

Colorado Medicaid
Community Mental Health Services Program

FY 2012–2013 SITE REVIEW REPORT

for

**Foothills Behavioral Health
Partners, LLC**

February 2013

*This report was produced by Health Services Advisory Group, Inc. for the
Colorado Department of Health Care Policy and Financing.*



3133 East Camelback Road, Suite 300 • Phoenix, AZ 85016
Phone 602.264.6382 • Fax 602.241.0757

| | |
|--|------------|
| 1. Executive Summary | 1-1 |
| Overview of FY 2012–2013 Compliance Monitoring Activities | 1-1 |
| Methodology | 1-2 |
| Objective of the Site Review | 1-2 |
| Summary of Results | 1-3 |
| 2. Summary of Performance Strengths and Required Actions | 2-1 |
| Overall Summary of Performance | 2-1 |
| Standard III—Coordination and Continuity of Care | 2-2 |
| Standard IV—Member Rights and Protections | 2-3 |
| Standard VIII—Credentialing and Recredentialing | 2-4 |
| Standard X—Quality Assessment and Performance Improvement | 2-5 |
| 3. Corrective Action Plan Review Methodology | 3-1 |
| Methodology | 3-1 |
| Summary of 2011–2012 Required Actions | 3-1 |
| Summary of Corrective Action/Document Review | 3-1 |
| Summary of Continued Required Actions | 3-1 |
| Appendix A. Compliance Monitoring Tool..... | A-i |
| Appendix B. Record Review Tools..... | B-i |
| Appendix C. Site Review Participants..... | C-1 |
| Appendix D. Corrective Action Plan Process for FY 2012–2013 | D-1 |
| Appendix E. Compliance Monitoring Review Activities..... | E-1 |

Overview of FY 2012–2013 Compliance Monitoring Activities

The Balanced Budget Act of 1997, Public Law 105-33 (BBA), requires that states conduct a periodic evaluation of their managed care organizations (MCOs) and prepaid inpatient health plans (PIHPs) to determine compliance with regulations and contractual requirements. The Department of Health Care Policy and Financing (the Department) has elected to complete this requirement for Colorado's behavioral health organizations (BHOs) by contracting with an external quality review organization (EQRO), Health Services Advisory Group, Inc. (HSAG).

This is the ninth year that HSAG has performed compliance monitoring reviews of the Colorado Medicaid Community Mental Health Services Program. For the fiscal year (FY) 2012–2013 site review process, the Department requested a review of four areas of performance. HSAG developed a review strategy and monitoring tools consisting of four standards for reviewing the four performance areas chosen. The standards chosen were Standard III—Coordination and Continuity of Care, Standard IV—Member Rights and Protections, Standard VIII—Credentialing and Recredentialing, and Standard X—Quality Assessment and Performance Improvement.

The BHO's administrative records were also reviewed to evaluate implementation of National Committee for Quality Assurance (NCQA) Standards and Guidelines related to credentialing and recredentialing. Reviewers used standardized monitoring tools to review records and document findings. HSAG used a sample of 10 records with an oversample of 5 records. Using a random sampling technique, HSAG selected the samples from all applicable practitioners who had been credentialed or recredentialled in the previous 36 months. For the record review, the BHO received a score of *Yes* (compliant), *No* (not compliant), or *Not Applicable* for each of the elements evaluated. Compliance with federal regulations was evaluated through review of the four standards. HSAG calculated a percentage of compliance score for each standard and an overall percentage of compliance score for all standards reviewed. HSAG also separately calculated an overall record review score.

This report documents results of the FY 2012–2013 site review activities for the review period—January 1, 2012, through December 31, 2012. Section 2 contains summaries of the findings, opportunities for improvement, strengths, and required actions for each standard area. Section 3 describes the extent to which the BHO was successful in completing corrective actions required as a result of the 2011–2012 site review activities. Appendix A contains details of the findings for the review of the standards. Appendix B contains details of the findings for the credentialing and recredentialing record reviews. Appendix C lists HSAG, BHO, and Department personnel who participated in some way in the site review process. Appendix D describes the corrective action process the BHO will be required to complete for FY 2012–2013 and the required template for doing so.

Methodology

In developing the data collection tools and in reviewing documentation related to the four standards, HSAG used the BHO's contract requirements, NCQA Credentialing and Recredentialing Standards and Guidelines, and regulations specified by the BBA, with revisions issued June 14, 2002, and effective August 13, 2002. HSAG conducted a desk review of materials submitted prior to the on-site review activities, a review of documents and materials provided on-site, and on-site interviews of key BHO personnel to determine compliance. Documents submitted for the desk review and during the on-site document review consisted of policies and procedures, staff training materials, administrative records, reports, minutes of key committee meetings, and member and provider informational materials.

The four standards chosen for the FY 2012–2013 site reviews represent a portion of the Medicaid managed care requirements. Standards that will be reviewed in subsequent years are: Standard I—Coverage and Authorization of Services, Standard II—Access and Availability, Standard V—Member Information, Standard VI—Grievance System, Standard VII—Provider Participation and Program Integrity, and Standard IX—Subcontracts and Delegation.

The site review processes were consistent with the February 11, 2003, Centers for Medicare & Medicaid Services (CMS) final protocol, *Monitoring Medicaid Managed Care Organizations (MCOs) and Prepaid Inpatient BHOs (PIHPs)*. Appendix E contains a detailed description of HSAG's site review activities as outlined in the CMS final protocol.

Objective of the Site Review

The objective of the site review was to provide meaningful information to the Department and the BHO regarding:

- ◆ The BHO's compliance with federal regulations, NCQA Credentialing and Recredentialing Standards and Guidelines, and contract requirements in the four areas selected for review.
- ◆ Strengths, opportunities for improvement, and actions required to bring the BHO into compliance with federal health care regulations and contract requirements in the standard areas reviewed.
- ◆ The quality and timeliness of, and access to, services furnished by the BHO, as assessed by the specific areas reviewed.
- ◆ Possible interventions to improve the quality of the BHO's services related to the areas reviewed.

Summary of Results

Based on the results from the compliance monitoring tool and conclusions drawn from the review activities, HSAG assigned each requirement within the standards in the compliance monitoring tool a score of *Met*, *Partially Met*, *Not Met*, or *Not Applicable*. HSAG assigned required actions to any individual requirement within the compliance monitoring tool receiving a score of *Partially Met* or *Not Met*. HSAG also identified opportunities for improvement with associated recommendations for enhancement for some elements, regardless of the score. Recommendations for enhancement for requirements scored as *Met* did not represent noncompliance with contract requirements or BBA regulations.

Table 1-1 presents the score for **Foothills Behavioral Health Partners, LLC (FBHP)** for each of the standards. Details of the findings for each standard follow in Appendix A—Compliance Monitoring Tool.

| Standard | # of Elements | # of Applicable Elements | # Met | # Partially Met | # Not Met | # Not Applicable | Score (% of Met Elements) |
|--|---------------|--------------------------|-----------|-----------------|-----------|------------------|---------------------------|
| III Coordination and Continuity of Care | 8 | 8 | 8 | 0 | 0 | 0 | 100% |
| IV Member Rights and Protections | 5 | 5 | 5 | 0 | 0 | 0 | 100% |
| VIII Credentialing and Recredentialing | 49 | 47 | 47 | 0 | 0 | 2 | 100% |
| X Quality Assessment and Performance Improvement | 16 | 16 | 16 | 0 | 0 | 0 | 100% |
| Totals | 78 | 76 | 76 | 0 | 0 | 2 | 100% |

Table 1-2 presents the scores for **FBHP** for the record reviews. Details of the findings for the record reviews are in Appendix B—Record Review Tools.

| Description of Record Review | # of Elements | # of Applicable Elements | # Met | # Not Met | # Not Applicable | Score (% of Met Elements) |
|-------------------------------|---------------|--------------------------|------------|-----------|------------------|---------------------------|
| Credentialing Record Review | 61 | 61 | 61 | 0 | 0 | 100% |
| Recredentialing Record Review | 60 | 60 | 59 | 1 | 0 | 98% |
| Totals | 121 | 121 | 120 | 1 | 0 | 99% |

2. Summary of Performance Strengths and Required Actions *for Foothills Behavioral Health Partners, LLC*

Overall Summary of Performance

Foothills Behavioral Health Partners (FBHP) is a partnership between ValueOptions (VO), a national behavioral health provider and management organization, and local community mental health centers (CMHCs) providing behavioral health care in Boulder, Broomfield, Clear Creek, Gilpin, and Jefferson counties. Although VO is a partner in **FBHP**, **FBHP** has (at the request of the Department) entered into delegation agreements with VO, in addition to the Management Services Agreement, for the performance-specific activities required under the Colorado Medicaid Contract (e.g., management of the utilization management and credentialing programs).

For the four standards reviewed by HSAG (Coordination and Continuity of Care, Member Rights and Protections, Credentialing and Recredentialing, and Quality Assessment and Performance Improvement), **FBHP** earned an overall compliance score of 100 percent. **FBHP** demonstrated strong performance overall and a clear understanding of federal regulations and Medicaid contract requirements.

Standard III—Coordination and Continuity of Care

Summary of Findings and Opportunities for Improvement

FBHP had very thorough policies and procedures that addressed all expectations and processes for ensuring coordination of continuity of care. These policies stated that a care coordinator is assigned to each member and is responsible for ensuring access to services, continuity of care, and coordination of needed services with all of the necessary providers and agencies. **FBHP**'s policies outlined the content requirements and expectations for medical records. **FBHP** monitored provider compliance with coordination and continuity of care requirements by auditing treatment records using comprehensive audit tools, which assessed all of the required components. While provider network management of the independent provider network (IPN) (i.e., contracting, credentialing) is delegated to VO, **FBHP** remains responsible for the quality management program and reviews CMHC medical record audits, taking corrective action when required. **FBHP** documents depict the requirement to update the treatment plan annually, or when there is a change of condition, and **FBHP** medical record reports indicate monitoring against the annual requirement. VO provider training, audit tools, and the provider manual depict the requirement to update the treatment plan every six months, if no change of condition occurs. Since six-month updates exceed requirements, **FBHP** may want to consider evaluating whether inconsistency between requirements for its IPN and the network CMHCs remains efficient for **FBHP**.

FBHP presented three care coordination cases: one individual with multiple medical needs and providers who was a mental health center client and was living in an alternative care facility (ACF), one individual with serious behavioral health needs who required numerous provider resources to achieve maintenance goals, and one client with depression and multiple physical needs residing in a nursing facility. These cases demonstrated active coordination of information and services, performance of comprehensive assessments, and development of treatment plans with goals, progress monitoring, and follow-up revisions to the plan. Cases reviewed documented the designation of a primary behavioral health therapist and primary care physician (PCP). Case presentations verified that necessary behavioral health services were provided on-site at the ACF and nursing facilities and that transportation was arranged to the community mental health center (CMHC) when needed. Each file included release of information forms signed by the member allowing information to be shared with the PCP. **FBHP** staff members clarified that, due to the Health Insurance Portability and Accountability Act (HIPAA) and Colorado law privacy considerations, **FBHP** only shares a member's needs assessment when it is requested by the provider.

FBHP delegated administrative services and the development and maintenance of privacy and security policies to VO. Both **FBHP**'s and VO's policies and documents complied with all applicable privacy requirements and laws.

Summary of Strengths

Care coordination needs were assessed and facilitated through the care managers assigned to the participating CMHCs. The CMHC electronic health record included comprehensive documentation

of member needs assessment, treatment plan components, frequent progress notes, and updates to support the coordination and continuity of care requirements. Sample cases reviewed during the on-site visit provided verification of active case manager coordination of services with multiple providers and entities for a variety of complex cases.

