plans in Clallam, Jefferson and Kitsap counties. The RSN does not provide any direct client services; however, it provides planning, contracting and administration for direct client services that are provided to enrollees through contracts with community health providers, consumer/family advocate groups, and tribal groups in the three-county area. The executive board, composed of nine county commissioners, sets policy and has oversight responsibilities. Currently 76,000 residents are eligible to receive services from the PRSN.

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 (EQR) activities. As the external quality review organization (EQRO) for 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 PIPs, 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 11 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 Peninsula Regional Support Network (PRSN).

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 capability assessment 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 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 Citation	Results
Section 1. **Availability of Services**	438.206	🟡 Partially Met (pass)
Section 2. **Coordination and Continuity of Care**	438.208	🟢 Fully Met (pass)
Section 3. **Coverage and Authorization of**	438.210	🟡 Partially Met (pass)

Services		
Section 4. **Provider Selection**	438.214	🟢 Fully Met (pass)
Section 5. **Subcontractual Relationships and Delegation**	438.230	🟢 Fully Met (pass)
Section 6. **Practice Guidelines**	438.236	🟡 Partially Met (pass)
Section 7. **Quality Assessment and Performance Improvement Program**	438.240	🟢 Fully Met (pass)
Section 8. **Health Information Systems**	438.242	🟢 Fully Met (pass)

Performance Improvement Project (PIP) Validation Results

As a mandatory EQR activity, Qualis Health evaluated the 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 and/or children's areas that are expected to have a favorable effect on health outcomes and enrollee satisfaction. The results for the RSN's clinical and children's 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
Clinical PIP: Tobacco Use Cessation: Ask and Record	🟢 Fully Met (pass)	Not Enough Time Has Elapsed to Assess Meaningful Change
Children's PIP: Improving Identification of Intensive-Needs Children and Youth	🟢 Fully Met (pass)	Improving Identification of Intensive-Needs Children and Youth

Information System Capability Assessment (ISCA) Results

The RSN's 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 the 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, the RSN's meaningful use of electronic health record (HER) 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

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

H. Meaningful Use of EHR	This section assesses how the RSN and its contracted providers use electronic health records (EHRs). This section is not scored.	●N/A

Encounter Data Validation (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

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

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

EDV Standard	Description	EDV Result
Electronic Data Checks	Full review of encounter data submitted to the state indicates no (or minimal) logic problems or out-of-range values.	🟢 Fully Met (pass)
Onsite Clinical Record Review	State encounter data is substantiated in audit of patient charts at individual provider locations. Audited fields include demographics (name, date of birth, ethnicity and language) and encounters (procedure codes, provider type, duration of service, service date and service location). A passing score is that 95% of the encounter data fields in the clinical records match.	🔴 Not Met (fail)

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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 42 CFR §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.

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

Summary of Compliance Review Results

Table B-1: Summary Results of Compliance Monitoring Review, By Section

CMS EQR Protocol	CFR Citation	Results
Section 1. Availability of Services	438.206	🟡 Partially Met (pass)
Section 2. Coordination and Continuity of Care	438.208	🟢 Fully Met (pass)
Section 3. Coverage and Authorization of Services	438.210	🟡 Partially Met (pass)
Section 4. Provider Selection	438.214	🟢 Fully Met (pass)
Section 5. Subcontractual Relationships and Delegation	438.230	🟢 Fully Met (pass)
Section 6. Practice Guidelines	438.236	🟡 Partially Met (pass)
Section 7. Quality Assessment and Performance Improvement Program	438.240	🟢 Fully Met (pass)
Section 8. Health Information Systems	438.242	🟢 Fully Met (pass)

This review assesses the 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.

Strengths

- PRSN evaluates access to services by reviewing enrollees' service utilization, complaints and grievances; analyzing service penetration rates for enrollees by age, ethnicity and gender; monitoring for loss or addition of practitioners; and conducting satisfaction surveys.
- PRSN generates a monthly Provider Performance Summary Report to describe numbers of services and hours for each state plan modality, utilization rates for inpatient services and crisis services, penetration rates and other performance statistics. These are calculated by agency and for the region as a whole.
- PRSN has a very well-written second opinion policy, which states the RSN provides for a second opinion from a qualified healthcare professional within the network, or will arrange for the enrollee to obtain one outside the network, at no cost to the enrollee.

- PRSN's policy on out-of-network coordination of payment with providers specifies that the cost to the enrollee is no greater than it would be if services were furnished within the network.
- PRSN has several policies on cultural competency. The policy "Culturally Competent Service Structure" is very robust and thorough and describes the policy of PRSN to require network providers and subcontractors to establish policies, procedures and mechanisms maximizing access to and use of mental health services, including care which evidences age and cultural competence.
- PRSN policy on care coordination ensures medically necessary services and care coordination between the network providers and the enrollee's primary medical care provider and/or hospital emergency room medical providers/staff occur routinely in order to address the complex needs that could potentially impact the individual's mental health and physical health recovery.
- PRSN conducts at least 500 clinical record reviews annually to determine whether authorization requests reflect the clinical need presented in the record for each case reviewed.
- PRSN ensures all notice of actions include the use of qualified sign-language interpreters for those persons with hearing impairments, oral explanations for individuals with visual impairments, persons with limited ability to read English or who are developmentally disabled, and explanations in languages other than English.
- The PRSN Crisis Response Team consults with and assists the local hospital emergency room medical providers and staff with the development of an integrated medical and/or mental health treatment plan that will provide a coordinated and effective course of treatment for the enrollee.
- PRSN requires all contracted providers to submit a quality assurance plan every six months. These semiannual quality reports include tracking, monitoring, measures and quality assurance activities that occur at the agencies.
- PRSN consults with the network clinical directors to identify the elements to monitor within each adopted practice guideline. To ensure that those elements are included in the services provided to each enrollee with a diagnosis of schizophrenia or bipolar disorder, the RSN reviews, at least once a year, a sample of charts for adherence to the appropriate guideline. The results are given to the provider agencies.
- PRSN has a variety of mechanisms in place to detect both overutilization and underutilization of services. These include reports and data describing utilization trends, quality indicator tracking, administrative reviews, admission and reauthorization-focused chart reviews and other quality assurance monitoring results.
- PRSN has several committees responsible for reviewing, analyzing and making recommendations for improvement for both internal processes as well as for contracted agencies. The RSN follows up on all corrective action plans to ensure the providers are complying with the corrective action plans.
- PRSN's Quality Improvement Committee (QUIC) provides oversight of the quality improvement process and activities for the RSN. The committee is composed of at least six consumers in the community who have received or are receiving services in a publicly funded mental health system, representatives from each of the provider agencies and PRSN staff to facilitate.
- PRSN has a variety of mechanisms in place to detect both overutilization and underutilization of services. These include reports and data describing utilization trends, quality indicator tracking, administrative reviews, and admission and reauthorization-focused chart reviews and other quality assurance monitoring results.
- PRSN consulted with the network clinical directors to identify the elements to monitor within each adopted practice guideline. To ensure that those elements are included in the services provided to each enrollee with a diagnosis of schizophrenia or bipolar disorder, the RSN reviews, at least

once a year, a sample of charts for adherence to the appropriate guideline. The results are given to the provider agencies.

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

Section 1: *Availability of Services*

Recommendation Requiring CAP
PRSN does not have a policy or process in place that ensures that out-of-network providers are credentialed.

- PRSN needs to have a process in place that ensures that out-of-network providers meet the requirements in PRSN's credentialing policies, including ensuring the providers are licensed as appropriate and are not on the excluded provider list.

Opportunity for Improvement
The State Mental Health Statistics Improvement Program (MHSIP) consumer surveys, which measure enrollee satisfaction with services including access, is performed yearly. Results from the 2014 survey indicated PRSN rated below the state's average for satisfaction on access to care and services. This has been a trend for several years.

- PRSN should consider methods to discover the issues causing the dissatisfaction, such as conducting its own survey of its enrollees to discover exactly what the reasons are for the dissatisfaction with access to services and then implement methods to meet the needs of its enrollees.

Section 2: *Coordination of Care*

N/A

Section 3: *Coverage and Authorization of Services*

Recommendation Requiring CAP
PRSN does not have a policy in place or language in its contract with CommCare that describes procedures for the consistent application of review criteria for the initial and continuing authorization of services. Although the RSN states the ASO conducts inter-rater review, there is no documentation to substantiate these claims.

- PRSN needs to implement a policy and procedure to ensure its contracted ASO, CommCare, is consistently applying review criteria for the authorizations of services.

Section 4: *Provider Selection*

N/A

Section 5: *Subcontractual Relationships and Delegation*

N/A

Section 6: *Practice Guidelines*

Opportunity for Improvement

PRSN's two American Psychiatric Association (APA) practice guidelines are for schizophrenia and bipolar disorder. These guidelines have been in place for several years.

- PRSN needs to re-evaluate its current practice guidelines and ensure the guidelines are meeting the needs of its enrollee population and that the two guidelines are still in line with its prevalent diagnoses.

Section 7: *Quality Assessment and Performance Improvement Program*

Opportunity for Improvement

PRSN is not in compliance with the State's Quality Strategy plan as the State does not have a current Quality Strategy plan.

- When the State has finalized its Quality Strategy plan, the RSN will need to be in compliance with the plan.

Section 8: *Health Information Systems*

N/A

Section 1: Availability of Services

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

Protocol Section	CFR	Result
Availability of Services		
1. Delivery Network	438.206 (b)(1)	🟢 Fully Met
2. Second Opinion	438.206 (b)(3)	🟢 Fully Met
3. Out-of-network	438.206 (b)(4)	🟢 Fully Met
4. Coordination of Out-of-network	438.206 (b)(5)	🟢 Fully Met
5. Out-of-network Provider Credentials	438.206 (b)(6)	🔴 Not Met

6. Furnishing of Services and Timely Access	438.206 (c)(1)	● Fully Met
7. Furnishing of Services and Cultural Considerations	438.206 (c)(2)	● Fully Met
Overall Result for Section 1.		● Partially Met (pass)

Delivery Network

FEDERAL REGULATION SOURCE(S)
§438.206 (b)(1): Availability of Services – Delivery Network

The State must ensure, through its contracts, that each MCO, and each PIHP and PAHP consistent with the scope of the PIHP's or PAHP's contracted services, meets the following requirements:

(1) Maintains and monitors a network of appropriate providers that is supported by written agreements and is sufficient to provide adequate access to all services covered under the contract. In establishing and maintaining the network, each MCO, PIHP and PAHP must consider the following:

(I) The anticipated Medicaid enrollment

(ii) The expected utilization of services, taking into consideration the characteristics and healthcare needs of specific Medicaid populations represented in the particular MCO, PIHP and PAHP

(iii) The numbers and types (in terms of training, experience and specialization) of providers required to furnish the contracted Medicaid services

(iv) The numbers of network providers who are not accepting new Medicaid patients

(v) The geographic location of providers and Medicaid enrollees, considering distance, travel time, the means of transportation ordinarily used by Medicaid enrollees, and whether the location provides physical access for Medicaid enrollees with disabilities

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

SCORING CRITERIA
- The RSN maintains and monitors a network of appropriate providers that is supported by written agreements.
- The RSN's provider network is sufficient to provide adequate access to all services covered under the contract.
- In establishing and maintaining the network, the RSN considers:
  o The anticipated Medicaid enrollment
  o The expected utilization of services, taking into consideration the characteristics and healthcare needs of specific Medicaid populations represented in the RSN.
  o The numbers and types (training, experience and specialization) of providers

required to furnish the contracted Medicaid services
- o The numbers of network providers who are not accepting new Medicaid patients
- o Geographic location of providers and Medicaid enrollees, considering distance, travel time, the means of transportation ordinarily used by Medicaid enrollees, and whether the location provides physical access for Medicaid enrollees with disabilities
- The RSN has formal procedures in place to monitor its provider network to ensure adequacy.

Reviewer Determination

🟢 Fully Met (pass)

Strengths
- PRSN has policies and procedures in place to ensure its provider network is sufficient to provide adequate access to all services covered under the contract
- PRSN reviews annually the adequacy of licensed personnel and specialists working within the provider network.
- PRSN maintains a directory of all bilingual and evidence-based specialized trained staff.
- The implementation of Medicaid expansion had a large impact on PRSN's population. As a result of this change, the RSN modified the monthly reporting of hours of service by the provider agencies to include a breakout of standard Medicaid hours versus MAGI (Medicaid expansion) hours. The reporting form also includes tracking both Medicaid standard and MAGI penetration rates per provider.
- 2014 was the first full year of a new report tool developed by PRSN to monitor and compare the length of stays between the community hospitals and evaluation and treatment facilities (E&Ts). The report also monitors authorized hospital stays that result in readmissions.
- PRSN evaluates access to services by reviewing enrollees' service utilization, complaints and grievances; analyzing service penetration rates for enrollees by age, ethnicity and gender; monitoring for loss or addition of practitioners; and conducting satisfaction surveys.
- The PRSN generates a monthly Provider Performance Summary Report to describe numbers of services and hours for each state plan modality, utilization rates for inpatient services and crisis services, penetration rates and other performance statistics. These are calculated by agency and for the region as a whole.

Second Opinion

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

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

SCORING CRITERIA
- The RSN provides for a second opinion from a qualified healthcare professional within the network, or arranges for the enrollee to obtain one outside the network, at no cost to the enrollee.
- The RSN maintains policies and procedures related to second opinions that meet the standards.
- The RSN provides literature or other materials available to enrollees to provide information about an enrollee's right to a second opinion.
- RSN staff is knowledgeable about State and Federal requirements, as well as internal policies and procedures.
- The RSN has an effective process in place to monitor compliance with standards.

Reviewer Determination

🟢 Fully Met (pass)

Strengths
- PRSN has a very well-written second opinion policy, which states that the RSN provides for a second opinion from a qualified healthcare professional within the network, or will arrange for the enrollee to obtain one outside the network, at no cost to the enrollee.
- Interviews with two provider agencies indicated the agencies were well aware of the second opinion policy; however, each stated there were very few requests for second opinions.
- As part of its annual administrative review, PRSN interviews agency staff about policies and procedures, including their knowledge of enrollees' right to a second opinion.

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 adequately and in a timely manner out of network for the enrollee, for as long as the MCO, PIHP or PAHP is unable to provide them.

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

SCORING CRITERIA
- The RSN provides documentation of services that are 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.

● Fully Met (pass)

Strengths

- PRSN has a well-written policy for out-of-network that states: "If an individual presents with a unique need that requires medically necessary services that the assigned PRSN community mental health agency cannot provide, the PRSN coordinates the service delivery within the network with another community mental health agency or out-of-network provider that does provide the service."
- PRSN has very few out-of-network requests for services as most services can be provided within the network.
- Interviews with two provider agencies indicated that services requested for out-of-network have been for a neuropsychologist, autism services, specialty population consultations and Asian counseling.

Coordination of Out-of-Network

FEDERAL REGULATION SOURCE(S)
§438.206 (b)(5): Availability of Services – Delivery Network
(5) Requires out-of-network providers to coordinate with the MCO or PIHP with respect to payment and ensures that cost to the enrollee is no greater than it would be if the services were furnished within the network.

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

SCORING CRITERIA

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

Reviewer Determination

● Fully Met (pass)

Strengths
- PRSN's policy on out-of-network coordination of payment with providers specifies that the cost to the enrollee is no greater than it would be if services were furnished within the network.

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

🔴 Not Met (fail)

Recommendation Requiring CAP
PRSN does not have a policy or process in place that ensures that out-of-network providers are credentialed.
- PRSN needs to have a process in place that ensures that out-of-network providers meet the requirements in PRSN's credentialing policies, including ensuring the providers are licensed as appropriate and are not on the excluded provider list.

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.

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 (pass)

Strengths
- PRSN's policy "Access to Services, Timely" states that providers shall comply with State Access to Care guidelines for timeliness and that the determination of eligibility for authorization to service shall be based on the Access to Care Standards.
- This policy also states that if a provider performs below-expected standards during any of the reviews listed above, a corrective action will be required for PRSN approval.
- PRSN ensures timely access to care through compliance monitoring, which includes annual administrative reviews, monthly chart reviews, quarterly statistical monitoring of data reports and routine reviews of enrollees' grievances and appeals.
- Timely access to services is also monitored through PRSN's management information systems data reports.
- Finding and trends of the compliance monitoring for access to services is given to PRSN's Quality Utilization Improvement Committee (QUIC) for review and analysis.

Opportunity for Improvement
The State Mental Health Statistics Improvement Program (MHSIP) consumer survey, which measures enrollee satisfaction with services including access, is performed yearly. Results from the 2014 survey indicated PRSN rated below the state's average for satisfaction on access to care and services. This has been a trend for several years.
- PRSN should consider methods to discover the issues causing the dissatisfaction, such as conducting its own survey of its enrollees to discover exactly what the reasons are for the dissatisfaction with access to services and then implement methods to meet the needs of its enrollees.

Furnishing of Services and Cultural Considerations

FEDERAL REGULATION SOURCE(S)
§438.206 Availability of services (c)(2): Furnishing of Services and Cultural Considerations   Each MCO, PIHP and PAHP participates in the State's efforts to promote the delivery of services in a culturally competent manner to all enrollees, including those with limited English proficiency and diverse cultural and ethnic backgrounds.

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

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

Reviewer Determination
● Fully Met (pass)

Strengths

- PRSN has several policies on cultural competency. The policy "Culturally Competent Service Structure" is very robust and thorough and describes the policy of PRSN to establish and require network providers and subcontractors to establish policies, procedures and mechanisms maximizing access to and use of mental health services, including care that evidences age and cultural competence.
- PRSN monitors cultural competency by performing an annual provider and subcontractor administrative review, an annual provider chart review, reviewing grievance tracking reports and quarterly provider performance reports, and conducting a provider quality review team onsite review.
- As the largest minority within PRSN's population is Native American, PRSN provided training on tribal culture on August 1, 2014, to its providers.

Section 2: Coordination and Continuity of Care

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

Protocol Section	CFR	Result

Coordination and Continuity of Care		
Primary Care and Coordination of Healthcare Services	438.208 (b)	● Fully Met
Additional Services for Enrollees with Special Healthcare Needs	438.208 (c)(1)(2)	● Fully Met
Treatment Plans	438.208(c)(3)	● Fully Met
Direct Access to Specialists	438.208 (c)(4)	● Fully Met
Overall Result for Section 2.		● Fully 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

● Fully Met (pass)

Strengths
- PRSN's policy on care coordination ensures medically necessary services and care coordination between the network providers and the enrollee's primary medical care provider and/or hospital emergency room medical providers/staff occur routinely in order to address the complex needs that could potentially impact the individual's mental health and physical health recovery.
- PRSN requires its provider agencies to assign a mental healthcare professional (MHCP) to coordinate care with an enrollee's primary care provider (PCP). If the enrollee does not have a PCP, the MHCP will assist with arranging for the enrollee to acquire a PCP.
- One of PRSN's quality indicators is coordination of care with the enrollee's PCP.
- The RSN reviews for coordination of care through its clinical record reviews. PRSN looks for evidence of coordination in the enrollee's treatment plan, information releases, correspondence between providers, and whether the progress notes document efforts to coordinate care.
- PRSN reviews all children's charts for coordination of care and requires referrals for coordination of care. Results of the audits showed over 95% of all children's care had coordination of services.

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 Health Care Needs

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

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

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

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

STATE REGULATION / RSN AGREEMENT SOURCE(S)

WAC 388-865-0420
RSN Agreement Section(s) 13.3.16

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

Reviewer Determination

● Fully Met (pass)

Strengths
- PRSN provider contracts state that providers must ensure coordination with other service delivery systems responsible for meeting enrollees' identified needs. PRSN monitors this function during monthly and annual records review, through review of complaints and grievances, and through input from consumers.
- PRSN has several policies in place for care and treatment of enrollees with special healthcare needs; the RSN monitors this care through several methods.
- The Quality Improvement Committee (QUIC) reviews the results of monitoring and identifies trends throughout the region that may be areas for improvement.

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

● Fully Met (pass)

Strengths

- PRSN's audit tool for monitoring treatment plans includes an indicator that states the treatment plan is initiated, with at least one goal identified by the individual, or their parent or other legal representative if applicable, at the first session following the intake evaluation.

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 specialists.

Reviewer Determination

● Fully Met (pass)

Strengths

- PRSN has a detailed policy specifying the enrollee's right to have direct access to care and services.
- PRSN monitors direct access to specialists through clinical chart reviews and administrative reviews.

Section 3: Coverage and Authorization of Services

Table B-4: Summary of Compliance Review for Authorization of Services

Protocol Section	CFR	Result
Coverage and Authorization of Services		
Basic Rule	438.210 (a)	🟢 Fully Met (pass)
Coverage and Authorization of Services	438.210 (b)	🟡 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)
Overall Result for Section 3.		🟡 Partially Met (pass)

Basic Rule

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

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

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

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

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

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

(iii) May place appropriate limits on a service—

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

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

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

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

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

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

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

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

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

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

Reviewer Determination

🟢 Fully Met (pass)

Strengths
- The PRSN has adopted a "medical necessity" definition that includes the WAC and contract definitions for all levels of care. In addition, the PRSN admission criteria for "medical necessity" include the statewide Access to Care standards.
- The PRSN-subcontracted administrative services organization (ASO) CommCare is responsible for authorizing care. CommCare is a URAC-accredited review organization.
- The PRSN community mental health network provider agencies are responsible for assessing, establishing and documenting medical necessity based on statewide Access to Care criteria.

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 who has appropriate clinical expertise in treating the enrollee's condition or disease.

Reviewer Determination

🟡 Partially Met (pass)

Strengths
- PRSN conducts at least 500 clinical record reviews annually to determine whether authorization requests reflect the clinical need presented in the record for each case reviewed.
- PRSN's contract with the ASO states 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 who has appropriate clinical expertise in treating the enrollee's condition.

Recommendation Requiring CAP
PRSN does not have a policy in place or language in its contract with CommCare that describes

procedures for the consistent application of review criteria for the initial and continuing authorization of services. Although the RSN states the ASO conducts inter-rater review, there is no documentation to substantiate these claims.

- PRSN needs to implement a policy and procedure to ensure its contracted ASO, CommCare, is consistently applying review criteria for the authorizations of services.

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)

Strengths
- PRSN's polices require CommCare to send all notices of action to the individual seeking mental health services (or their legal caretaker), or to a legal guardian or parent who is the legal custodian of a person under the age of consent, and to the requesting provider agency.
- PRSN ensures that all notice of actions include the use of qualified sign-language interpreters for those persons with hearing impairments, oral explanations for individuals with visual impairments, persons with limited ability to read English or those who are developmentally disabled, and explanations in languages other than English.

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
- The ASO is contracted to use the formally adopted PRSN utilization policies, the Utilization Management Plan; Levels of Care, which include the Access to Care Standards; and related guidelines when making authorization determinations.
- All authorization clinical reviews are conducted through the completion of the PRSN treatment authorization request form, Peninsula Regional Assessment Tool (PRAT), submitted to the ASO electronically by the requesting provider.
- The authorization determination, approval/denial, is indicated on the electronically transmitted request form and electronically returned to the provider agency with a determination.