Summary of Required Actions

There were no required actions for this standard.

Standard IV—Member Rights and Protections

Summary of Findings and Opportunities for Improvement

FBHP delegated provider network management to VO. The VO/**FBHP** provider manual described provider responsibilities for ensuring member rights and described the responsibilities of the **FBHP** Office of Member and Family Affairs (OMFA). The VO provider training schedule that was submitted demonstrated that VO addressed member rights periodically with providers and VO staff. Staff reported that VO provided training for the IPN via information on the Web site and provider forums. The Member Rights and Responsibilities policy stated that member rights are posted at provider sites, included in the member handbook, distributed to members by the provider at intake, and are available upon request. The list of member rights was also available in the member handbook and on the **FBHP** Web site under both the provider and member tabs.

Summary of Strengths

The **FBHP** Member Information policy described the OMFA processes and responsibilities for ensuring the accuracy of member materials that describe member rights and timely distribution of those materials to members. **FBHP** staff members described the OMFA representatives' duties at each network CMHC. OMFA representatives are a resource for members and providers at the CMHCs and provide presentations as needed during new employee orientations and annual training.

Summary of Required Actions

There were no required actions for this standard.

Standard VIII—Credentialing and Recredentialing

Summary of Findings and Opportunities for Improvement

VO, on behalf of **FBHP**, had policies and procedures that thoroughly described the credentialing and recredentialing processes and demonstrated compliance with National Committee for Quality Assurance (NCQA) requirements. The policies described the processes for making credentialing and recredentialing decisions and delineated the roles of national VO and local **FBHP** staff. Provider directories were generated directly from the credentialing database. Printed versions of the provider directory were updated monthly. Staff reported that the online searchable database is updated within 48 hours of a change to the provider database. VO policies described NCQA-compliant procedures for assessing organizational providers. On-site review of credentialing and recredentialing files for individual and organizational providers demonstrated that VO followed its processes as delineated in its policies.

FBHP provided an annual audit report completed by an independent contractor on behalf of **FBHP**. The audit evaluated all activities delegated to VO, including credentialing and recredentialing. The audit process included a file review for compliance with NCQA standards. Both the Management Services Agreement and the Delegation Agreement between **FBHP** and VO included the provision to require corrective action for inadequate performance of the delegated activities. **FBHP** provided evidence of having required corrective actions and following up until corrected.

Summary of Strengths

VO's corporate policies and processes bring extensive experience and knowledge of NCQA requirements to **FBHP**. VO's database for maintaining documents obtained for credentialing and recredentialing provides secure recordkeeping, while providing easy access to staff for processing and accessing provider files, as needed. VO's assignment of two credentialing specialists designated for Colorado provider applications ensured that Colorado-specific requirements were met.

FBHP's site visit tools and procedures for both individual practitioners and organizational providers were comprehensive and incorporated both NCQA and Colorado-specific requirements. **FBHP**'s credentialing committee, which served as the VO local credentialing committee, incorporated VO staff members and CMHC providers and included a variety of provider types.

Summary of Required Actions

There were no required actions for this standard.

Standard X—Quality Assessment and Performance Improvement

Summary of Findings and Opportunities for Improvement

The **FBHP** Quality Improvement (QI) Program Description, QI Annual Evaluation, and QI Work Plan outlined multiple components of a comprehensive QI program that incorporated monitoring of utilization, quality performance indicators, survey information, access to care, grievances, and quality of care concerns. Information was routinely reviewed by the Board of Managers and Quality Improvement/Utilization Management (QI/UM) Committee that oversee the program and outcomes. **FBHP** provided evidence that it implemented corrective actions and focused QI projects, as indicated by results of quality monitoring and projects. Well-developed health information systems, provided by VO, collected pertinent information, had mechanisms to ensure accuracy of information, and produced numerous reports for utilization and quality monitoring. QI/UM Committee minutes, the QI annual evaluation, and other data analysis reports lacked specificity in documenting conclusions and recommendations resulting from the data presented. In addition, QI concerns from the annual evaluation that were to be targeted in the subsequent QI Work Plan were not clearly identified. HSAG recommended that **FBHP** enhance its documentation and processes by presenting and documenting substantive discussion of conclusions and recommendations resulting from data during the QI/UM Committee or other pertinent committee meetings. In addition, HSAG recommended that **FBHP** enhance the QI Work Plan to clearly identify the relationship between work plan initiatives continued from the previous year.

Summary of Strengths

FBHP, through its QI/UM Committee, CMHCs, and QI support staff, actively and regularly reviewed numerous data reports and ongoing performance indicators to monitor the quality and appropriateness of **FBHP** services. Data reports were analyzed by QI staff and presented in a meaningful way to the QI committees. Clinical practice guidelines were developed through the involvement of local providers with expertise in the clinical area under review. Clinical guidelines were then published in materials easy for members to understand in the form of diagnosis-specific “tips” for members and families.

Summary of Required Actions

There were no required actions for this standard.

3. Corrective Action Plan Review Methodology for Foothills Behavioral Health Partners, LLC

Methodology

As a follow-up to the FY 2011–2012 site review, each BHO that received one or more *Partially Met* or *Not Met* scores was required to submit a corrective action plan (CAP) to the Department addressing those requirements found not to be fully compliant. If applicable, the BHO was required to describe planned interventions designed to achieve compliance with these requirements, anticipated training and follow-up activities, the timelines associated with the activities, and documents to be sent following completion of the planned interventions. HSAG reviewed the CAP and associated documents submitted by the BHO and determined whether the BHO successfully completed each of the required actions. HSAG and the Department continued to work with **FBHP** until the BHO completed each of the required actions from the FY 2011–2012 compliance monitoring site review.

Summary of 2011–2012 Required Actions

As a result of the 2011–2012 site review, **FBHP** was required to complete the following required actions:

FBHP depicted the standard appeal resolution time frame as 10 *calendar days* in its member handbook. **FBHP** was required to revise its member handbook to accurately describe the resolution time frame for standard appeals.

FBHP was required to review and/or revise applicable member materials and policies to clarify the requirement for **FBHP** to provide annual notice to members of the right to request information at any time and receive it upon request.

FBHP was required to ensure that individuals who make clinical decisions related to grievances and appeals have clinical expertise in treating the member's condition or disease.

While **FBHP**'s provider manual addressed each of the required elements, **FBHP** must specifically notify providers that if previously authorized services are continued during the appeal or State fair hearing, the member may have to pay for those services if the final decision is adverse to the member.

The two agreements between **FBHP** and VO presented each of the required provisions except the provision to require the subcontractor to report when expected or actual expenditures of federal assistance from all sources equal or exceed \$500,000. **FBHP** must revise its agreement with VO to address this requirement.

Summary of Corrective Action/Document Review

FBHP submitted its CAP to HSAG and the Department in March 2012. HSAG and the Department determined that, if implemented as written, **FBHP** would achieve full compliance. **FBHP** submitted documents that demonstrated it had implemented its plan to HSAG and the Department in June 2012. HSAG and the Department carefully reviewed the documents and determined that **FBHP** had successfully completed all required actions. HSAG notified **FBHP** in August 2012 that corrective actions were approved.

Summary of Continued Required Actions

FBHP had no required actions continued from 2011–2012.

Appendix A. **Compliance Monitoring Tool**
for **Foothills Behavioral Health Partners, LLC**

The completed compliance monitoring tool follows this cover page.



Appendix A. Colorado Department of Health Care Policy and Financing
FY 2012–2013 Compliance Monitoring Tool
for Foothills Behavioral Health Partners, LLC

| Standard III—Coordination and Continuity of Care | | |
|--|--|---|
| Requirement | Evidence as Submitted by the BHO | Score |
| <p>1. The Contractor has written policies and procedures to ensure timely coordination of the provision of Covered Services to its members and to ensure:</p> <ul style="list-style-type: none"> ◆ Service accessibility. ◆ Attention to individual needs. ◆ Continuity of care to promote maintenance of health and maximize independent living. <p>Contract: II.E.1.g.1</p> | <p>Documents submitted:</p> <ol style="list-style-type: none"> 1. FBHP Policy Continuity of Care_Care Coordination Revised 7_1_12.doc (entire document): Policy and Procedures for coordination , including accessibility, individual treatment planning, and continuity of care 2. (folder Standard X) QI Work Plan FBHP FY '13 final.docx (pg 8-9 [access measures], pg 14 [Coordination of Care measures], pg 16-17 [focus study proposal care coordination], pg 19 [project to improve hospital discharge follow-up] Description of measures/projects for FY 13 related to care coordination. 3. (folder Standard X) FBHP QI Program Evaluation FY '12.doc (pg 7 [performance - access for members with MI Waiver; pg. 14-15 [performance – coordination of care measures], pg 19-20 [Focus Study Healthcare Management program – includes healthcare coordination component] pg 22 [description of pediatric referral project] 4. FBHP Policy NCF_ACF Services Revised 7_1_12.doc (entire document): Policy and Procedures for care coordination, service accessibility, continuity of care for specific at risk population in NCF_ACF facilities) 5. FBHP FY '12_ACF NCF_survey report_Sept 2012.doc (entire report). Describes survey results of an annual ACF_NCF survey to solicit facility feedback on behavioral health service access and care coordination 6. FBHP Policy Member Medical Records Revised 072012.docx (Sec I.C.): Policy/procedure for one of the methods used to monitor care coordination 7. Medical Record Audit Report FY '12.docx (entire doc): Medical record audit report monitoring coordination of care 8. FBHP Policy Access to Services Revised 7_1_12.doc (entire document): Policy and Procedure on Access to Services | <p><input checked="" type="checkbox"/> Met</p> <p><input type="checkbox"/> Partially Met</p> <p><input type="checkbox"/> Not Met</p> <p><input type="checkbox"/> Not Applicable</p> |



Appendix A. Colorado Department of Health Care Policy and Financing
FY 2012–2013 Compliance Monitoring Tool
for Foothills Behavioral Health Partners, LLC

| Standard III—Coordination and Continuity of Care | | |
|--|---|--|
| Requirement | Evidence as Submitted by the BHO | Score |
| | 9. (folder Standard X) FBHP Policy Qual Care Concerns revised 2012.doc (last page – Form for Submitting QOC concern): Form indicates method of reporting issues in care coordination 10. FY12Q4 MI Waiver Report (entire doc): Example of a quarterly report of access to behavioral health services for member on a MI Waiver, including those in an ACF | |
| Findings: <p>The FBHP Coordination and Continuity of Care policy outlined procedures for coordinating care provided by multiple providers to ensure that members are receiving needed services to maintain and improve their physical and mental health, that services are accessible, and to avoid duplication of services while protecting member confidentiality. The policy designated the behavioral health provider as being responsible for coordination of the member’s behavioral health care and other health services, and stated that the treatment plan should include coordination with any other agencies and services to improve the member’s ability to remain in the community. The policy outlined several mechanisms for monitoring coordination and continuity of care including medical record audits and member survey feedback. The Member’s Medical Record policy and Medical Record Audit report addressed monitoring of treatment records for the presence and completeness of a comprehensive assessment and treatment plan, for documentation of coordinating care, and documentation of services provided. The FBHP provider manual informed providers of their responsibilities for identifying and coordinating all services required by the member. The 2012 QI Program Evaluation report documented the results of access to care and coordination of care performance measures, including measures specific to the Home and Community Based Services (HCBS) Community Mental Health Supports Waiver (HCBS Mental Health Waiver) population.</p> | | |
| Required Actions: None. | | |
| 2. The Contractor has policies and procedures that address, and the Contractor provides for the coordination and provision of Covered Services in conjunction with: <ul style="list-style-type: none"> ◆ Any other MCO or PIHP. ◆ Other behavioral health care providers. ◆ Physical health care providers. ◆ Long term care providers. ◆ Waiver services providers. ◆ Pharmacists. ◆ County and State agencies. ◆ Other provider organizations that provide wraparound services. | Documents submitted: <ol style="list-style-type: none"> 1. FBHP Policy Continuity of Care_Care Coordination Revised 7_1_12.doc (Sec II.A & B. [MCO/MIHP & physical health providers; Sec V. [other behavioral health provider]; Sec IV [long-term care, waiver service providers; wrap-around service providers; SEPs]; I.C [county and state agencies]: Policy & Procedure sections re: coordination with list of specific service providers. 2. FBHP Policy NCF_ACF Services Revised 7_1_12.doc (entire document): Policy and Procedures for care coordination, service accessibility, continuity of care for specific at risk population in NCF_ACF facilities) | <input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable |



Appendix A. Colorado Department of Health Care Policy and Financing
FY 2012–2013 Compliance Monitoring Tool
for Foothills Behavioral Health Partners, LLC

| Standard III—Coordination and Continuity of Care | | |
|---|---|--------------|
| Requirement | Evidence as Submitted by the BHO | Score |
| <p>◆ The Single Entry Point (SEP) care manager, as applicable.</p> <p align="right"><i>42CFR438.208(b)(2)</i></p> <p>Contract: II.E.1.g.1—3</p> | <ol style="list-style-type: none"> 3. FBHP FY '12_ACF NCF_survey report_Sept 2012.doc (entire report). Describes survey results of an annual ACF_NCF survey to solicit facility feedback on behavioral health service access and care coordination – attention to long-term care providers and waiver service providers. 4. (folder Standard X) QI Work Plan FBHP FY '13 final.docx (pg 9 [MI Waiver access], pg 14 [Coordination of Care measures – physical health care providers], pg 16-17 [focus study proposal care coordination physical health], pg 19 [project to improve hospital discharge follow-up – other behavioral health providers] Description of measures/projects for FY 13 related to care coordination. 5. (folder Standard X) FBHP QI Program Evaluation FY '12.doc (pg 7 [performance - access for members with MI Waiver; pg. 14-15 [performance – coordination of care measures physical health providers], pg 19-20 [Focus Study Healthcare Management program – includes healthcare coordination component] pg 22 [description of pediatric referral project] 6. MHP EPSDT materials.pdf (all materials): Example of partner MHCs procedures for requesting coordination with pediatrician and informing member of well-child benefits 7. JCMH Coordination of Care.docx (entire doc): example - Partner MHC description supports coordination with all entities/providers listed above 8. JCMH Coordination with NH ACF & SEP.docx (entire doc): example of Partner MHC procedures for coordinating care with nursing facilities, ACF, and SEP 9. FBHP Policy Member Medical Records Revised 072012.docx (pg 2 I.C.): Procedures to monitoring coordination of care 10. Medical Record Audit Report FY '12.docx (pg 1 Sec under “coordination of care” and entire doc): Report on monitoring coordination of care, which could include any entities in the | |



Appendix A. Colorado Department of Health Care Policy and Financing
FY 2012–2013 Compliance Monitoring Tool
for Foothills Behavioral Health Partners, LLC

| Standard III—Coordination and Continuity of Care | | |
|---|--|--------------|
| Requirement | Evidence as Submitted by the BHO | Score |
| | <ul style="list-style-type: none"> bulleted list 11. JCMH Peer Review non-clinical.doc (under Correspondence – C2,C3,C4): example of MHC audit tool checking for specific PCP coordination 12. (Miscellaneous folder) FBHP Provider Manual_2012 Sept_PR.pdf (pg 12 [requirement to coordinate with all and with PCP]) 13. Provider training Plan FY '12_VOCO_xlsx (tab training schedule for FY '12 row 27 & 30): Trainings scheduled for IPN providers on care coordination and coordination with pediatrician re: EPSDT screen 14. FY12Q4 MI Waiver Report (entire doc): Example of a quarterly report of access to behavioral health services for member on a MI Waiver, including those in an ACF | |
| <p>Findings: The Coordination and Continuity of Care policy described the responsibilities of the behavioral health provider (care coordinator) to coordinate with multiple providers and services. The policy stated that care coordinators are expected to coordinate with health care providers and other agencies/staff providing services for “at risk” members, including the Single Entry Point for members on the HCBS Mental Health Waiver. FBHP submitted several additional policies and documents that addressed care coordination processes related to specific populations (e.g., members in alternative care facilities [ACFs] or members who qualify for Early Periodic Screening, Diagnosis, and Treatment (EPSDT) services). FBHP provided several documents that demonstrated FBHP’s monitoring processes (e.g., medical record audit, MI waiver report, ACF surveys).</p> <p>During the on-site interview, FBHP presented three cases that illustrated FBHP’s care coordination processes: one individual with multiple medical needs and providers who was a mental health center client and was living in an alternative care facility, one individual with serious behavioral health needs who required numerous provider resources to achieve maintenance goals, and one client with depression and multiple physical needs residing in a nursing facility. These cases demonstrated active coordination of information and services with multiple providers and organizations.</p> | | |
| <p>Required Actions: None.</p> | | |



Appendix A. Colorado Department of Health Care Policy and Financing
FY 2012–2013 Compliance Monitoring Tool
for Foothills Behavioral Health Partners, LLC

| Standard III—Coordination and Continuity of Care | | |
|---|--|--|
| Requirement | Evidence as Submitted by the BHO | Score |
| <p>3. The Contractor has a mechanism to ensure that each member has an ongoing source of primary (behavioral health) care appropriate to his or her needs and a person or entity formally designated as primarily responsible for coordinating covered services furnished to the member.</p> <p align="right"><i>42CFR438.208(b)(1)</i></p> <p>Contract: None</p> | <p>Documents Submitted:</p> <ol style="list-style-type: none"> 1. FBHP Policy Continuity of Care_Care Coordination Revised 7_1_12.doc (Sec I): Policy & Procedures describing Care Coordination system 2. (Miscellaneous folder) FBHP Provider Manual_2012 Sept_PR.pdf (pg 18 [general requirement to coordinate care], pg 25 [provider care coordination responsibilities]) 3. JCMH Staff Training Orientation (first paragraph at top of page): Explains training on procedures for assigning care coordinators at Partner MHC 4. MHP_QI_UM_Care Coordination.doc (entire doc): Policy/Procedure for Partner MHC on assignment and responsibilities of care coordinator 5. (folder Standard X) QI Work Plan FBHP FY '13 final.docx (pg 14 [Coordination of Care measures – physical health care providers], pg 16-17 [focus study proposal care coordination physical health]) Description of measures/projects for FY 13 related to ensuring members have a primary care provider. 6. (folder Standard X) FBHP QI Program Evaluation FY '12.doc (pg 7 [pg. 14-15 [performance – coordination of care measures physical health providers], pg 19-20 [Focus Study Healthcare Management program – includes healthcare coordination component] pg 22 [description of pediatric referral project]: Results of efforts to ensure members have a primary healthcare provider 7. Documents in New Enrollee Mailing Packet.doc (entire doc): FBHPartners monthly new enrollee packet providing information on EPSDT benefits and how to obtain a PCP | <input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable |
| <p>Findings: The Coordination and Continuity of Care policy and the FBHP provider manual stated that the outpatient behavioral health provider is responsible for coordinating services for the member. The policy stated that the member is assigned to a provider at intake and that the assigned provider/care coordinator also ensures the member’s access to a primary care physician (PCP) and communicates with the PCP annually regarding psychotropic medications.</p> | | |



Appendix A. Colorado Department of Health Care Policy and Financing
FY 2012–2013 Compliance Monitoring Tool
for Foothills Behavioral Health Partners, LLC

| Standard III—Coordination and Continuity of Care | | |
|---|---|--|
| Requirement | Evidence as Submitted by the BHO | Score |
| FBHP’s presentation of treatment records for three cases verified that each member had an assigned primary therapist and PCP. Records reviewed included signed release of information forms needed to facilitate communication between the behavioral health and physical health providers. | | |
| Required Actions: None. | | |
| <p>4. Contractor ensures that each member accessing services receives an individual mental health assessment and individual needs assessment.</p> <p>The mental health assessment addresses:</p> <ul style="list-style-type: none"> ◆ Member demographics. ◆ Cultural and racial affiliations. ◆ Language and reading proficiency. ◆ Personal and family health history. ◆ Self-perceived health status to predict the member’s likelihood of experiencing the most common mental illnesses. ◆ Personal health characteristics, including but not limited to: <ul style="list-style-type: none"> ● Mental illness. ● Alcohol consumption. ● Substance use disorders. <p>The individual needs assessment evaluates:</p> <ul style="list-style-type: none"> ◆ Special transportation needs. ◆ Cultural and linguistic needs. <p align="right"><i>42CFR438.208(c)(2)</i></p> <p>Contract: IL.F.7</p> | <p>Documents Submitted:</p> <ol style="list-style-type: none"> 1. FBHP Policy Member Medical Records Revised 072012.docx (Policy statement, Sec 1C; Sec II). Describes requirement of documenting a comprehensive assessment. 2. Medical Record Audit Report FY ’12.docx (pg 1 assessment components, pg 2-4 results of assessment component) 3. JCMH PEER REVIEW CLINICAL.doc (Sec under “Assessment”) Tool used for JCMH Medical Record Audit to review mental health assessment 4. JCMH Training Intake Assessment.docx (entire document covers all areas listed including transportation needs and cultural/linguistic needs) 5. MHP Peer Review Tool 4_27_12.pdf (pg 2 Tool used for MHP Medical Record Audit to review mental health assessment) 6. MHP Intake Assessment screen shot.pdf (entire doc): Partner MHC form for extended individual assessment; covers health history, cultural issues, substance use 7. MHP Admission & Referral Screen shots.doc (pg 2 service language; pg 5 transportation needs): Shows identification of language and transportation needs 8. IPN Audit Tool 2012.xlsx (pg 1-3 “Assessment Requirements”) Assessment tool used for IPN 9. (Miscellaneous folder) FBHP Provider Manual_2012 Sept_PR.pdf (pg 86 under General Requirements): Provider requirements re: mental health assessment including transportation needs and cultural needs 10. Documentation Training PPT_VO_template.ppt (slide 26-36) IPN training on assessment | <input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable |



Appendix A. Colorado Department of Health Care Policy and Financing
FY 2012–2013 Compliance Monitoring Tool
for Foothills Behavioral Health Partners, LLC

| Standard III—Coordination and Continuity of Care | | |
|--|---|---|
| Requirement | Evidence as Submitted by the BHO | Score |
| <p>Findings: The FBHP provider manual outlined the medical record documentation standards, which specified an assessment of members’ needs that included all of the required components. FBHP submitted several medical record audit tools used for monitoring provider treatment records. These tools included a field to assess the presence of all the required components. In addition, FBHP provided summary reports of completed audits conducted by the community mental health centers (CMHCs) and for the independent provider network (IPN). These audits included an assessment of the required elements and documented corrective action or follow-up audits for practitioners who did not pass the audit. FBHP’s presentation of care coordination cases demonstrated that the assessment addressed all of the required elements.</p> | | |
| <p>Required Actions: None.</p> | | |
| <p>5. The Contractor shares with other health care organizations serving the member with special health care needs, the results of its identification and assessment of that member’s needs, to prevent duplication of those activities.</p> <p align="right"><i>42CFR438.208(b)(3)</i></p> <p>Contract: II.F.7.g</p> | <p>Documents Submitted:</p> <ol style="list-style-type: none"> 1. FBHP Policy Continuity of Care_Care Coordination Revised 7_1_12.doc (Sec II.B. – providing information to the PCP; Sec IV. Coordination for At Risk members, Sec VI.D.- providing information to new provider) 2. (Miscellaneous folder) FBHP Provider Manual_2012 Sept_PR.pdf (pg 18 [sharing information PCP and other treatment providers]; pg 25 [coordination between prescribers and therapists and service providers]) 3. JCMH ROI and Coordination Primary Care Provider.docx (entire doc): Partner MHC example: Displays screen shots for obtaining PCP release and sending a comprehensive coordination of care letter to the PCP 4. (folder Standard X) FBHP QI Program Evaluation FY ’12.doc (pg 15 Sec C.): Measure tracking percent of members with a prescriber care coordination letter sent annual – includes medications prescribed, diagnosis, treatment plan, and interest in coordination 5. MHP EPSDT materials.pdf (all materials): example of partner MHC letter to pediatrician re: EPSDT screening and interest in coordinating and materials given to families on benefits | <p><input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable</p> |



Appendix A. Colorado Department of Health Care Policy and Financing
FY 2012–2013 Compliance Monitoring Tool
for Foothills Behavioral Health Partners, LLC

| Standard III—Coordination and Continuity of Care | | |
|---|--|---|
| Requirement | Evidence as Submitted by the BHO | Score |
| <p>Findings: FBHP submitted several documents that addressed the provision to coordinate services and communicate with other health care providers involved in the member’s care, including members with special health care needs. The three example cases presented by FBHP included signed release of information forms that allowed sharing of information between behavioral health and other providers. Staff stated that the PCP is notified via letter that the member is receiving treatment if there is a release of information. The Coordination and Continuity of Care policy stated that the PCP letter describes the medications prescribed and the client’s diagnosis and plan of care, and informs the PCP of the behavioral health prescriber’s interest in coordinating with the PCP in the clients’ care. Staff also stated that additional assessment information is only shared upon request from the PCP or other provider and with proper authorizations, due to confidentiality and privacy regulations.</p> | | |
| <p>Required Actions: None.</p> | | |
| <p>6. Each member has an individualized service plan (treatment plan/care plan) that includes:</p> <ul style="list-style-type: none"> ◆ Measurable goals. ◆ Strategies to achieve the stated goals. ◆ Mechanism for monitoring and revising the service plan as appropriate. <p>The service plan is developed by the member, the member’s designated client representative (DCR) and the provider/treatment team and is signed by the member. (If a member chooses not to sign his/her service plan, documentation shall be provided in the member’s medical record stating the member’s reason for not signing the plan.)</p> <p>Service planning shall take place annually or if there is a change in the member’s level of functioning and care needs.</p> <p align="right"><i>42CFR438.208(c)(3)</i></p> <p>Contract: IL.F.9</p> | <p>Documents Submitted:</p> <ol style="list-style-type: none"> 1. FBHP Policy Continuity of Care_Care Coordination Revised 7_1_12.doc (Sec I.B.) Describes requirements for treatment plan, including measurable objectives, requirement to revise at least annually, TP is collaborative with client) 2. FBHP Policy Member Medical Records Revised 072012.docx (I.C. TP updated annually or if LOC needs change, member signature) 3. Medical Record Audit Report FY ’12.docx (pg 1 treatment plan components, pg 2-4 results of treatment plan component) 4. JCMH PEER REVIEW CLINICAL.doc (pg 1-2 Sec under “Treatment Plan”) Tool used for JCMH Medical Record Audit to review mental health treatment plan 5. JCMH Treatment Plan Training.docx (entire doc) Material used in staff treatment plan training) 6. MHP Peer Review Tool 4_27_12.pdf (pg 2-3 Tool used for MHP Medical Record Audit to review treatment plan) 7. MHP Treatment Planning training.pps (all slides – training for MHP clinical staff at orientation) 8. IPN Audit Tool 2012.xlsx (pg 3-4 “Treatment Plan Requirements”) Audit tool used for IPN for Treatment Plan elements | <p><input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable</p> |



Appendix A. Colorado Department of Health Care Policy and Financing
FY 2012–2013 Compliance Monitoring Tool
for Foothills Behavioral Health Partners, LLC

| Standard III—Coordination and Continuity of Care | | |
|--|--|--------------|
| Requirement | Evidence as Submitted by the BHO | Score |
| | 9. Documentation Training PPT_VO_template.ppt (slide 37-42): Training for IPN on treatment planning 10. (Miscellaneous folder) FBHP Provider Manual_2012 Sept_PR.pdf (pg 18 #4 & pg 87 under Service/Treatment Plan). Overall provider requirements re: treatment plan 11. (Miscellaneous folder) CO Medicaid Addendum (pg 3C.g.) Provider contract through ValueOptions, as the FBHPartners Provider Network delegate, indicated requirement to complete annually an individualized service plan) | |
| <p>Findings: The Coordination and Continuity of Care policy stated that the care coordinator is responsible to collaborate with the member to develop a treatment plan based on the member’s assessed needs. The policy stated that the treatment plan includes measurable objectives and is revised at least annually. The provider manual outlined the medical record documentation standards, including all of the required components of a treatment plan. The medical record audit tools monitored each of the treatment plan characteristics, including evidence of a member signature and update of the treatment plan. FBHP staff stated that ValueOptions (VO), one of FBHP’s partner organizations, conducts audits of the IPN and that the network CMHCs conduct internal audits of treatment records. While provider network management of the IPN (contracting, credentialing) is delegated to VO, FBHP remains responsible for the quality management program and reviews CMHC medical record audits, taking corrective action when required. FBHP documents depict the requirement to update the treatment plan annually, or when there is a change of condition. FBHP medical record audit reports indicated monitoring against the annual requirement. VO provider training, audit tools, and the provider manual depict the requirement to update the treatment plan every six months, if no change of condition occurs. Since six-month updates exceed requirements, FBHP may want to consider evaluating whether inconsistency between requirements for its IPN and the network CMHCs remains efficient for FBHP.</p> <p>During the on-site interview, FBHP’s presentation of care coordination cases, in addition to completed medical record audit reports, demonstrated that FBHP monitored for completeness of the treatment plan.</p> | | |
| <p>Required Actions: None.</p> | | |



Appendix A. Colorado Department of Health Care Policy and Financing
FY 2012–2013 Compliance Monitoring Tool
for Foothills Behavioral Health Partners, LLC

| Standard III—Coordination and Continuity of Care | | |
|--|--|--|
| Requirement | Evidence as Submitted by the BHO | Score |
| <p>7. The Contractor ensures that in the process of coordinating care, each member's privacy is protected in accordance with the privacy requirements in 45CFR parts 160 and 164, subparts A and E (Health Insurance Portability and Accountability Act of 1996 [HIPAA]), to the extent that they are applicable.</p> <p>In all other operations as well the Contractor uses and discloses individually identifiable health information in accordance with the privacy requirements in 45CFR parts 160 and 164, subparts A and E (HIPAA), to the extent that these requirements are applicable.</p> <p align="right"><i>42CFR438.208(b)(4)</i> <i>42CFR438.224</i></p> <p>Contract: II.E.1.g.1, VII.S</p> | <p>Documents Submitted:</p> <ol style="list-style-type: none"> 1. FBHP Revised PP Confid Security of PHI.doc (entire document) Describes FBHP's policies/procedures for maintaining HIPAA privacy requirements 2. MHP CONFIDENTIALITY TRAINING.doc 3. JCMH Training Summary FY 12.doc (entire document) Identifies HIPAA Training annual and at orientation for staff 4. Medical Record Audit Report FY '12.docx (see areas audited under legal/rights) Method for monitoring the consents and releases obtaining 5. (Miscellaneous folder) FBHP Provider Manual_2012 Sept_PR.pdf (pg 18, #2 and pg 78 under "confidentiality") Information for providers on obtaining consents to coordination care and policies/procedures regarding HIPAA) 6. (Miscellaneous folder) CO Medicaid Addendum (October 2011) Final.doc (pg 2 F a ii) Provider contract addendum indicating requirement to comply with HIPAA 7. (Miscellaneous folder) VO Facility Agmt 3-11 (Final 20110316) w-out Medicare Advantage Addendum.pdf (pg 7 section on confidentiality): Provider contract through ValueOptions, as the FBHPartners Provider Network delegate, indicating requirement to comply with HIPAA | <input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable |
| <p>Findings:</p> <p>The FBHP Confidentiality and Security of Member Health Information policy stated that responsibility for security policies and compliance is delegated to VO, and that FBHP would comply with all State and federal laws and regulations regarding confidentiality and protected health information (PHI), including the Health Insurance Portability and Accountability Act (HIPAA). The policy stated PHI could be used for payment, treatment, or health care operations without member consent, but all other disclosures of PHI required a release of information signed by the member. The provider manual described the confidentiality policies related to use and disclosure of member information including maintaining confidentiality of information used in internal quality improvement and other operations, as well as maintaining security of member information within the health information system. The provider manual informed providers that a member release of information is required for coordination of care with other providers. The Coordination and Continuity of Care policy stated that the care coordinator must obtain a member-signed release of information before sharing information with providers with whom care is being coordinated. FBHP submitted evidence of training CMHC staff concerning confidentiality of oral, written, and electronic communications.</p> | | |



Appendix A. Colorado Department of Health Care Policy and Financing
FY 2012–2013 Compliance Monitoring Tool
 for Foothills Behavioral Health Partners, LLC

| Standard III—Coordination and Continuity of Care | | |
|--|---|--|
| Requirement | Evidence as Submitted by the BHO | Score |
| Required Actions: None. | | |
| <p>8. The Contractor may require nursing facility residents who are able to travel to a service delivery site to receive their mental health services at a service delivery site. The Contractor shall arrange for transportation for the member between the nursing facility and the service delivery site, but shall not be responsible for the cost of transportation.</p> <p>However, the Contractor shall provide medically necessary mental health services on-site in the nursing facility if transportation cannot be arranged.</p> <p>Contract: II.E.3</p> | <p>Documents Submitted:</p> <ol style="list-style-type: none"> 1. FBHP Policy NCF_ACF Services Revised 7_1_12.doc (Policy statement, Sec I) States policy and procedures re: transportation to NCF and on-site services 2. FBHP FY '12_ACF_NCF_survey report_Sept 2012.docx (pg 4-6; pg 9-10) Provides information on nursing facility satisfaction with services from annual survey conducted | <input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable |
| <p>Findings: The Mental Health Services in Nursing Home and Assisted Living Facilities policy stated the CMHCs would provide medically necessary mental health services for members in these facilities, and that FBHP's policy is to ensure parity of services for these members. The policy stated that the care coordinator is responsible for working with the member and the nursing care facility (NCF) or ACF to arrange all needed mental health services or on-site services if the member is unable to travel or if transportation cannot be arranged.</p> <p>Of the three care coordination cases presented during the on-site interview, two involved members who lived at a long-term care facility or ACF and who received behavioral health and case management services on-site at the facility. One of the two also received services at the CMHC, and transportation was provided through the Medicaid contracted provider, First Transit.</p> | | |
| Required Actions: None. | | |