- PRSN monitors the timely authorization process outlined in the provider contract and PRSN Level of Care requirements. The PRAT is the tool used by all of the providers in the region to describe an assessment and request outpatient authorization of services.
- The PRAT report analyzes the number of PRATs submitted to CommCare more than two weeks past the service request date. It also identifies the number of admissions, continuing care, and inactivation outpatient authorization requests sent to CommCare from each provider, and the time taken from request for authorization to when the authorization is determined by CommCare.
- When the percentage of overdue PRATs reaches 15 or more in any given month for a provider, a corrective action plan is required. Each corrective action plan is presented and reviewed at the monthly UMC meeting.

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)

Meets Criteria

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—

(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 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 provisions, reference to "M C organization" must be read as reference to the entities responsible for Medicaid payment, as specified in paragraph (b) of this section.

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

STATE REGULATION / RSN AGREEMENT SOURCE(S)

RSN Agreement Section(s) 5.2

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

Reviewer Determination

🟢 Fully Met (pass)

Strengths
- The PRSN Crisis Response Team consults with and assists the local hospital emergency room medical providers and staff with the development of an integrated medical and/or mental health treatment plan that will provide a coordinated and effective course of treatment for the enrollee.
- The PRSN Crisis Response Team collaborates with emergency room medical providers and staff to identify unique reasons for increased/decreased use of the local hospital emergency room.
- PRSN tracks the appropriate use of crisis services and stabilization of services using its Crisis Chart Review Tool.
- PRSN has a policy that states the enrollee will not be responsible for payment of provided services.

Section 4: Provider Selection

Table B-5: Summary of Compliance Review for Provider Selection

Protocol Section	CFR	Result
Provider Selection		
General Rules, Credentialing, Re-credentialing	438.214 (a)(b)	● Fully Met (pass)
Nondiscrimination	438.214 (c)	● Fully Met (pass
Excluded Providers	438.214 (d)	● Fully Met (pass
Overall Result for Section 4.		● 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 polices and processes.

Reviewer Determination

● Fully Met

Strengths
- PRSN delegates credentialing to its contracted providers, including CommCare.
- PRSN reviews a random sample of 10% of agency personnel records, including newly hired staff. Records must include school diplomas/ degrees and trainings, job descriptions, current training plans, primary source verification of staff credentials, criminal background clearance(s), licenses, validation against the Office of Inspector General and Excluded Parties Listing System sites, references and personal interviews.

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)

Meets Criteria

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)

Strengths
- PRSN's policy states that the RSN will not willingly contract with or retain any contractor or subcontractor who has been listed by a State or Federal agency as debarred, excluded or otherwise ineligible for Federal or State program participation, or whose license has been revoked or suspended.
- PRSN requires monthly attestation from each agency that all staff, board members, volunteers, interns and subcontractors have been screened for Federal exclusion.

Section 5: Subcontractual Relationships and Delegation

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

Protocol Section	CFR	Result
Subcontractual Relationships and Delegation		
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

- PRSN's policy "Provider-Subcontractor Administrative Review" outlines a standardized process for network provider and sub-delegation administrative reviews, which states that the purpose of the reviews is to monitor provider and subcontractor administrative and compliance practices.
- Provider and sub-delegation administrative reviews are conducted annually by PRSN staff using the PRSN Administrative Review Tool, and the Subcontractor Delegation and Assessment Tool. These reports provide feedback and recommendations using measurement standards consistent with industry standards.
- Results of administrative reviews are summarized for the advisory board, system-wide trends are reported to QUIC, and reports are published on the PRSN website.
- PRSN contracts with Kitsap Mental Health Services for IS services. The IS sub-delegation review occurred in October 2014. This review resulted in five corrective actions.
- PRSN contracts with CommCare for authorization of services; the authorization of services sub-delegation review occurred in November 2013. This review resulted in no corrective actions.
- Administrative reviews were completed at three of PRSN's four provider agencies in 2013–2014 fiscal years. Provider agencies did well with only a few required corrective actions.
- PRSN requires all contracted providers to submit a quality assurance plan every six months. These semiannual quality reports include tracking, monitoring, measures and quality assurance activities that occur at the agencies.

Section 6: Practice Guidelines

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

Protocol Section	CFR	Result
Practice Guidelines		
Clinical Evidence and Adoption	438.236(a-b)	● Partially Met (pass)
Dissemination	438.236 (c)	● Fully Met (pass)

Application	438.236 (d)	🟢 Fully Met (pass)
Overall Result for Section 6.		🟡 Partially 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 and, 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

🟡 Partially Met (pass)

Strengths
- PRSN has a policy on practice guidelines that states that PRSN adopts practice guidelines based on valid and reliable research-based clinical evidence demonstrating their utility in driving positive

clinical outcomes, reflecting promising practices, or reflecting a consensus of national mental health professionals**.**

- The PRSN-adopted practice guidelines are reviewed and updated biennially.

Opportunity for Improvement

PRSN's two American Psychiatric Association (APA) practice guidelines are for schizophrenia and bipolar disorder. These guidelines have been in place for several years.

- PRSN needs to re-evaluate its current practice guidelines and ensure the guidelines are meeting the needs of its enrollee population and that the two guidelines are still in line with its prevalent diagnoses.

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)

Strengths
- PRSN's policy on practice guidelines states that the APA practice guidelines and condensed guides are sent electronically to all network providers' clinical director(s) in the PRSN. The PRSN practice guidelines are also available through the PRSN website (in Manual).
- The APA practice guidelines are provided electronically to consumers, potential consumers and interested parties upon request.

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 that 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 the interface between the QA/PI program and the practice guidelines adoption process.

Reviewer Determination

🟢 Fully Met (pass)

Strengths
- PRSN consults with the network clinical directors to identify the elements to monitor within each adopted practice guideline. To ensure that those elements are included in the services provided to each enrollee with a diagnosis of schizophrenia or bipolar disorder, the RSN reviews at least once a year a sample of charts for adherence to the appropriate guideline. The results are given to the provider agencies.
- PRSN's practice guidelines are incorporated into the RSN's utilization management (UM) protocols, enrollee education and the network provider training plan.

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
Quality Assessment and Performance Improvement Program		
Rules, Evaluation, Measurement, Improvement, Program Review by State	438.240 (a)(b)1 (d)(e)	🟢 Fully Met (pass)
Submit Performance Measurement Data	438.240 (b)(c)	🟢 Fully 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)

Overall Result for Section 7.	● Fully 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

● Fully Met (pass)

Strengths
- PRSN utilizes a Quality Management Plan, a working document created to ensure the on-going practice of evaluating, monitoring and improving the quality of mental health services delivered within the three counties served by the PRSN. The Quality Management Plan is approved by the PRSN Quality Improvement Committee (QUIC) and the executive board and is facilitated by PRSN staff.
- PRSN's yearly QA/PI work plan addresses monitoring tools and activities; analyzing service performance, including utilization trends; monitoring fidelity to practice guidelines; data integrity; delegation; complaints, grievances and appeals; analyzing quality indicators; and incorporating customer feedback into quality improvement (QI) and utilization management (UM) activities.
- The PRSN has established quality indicators as part of the PRSN Quality Management Work Plan that measure performance, effective service delivery and network efficiency. The indicators are driven by contract and CFR requirements, data collected from chart reviews, administrative reviews, satisfaction surveys, provider performance summary reports and other data maintained in the PRSN information system.
- PRSN's Quality Improvement Committee (QUIC) provides oversight of the quality improvement process and activities for the RSN. The committee is composed of at least six consumers in the community who have received or are receiving services in a publicly funded mental health system, representatives from each of the provider agencies and PRSN staff, who facilitate.
- The QUIC meets at least quarterly to review system-level trends and to make recommendations to the PRSN regarding quality assurance issues and opportunities for improvement within the network. The QUIC also provides direct oversight of the PRSN compliance plan and Utilization Management Committee.

Opportunity for Improvement
PRSN is not in compliance with the State's Quality Strategy plan as the State does not have a current Quality Strategy plan.

- When the State has finalized its 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 performance improvement program.
- The RSN reports performance data to the State every year.

Reviewer Determination

🟢 Fully Met (pass)

Strengths
- PRSN has a well-written 2014 quality management program evaluation which describes, evaluates and makes recommendations for the quality program activities of the RSN for 2014.
- PRSN had three official indicators in 2014 that were being monitored: inpatient utilization, access to services (penetration) and peer services.

- In addition to these indicators, the RSN established measures for the following: child and family team meetings, coordination of care from inpatient to outpatient, data integrity, grievances, consumer satisfaction, early periodic screening, diagnosis and treatment documentation and gaps in services.
- PRSN monitors provider performance through a variety of reports, which are generated yearly, quarterly and monthly.

Mechanisms to Detect Under- and Overutilization of Services

FEDERAL REGULATION SOURCE(S)

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

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

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

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

SCORING CRITERIA
- The RSN has a documented policy and procedure regarding the detection of both underutilization and overutilization of services.
- The RSN has consistent criteria for identifying underutilization and overutilization.
- The RSN has processes for routine monitoring for underutilization and overutilization.
- The RSN has processes for taking corrective action to address underutilization and overutilization.

Reviewer Determination

🟢 Fully Met (pass)

Strengths
- Per PRSN's Utilization Management Plan, utilization management data is collected from the monthly authorization tracking reports. The resource development manager and the Utilization Management Committee (UMC) analyze the reports for trends and opportunities for improvement relating to service authorization and utilization.
- PRSN has a variety of mechanisms in place to detect both overutilization and underutilization of services. These include reports and data describing utilization trends, quality indicator tracking, administrative reviews, admission and reauthorization-focused chart reviews, and other quality assurance monitoring results.
- To identify overutilization of services, the RSN generates a report identifying consumers who have had more than one hospitalization within 30 days. PRSN evaluates this data and services using the crisis chart review tool, which has a section with review items for high utilization only.

- To identify underutilization of services, PRSN identifies a sample of intakes for clients for whom there is a determination that Access to Care Standards were not met. These intakes are reviewed for thoroughness, quality, and whether adequate information was documented to justify the determination. The project is completed at least once per year.
- Regional trends are reported to the QUIC. The QUIC may delegate any regional trends to the appropriate regional committee for problem solving, with results reported back to QUIC.

Mechanism to Assess the Quality and Appropriateness of Care

FEDERAL REGULATION SOURCE(S)

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

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

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

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

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

Reviewer Determination

🟢 Fully Met (pass)

Strengths
- Information regarding the quality and appropriateness of care enrollees receive through the network services is gathered from an array of sources and activities, including performing practice guideline reviews, standard chart reviews, crisis chart reviews, high-utilizer chart reviews, over- and underutilization chart reviews, residential services reviews, evaluation, treatment center reviews, ad hoc reviews and analysis of grievances and appeals.
- PRSN has several committees responsible for reviewing, analyzing and making recommendations for improvement both for internal processes as well as for contracted agencies. The RSN follows up on all corrective action plans to ensure the providers are complying with the corrective action plans.

Section 8: Health Information Systems

Table B-9: Summary of Compliance Review for Health Information Systems, General Rules and Basic Elements

Protocol Section	CFR	Result
Heath Information Systems		
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 dis-enrollments for other than loss of Medicaid eligibility.

.

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

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

Reviewer Determination

● Fully Met (pass)

Strengths

- PRSN utilizes several reports generated from health information data and uses this information to make informed management decisions.

Basic Elements

FEDERAL REGULATION SOURCE(S)

§438.242 (b): Health Information Systems

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

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

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

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

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

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

(2) 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)

Meets Criteria

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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. The PIPs must be designed to achieve, through ongoing measurements and intervention, significant improvement, sustained over time, in clinical and non-clinical areas that are expected to have a favorable effect on health outcomes and enrollee satisfaction. 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 Validation 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
High Confidence in Reported Results	The study results are based on high-quality study design and data collection and analysis procedures. The study results are clearly valid and reliable.
Moderate Confidence in Reported Results	The study design and data collection and analysis procedures are not sufficient to warrant a higher level of confidence. Study weaknesses (e.g., threats to internal or external validity, barriers to implementation, questionable study methodology) are identified that may impact the validity and reliability or reported results.
Low Confidence in Reported Results	The study design and/or data collection and analysis procedures are unlikely to result in valid and reliable study results.
Not Enough Time Has Elapsed to Assess Meaningful Change	The PIP has not advanced to at least the first re-measurement of the study indicator.

PIP Validation Results: Clinical PIP

Tobacco Use Cessation: Ask and Record

PRSN has continuously addressed health indicators known to disproportionately affect the population it serves; tobacco use is one of those indicators. Tobacco use is known to affect persons with mental illness at much higher rates than the rest of the population and to be the most modifiable risk factor for premature mortality. Consistent assessment of tobacco use is the first step in a comprehensive intervention plan. PRSN developed a quality assessment indicator to measure regional progress in the area of tobacco use assessment to determine which activities would support the process. It was noted by PRSN that while a majority of its clients do have tobacco assessments, these are occurring at only two of its provider agencies, and not all tobacco types are being assessed. The indicators in this PIP are consistent with medical practice guidelines published by the U.S. Department of Health and Human Services, Treating Tobacco Use and Dependence: 2008 Update (Public Health Service, 2008), which require clinics to "identify and document tobacco use status for every patient at every visit." These guidelines recommend that all patients should have their tobacco status assessed on a routine basis and assert that expanding screening systems such as vital signs to include tobacco assessments significantly increases the rate of clinician intervention.

This PIP, initiated in August 2014, aims to improve PRSN's ability to apply tobacco cessation and prevention interventions among Medicaid enrollees served by PRSN providers, and measure the effectiveness of those interventions using outcome data. The study question has three indicators of tobacco types it is measuring: smoking status, chew status and e-cigarette status. The foundation of the question is the same for all three tobacco uses: Does a policy change and electronic medical record (EMR) training increase the proportion of Medicaid-funded consumers, age 13 and older, receiving psychiatric medical services (one or more services during the measurement timeframe) who have their e-cigarette use status/smoking status/chew status asked and recorded, as evidenced by the presence of an e-cigarette status/smoking status/chew status result in the vitals section of the EMR at least one time with an assessment date during the measurement timeframe?

The study question identifies the focus of the PIP by identifying a goal and direction of improvement: Increase the proportion of the study population who has each type of tobacco status asked and recorded; establish the framework for data collection by identifying where, how many times and when the tobacco statuses will be recorded: as evidenced by the presence of each tobacco type status result in the vitals section of the EMR at least one time with an assessment date during the measurement timeframe and by identifying a clearly defined study population: Medicaid-funded consumers, age 13 and older, receiving psychiatric medical services (one or more services during the measurement timeframe); and design a clearly defined intervention: a policy change and electronic medical record training.

The PIP has three phases, including

1) Improving assessment of tobacco use and recording that information in the electronic medical record
2) Broadening the tobacco cessation intervention beyond assessment to include additional steps consistent with the Public Health Service clinical practice guideline, "Treating Tobacco Use and Dependence" (2008) as recommended by the U.S Preventative Services Task Force
3) Measuring tobacco use outcomes before and after interventions with the goal of decreasing tobacco use among clients in the study population

This PIP concentrates on the first steps toward intervention and measuring outcomes: asking about and recording tobacco use status. The dates of the study are the following:

Baseline: August 1, 2014, to January 31, 2015, which has already occurred.

First re-measurement: March 1, 2015, to August 31, 2015, which in is progress.

Second re-measurement: September 1, 2015, to February 28, 2016. This will occur later in the cycle.

Table C-3: Clinical PIP Validation Results

Study Design		Activity	Narrative	SCORE
Design	1	Appropriate study topic	The process for selecting this topic included input based on discussions with, and decisions made by the PRSN Quality Improvement Committee (QUIC), which comprises leadership representatives from each agency in the region, current and past enrollees, family members of mental health consumers and a mental health services ombudsman. The PRSN quality assurance manager used a tool to query this committee on the level of importance of five characteristics for considering a meaningful and feasible PIP topic. Of the five topics rated by the committee this topic rated the highest for meaningful use.	● Fully Met
	2	Clearly defined, answerable study question	The study questions are defined, measurable and are clearly stated, as this one describes: Does a policy change and electronic medical record (EMR) training increase the proportion of Medicaid-funded consumers, age 13 and older, receiving psychiatric medical services (one or more services during the measurement timeframe) who have their smoking status asked and recorded, as evidenced by the presence of a smoking status result in the vitals section of the EMR at least one time with an assessment date	● Fully Met

			during the measurement timeframe?	
	3	Correctly identified study population	The study population is identified as Medicaid-funded consumers, age 13 and older, receiving psychiatric medical services (one or more services during the measurement timeframe.	● Fully Met
	4	Correctly identified study indicator	The study indicator is the number of enrollees whose smoking status has been asked about and recorded in the EMR.	● Fully Met
Reviewer Comments: The PIP has been clearly designed with the appropriate input from stakeholders, and the population and indicator have been clearly identified.				
Implementation	5	Valid sampling technique	There were no samples in this study. The entire population is included in the indicator.	● N/A
	6	Accurate/ complete data collection	The study design clearly specifies the data to be collected. PRSN provided tables with specific instructions, repeatable for each measurement time period, for creating the indicator from the data sources. The reports include the RSN encounter validation report, which includes data extracted from the EMR, where each encounter is entered by the clinician performing the encounter. The second report is the RSN encountered vitals report. This report includes data extracted from the vitals section of the EMR, where each event included on the report is entered by medical support staff, or medical staff have based on training provided as part of the PIP intervention. Because the method includes the full population, not a sample, and is validated to ensure data is complete, the	● Fully Met

		method is considered valid in that it identifies all of the data, and only the data that defines the study population. Because the method described in the plan is highly defined and has a systematic written procedure for creating each indicator in the same way during each measurement time period, the method is considered reliable, in that the procedure can be repeatedly performed on the same data set and yields the exact same result. The data analysis plan for each indicator includes a chi-square test calculation with a p-value less than or equal to .05 to determine whether any difference between the baseline and first re-measurement is statistically significant.	
7	Appropriate data analysis/ interpretation of study results	The interventions that are being used in this PIP were based on a root cause analysis performed by a subcommittee of the PRSN's internal quality committee. The barrier analysis of data revealed that two agencies were not collecting data at all on tobacco assessments, and did not have a routine method for asking about tobacco use. It also revealed that one agency had routine assessments for smoking and chew, but not e-cigarettes. PRSN performed a fishbone analysis that revealed three agencies did not have a formal policy outlining expectations for consistent and comprehensive tobacco assessment, did not have a	●N/A

written procedure or training on how, when and who to ask about tobacco use, and either did not know how to enter in the EMR any tobacco assessment data at all, or needed training on how to enter in assessments for multiple forms of tobacco. Some staff members were not aware that entering tobacco assessment results was even a possibility. The root cause analysis also showed the best way to implement the interventions is by linking the tobacco assessments to the medical appointments where prescribers and supporting staff are already trained in obtaining and recording vitals in the medical records. The intervention included the following four components:

1. Requirement for each agency to establish a policy and procedure consistent with the requirements of this PIP
2. Training on how, when and who to ask about tobacco use for each of the three types.
3. Training on how to enter the results of the tobacco assessments in the vitals section of the EMR.
4. A PowerPoint presentation describing special populations and cultural factors related to tobacco use, addiction and cessation. The PowerPoint presentation provides background information about different

			populations to raise awareness and promote sensitivity in approaching clients with various cultural backgrounds. This training was provided at the end of the baseline measurement time period, August 1, 2014, to January 31, 2015, and before the first re-measurement, with implementation starting March 1, 2015. The dates are January 27, 2015, to February 28, 2015. The first re-measurement dates are March 2, 2015, to August 31, 2015. At the time of the review the re-measurement was still in progress. The PIP had not progressed to the stage of analysis and comparison for interpretation	

Reviewer Comments:
Sampling techniques were not used in this PIP, as the entire population identified for the study was included. The interventions chosen for the PIP were based on research and root cause analysis. The PIP includes a baseline to collect the data that will be used to compare with the data collected after the dates of the interventions. The PIP includes a second re-measurement period, which PRNS hopes will show sustained improvement.

Outcomes	8	Appropriate improvement strategies	This study has not progressed to the stage of analysis and comparison for interpretation.	● N/A
	9	Real improvement achieved	This study has not progressed to the stage of analysis and comparison for interpretation.	● N/A
	10	Sustained improvement achieved	This study has not progressed to the stage of analysis and comparison for interpretation.	● N/A
Overall Score				● Fully Met (pass)

Reviewer Comments	**Strength(s):**
	PRSN has chosen a PIP that was carefully vetted by the quality improvement committee using a system that rated several areas of interest to improve the care and services of its enrollees. The population included enrollees ages 13 years and older who had at least one psychiatric medical service during the measurement timeframe. The intent of the PIP is to show an improvement in capturing the use of tobacco (smoking, chewing or e-cigarettes) in the vitals section of the EMR after a policy change and training on the EMR and the recording of tobacco use. This PIP concentrates on the first steps toward intervention and measuring outcomes: asking about and recording tobacco use status.
	Confidence Level: Not Enough Time Has Elapsed to Assess Meaningful Change

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.	🟢 Fully Met (pass)

Reviewer Comments:

The process for selecting this topic included input based on discussions with, and decisions made by the PRSN Quality Improvement Committee (QUIC), which comprises leadership representatives from each agency in the region, current and past enrollees, family members of mental health consumers and a mental health services ombudsman. Five different topics were rated by the committee and, based on a barrier analysis, this topic was chosen.

The PIP addresses a wide range of key aspects of services. PRSN identified the following services: addressing a high volume/high risk, as over 70% of enrollees who receive psychiatric medical services are either current or past tobacco users; prevention, as NASMHPD (2006) recommends integration of

physical healthcare measures into mental healthcare with the specific goal of impacting modifiable lifestyle health risk factors such as tobacco use (tobacco cessation is identified as the most modifiable health risk factor having the greatest impact on health and mortality); providing access to and availability of care, as this PIP focuses on the first steps of a tobacco cessation intervention program: assessment and recording in the vitals section of the electronic medical record; encouraging continuity of care, as prevention efforts that are integrated into mental healthcare provide an optimal circumstance in which to address interaction between nicotine and psychotropic medications; and serving children with special healthcare needs, as this PIP includes children age 13 and older, and at least 90% of adults who use tobacco products began using prior to age 18.

The entire population included in the PIP includes Medicaid-funded enrollees with special healthcare needs, specifically mental healthcare needs that require medical management. Over time, the entire population with mental healthcare needs requiring medical management and receiving those services at PRSN will be included in this study.

Meets Criteria

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)

Reviewer Comments:
This PIP has three study questions, as there are three types of tobacco indicators being collected: smoking status, chew status and e-cigarette status. The study questions are measurable and clearly stated as follows:
Does a policy change and electronic medical record (EMR) training increase the proportion of Medicaid-funded consumers, age 13 and older, receiving psychiatric medical services (one or more services during the measurement timeframe) who have their smoking status asked about and recorded, as evidenced by the presence of a smoking status result in the vitals section of the EMR at least one time with an assessment date during the measurement timeframe?

The study question identifies the focus of the PIP: Does policy change and training on the EMR increase the recording in the EMR of the status of tobacco use? The data collected will be the recordings of use in the EMR, and the direction of change is to increase the recordings.

Meets Criteria

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)
Reviewer Comments: The study is population is identified as Medicaid-funded consumers, ages 13 and older, receiving psychiatric medical services (one or more services during the measurement timeframe). The study population data is collected from the PRSN encounter report, which includes the CID (Client Identifier), date of service, description of service, CPT code and Medicaid eligibility for all encounters that are sent to the department. The data source used to identify the study population is the PRSN encounter report. The report includes all data elements needed to identify the entire study population. **Meets Criteria**		

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 clinical practice guidelines, and appropriate to the availability of and resources to collect necessary data.	● Fully Met (pass)
Reviewer Comments: The PIP has separate indicators for each tobacco type. The American Academy of Family of Physicians, in its recommendations for incorporating tobacco status assessments into an electronic medical record,		

suggested including all forms of tobacco. This is relevant because different forms of tobacco pose different risks, and may require different intervention approaches.