Appendix A. Colorado Department of Health Care Policy and Financing
FY 2012–2013 Compliance Monitoring Tool
for Foothills Behavioral Health Partners, LLC

| Results for Standard III—Coordination and Continuity of Care | | | | | |
|--|----------------|---|----------|--------------------|-----------------|
| Total | Met | = | <u>8</u> | X | 1.00 = <u>8</u> |
| | Partially Met | = | <u>0</u> | X | .00 = <u>0</u> |
| | Not Met | = | <u>0</u> | X | .00 = <u>0</u> |
| | Not Applicable | = | <u>0</u> | X | NA = <u>0</u> |
| Total Applicable | | = | <u>8</u> | Total Score | = <u>8</u> |

| | | |
|---------------------------------------|---|-------------|
| Total Score ÷ Total Applicable | = | <u>100%</u> |
|---------------------------------------|---|-------------|



Appendix A. Colorado Department of Health Care Policy and Financing
FY 2012–2013 Compliance Monitoring Tool
for Foothills Behavioral Health Partners, LLC

| Standard IV—Member Rights and Protections | | |
|--|---|--|
| Requirement | Evidence as Submitted by the BHO | Score |
| <p>1. The Contractor has written policies and procedures regarding member rights.</p> <p align="right"><i>42CFR438.100(a)(1)</i></p> <p>Contract: II.F.3.a</p> | <p>Documents Submitted:</p> <ol style="list-style-type: none"> 1. FBHP Policy Member Rights Rev7-1-12.doc (entire document): Policy and Procedure (P&P) regarding informing members of their rights, training providers in rights, and respecting member rights. 2. FBHP Policy Member Information rev 7-1-12.doc (entire document): Describes procedures to ensure that required information, including member rights, is made available to members. 3. VO Policy Re MemberPrivacyRights (entire document): VO serves as FBHP’s administrative service organization and is delegated certain Utilization Management functions. This policy describes VO’s policy and Procedures regarding protection of members’ privacy rights under HIPAA and state confidentiality laws. 4. FBHP Policy Cultural Competency rev 7-1-12 (entire document): P&P that all members receive effective, culturally and linguistically competent mental health services. 5. FBHP Cult Comp Plan (entire document): Outlines FBHP’s efforts to ensure members’ services are culturally and linguistically competent. 6. FBHP Policy Non-Discrimination 7-1-12.doc (entire document): Policy and Procedure (P&P) that FBHP complies with federal laws prohibiting all forms of discrimination. 7. FBHP Policy Second Opinion Rev 7-1-12.doc (entire document): P&P explaining members’ right to second opinion and the process. 8. FBHP Policy Griev and Appeal Rev 7-1-12 (entire document): P&P defining members’ right to file a grievance regarding any dissatisfaction with services and to appeal an Action (denial, limited authorization, etc.) by FBHP. 9. FBHP Griev Appeal Guide Rev 11-14-11; (entire document): Provides a detailed description of the grievance and appeal | <input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable |



Appendix A. Colorado Department of Health Care Policy and Financing
FY 2012–2013 Compliance Monitoring Tool
for Foothills Behavioral Health Partners, LLC

| Standard IV—Member Rights and Protections | | |
|--|---|--------------|
| Requirement | Evidence as Submitted by the BHO | Score |
| | <p>process for members and provided contact information for the Ombudsman. The document is posted at PMHC sites. It is also mailed with grievance acknowledgement letters, Notices of Action and appeal acknowledgement letters.</p> <p>10. FBHP Griev & Appeal Guide Span 11-14-11: Spanish translation available for Spanish speakers.</p> <p>11. FBHP Policy Advance Directives Rev 7-1-12 (entire document): P&P outlining the process by which members are asked if they have an advance directive, members’ advance directives are noted in the clinical record and members are referred for help in writing an advance directive if they wish.</p> <p>12. (folder Standard III) FBHP Revised PP Confid Security of PHI effective Oct 1, 2012 [entire document]: P&P providing for protection and security of Member PHI.</p> <p>13. HIPAA Authorization to Release Information 2012: This is FBHP’s ROI form.</p> <p>14. Confidentiality Agreement, FBHP (entire document): FBHP staff, board and committee members are required to sign this agreement to respect the confidentiality of member information and FBHP’s non-public documents.</p> <p>15. FBHP Privacy Notice English 7-17-09 (entire document).</p> <p>16. FBHP Privacy Notice Spanish 7-17-09 (entire document).</p> <p>17. FBHP New Enrollees Mailing 2012.xlsx (entire document). Spreadsheet showing breakdown of monthly mailing of new enrollee materials, by PMHC area and by English and Spanish mailings.</p> <p>18. Documents in New Enrollee Mailing.doc (entire document): lists the materials to be included in monthly mailing to new enrollees. English and Spanish packets available.</p> <p>19. Insert Emergency Services Spanish_MHP_FBHP (entire document): This document is included in the New Enrollee packet; this is an example of one of the documents translated in Spanish.</p> | |



Appendix A. Colorado Department of Health Care Policy and Financing
FY 2012–2013 Compliance Monitoring Tool
for Foothills Behavioral Health Partners, LLC

| Standard IV—Member Rights and Protections | | |
|--|---|--------------|
| Requirement | Evidence as Submitted by the BHO | Score |
| | <p>20. Insert_ EPSDT Contacts_english_ FBHP (entire document): Included in the New Enrollee packet.</p> <p>21. Insert_ EPSDT letter English_ FBHP (entire document): Included in the New Enrollee packet.</p> <p>22. Insert_ Ombudsman English_ FBHP (entire document): Included in the New Enrollee packet.</p> <p>23. Insert_ Privacy Notice English_ FBHP (entire document): Included in the New Enrollee packet.</p> <p>24. MHP Postings Verification: verification by OMFA Client and Family Advocate that all required postings are at each MHP site.</p> <p>25. JCMH Postings Verification 2012: verification by OMFA Client and Family Advocate that all required postings are at each JCMH.</p> <p>26. FBHP Member Handbook FBHP Member Handbook 101811(entire document, but especially Member Rights listed on pg 16 & 17): The Handbook provides information to members on their mental health benefits, how to access them, and includes a list of Member Rights and Responsibilities. The Handbook is available in Spanish, in large print and audio version. The Handbook is: mailed monthly to new enrollees; given to clients at intake at Partner Mental Health Centers (PMHCs); downloadable from the FBHP web site; can be accessed from PMHC web sites; and available on request at any time. The Member Rights statement on pg 16 & 17 of the handbook is also posted (in English and Spanish) at each PMHC and is either posted or handed out at intake by providers in the Independent Provider Network.</p> <p>27. FBHP Member Handbook Spanish (entire document, but especially Member Rights on pg 16 & 17): The Spanish Handbook is mailed monthly to new enrollee Spanish speaking households so they do not have to call FBHP for a copy of the Handbook in Spanish. Spanish –speaking members are given the Spanish handbook at intake.</p> | |



Appendix A. Colorado Department of Health Care Policy and Financing
FY 2012–2013 Compliance Monitoring Tool
for Foothills Behavioral Health Partners, LLC

| Standard IV—Member Rights and Protections | | |
|---|---|--------------|
| Requirement | Evidence as Submitted by the BHO | Score |
| | 28. JCMH Links to FBHP Website Screenshots (screenshot on lower half of page): Example of how members can access the FBHP website from one of our PMHC’s websites. 29. Screenshot of Member Rights from Handbook on FBHP website (entire document): Demonstrates how members can access a copy of their member rights on the web. 30. Screenshot first page Spanish Member Rights from Handbook on FBHP website. Spanish speakers can access a copy of their member rights on the web. 31. FBHP Member Handbook 10-18-11.pdf (pg18): Provides information to members on Advance Directives and how to get help writing an Advance Directive. 32. MHP Advance Directives screenshot: Shows how MHP captures information about advance directives at intake. 33. JCMH Advanced Directives for FBHP screenshot: Shows how JCMH captures information about advance directives at intake. | |
| <p>Findings: The FBHP Member Rights policy described the processes FBHP uses to train and monitor providers, partner CMHCs, and administrative staff members to ensure that members’ rights are respected. The FBHP Member Information policy described the Office of Member and Family Affairs’ (OMFA’s) processes and responsibilities for ensuring the accuracy of member materials that describe member rights and timely distribution of those materials to members. FBHP also had policies that addressed specific member rights such as nondiscrimination, second opinions, advance directives, and grievances and appeals. In addition, FBHP submitted a VO policy that described VO’s process to ensure privacy and confidentiality of member information while performing delegated tasks (such as utilization management). Members were informed of their rights via the member handbook and via member rights posters displayed at FBHP partner and facility sites.</p> | | |
| <p>Required Actions: None.</p> | | |



Appendix A. Colorado Department of Health Care Policy and Financing
FY 2012–2013 Compliance Monitoring Tool
for Foothills Behavioral Health Partners, LLC

| Standard IV—Member Rights and Protections | | |
|---|--|--|
| Requirement | Evidence as Submitted by the BHO | Score |
| <p>2. The Contractor ensures that its staff and affiliated network providers take member rights into account when furnishing services to members.</p> <p align="right"><i>42CFR 438.100(a)(2)</i></p> <p>Contract: II.F.3.a</p> | <p>Documents Submitted:</p> <ol style="list-style-type: none"> 1. FBHP Policy Member Rights Rev 7-1-12.doc (entire document): P&P requiring: that members receive information about their member rights at intake; that information is posted or handed out at provider offices; that members acknowledge having received this information; and that providers receive training in member rights and how a member can access the OMFA or the Ombudsman. 2. (folder Standard III) Medical Record Audit Report FY12 [entire document]: FBHP annually audits PMHC and IPN medical records for a number of items, including the following Legal/Rights documentation: client rights, consent forms, privacy notice signed, and advance directives requested. The results for the Legal/Right part of the audit are reported for MHP at the bottom of pg 2, for JCMH in the middle of pg 3, for the IPN at the lower half of pg 4. A Summary of Findings and Recommendations for Improvement are found starting at the bottom of pg 4. 3. FBHP Policy Griev and Appeal Rev 7-1-12 (entire document): P&P defining members’ right to file a grievance regarding any dissatisfaction with services and to appeal an Action. 4. FBHP Policy Second Opinion rev 7-1-12 (entire policy): P&P describing members’ right to a second opinion and the process. 5. (folder Standard III) FBHP Revised PP Confid Security of PHI effective Oct 1, 2012 (entire document): P&P that outlines how members are notified of their HIPAA rights and describes requirements and procedures for FBHP staff regarding the protection and security of member PHI. 6. (Miscellaneous folder) FBHP ProviderManual_2012Sept_PR.pdf (Sec. 15 pg 80, 2nd paragraph [Explains that providers must respect member rights; post or handout rights and the Ombuds flyer; inform members of their right to grieve or appeal an Action; offer interpreter services for deaf or non- English speakers; and offer written materials in Spanish] | <input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable |



Appendix A. Colorado Department of Health Care Policy and Financing
FY 2012–2013 Compliance Monitoring Tool
for Foothills Behavioral Health Partners, LLC

| Standard IV—Member Rights and Protections | | |
|--|--|--------------|
| Requirement | Evidence as Submitted by the BHO | Score |
| | <p>7. (Miscellaneous folder) CO Medicaid Addendum (October 2011) Final [Sections B General Provisions (5) & (6); F Compliance (1.a.); G Services (1.f., g, j.): Addendum to ValueOptions' (FBHP's Provider Network Delegate) contract with provider network; requires providers to abide by Provider Handbook; clarifies providers' right to advocate for client; requires providers to comply with applicable federal and state laws and regulations; requires providers to respect members' rights and to cooperate with FBHP's cultural competency requirements regarding language assistance.</p> <p>8. (Miscellaneous folder) VO Facility Agreement 3-11 (FINAL 20110316) w-out Medicaid Advantage Addendum [Section 3.4 pg. 5]: Prohibits facilities from balance billing.</p> <p>9. VO Provider Training.ppt (See slides 57, 64, 66-79, 82, 84, 85, 91, 92): Training regarding Member Rights and Responsibilities, Member Information provided by ValueOptions (FBHP's provider network delegate) to the independent provider network.</p> <p>10. (folder Standard III) Provider TrainingPlan FY12_VOCO [entire document]: VO's training plan for IPN, includes trainings on Cultural Competency, Special Communication Needs, Member Rights, Advance Directives, Grievance and Clinical Appeals, and Access to Care Standards.</p> <p>11. JCMH Rights Annual Training-admin staff 10-25-11.ppt (slides 2-5,8,11, & 13): Jefferson Center annual admin staff training on Member Rights by OMFA staff</p> <p>12. JCMH Rights Annual Training-clinical 10-25-11.ppt (2-9, 11-17): Jefferson Center annual clinical training on Member Rights by OMFA staff</p> <p>13. JCMH NEO training rev 10-24-11.ppt (slides 2-9, 14-20): JCMH New Employee Orientation training by OMFA staff.</p> <p>14. MHP Client Rights Annual Train 2011.pdf (slides 11-24): MHP Annual staff training by OMFA staff.</p> <p>15. MHP Clt Rights New Empl Train 2011.ppt (slides 3-18): MHP</p> | |



Appendix A. Colorado Department of Health Care Policy and Financing
FY 2012–2013 Compliance Monitoring Tool
for Foothills Behavioral Health Partners, LLC

| Standard IV—Member Rights and Protections | | |
|--|---|--------------|
| Requirement | Evidence as Submitted by the BHO | Score |
| | <p>New employee training by OMFA staff.</p> <p>16. MHP Materials Given to Clients at Intake: This list shows that the Medicaid Member Handbook is given to every Medicaid member at Intake.</p> <p>17. MHP Acknowledgement Page Rights (entire document): Form that members sign at Intake acknowledging receipt of: Notice of Privacy Rights; Notice of Federal Requirements Regarding Confidentiality of Client Records in an Alcohol and Drug Treatment Program; Client Rights and Responsibilities; and a description of the Grievance and Appeal System.</p> <p>18. MHP Grievance and Appeal form 10-23-12-final (entire document): description of the Grievance and Appeal System given to clients at intake.</p> <p>19. MHP DISCLOSURE FORM 10-12 (entire document): Mandatory disclosure statement signed by clients acknowledging right to receive information about their therapists and treatment, rules against sexual intimacy, information about confidentiality in treatment and non- discrimination.</p> <p>20. MHP CLIENT RIGHTS AND RESPONSIBILITIES (entire document): Copy of member rights posted at each mental health center site. Also posted in Spanish.</p> <p>21. MHP NOTICE OF PRIVACY RIGHTS E-1 10-12 (entire document): MHP privacy rights provided to each client.</p> <p>22. MHP NOTICE OF FEDERAL REQUIRMENTS RE CONFIDENTIALITY 10-12 (entire document): Given to clients at intake; explains limits of confidentiality.</p> <p>23. JCMH Materials Given at Intake (See “Consumer Rights – handout” and “Notice of Privacy Rights-handout” under “All consumers” section; and “Ombudsman for Medicaid Managed Care-handout”, “Foothills Behavioral Health Partners-booklet [Member Handbook]” under”Medicaid Consumers”section): JCMH intake clinicians review the above documents with the member, highlighting the Consumer Rights handout and important</p> | |



Appendix A. Colorado Department of Health Care Policy and Financing
FY 2012–2013 Compliance Monitoring Tool
for Foothills Behavioral Health Partners, LLC

| Standard IV—Member Rights and Protections | | |
|---|---|--------------|
| Requirement | Evidence as Submitted by the BHO | Score |
| | <p>information in the FBHP Member Handbook</p> <p>24. JCMH Consent to Treat 2012 (entire document, but especially the statement at the top of the second page that the member is asked to sign): This Mandatory disclosure statement signed by clients acknowledges the right to receive information about their therapists and treatment, rules against sexual intimacy , information about confidentiality in treatment and non-discrimination. The client is requested to sign this statement after receiving and reviewing the materials listed in item 20 above, acknowledging "... I understand my rights as a client..."</p> <p>25. JCMH Consumer Rights Final 5-4-10 (entire document): Client Rights handed out at intake and posted at all Jefferson Center sites.</p> <p>26. JCMH ClientRightsEspanol (entire document): example of Spanish translation of client rights handed out at intake and posted at all mental health center sites.</p> <p>27. Ombudsman poster: posted at each MHP and JCMH site.</p> <p>28. OMFA poster MHP Eng.pdf: Example of poster at all MHP sites informing clients of availability of OMFA Advocate.</p> <p>29. OMFA poster JCMH Span.pdf: Example of poster at all JCMH sites informing Spanish speaking clients of availability of OMFA Advocate.</p> <p>30. FBHP Large Print Member Handbook: available on request by member with visual impairment)</p> <p>31. FBHP Large Print Member Handbook Slip Sheet Aug 2012: (insert with changes or corrections to printed handbook.</p> | |
| <p>Findings: FBHP delegated provider network management to VO. The VO/FBHP provider manual described provider responsibilities regarding ensuring member rights and the responsibilities of the FBHP OMFA. Both of the VO provider contract templates informed providers that the list of member rights can be found in the provider manual and included the expectation that providers take members’ rights into account when furnishing services. The contract templates also included the provider’s responsibilities related to informing members of their rights. The online provider manual included a downloadable member rights poster. The VO provider training schedule that was submitted demonstrated that VO addressed member rights periodically with providers</p> | | |



Appendix A. Colorado Department of Health Care Policy and Financing
FY 2012–2013 Compliance Monitoring Tool
for Foothills Behavioral Health Partners, LLC

| Standard IV—Member Rights and Protections | | |
|--|--|--|
| Requirement | Evidence as Submitted by the BHO | Score |
| <p>and VO staff. During the on-site interview, FBHP staff members reiterated the OMFA representatives’ duties at each network CMHC. OMFA representatives are a resource for members and providers at the CMHCs and provide presentations as needed during new employee orientation and annual training. Staff reported that VO provided training for the IPN via information on the Web site and provider forums.</p> | | |
| <p>Required Actions: None.</p> | | |
| <p>3. The Contractor’s policies and procedures ensure that each member is treated by staff and affiliated network providers in a manner consistent with the following specified rights:</p> <ul style="list-style-type: none"> ◆ Receive information in accordance with information requirements (42CFR438.10). ◆ Be treated with respect and with due consideration for his or her dignity and privacy. ◆ Receive information on available treatment options and alternatives, presented in a manner appropriate to the member’s condition and ability to understand. ◆ Participate in decisions regarding his or her health care, including the right to refuse treatment, and the right to a second opinion. ◆ Be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience, or retaliation. ◆ Request and receive a copy of his or her medical records and request that they be amended or corrected. ◆ Be furnished health care services in accordance with requirements for access and quality of services (42CFR438.206 and 42CFR438.210). | <p>Documents Submitted:</p> <ol style="list-style-type: none"> 1. FBHP Policy Member Information rev 7-1-12.doc (entire document): P&P that outlines how required member information must be written and made available to members. <i>Responds to Bullet A</i> 2. FBHP Member Handbook 101811.pdf (pg 26 at bottom of page, “How do I get more information about Foothills Behavioral Health PartnersFBHP Annual Letter Eng. Rev. Dec. 2011. <i>Responds to Bullet A</i> 3. FBHP Annual Letter Eng Rev. Dec. 2011: <i>Responds to Bullet A</i> 4. FBHP Annual Letter Span. Rev. Dec. 2011: <i>Responds to Bullet A</i> 5. FBHP Policy Member Rights Rev7-1-12.doc (entire document): P&P covering Member Rights and how members are informed of these rights. <i>Responds to Bullets A-N</i> 6. 304 LMember Rand R_Policy_SC_OMFA (entire policy) VO’s [provider network delegate’s] policy regarding member rights. <i>Responds to Bullets A-N</i> 7. FBHP Member Handbook 101811.pdf (see pg.16 and 17 Your Rights as a Medicaid Member): lists the Medicaid Members rights and responsibilities. <i>Responds to Bullets A-N</i> 8. FBHP Slip Sheet to Memb Hbk Aug 2012.doc: Slip sheet includes error corrections in printed handbook as well as changes, such as information on new Transportation vendor, First Transit. <i>Responds to Bullets A-N</i> 9. FBHP Member Handbook 101811.pdf (pg.5 and 6, beginning with “What can I expect when I begin mental health treatment?”): <i>Responds to Bullets C & D</i> | <input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable |



Appendix A. Colorado Department of Health Care Policy and Financing
FY 2012–2013 Compliance Monitoring Tool
for Foothills Behavioral Health Partners, LLC

| Standard IV—Member Rights and Protections | | |
|--|---|--------------|
| Requirement | Evidence as Submitted by the BHO | Score |
| <p>Additional member rights, include the right to:</p> <ul style="list-style-type: none"> ◆ Have an independent advocate. ◆ Request that a specific provider be considered for inclusion in the provider network. ◆ Receive a second opinion. ◆ Receive culturally appropriate and competent services from participating providers. ◆ Receive interpreter services for members with communication disabilities or for non-English-speaking members. ◆ Prompt notification of termination or changes in services or providers. ◆ Express an opinion about the Contractor’s services to regulatory agencies, legislative bodies, or the media without the Contractor causing any adverse effects upon the provision of Covered Services. <p align="right"><i>42CFR438.100(b)(2) and (3)</i></p> <p>Contract: II.F.1, II.F.4.j.3</p> | <ol style="list-style-type: none"> 10. FBHP Member Handbook 101811.pdf (pgs 4-6, Getting and Choosing Services): Tells members how to access services and what to expect; <i>addresses federal access requirements in bullet G.</i> 11. (folder Standard III) FBHP Policy Access to Services Revised 7-1-12 [Entire policy]: <i>addresses federal access requirements in bullet G .</i> 12. (folder Standard X) FBHP Policy Clin Prac Guide Revised 2012 [entire document]: Clinical practice guidelines to ensure consistent and effective treatment. <i>Addresses federal quality of services requirements in bullet G.</i> 13. (folder Standard X) FBHP Policy QA Program Revised 2012 [entire document]: Comprehensive Quality Assessment and Performance Improvement Program. <i>Addresses federal quality of services requirements in bullet G.</i> 14. (folder Standard X) FBHP Policy Qual Care Concerns Revised 2012 [entire document]: Describes process for identifying and investigating quality of care concerns. <i>Addresses federal quality of services requirements in bullet G.</i> 15. JCMH Rights Annual Trng-admin staff 10-25-11.ppt (slides 2-5, 8, 11-13). <i>Responds to Bullets A-N.</i> 16. JCMH Rights Annual Trng-clinical 10-25-11.ppt (slides 2-9,10-17). <i>Responds to Bullets A-N.</i> 17. JCMH NEO training rev 10-24-11.ppt (slides2-9,13-20). <i>Responds to Bullets A-N.</i> 18. MHP Client Rights Annual Train 2011.pdf (slides 4, 11-19, 22,23). <i>Responds to Bullets A-N</i> 19. MHP Clt Rights New Empl Train 2011.ppt (slides 3-9, 15, 17, 18). <i>Responds to Bullets A-N.</i> 20. VO Provider Training.ppt (See slides 57, 64, 66-79, 82, 84, 85, 91, 92): Training regarding Member Rights and , Member Information provided by ValueOptions (FBHP’s provider network delegate) to the independent provider network. <i>Responds to Bullets A-N.</i> | |