Each indicator is tracked over time to include a baseline measurement prior to the intervention, a re-measure after the intervention, and a second re-measure to ensure that improvements, if achieved, are sustained.

Meet Criteria

Standard 5: Sampling Method

Table C-8: Validation of PIP Sampling Methods

Criterion	Description	Result
5.1	The sampling technique considered and specified the true (or estimated) frequency of occurrence of the event, the confidence interval to be used and the acceptable margin of error.	● N/A
5.2	Valid sampling techniques were employed that protected against bias.	● N/A
5.3	The sample contained a sufficient number of enrollees.	● N/A
Reviewer Comments: There were no samples in this study. The entire study population is included in the indicator.		

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
6.4	The instruments for data collection provide for consistent and accurate data collection over the time periods studied.	● Fully Met
6.5	The study design prospectively specifies a data analysis plan.	● Fully Met

6.6	Qualified staff and personnel were used to collect the data.	● Fully Met

Reviewer Comments:

The data is collected from a report that retrieves electronic health record data from the vitals section, and from the PRSN encounters report, created by the PRSN IT contractor, which includes all encounters reported to the department.

The data analysis plan for each indicator includes a chi-square test calculation with a *p*-value less than or equal to .05 to determine whether any difference between the baseline and first re-measurement is statistically significant. PRSN chose this test because the comparison involves two independent groups and the indicator is dichotomous; either the consumer does or does not have the tobacco assessment present in the EMR during the measurement time period. The data is collected by the performance improvement program manager, who has an MA in social work, is trained in program evaluation and research methodologies, and is experienced in data analysis.

The data entered into the vitals section of the EMR, retrieved by the report, is done by trained medical assistant staff or medical staff themselves. Specific instructions were used to train staff on data entry for the three tobacco types studied. Staff at the provider agencies was also trained.

Meets Criteria

Standard 7: Data Analysis and Interpretation of Study Results

Table C-10: Validation of PIP Data Analysis and Interpretation

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

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.	● N/A
8.3	The interventions are/were sufficient to be expected to improve processes or outcomes.	● N/A
8.4	The interventions are/were culturally and linguistically appropriate.	● N/A
Reviewer Comments:		
The PIP has not progressed to this stage.		

Standard 9: Assess Whether Improvement Is "Real" Improvement

Table C-12: Validation of PIP Improvement Assessment

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

Standard 10: The RSN Has Sustained the Documented Improvement

Table C-13: Validation of PIP Sustained Improvement

Criterion	Description	Result
10.1	Sustained improvement was demonstrated through repeated measurements over comparable time periods.	● N/A
Reviewer Comments:		
The PIP has not progressed to this stage.		

PIP Validation Results: Children's PIP

Improving Identification of Intensive-Needs Children and Youth

In 2009 a class-action lawsuit was filed claiming Washington State was not providing sufficient intensive mental health services in the community. In the same year PRSN began working on shifting the culture regarding children's mental health services with a goal of decreasing admissions and average length of stay in inpatient care. As the topic was researched, it became clear that as a region there was no standardized means of identifying which children and youth required more intensive services and which did not. There was also not a clear way to track whether services provided were sufficient to allow enrollees to successfully meet their treatment goals. Using a root cause analysis discussion with its providers, the PRSN determined that before any measurement could begin, there must be accurate and consistent data that identify the population. The PRSN was also aware that accurate assessment of treatment needs and appropriate level of care of the client falls to the clinician. There are two levels of care for outpatient services for children and youth in the PRSN, per their Level of Care Guidelines: Level One—brief intervention and/or low-intensity mental health services and Level Two—continuum of high intensity and comprehensive mental health services. The PRSN became aware that provider agencies were not assessing level of care in a consistent manner.

The process for determining the specific PIP topic and study question included incorporating stakeholder input as well as ensuring the availability of reliable data. In 2013 the PRSN launched a PIP to address the underutilization of intensive community-based mental health services by ensuring the appropriate identification of children and youth enrollees with the highest need, risk and cost. The Division of Behavioral Health and Recovery (DBHR) has also prioritized that one of PRSN's PIPs be focused on children and youth who can be categorized as at-risk or need intensive in-home and community-based mental health services. This project seeks to develop a method to reliably determine the correct levels of care, and ensure accurate data measurement and the capacity to track outcomes for the identified population.

The study question is "Does a policy change and training clinicians to a standardized means of identifying high-risk/high-need children and youth increase the percentage of authorized and Medicaid-funded children and youth identified as needing intensive services?"

The intervention was providing training to provider clinicians involved with assessment and authorization on how to accurately enter this data into the EMR.

The initial criteria
Any consumer in the study population who also:
- is involved with mental health and two other systems, including: Juvenile Justice, Children's, Administration, Chemical Dependency, School Special Education or Developmental Disabilities AND
- has had a psychiatric hospitalization within the past six months OR
- has had three or more crisis services (counted by day not by event) in the last 30 days

The revised criteria for the second re-measurement time period
Any consumer in the study population who also:

- is involved with mental health and two other systems to include: Juvenile Justice, Children's Administration, Chemical Dependency, School Special Education, or Developmental Disabilities, OR
- has had a psychiatric hospitalization within the past 12 months OR
- has had three or more crisis services (counted by day not by event) in the last six months OR
- has had inpatient substance abuse treatment in the past 12 months

Dates of Study Period:
Baseline: January 1, 2013, to December 31, 2013
First re-measurement: January 1, 2014, to December 31, 2014
Second re-measurement: January 1, 2015, to December 31, 2015
Third re-measurement: January 1, 2016, to December 31, 2016

Table C-14: Children's PIP Validation Results

Study Design		Activity	Narrative	SCORE
Design	1	Appropriate study topic	PRSN selected its study topic through a thorough collection of data and analysis related to mental health service needs of high-risk/high-need children and youth as well as input from numerous stakeholders.	🟢 Fully Met (pass)
	2	Clearly defined, answerable study question	The study question is clearly defined, specific and measurable: Does a policy change and training clinicians to a standardized means of identifying high-risk/high-need children and youth increase the percentage of authorized and Medicaid-funded children and youth identified as needing intensive services?	🟢 Fully Met (pass)
	3	Correctly identified study population	The study population was defined as children and youth between the ages of 5 and 18 years old who are Medicaid funded and authorized for services in PRSN's region.	🟢 Fully Met (pass)
	4	Correctly identified study indicator	The study indicator is children and youth, authorized Level Two CIS, who are involved with mental health and two other systems, including Juvenile Justice, Children's Administration,	🟢 Fully Met (pass)

			Chemical Dependency, School Special Education or Developmental Disabilities AND who have had a psychiatric hospitalization within the past six months OR have had three or more crisis services (counted by day not by event) in the last 30 days.	

Reviewer Comments:

PRSN completed its first re-measurement period in December 2014. Initially, PRSN took a conservative approach, targeting the top 5% instead of the top 10% of high-needs, high-risk, high-cost children and youth, with the understanding that at a later date the criteria could be expanded if the criteria proved to be too narrow to reach the expected proportion. It was noted in the PIP that with input from the QUIC and a subcommittee from the QUIC, an analysis of the previous year's utilization was conducted; along with the forecast in the middle of the first re-measurement, it became clear that the initial aim of reaching 5% was too low and the metric would be modified with expanded, more inclusive criteria. The group identified for re-measurement January 5, 2015–December 31, 2015, was decided as children and youth, authorized Level Two CIS, who are involved with mental health and two other systems, including Juvenile Justice, Children's Administration, Chemical Dependency, School Special Education or Developmental Disabilities OR who have had a psychiatric hospitalization within the past six months OR have had three or more crisis services (counted by day not by event) in the last 30 days OR have had an inpatient substance abuse treatment in the past 12 months.

Proactive data analysis, metric modification/expansion, and the addition of an extra year of re-measurement to the study provides evidence that PRSN finds this topic relevant and is invested in a successful outcome.

Implementation	5	Valid sampling technique	There were no samples in this study. The entire population is included in the indicator.	⬤N/A
	6	Accurate/ complete data collection	The study used complete and accurate data. The PIP indicator was applied consistently across each measurement period, using the same data source, data collection method and calculations for the study population for each measurement time. All enrollees identified in the numerator were reviewed to ensure they met the criteria established in the intervention for identification for needing intensive services. This ensured that enrollees were not arbitrarily or erroneously included in the numerator after	🟢 Fully Met (pass)

		the intervention, data validity and that the intervention was applied as intended so that if an improvement was detected, it could be tied to an intervention. Also, ten percent of all children and youth who have been authorized during each measurement period are reviewed to ensure data accuracy for Medicaid status, date of birth and authorization status. This ensures enrollees are not erroneously excluded from the study.	
7	Appropriate data analysis/ interpretation of study results	The study compares the ratio of those who are identified as meeting the criteria for the study population and those within the study population who have been identified as needing children's intensive services before and after the intervention. The analysis of data includes the following steps: • A report will be run from the EHR to include all children and youth who have been authorized for services within our region for validation purposes. • A report will be run of all children and youth who have been identified as Level 2 CIS. • Indicators for each timeframe are calculated after the measurement time period has ended. • The data is validated for each measurement period. • The first re-measurement will be	● Fully Met (pass)

			compared to the baseline of 51 out of 1204 (4.20%) and these two proportions will be entered into a statistical calculator using the two-tailed Z test.	

Reviewer Comments:
No sampling technique was utilized for this PIP. PRSN has a comprehensive plan to ensure that there is complete and accurate data collection and is using proper statistical analysis of the data to interpret the results.

Outcomes	8	Appropriate improvement strategies	With input from the QUIC and a subcommittee from the QUIC, an analysis of the previous year's utilization was conducted; along with the forecast in the middle of the first re-measurement, it became clear that the initial aim of reaching 5% was too low and the metric would be modified with expanded, more inclusive criteria. The group identified for re-measurement from January 5, 2015, to December 31, 2015, is children and youth, authorized Level Two CIS, who are involved with mental health and two other systems, including Juvenile Justice, Children's Administration, Chemical Dependency, School Special Education or Developmental Disabilities OR who have had a psychiatric hospitalization within the past six months OR have had three or more crisis services (counted by day not by event) in the last 30 days.	🟢 Fully Met (pass)
	9	Real improvement achieved	This study has not progressed to the stage of analysis and comparison for interpretation. Per PRSN looking at early data for the 2015 re-measurement (with expanded scope), there is already evidence of real	⚫ N/A

			improvement.	
	10	Sustained improvement achieved	This study has not progressed to the stage of analysis and comparison for interpretation.	⬤N/A
Overall Score		The PIP fully meets all aspects of appropriate data analysis/interpretation for the stage to which it has progressed. Per PRSN looking at early data for the 2015 re-measurement (with expanded scope), there is evidence of real improvement.		🟢 Fully Met (pass)
Reviewer Comments		**Strength(s):** The PRSN has chosen a well thought-out study topic with a clearly defined and answerable question. The study population is clear: children and youth between the ages of 5 and 18 years old, who are Medicaid funded and authorized for services in PRSN's region. The study indicator is specific and measurable, and has been expanded in its second re-measurement period with the intention of yielding a larger number of high-risk, -cost and -needs children and youth for whom to provide intensive services as well as showing statistically significant improvement; this is an appropriate study improvement strategy. **Recommendation(s):** PRSN should continue to closely monitor its outcomes and refine aspects of its study using similar stakeholder input processes if needed. **Confidence Level:** Not enough time has elapsed to assess meaningful change.		

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)

Reviewer Comments:

The process for determining the PIP study topic was quite thorough and included multiple steps. First PRSN met with the QUIC and reviewed and discussed quality measures data, grievance and complaint trends, suggestion from the Quality Review Team (QRT), current and past PIPs, chart review themes and other sources of data. Next, PRSN staff consulted with PRSN providers at the utilization management/clinical directors meeting to learn their views and ideas about potential PIPs. After several potential PIPs were identified, they were brought back to the QUIC and vetted. Several projects were eliminated. The QUIC voted overwhelmingly in favor of measuring services for intensive-needs youth. A workgroup that included multiple types of stakeholders was formed and a root cause analysis was performed to choose the specific study topic.

The PRSN used local, state and national data estimates and determined that this PIP was consistent with the demographics and epidemiology of the enrollees. In 2012 over 75% of children and youth in PRSN who received services were authorized for Level 2 services. Nationally 20% of low-income children ages 6 to 17 have mental health problems (Children's Defense Fund, 2010), and 3% of Medicaid children are involved in Children's Administration (Allen & Hendricks, 2013). If these statistics are applicable in the PRSN region, at least 435 of the 29,007 Medicaid-eligible children would be involved in Children's Administration with behavioral and emotional problems. While these numbers may not be directly comparable, these statistics do indicate a need to appropriately identify the high-risk, -cost and -needs youth.

As noted earlier, during multiple stages of the selection process, PRSN took thoughtful consideration of stakeholder input and some input from enrollees through grievances and complaint trends.

The PIP addresses a wide range of aspects related to enrollee care and services, including children with special healthcare needs, access to and availability of care, high-volume and high-risk service, and continuity or coordination of care.

The PIP includes only Medicaid enrollees with special healthcare needs, specifically children and youth with mental healthcare needs that require medical management.

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)
Reviewer Comments:		

Reviewer Comments:
The study question is clear: Does a policy change and training clinicians to a standardized means of identifying high-risk/high-needs children and youth increase the percentage of authorized and Medicaid-funded children and youth identified as needing intensive services? The PRSN is seeking to determine if

a change in policy and training clinicians to a standardized method of identifying high-risk and/or high-needs children and youth by creating a subcategory within their Level 2 authorization of services will increase the percentage of children and youth accurately identified as needing that level of intensive services. The PRSN theorized that because there was no standardized way to determine this level of intensive services, there were enrollees not currently being identified who would benefit from the higher level of care.

The question identifies the focus of the PIP as children and youth in need of more intensive services, and sets the framework by selecting an intervention and the basis for a numerator and denominator for baseline and re-measurement periods.

Meets Criteria

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)

Reviewer Comments:
The enrollee population is clearly defined. The initial metric was changed because during the first re-measurement period, PRSN's indicator tracking results and evaluation determined that the criteria was too restrictive and counter to the goals of effectively addressing underutilization of services.
The initial metric is the numerator: children and youth authorized at Level 2 CIS who are involved with mental health and two other systems, including Juvenile Justice, Children's Administration, Chemical Dependency, School Special Education or Developmental Disabilities AND who have had a psychiatric hospitalization within the past six months OR have had three or more crisis services (counted by day not by event) in the last 30 days. The denominator is children and youth ages 5 to 18 who are Medicaid funded and authorized for services in PRSN's region. Beginning in January of 2015 the metric was revised to expand the criteria; the new numerator is children and youth authorized at Level 2 CIS who are involved with mental health and two other systems, including Juvenile Justice, Children's Administration, Chemical Dependency, School Special Education or Developmental Disabilities OR who have had a psychiatric hospitalization within the past six months OR have had three or more crisis services (counted by day not by event) in the last 30 days OR have had an inpatient substance abuse treatment in the past 12 months. The denominator remains the same.

A 10% sample of children and youth who have been authorized for care during each measurement period

are reviewed to ensure the correct enrollees are being captured for the study. For baseline, the PRSN reviewed Medicaid status, date of birth and authorization status and checked to ensure that clinical data meet criteria for Level 2 CIS. This data validation process was repeated during the initial re-measurement period.

The Pro-Filer PRSN PRAT Audit report exported to Excel pulls Medicaid eligibility, authorizations for PRSN services, authorization date, age and continuous enrollment criteria. Inclusions for each data element are clearly defined, calculations are noted and eligible, and procedural or CPT code criteria are also listed.

Meets Criteria

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.	🟡 Partially Met (pass)

Reviewer Comments:

The PIP uses an unbiased, clearly defined and measurable indicator. The numerator is defined as the number of children and youth identified by clinicians as needing Level 2 CIS authorizations pre- and post-intervention of training clinicians on the clear criteria of what qualifies an enrollee for that level of care.

The time periods of measurement were specified as baseline: January 1, 2013–December 31, 2013, and first re-measurement: January 1, 2014–December 31, 2014. The intervention and indicator were adjusted at this juncture, and two more re-measurement periods have been established: January 1, 2015–December 31, 2015 and, the last, January 1, 2016–December 31, 2016. Additionally, the PRSN tracks the number of enrollees who are authorized for Level 2 CIS on a monthly basis and created several charts to evaluate the effectiveness of the intervention. It was through this process that it was determined that there was a need to explore the possibility of expanding the indicator criteria.

There is one set of criteria used as the indicator for this study to sufficiently identify the highest-need, highest-risk and highest-cost children and youth. As noted previously, the criteria yielded the very highest in the population, but PRSN wanted to reach a larger group so the criterion was expanded for the 2015 re-measurement. The initial and modified criteria were developed by the RSN through QUIC meetings with providers and other stakeholders. It was noted that part of the rationale for choosing this topic was the availability of the data. The data is available on two reports generated from the electronic medical record

system used by the PRSN providers, Pro-Filer.

Opportunity for Improvement:
PRSN notes that this study does impact high-risk, high-cost, high-needs children and youth who are users of multiple systems and that this is an appropriate children's PIP, but there is no mention of specific medical or clinical practice guidelines being used within this PIP. PRSN needs to clearly adopt, implement and ensure that clinical practice guidelines are understood and in use by clinical providers.

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.	● Fully Met (pass)
Reviewer Comments: This PIP studies the whole study population, no sampling techniques were used. **Meets Criteria**		

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.	● 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) |

Reviewer Comments:

The study design clearly specifies that the data to be collected is Medicaid eligibility, authorization for PRSN services status, authorization date, age and continuous enrollment criteria.

The data source is the Pro-Filer PRSN PRAT audit report that is exported into Excel. The study specifies criteria for inclusion; reports and calculations are produced in the same way each time they are assessed. The study design includes a plan for data validation for both the study population and the study indicator by reviewing a 10% sample of all children and youth who have been authorized for services during each measurement period.

The PIP indicator measure was applied consistently across each measurement period using the same data source, data collection methodology and calculations.

The study has a clear list of steps for its analysis of data and in order to compare the baseline to the re-measurement periods. The study also planned to use a Z test of proportions. The test is two-tailed, and if the calculated p-value is less than .05 the null hypothesis will be rejected (the intervention will be considered effective).

The staff involved in data collection was well qualified. The performance improvement manager has a master's degree in social work, is trained in program evaluation and research methodology, and has experience in data analysis. The data was entered by bachelor's-, master's- and PhD- level clinicians who were all trained uniformly.

Meets Criteria

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.	● Fully Met (pass)
7.2	Numerical PIP results and findings were accurately and clearly presented.	● Fully Met (pass)
7.3	The data analysis methodology was appropriate to the study question and data types.	● Fully Met (pass)
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.	● Fully Met (pass)

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.	● Fully Met (pass)

Reviewer Comments:
The analysis of findings was performed according to PRSN's specified plan, and the results were presented in an easy-to-understand format. PRSN analyzed and ran trend reports on a variety of factors that may have impacted the internal and external validity of the study.

A two-tailed Z test of proportions was performed to compare the baseline to the first re-measurement. The Z-Score was 1.8 with a p-value of 0.077. Because the p-value was more than 0.05, the null hypothesis is supported, meaning the intervention was not considered effective in addressing the underutilization issue originally identified.

However, it is notable that the results are close to statistical significance, and because of the PRSN's analysis and interpretation of the data, follow-up activities have included proactively changing the criteria for the indicator.

Meets Criteria

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.	● Fully Met (pass)
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)

Reviewer Comments:
PRSN conducted a continuous cycle of measurement and performance analysis and was therefore able to determine there was an issue and make a modification to the study.

At six months into the study, only five consumers had been identified with the criteria initially adopted; this was much lower than baseline and lower than anticipated. PRSN brought the issue to the QUIC in order to reevaluate the criteria. A sub-committee was formed to conduct a barrier analysis and develop a criteria modification, if needed. It was agreed that the criteria would be broadened and continuously evaluated for further changes until the goals for the PIP are met or until PRSN becomes Wraparound with Intensive Services (WISe) certified and has access to using the Child & Adolescent Needs and Strength (CANS).

These interventions are substantial and are expected to improve the outcome.

Allowing PRSN to accurately identify children and youth with the highest risk and needs ensures that coordination of care will address enrollees' individualized needs, including physical and mental health, substance abuse, educational, cultural or linguistic needs.

Meets Criteria

Standard 9: Assess Whether Improvement Is "Real" Improvement

Table C-23: Validation of PIP Improvement Assessment

Criterion	Description	Result
9.1	The same methodology as the baseline measurement was used when measurement was repeated.	🟢 Fully Met (pass)
9.2	There was documented, quantitative improvement in processes or outcomes of care.	🟡 Partially Met (pass)
9.3	The reported improvement in performance appears to be the result of the planned quality improvement intervention.	🟡 Partially Met (pass)
9.4	There is statistical evidence that any observed performance improvement is true improvement.	🟡 Partially Met (pass)

Reviewer Comments:
The same data sources were used for both baseline and the first re-measurement and will be used for future re-measurement.

As reported by the PRSN, the results at the first re-measurement demonstrate a decline in performance. This decline was detected during the re-measurement timeframe, and the criteria and intervention were modified to make the CIS authorization criteria more inclusive. The change was put into place during the last month of the first re-measurement period by one agency and fully implemented throughout the PRSN in 2015. PRSN reports that there is observed improvement in the second re-measurement period, even though it is not yet complete.

According to PRSN's analysis, while the first re-measurement period showed no statistical significance, the second re-measurement period to this point has already increased the study population so significantly that if there were no more enrollees identified for the remaining eight months of the year, the increase would still be statistically significant. In other words, if the indicator for the second re-measurement was 89/1500, or 5.9%, this would be a statistically significant improvement compared to the baseline of 51/1204, or 4.2%. In this theoretical comparison, a Z test of proportions would yield a Z-score of –1.9799. The *p*-value would be 0.0477, the result significant at p <0.05, and the null hypothesis rejected.

Opportunity for Improvement:
PRSN should continue to monitor the number of enrollees identified. If there is a significant decline it should still be analyzed and possible changes to the study should be considered.

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 (not applicable)

Reviewer Comments:
PRSN has done an excellent job monitoring its baseline and first re-measurement period and proactively analyzing the results.

Opportunity for Improvement:
PRSN should continue to regularly monitor the study and analyze the data at regular intervals. Once statically significant improvement has been demonstrated in the second re-measurement period, the PRSN plans to have a third and final re-measurement period. Improvement in the final re-measurement period will provide evidence of sustainability of the PIP.

Information Systems Capabilities Assessment (ISCA)

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

ISCA Methodology

The ISCA procedures were based on the CMS protocol for this activity, as adapted for the Washington RSNs with DBHR's approval. For each ISCA review area, Healthy People used the information collected in the ISCA data collection tool, responses to interview questions, and results of the claims/encounter walkthroughs and security walkthroughs to rate 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 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 and 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 client and the programmers on client information needs
- a quality assurance process version control
- continuous professional development of programming staff

Section B: Hardware Systems

This section assesses the RSN's hardware systems and network infrastructure. Appropriate protocol for sustaining quality hardware systems include
- infrastructural support that includes maintenance and timely replacement of computer equipment and software, disaster recovery procedures, adequate training of support staff and a secure computing environment
- redundancy or duplication of critical components of a hardware system with the intention of increasing reliability of the system, usually in the case of a backup or fail-safe

Section C: Information Security

This section assesses the security of the RSN's information systems. Appropriate practices for securing data include
- 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.
- Securing paper-based claims and encounters in locked storage facilities when not in use. Data transferred between systems/locations should be encrypted.
- Utilizing 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.

- Verifying integrity of 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.
- Ensuring databases and database updates include transaction management, commits and rollbacks. Transaction management is useful when making multiple changes in the database to ensure that all changes work without errors before finalizing the changes. A database commit is a command for committing a permanent change or update to the database. A rollback is a method for tracking changes before they have been physically committed to disk. This prevents corruption of the database during a sudden crash or some other unintentional intervention.
- Employing 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 and visibly listed emergency telephone numbers
- procedures for allowing effective communication with hardware and software vendors
- confirmation of updated system and operations documentation, as well as 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 in use by the RSN has been verified as 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 (EHR) 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 Results

Healthy People examined PRSN'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.

PRSN *fully met* the federal standards related to information systems capabilities. Table D-2 presents PRSN's ratings for the eight separate ISCA review areas.

Table D-2: ISCA Scores by Section

ISCA Section	Description	ISCA Result

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

During the review year (January–December 2014), PRSN and its four contracted provider agencies used CoCENTRIX's Pro-Filer EHR system.

PRSN subcontracted with Kitsap Mental Health Services (KMHS) to maintain and administer the Pro-Filer system and other information systems-related activities (e.g., data analysis and programming).

The detailed PRSN 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

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

PRSN and its four contracted provider agencies use CoCENTRIX's Pro-Filer EHR system. PRSN subcontracts with KMHS to maintain and administer the Pro-Filer system and other information systems-related activities (e.g., data analysis and programming). CoCENTRIX provides the software and technical assistance on an as-needed basis for the Pro-Filer EHR system. Pro-Filer software is subject to a formal systems development methodology and quality assurance process before deployment to production.

PRSN's Medicaid data reporting server is housed at the Kitsap County Information Services data center.

ISCA Section B: Hardware Systems

Table D-4: Hardware Systems

Section	Description	Result
Section B	This section assesses the RSN's hardware systems and network infrastructure.	● Fully Met (pass)

PRSN replaced its production hardware in 2012 with the Pro-Filer system upgrade. Hardware is on a supported operating system, has maintenance contracts in place, and has redundancy. The Pro-Filer application server is located at the KMHS data center. Data backups are performed daily, and at least one copy of that backup is stored on the Barracuda device locally.

Meets Criteria

ISCA Section C: Information Security

Table D-5: Information Security

Section	Description	Result
Section C	This section assesses the security of the RSN's information systems.	● Fully Met (pass)

PRSN has multiple policies and procedures related to information security. PRSN information security policies and procedures are all fully compliant.

KMHS subscribes to the Barracuda backup service. This allows storage of backup data on a local device/hardware and transfers copies of this data to the secure Barracuda system with retentions based on custom setup. Data backups are performed daily, and at least one copy of that backup is stored on the Barracuda device locally.

If the ProFiler system is not running, an emergency backup may be run at another location. Depending upon the disaster, hot sites would include CoCENTRIX in Sarasota, FL, Valley Cities in Kent, WA, and Frontier Mental Health in Spokane, WA.

Meets Criteria

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)

PRSN accepts encounter data from its four provider agencies in electronic format. Each agency manually enters encounter data directly into a dedicated dataset on the Pro-Filer system through a secure connection.

During processing, encounter data submissions run through an automated, rules-based edit system in Pro-Filer to screen the data, identify potential input errors, and ensure compliance with DBHR's Data Dictionary and Service Encounter Reporting Instructions (SERI). KMHS performs further edits and validity checks of procedure and diagnosis code fields, eligibility, service authorization and detection of duplicate encounter claims. Screened encounter data submissions are converted into a HIPAA-compliant 837 format before transmission to DBHR via a secure shell connection once a month. PRSN's regional administrator is responsible for ensuring that the RSN complies with state Medicaid reporting requirements.

Per DBHR instructions, PRSN submits outpatient service data to DBHR via 837P transaction files and inpatient service data to DBHR via 837I transaction files. DBHR's *Service Encounter Reporting Instructions v.201411.2* indicates the following for reporting outpatient service diagnosis codes:
- For all intake evaluation modality encounters that are complete and a diagnosis has been determined, report that diagnosis.
- For all encounters that occur after an intake has been completed and authorized, use the approved/authorized diagnosis in the HI01-2 field in the 837P HIPAA transaction.
- DBHR will only use the HI01-2 field when looking at diagnosis. Other diagnosis codes do not need to be reported.

Opportunity for Improvement

It is recommended that PRSN 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)
DBHR provides member enrollment data to PRSN. PRSN receives 834 and 820/821 enrollment data files from DBHR. KMHS loads the eligibility information into the Pro-Filer system. The four provider agencies check member eligibility within the Pro-Filer system.		

Meets Criteria

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)
PRSN claims/encounter reporting is accurate regarding both rendering practitioner type and practitioner service location. PRSN also has accurate practitioner information within the RSN provider directory. PRSN maintains up-to-date provider profile information in an accessible repository that enables the RSN's member services staff to help Medicaid enrollees make informed decisions about access to providers that can meet their special care needs, such as non-English languages or clinical specialties. PRSN's subcontracted provider agencies deliver current practitioner rosters to PRSN on a periodic basis.		

Meets Criteria

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)
PRSN's claims/encounter data is contracted provider agency data; PRSN does not provide any direct client care. All of PRSN provider agencies were meeting the acceptable standard of 95% match rate for encounter data validation in 2014 when the duration variable was excluded from analysis.		

Meets Criteria

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
PRSN's network providers implemented the Pro-Filer EHR in 2009. PRSN subcontracts with KMHS to maintain and administer the Pro-Filer system and other information systems-related activities (e.g., data analysis and programming).		

Meets Criteria

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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, 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)

Peninsula RSN Encounter Data Validation

The Peninsula RSN contracts with three providers for Medicaid-funded services. The EDV process for PRSN was conducted in September, 2014.

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

EDV Standard	Description	EDV Result
Sampling Procedure	Sampling was conducted using an appropriate random selection process and was of adequate size	🟢 Fully Met (pass)
Review Tools	Review and analysis tools are appropriate for the task and used correctly	🟢 Fully Met (pass)
Methodology and Analytic Procedures	The analytical and scoring methodologies are sound and all encounter data elements requiring review are examined	🟢 Fully Met (pass)
Opportunity for Improvement It would be better to use an extract covering a longer time period than four months. The State contract does not specify this, but a longer-period extract will help ensure that encounter data accuracy is consistently maintained over the contract year. **Recommendations Requiring CAP:** N/A		

Sampling Procedure

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

For its EDV, PRSN sampled from Medicaid-funded encounters for its four providers that occurred between February and May 2014. An overall sample size of 500 encounters from 423 client charts was selected, exceeding the contract minimum of 411 encounters, drawn from at least 100 unique client charts. While an appropriate sample size of encounter records was selected, the time period would have ideally been a longer span during the contract year, which ran from October 2013 through September 2014, although the contract with DBHR does not specifically call for a longer time period.

The data source for the sample was an extract obtained from the State's CIS data system. This data source is ideal for EDV, as the RSN is then able to identify errors or inaccuracies that may occur in the State's processing of the data submitted by the RSN.

PRSNs sampling procedure was achieved by arranging client IDs in an Excel spreadsheet and assigning a random number using Excel's RAND function. A proportional sample was drawn based on size of the provider and the composition of children and adults within each provider. Once sample n-sizes were determined and the client records were sorted by the random number sequence, the first n occurring records were drawn for each provider-age stratum. For each client, up to five successive encounters were selected.

PRSN's sampling procedure as described in its provided documentation was sufficient for selecting a reliable and representative sample.

Review Tools

PRSN uses a spreadsheet-based EDV tool. The data elements extracted from the State's CIS are recorded for each encounter and a validation column for each data element is available for the reviewers to record validation codes. The tool is designed for reviewing encounter data elements according to the guidelines created for the fulfillment of the state contract (whether records match, are erroneous, unsubstantiated or missing), as well as for reviewing the validity and appropriateness of code use, according to the SERI.

In an effort to protect PHI, the review tool supplied by PRSN contained no encounter data, so the reliability of any formulas or calculation methods could not be tested. It also did not appear the tool was set up for locking or protection of data fields. From the design, layout and documentation included in the tool, it appears to be adequate for accurately conducting an EDV. One enhancement PRSN may consider with its review tool is protecting the data fields that hold the encounter records to protect them from being inadvertently changed.

Methodology and Analytic Procedures

All clinical entries and narratives were assessed through the Pro-Filer EMR system. The Peninsula RSN staff met for a pre-review meeting to review instructions and complete a set of identical test entries to resolve any differences that could threaten inter rater-reliability. The staff also attended post-review meetings to resolve questions and anomalies. The review itself was scheduled on a day where all review staff could score records together in real time and have opportunities to resolve questions as they arose. All of these practices help to ensure inter-rater reliability.

The spreadsheet review tool submitted did not include calculations, so Qualis Health cannot validate the calculation methods employed; however, the results do not suggest logical or internal inconsistencies that would be expected with calculation errors.

PRSN's review tool, methodology and procedures are sufficient for assessing the accuracy and completeness of the RSN's EDV 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 for the same encounter date range.

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

EDV Standard	Description	EDV Result
Electronic Data Checks	Full review of encounter data submitted to the state indicates no (or minimal) logic problems or out-of-range values.	🟢 Fully Met (pass)
Onsite Clinical Record Review	State encounter data is substantiated in audit of patient charts at individual provider locations. Audited fields include demographics (name, date of birth, ethnicity and language) and encounters (procedure codes, provider type, duration of service, service date and service location). A passing score is that 95% of the encounter data fields in the clinical records match.	🔴 Not Met (fail)
Recommendation Requiring CAP Encounter data did not meet the 95% standard for compliance. • To ensure encounter data are substantiated and in compliance, PRSN needs to o Provide training on the Service Encounter Reporting Instructions (SERI): on coding, on what is included and excluded in each modality and on the general encounter reporting instructions.		

> o   Provide training on what services can be encountered and what services cannot.
> o   Provide training on who can provide services that are encountered.
> o   Provide training on medical necessity to ensure that services provided and encountered are medically necessary and cannot be provided by some other means.
> o   Provide training on standards of documentation.
> o   Monitor encounters more closely to ensure that the encounters submitted are accurate and well documented.

Electronic Data Checks

Qualis Health analysts reviewed all demographic details and encounters for Peninsula RSN from ProviderOne for the October 2013 through September 2014 reporting period, comprising 7,320 patients and 163,951 encounters. Fields for each encounter were checked for completeness and to determine if the values were within expected ranges. Results of the electronic data checks are provided in Table E-4.

PRSN's demographic and encounter data error rates were minimal. Other than Social Security Number (an optional field), all fields were 100% accurate when checked for logical consistency and completeness.

Table E-4: Results of Qualis Health's Encounter Data Validation

Measure	State Standard	RSN Performance
Demographics Data		
RSN ID	100% complete, all values in range	100%
Consumer ID	100% complete	100%
First Name	100% complete	100%
Last Name	100% complete	100%
Date of Birth	Optional	100%
Gender	Optional	100%
Ethnicity	100% complete, all values in range	100%
Language Preference	100% complete, all values in range	100%
Social Security Number	Optional	83.1%
Sexual Orientation	100% complete	100%
Encounter Data		
RSN ID	100% complete, all values in range	100%
Consumer ID	100% complete, all values in range	100%
Agency ID	100% complete, all values in range	100%
Primary Diagnosis	100% complete	100%
Service Date	100% complete	100%
Service Location	100% complete, all values in range	100%
Provider Type	100% complete, all values in range	100%
Procedure Code	100% complete	100%
Claim Number	100% complete	100%
Minutes of Service	100% complete	100%

Clinical Record Review

Qualis Health reviewed 462 encounters submitted by PRSN to ProviderOne with a service date between October 1, 2013, and September 30, 2014, as well as demographics records associated with the 118 individuals whose encounters were included in the sample. Reviewers compared data from 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 contract, including

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

Qualis Health reviewed all demographic fields delineated in the CIS Consumer Demographics native transaction as described in the most current CIS Data Dictionary, including

- First name
- Last name
- Gender
- Date of birth
- Ethnicity
- Hispanic origin
- Preferred language
- Social Security Number
- Sexual orientation

Site Visit Results

Results of the comparison of demographics data included in the clinical record to demographics data extracted from the DBHR CIS system are shown in Table E-5. The match rates for demographic fields were all very high, indicating very few errors.

Results of the comparison of encounter data included in the clinical record to encounter data extracted from the ProviderOne database are shown in Table E-6.
The highest rates of mismatch were seen for procedure codes and clinical note. Qualis Health reviewers found several issues contributing to the no match rate. Some of the observed discrepancies are

- Discovery of activities entered as encounters which do not qualify as encounters, including leaving voicemails, transportation and scheduling appointments.
- Lack of clinical documentation for services
- Incorrect bundling of services

The rates of no match due to the unsubstantiated encounter information for a number of fields exceeds the DBHR contract threshold of <2% (under 2% of the sample). The rate of unsubstantiated encounters was directly due to lack of documentation in the clinical record for that reported encounter. PRSN did not

review demographics data as part of their internal EDV processs, so Qualis Health was unable to perform a comparison, as shown in Table E-7.

The comparison of the total match rate from the Qualis Health review to the total match rate from the PRSN internal EDV is shown in Table E-8. For most fields, the Qualis Health review closely matched the RSN review. The exceptions were for the encounter fields described above.

- Variance may be partially explained by a difference in Qualis Health and PRSN encounter review. Qualis Health encounter review not only included if the encounter data points matched, but also included if the encounter met the SERI or WAC requirements and if the encounter was a service that could be encountered.
- Variance may be partially explained by a lack of training and knowledge of encounter review elements, encounter submissions and documentation standards.
- Variance may partially be explained by the different sample sets reviewed. Qualis Health did not review the same sample encounters as PRSN.

Table E-5: Demographics Data Validation

Demographics Data (N = 118)				
Field	**Match**	**No Match—Erroneous**	**No Match—Missing**	**No Match—Unsubstantiated**
Last Name	99.15%	0.00%	0.00%	0.85%
First Name	98.31%	0.85%	0.00%	0.85%
Gender	99.15%	0.00%	0.00%	0.85%
Date of Birth	99.15%	0.00%	0.00%	0.85%
Ethnicity/Race	99.15%	0.00%	0.00%	0.85%
Hispanic Origin	99.15%	0.00%	0.00%	0.85%
Preferred Language	99.15%	0.00%	0.00%	0.85%
Social Security Number	99.15%	0.00%	0.00%	0.85%
Sexual Orientation	99.15%	0.00%	0.00%	0.85%

Table E-6: Encounter Data Validation

Encounter Data (N = 462)				
Field	**Match**	**No Match—Erroneous**	**No Match—Missing**	**No Match—Unsubstantiated**
Procedure Code	59.09%	37.88%	0.00%	3.03%
Date of Service	99.13%	0.00%	0.00%	0.87%
Service Location	99.13%	0.00%	0.00%	0.87%
Service Duration	96.75%	2.38%	0.00%	0.87%
Provider Agency	99.13%	0.00%	0.00%	0.87%
Provider Type	97.84%	1.30%	0.00%	0.87%
Clinical Note Matches Procedure Code	57.36%	42.64%	0.00%	0.00%

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

Field	Qualis Health Match	RSN Match	Variance
Last Name	99.15%	—	—
First Name	98.31%	—	—
Gender	99.15%	—	—
Date of Birth	99.15%	—	—
Ethnicity/Race	99.15%	—	—
Hispanic Origin	99.15%	—	—
Preferred Language	99.15%	—	—
Social Security Number	99.15%	—	—
Sexual Orientation	99.15%	—	—

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

Field	Qualis Health Match	RSN Match	Variance
Procedure Code	59.09%	100.00%	-40.91%
Date of Service	99.13%	100.00%	-0.87%
Service Location	99.13%	99.80%	-0.67%
Service Duration	96.75%	100.00%	-3.25%
Provider Agency	99.13%	100.00%	-0.87%
Provider Type	97.84%	97.20%	0.64%
Clinical Note Matches Procedure Code	57.36%	98.80%	-41.44%

Discussion

The PRSN EDV processes related to sampling, data collection and analysis appear adequate to meet the requirements of PRSN's contract with DBHR. However, discrepancies between the clinical records of providers and encounter data in ProviderOne are substantially higher than what PRSN found through its internal EDV reviews.

The encounter and demographics data received from DBHR were 100% complete, with the exception of Social Security Number, an optional data element, which was 83.1% complete.

Qualis Health found a substantial level of disagreement between encounter data extracted from ProviderOne and data included in the clinical record, with a match range of 59.09% for procedure code and 57.36% for clinical note. These discrepancies between the clinical records of providers and encounter data in ProviderOne are substantially higher than what PRSN found through its internal EDV reviews.

Additionally, considerable variance was found when comparing the Qualis Health EDV clinical chart review results to the PRSN internal EDV results reported to DBHR. Discrepancies for the difference in

PRSN's internal review and Qualis Health's review could have multiple factors contributing. One factor that could potentially be accounted for is the different sample sets reviewed. Qualis Health did not review the same encounters as PRSN. Another factor that potentially could have contributed to the variance is the process PRSN conducts the encounter review with compared to that of Qualis Health. Within Qualis Health's review, data elements may have matched the encounter; however, there were elements of the encounter that did not follow the State's Service Encounter Reporting Instructions (SERI) or WAC requirements, contained documentation did not match the code that was submitted, or did not reflect a service that should have been submitted. Examples include the following:

- Medical assistants (provider type 5) submitting 96372 for injections
- Submitting non-encounterable services such as leaving and listening to voicemails, scheduling appointments, faxing, transportation, shopping, pricing items for a yard sale, and phone calls in which the individual states that they don't want to talk.
- Encountering engagement and outreach for counseling and therapy services
- Inconsistent encountering and submitting H0036 for all types of individual services
- Encountering H0033 oral medication administration, direct observation instead of H0034 medication training and support
- Encountering outpatient codes prior to intake
- Submitting consultation with the another at the provider agency
- Encountering co-occurring services without the HH modifier
- Documentation of services lacking clinical interventions to support a service that occurred
- Incorrect bundling of services
- Documentation not supporting family psychotherapy
- Submitting H0023 as part of an involuntary treatment act (ITA) process and for email exchange
- Groups needing to address mental health
- T1001 submitted instead of 96372 for injections
- Peer support submitted under the incorrect provider type
- Peer support submitted for a day support program without any clinical intervention
- Group psychotherapy encountered when documentation supports group psychoeducation
- Group psychoeducation encountered for a non-mental health-oriented topic
- Encountering psychotherapy that occurred via phone
- Providing supported employment services but encountering individual services
- Encountering day support services that did not contain clinical information or encounterable services
- 90837 submitted as one unit for services over 68 minutes.

Recommendation Requiring CAP
Encounter data did not meet the 95% standard for compliance.
- To ensure encounter data are 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 what services can be encountered and what services cannot
  - Provide training on who can provide services that are encountered
  - 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

o   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

CFR	Prior Year Findings, Recommendations, Opportunities	RSN Activity Since the Prior Year	Current Status
Handling of grievances and appeals—§438.406(a)–(b)	To ensure adherence to grievance process timelines, PRSN needs to ensure that more than one staff member is trained on the grievance process.	PRSN has trained additional staff at the RSN on the grievance process.	Resolved.
Non-Clinical PIP Evaluation	To achieve a perfect score for this PIP, PRSN would need to clarify the tracking and monitoring data for the second remeasurement period. PRSN has recommended annual retraining on weight monitoring, and will continue to monitor performance to sustain the observed gains.	This PIP has been retired.	Resolved.
Children's/Clinical PIP Evaluation	Documentation of the children's PIP procedures is generally sound, requiring only a minor amount of additional supporting detail. Once the PIP has progressed to the first remeasurement, PRSN needs to conduct a statistical test to analyze any differences from baseline to remeasurement; discuss how the intervention affected the study results; identify confounding factors; demonstrate whether or not the PIP met the target goal; discuss any lessons learned; and describe next steps.	PRSN has progressed to this stage.	Resolved.

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

Compliance with Regulatory and Contractual Standards

Section 1: Availability of Services

Recommendation Requiring CAP
PRSN does not have a policy or process in place that ensures that out-of-network providers are credentialed.

1. PRSN needs to have a process in place that ensures that out-of-network providers meet the requirements in PRSN's credentialing policies, including ensuring the providers are licensed as appropriate and are not on the excluded provider list.

Section 2: Coordination of Care

N/A

Section 3: Coverage and Authorization of Services

Recommendation Requiring CAP
PRSN does not have a policy in place or language in its contract with CommCare that describes procedures for the consistent application of review criteria for the initial and continuing authorization of services. Although the RSN states the ASO conducts inter-rater review, there is no documentation to substantiate these claims.

2. PRSN needs to implement a policy and procedure to ensure its contracted ASO, CommCare, is consistently applying review criteria for the authorizations of services.

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)

Recommendation Requiring CAP
Encounter data did not meet the 95% standard for compliance.
3. To ensure encounter data are substantiated and in compliance, PRSN needs to
    o 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
    o Provide training on what services can be encountered and what services cannot
    o Provide training on who can provide services that are encountered
    o Provide training on medical necessity to ensure that services provided and encountered are medically necessary and cannot be provided by some other means
    o Provide training on standards of documentation
    o Monitor encounters more closely to ensure that the encounters submitted are accurate and well documented

Appendix C: Acronyms

APA	American Psychiatric Association
ASO	Administrative Services Organization
BC/DR	Business Continuity and Disaster Recovery
CAP	Corrective Action Plan
CFR	Code of Federal Regulations
CIS	Children's Intensive Services
CMS	Centers for Medicare & Medicaid Services
CPT	Current Procedural Terminology
DBHR	Department of Social and Health Services, Division of Behavioral Health and Recovery
EDI	Electronic Data Interchange
EDV	Encounter Data Validation
EHR	Electronic Health Record
EMR	Electronic Medical Record
EQR	External Quality Review
EQRO	External Quality Review Organization
E&T	Evaluation and Treatment
HCA	Health Care Authority
HCPCS	Healthcare Common Procedural Coding System
ISCA	Information System Capability Assessment
IS	Information Systems
ITA	Involuntary Treatment Act
MCO	Managed Care Organization
MHSIP	Mental Health Statistics Improvement Program
MMIS	Medicaid Management Information System
PAHP	Prepaid Ambulatory Health Plans
PIHP	Prepaid Inpatient Health Plan
PIP	Performance Improvement Project
PRAT	Peninsula Regional Assessment Tool
PRISM	Predictive Risk Intelligence System
QAPI	Quality Assessment and Performance Improvement
QI	Quality Improvement
QRT	Quality Review Team
QUIC	Quality Utilization Improvement Committee
RSN	Regional Support Network
SERI	Service Encounter Reporting Instructions
UM	Utilization Management
UMC	Utilization Management Committee
WAC	Washington Administrative Code