Appendix A. Colorado Department of Health Care Policy and Financing
FY 2012–2013 Compliance Monitoring Tool
for Foothills Behavioral Health Partners, LLC

| Standard IV—Member Rights and Protections | | |
|---|---|-------|
| Requirement | Evidence as Submitted by the BHO | Score |
| | <p>21. FBHP Member Handbook 101811.pdf (pg.24, middle of page): provides information about Ombudsman advocacy. <i>Responds to bullet H.</i></p> <p>22. Insert_Ombudsman_English_FBHP: Ombudsman flyer mailed to new enrollees monthly, posted at mental health center sites, and posted or handed out at Independent Provider sites. <i>Responds to bullet H.</i></p> <p>23. FBHPs Member Handbook 101811.pdf (pg 4, 4th paragraph and pg 5, middle of page under “When will I be seen?”): <i>Responds to bullet I re requesting a specific provider.</i></p> <p>24. FBHP Member Handbook 101811.pdf (pg 14, middle of page): explains how to ask for a second opinion. <i>Responds to Bullet J.</i></p> <p>25. FBHP Member Handbook Spanish.pdf: documents existence of materials in Spanish. <i>Responds to Bullets K and L.</i></p> <p>26. FBHP Slip Sheet to Memb Hbk Aug espanol 2012.doc; documents existence of materials in Spanish. <i>Responds to Bullets K and L.</i></p> <p>27. FBHP Member Handbook 101811.pdf (pg 5, last paragraph under section “When will I be seen?”) <i>Responds to Bullet L.</i></p> <p>28. FBHP Member Handbook 101811.pdf (pg 10, top of page): <i>addresses Bullets K and L, particularly language access.</i></p> <p>29. FBHP Policy Cultural Competency and Plan 12-18-09 (see especially Goals I-X of the Plan on pg 8-12): Plan providing guidance to FBHP . <i>Responds to Bullets A, K and L.</i></p> <p>30. (folder Standard III) JCMH training Intake Assessment: [first page, 7th item]: Section of assessment where the clinician addresses cultural and linguistic factors. <i>Responds to Bullets K and L.</i></p> <p>31. (folder Standard III) MHP intake assessment screen shot.pdf [see Question re Cultural Factors at bottom of second page.] <i>Responds to Bullets K and L.</i></p> | |



Appendix A. **Colorado Department of Health Care Policy and Financing**
FY 2012–2013 Compliance Monitoring Tool
for Foothills Behavioral Health Partners, LLC

| Standard IV—Member Rights and Protections | | |
|---|--|-------|
| Requirement | Evidence as Submitted by the BHO | Score |
| | <p>32. (folder Standard III) MHP Admission and Referral Screen Shots (see second screen, right side under “serv lang”) <i>Responds to Bullets K and L.</i></p> <p>33. (folder Standard III) Medical Record Audit Report FY12 (sections labeled Assessment on pg1,2,3,4 and section labeled Summary and Recommendations, beginning bottom of pg 4): FBHP’s annual chart audit of PMHCs and IPN, which includes reviewing that charts include client cultural issues and linguistic needs. <i>Responds to Bullets K and L.</i></p> <p>34. (folder Standard X) JCMH_MHSIPSurvey_1201_Qtr 1_FY’12 (pg 2 item #18): Internal survey sent quarterly-single item assesses provider cultural sensitivity.</p> <p>35. (folder Standard X) JCMH_YSS-F_Survey (pg 1 items 12-15): Internal survey sent quarterly to assess provider sensitivity to cultural issues.</p> <p>36. (folder Standard X) FBHP QI Program evaluation FY’12 (pg 10 MHSIP Quality and Appropriateness Sec; pg 11 YSS-F Cultural Sensitivity Sec): Describes FBHP performance on overall MHSIP Quality and Appropriateness Domain, which includes the cultural sensitivity item and the YSS-F Cultural Sensitivity Domain.</p> <p>37. (folder Standard X) QI Work Plan FBHP FY’13 final (pg 11-12 Sec 2D1 &2): Plan to monitor provider cultural sensitivity on State BHO survey and new internal survey.</p> | |
| <p>Findings: The Member Rights and Responsibilities policy stated that member rights are posted at provider sites, included in the member handbook, distributed by the provider at intake, and are available upon request. The member handbook described member rights. The list of member rights was also available on the FBHP Web site under both the provider and member tabs. The provider manual included each of the member rights and described provider responsibilities related to member rights. The Medical Record Audit Report for FY 2012 demonstrated that FBH monitored whether providers documented reviewing rights with the members during the assessment.</p> | | |
| <p>Required Actions: None.</p> | | |



Appendix A. Colorado Department of Health Care Policy and Financing
FY 2012–2013 Compliance Monitoring Tool
for Foothills Behavioral Health Partners, LLC

| Standard IV—Member Rights and Protections | | |
|---|--|--|
| Requirement | Evidence as Submitted by the BHO | Score |
| <p>4. The Contractor ensures that each member is free to exercise his or her rights and that exercising those rights does not adversely affect the way the Contractor or its providers treat the member.</p> <p align="right"><i>42CFR438.100(c)</i></p> <p>Contract: II.F.1.h</p> | <p>Documents Submitted:</p> <ol style="list-style-type: none"> 1. FBHP Policy Member Rights Rev7-1-12.doc (entire document, but especially Procedures I, II, and III): P&P covering Member Rights, how members are informed of these rights, how FBHP monitors this, and requirements regarding provider training. 2. FBHP Member Handbook 101811.pdf (see bullets 16, 17, & 19 under Member Rights and Responsibilities on pg 16 & 17): Describe member rights in this regard. 3. (Miscellaneous folder) FBHP Provider Manual_2012 Sept_PR.pdf (Sec. 15 pg 80, 2nd paragraph [Requires that providers respect member rights]). | <input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable |
| <p>Findings: The member rights list in the member handbook included the right to free exercise of rights that does not affect how providers or the BHO treat the member. This right was also listed on the rights poster. The member handbook and the FBHP Web site informed members about the OMFA and its role to ensure member access to the grievance and appeals processes. The provider manual informed providers that filing a grievance or an appeal should not restrict or compromise member access to mental health services.</p> | | |
| <p>Required Actions: None.</p> | | |
| <p>5. Contractor complies with any other federal and State laws that pertain to member rights including Title VI of the Civil Rights Act, the Age Discrimination Act, the Rehabilitation Act, and titles II and III of the Americans with Disabilities Act.</p> <p align="right"><i>42CFR438.100(d)</i></p> <p>Contract: VII.T</p> | <p>Documents Submitted:</p> <ol style="list-style-type: none"> 1. FBHP Policy Non-Discrimination 7-1-12(entire document, P&P prohibiting discrimination. 2. Screenshot Non-Discrimination_ Statement_homepage_ FBHP (statement is in lower center of page): statement is prominently located on homepage of web site. 3. FBHP Member Handbook 101811 (Non-discrimination statement at top of inside front cover) 4. FBHP Member Handbook101811 (See Member Rights on pg 15 & 16, especially bullets 4,5,7,10,20, 21 and 22. 5. FBHP Policy Member Rights Rev7-1-12.doc (entire document) 6. FBHP Cult Comp Plan.doc (entire document): This plan outlines FBHP’s goals regarding cultural competency and language access. | <input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable |



Appendix A. Colorado Department of Health Care Policy and Financing
FY 2012–2013 Compliance Monitoring Tool
for Foothills Behavioral Health Partners, LLC

| Standard IV—Member Rights and Protections | | |
|--|--|--------------|
| Requirement | Evidence as Submitted by the BHO | Score |
| | 7. (standard III) FBHP Revised PP Confid Security of PHI (entire document) 8. HIPAA Authorization to Release Information 2012 (entire document) | |
| Findings: The FBHP Nondiscrimination policy described the rights associated with each of these legislations. The policy described examples and forms of discrimination and the process for using the grievance system tracking to detect possible discrimination. Nondiscrimination was on the list of rights in the member handbook, and a statement of nondiscrimination and related rights were found on the inside cover of the handbook. Staff reported that these nondiscrimination legislations were addressed in new employee orientation and in annual training for FBHP staff as well as at the CMHCs. | | |
| Required Actions: None. | | |

| Results for Standard IV—Member Rights and Protections | | | | | |
|--|----------------|---|----------|--------------------|-----------------|
| Total | Met | = | <u>5</u> | X | 1.00 = <u>5</u> |
| | Partially Met | = | <u>0</u> | X | .00 = <u>0</u> |
| | Not Met | = | <u>0</u> | X | .00 = <u>0</u> |
| | Not Applicable | = | <u>0</u> | X | NA = <u>NA</u> |
| Total Applicable | | = | <u>5</u> | Total Score | = <u>5</u> |

| | | | |
|---------------------------------------|--|---|-------------|
| Total Score ÷ Total Applicable | | = | <u>100%</u> |
|---------------------------------------|--|---|-------------|



Appendix A. Colorado Department of Health Care Policy and Financing
FY 2012–2013 Compliance Monitoring Tool
for Foothills Behavioral Health Partners, LLC

| Standard VIII—Credentialing and Recredentialing | | |
|--|--|--|
| Requirement | Evidence as Submitted by the BHO | Score |
| <p>1. The Contractor has a well-defined credentialing and recredentialing process for evaluating and selecting licensed independent practitioners to provide care to its members.</p> <p>NCQA CR1</p> | <p>Documents Submitted (see ValueOptions folder for all documents below):</p> <ol style="list-style-type: none"> 1. N101_Overview_of_National_Networks_Policy – Entire policy 2. N201_Practitioner_Credentialing_Process – Entire policy 3. N203_Facility_Provider_Credentialing_Process – Entire policy 4. N501_Practitioner_Recredentialing_Process – Entire policy 5. N502_Facility_Program_Clinic_Recredentialing_Process – Entire policy <p>Description of Process:</p> <p>The BHO delegates credentialing and recredentialing to ValueOptions. ValueOptions carefully evaluates the credentials of each applicant seeking network participation based on uniform, objective criteria detailed in our Credentialing and Primary Source Verification processes.</p> | <input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable |
| <p>Findings:</p> <p>VO, on behalf of FBHP, had several policies and procedures that thoroughly described the credentialing and recredentialing processes and demonstrated compliance with NCQA requirements. During the on-site interview, VO/FBHP staff reported that VO applied for credentialing verification organization (CVO) status through NCQA and was scheduled for an NCQA site visit.</p> | | |
| <p>Required Actions:</p> <p>None.</p> | | |
| <p>2. The Contractor has (and there is evidence that the Contractor implements) written policies and procedures for the selection and retention of providers that specify:</p> <p>2.A. The types of practitioners to credential and recredential. This includes all physicians and nonphysician practitioners who have an independent relationship with the Contractor.</p> | <p>Documents Submitted (see ValueOptions folder for all documents below):</p> <ol style="list-style-type: none"> 1. N301_Development_of_Credentialing_Criteria – pg. 1 2. N205_Discipline_Specific_Credentialing_Criteria_for_Practitioners – Entire Policy 3. CLCC_Minutes_2012Aug_PR – Page 2; New Issues 4. CLCC_AdvisoryForum_2012AUG_PR – Entire Document | <input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable |



*Appendix A. Colorado Department of Health Care Policy and Financing
 FY 2012–2013 Compliance Monitoring Tool
 for Foothills Behavioral Health Partners, LLC*

| Standard VIII—Credentialing and Recredentialing | | |
|--|--|--|
| Requirement | Evidence as Submitted by the BHO | Score |
| (Examples include psychiatrists, psychologists, clinical social workers, psychiatric nurse specialists, and or licensed professional counselors.) <i>42CFR438.214(a)</i> NCQA CR1—Element A1 | Description of Process: The BHO delegates credentialing and recredentialing to ValueOptions. ValueOptions maintains a network of mental health providers. The delegate has specific policies and procedures that detail the types of mental health (non-physician) practitioners and medical practitioners it will credential. | |
| Findings: The Discipline Specific Credentialing Criteria for Practitioners policy described each type of practitioner credentialed for FBHP. | | |
| Required Actions: None. | | |
| 2.B. The verification sources used. NCQA CR1—Element A2 | Documents Submitted (See ValueOptions folder for all documents below): 1. N401_Primary_Source_Verification_Policy – Entire policy 2. N401A_Sample_Primary_Source_Verification_Report Description of Process: The BHO delegates credentialing and recredentialing to ValueOptions. ValueOptions requires potential and current providers to provide specific information to meet the minimal criteria for inclusion in the provider network. This information is detailed in the N401 Primary Source Verification policy and procedure. | <input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable |
| Findings: The primary verification sources described in the VO policy met NCQA requirements. VO (on behalf of FBHP) used primary sources such as the Colorado Department of Regulatory Agencies (DORA) to verify State licenses and the federal Office of Inspector General (OIG) database to verify eligibility to participate in federal health care programs. | | |
| Required Actions: None. | | |



Appendix A. Colorado Department of Health Care Policy and Financing
FY 2012–2013 Compliance Monitoring Tool
for Foothills Behavioral Health Partners, LLC

| Standard VIII—Credentialing and Recredentialing | | |
|---|---|--|
| Requirement | Evidence as Submitted by the BHO | Score |
| 2.C. The criteria for credentialing and recredentialing. NCQA CR1—Element A3 | Documents Submitted (See ValueOptions folder for all documents below): 1. N205_Discipline_Specific_Credentialing_Criteria_for_Practitioners – Entire Policy 2. N206_Credentialing_Criteria_for_Facility_Organizational_Providers – Entire Policy 3. N501_Practitioner_Reducredentialing_Process – Entire policy 4. N502_Facility_Program_Clinic_Reducredentialing_Process – Entire policy Description of Process: As described in the policy, ValueOptions maintains specific criteria for credentialing and recredentialing. | <input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable |
| Findings: The Discipline Specific Credentialing Criteria for Practitioners policy described the credentialing criteria for each type of practitioner that VO credentials and recredentials on behalf of FBHP. | | |
| Required Actions: None. | | |
| 2.D. The process for making credentialing and recredentialing decisions. NCQA CR1—Element A4 | Documents Submitted (See ValueOptions folder for all documents below): 1. N101_Overview_of_National_Networks_Policy – Entire policy 2. N201_Practitioner_Credentialing_Process – Entire policy 3. N501_Practitioner_Reducredentialing_Process - Entire policy 4. N203_Facility_Provider_Credentialing_Process – Entire policy 5. N502_Facility_Program_Clinic_Reducredentialing_Process – Entire policy 6. N601_Role_of_National_Credentialing_Committee– Entire policy 7. N604_Role_of_Local_Credentialing_Committee – Entire policy | <input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable |



Appendix A. Colorado Department of Health Care Policy and Financing
FY 2012–2013 Compliance Monitoring Tool
for Foothills Behavioral Health Partners, LLC

| Standard VIII—Credentialing and Recredentialing | | |
|---|---|---|
| Requirement | Evidence as Submitted by the BHO | Score |
| | <p>Description of Process: The BHO delegates credentialing and recredentialing to ValueOptions. ValueOptions has policies that detail the credentialing and recredentialing decision process (refer to N101, N201, N501, N203, N502, N601 and N604).</p> | |
| <p>Findings: The VO Practitioner Credentialing Process and the VO Practitioner Recredentialing Process policies described VO’s processes for making credentialing and recredentialing decisions and delineated roles of national VO and local FBHP staff members. During the on-site interview, VO staff stated that the credentialing specialists who perform primary source verification and manage the applicant’s file are located at VO’s national office. Staff reported that two specific credentialing specialists are assigned to Colorado applications and are provided a spreadsheet that includes specific Colorado requirements and processes.</p> | | |
| <p>Required Actions: None.</p> | | |
| <p>2.E. The process for managing credentialing/ recredentialing files that meet the Contractor’s established criteria.</p> <p>NCQA CR1—Element A5</p> | <p>Documents Submitted (See ValueOptions folder for all documents below):</p> <p>1. N202_Organization_of_Practitioner_Credentialing_ &_ Recredentialing_ File – Entire policy</p> <p>Description of Process: The BHO delegates credentialing and recredentialing to ValueOptions. ValueOptions has a policy and procedure that clearly outlines the management and organization of credentialing and recredentialing files. All of these files are maintained electronically and include a minimum set of information on all providers who submit an application to be included in the provider network.</p> | <p><input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable</p> |
| <p>Findings: The processes used for managing FBHP provider credentialing and recredentialing files, as described in VO policies, met NCQA requirements. On-site review of credentialing and recredentialing records demonstrated compliance with VO policies and procedures and NCQA standards and guidelines.</p> | | |
| <p>Required Actions: None.</p> | | |



Appendix A. Colorado Department of Health Care Policy and Financing
FY 2012–2013 Compliance Monitoring Tool
for Foothills Behavioral Health Partners, LLC

| Standard VIII—Credentialing and Recredentialing | | |
|---|---|--|
| Requirement | Evidence as Submitted by the BHO | Score |
| <p>2.F. The process for delegating credentialing or recredentialing (if applicable).</p> <p>NCQA CR1—Element A6</p> | <p>Documents Submitted:</p> <ol style="list-style-type: none"> 1. FBHP Policy Delegation of BHO Respon final 7_1_12.doc (entire document) Describes FBHP procedures for delegation 2. FBHP Pre-delegation Site Visit 2009 (entire document). Questions used in FBHP’s pre-delegation site visit prior to completing delegation contract 3. Delegation Agreement_FY 13_executed.pdf (entire document) Latest executive delegation agreement with ValueOptions, which includes Credentialing and Re-Credentialing 4. FBHP Credentialing Delegation Policy 2012.doc (entire document). Overall policy and procedures for delegation of credentialing & re-credentialing | <input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable |
| <p>Findings: The FBHP Delegation of BHO Responsibilities policy and the FBHP Credentialing and Recredentialing Delegation Oversight policy described processes for delegation and delegation oversight of FBHP’s delegate for credentialing and recredentialing, VO.</p> | | |
| <p>Required Actions: None.</p> | | |
| <p>2.G. The process for ensuring that credentialing and recredentialing are conducted in a non-discriminatory manner, (i.e., must describe the steps the Contractor takes to ensure that it does not make credentialing and recredentialing decisions based solely on an applicant’s race, ethnic/national identity, gender, age, sexual orientation, or the types of procedures or patients in which the practitioner specializes).</p> <p>NCQA CR1—Element A7</p> | <p>Documents Submitted (See ValueOptions folder for all documents below):</p> <ol style="list-style-type: none"> 1. N_101_Overview_of_National_Networks_Policy – Pg. 2, Section IV, B and C 2. BiAnnual_Audit_2012_Sample <p>Description of Process: The BHO delegates credentialing and recredentialing to ValueOptions. ValueOptions policies clearly state that credentialing and recredentialing decisions are made in a non-discriminatory manner.</p> | <input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable |
| <p>Findings: Nondiscrimination practices described in VO’s policies included audits to ensure nondiscrimination and processes to respond to any complaints received or to audit findings. FBHP provided an example of a completed nondiscrimination audit. During the on-site interview, FBHP/VO staff members reported</p> | | |



*Appendix A. Colorado Department of Health Care Policy and Financing
 FY 2012–2013 Compliance Monitoring Tool
 for Foothills Behavioral Health Partners, LLC*

| Standard VIII—Credentialing and Recredentialing | | |
|--|---|--|
| Requirement | Evidence as Submitted by the BHO | Score |
| that the audit provided as an example did not necessarily include Colorado providers, as the sampling was taken from the national provider database to evaluate VO processes in general. The sample for this type of audit is not weighted by state. | | |
| Required Actions: None. | | |
| <p>2.H. The process for notifying practitioners if information obtained during the Contractor’s credentialing/recredentialing process varies substantially from the information they provided to the Contractor.</p> <p>NCQA CR1—Element A8</p> | <p>Documents Submitted (See ValueOptions folder for all documents below):</p> <p>1. N207_Practitioner_Rights_and_Notification_Policy – Page 3, Section V.B.</p> <p>Description of Process: The BHO delegates credentialing and recredentialing to ValueOptions. ValueOptions policy states that providers are notified within 5 business days if staff identify discrepancies during the credentialing or recredentialing process.</p> | <input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable |
| Findings: The VO Practitioner Rights and Notification policy included the process for clarifying discrepancies in information gathered for the credentialing and recredentialing process. | | |
| Required Actions: None. | | |
| <p>2.I. The process for ensuring that practitioners are notified of credentialing and recredentialing decisions within 60 calendar days of the committee’s decision.</p> <p>NCQA CR1—Element A9</p> | <p>Documents Submitted (See ValueOptions folder for all documents below):</p> <p>1. N201_Practitioner_Credentialing_Process – Page 1, Section V, G 1, 2b</p> <p>2. N601_Role_of_National_Credentialing_Committee – Page 2, Section V, F1</p> <p>Description of Process: The BHO delegates credentialing and recredentialing to ValueOptions. ValueOptions policy states that practitioners are notified of the credentialing/recredentialing decision within 60 days.</p> | <input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable |



Appendix A. Colorado Department of Health Care Policy and Financing
FY 2012–2013 Compliance Monitoring Tool
for Foothills Behavioral Health Partners, LLC

| Standard VIII—Credentialing and Recredentialing | | |
|---|---|---|
| Requirement | Evidence as Submitted by the BHO | Score |
| <p>Findings: The VO Practitioner Credentialing and Recredentialing Process policy described processes for notifying applicants within 5 days of adverse decisions, and within 60 days of decisions to include the applicant in the provider network.</p> | | |
| <p>Required Actions: None.</p> | | |
| <p>2.J. The medical director’s or other designated physician’s direct responsibility and participation in the credentialing/ recredentialing program.</p> <p>NCQA CR1—Element A10</p> | <p>Documents Submitted (See ValueOptions folder for all documents below):</p> <ol style="list-style-type: none"> 1. N601_Role_of_National_Credentialing_Committee - Page 3, Section V, F1 2. N604_Role_of_Local_Credentialing_Committee – Page 2, Section V, B, C, E <p>Description of Process: The BHO delegates credentialing and recredentialing to ValueOptions. ValueOptions policies on the National and Local Credentialing Committees state that the Chief Medical Officer or the designated Medical Director has direct credentialing responsibilities.</p> | <p><input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable</p> |
| <p>Findings: VO’s policies stated that the local medical director (i.e., the FBHP medical director) is the chair of the local credentialing committee and that the medical director may sign off on clean files that meet VO’s criteria for participation in the network. During the on-site interview, VO staff members clarified VO’s process. Staff reported that the medical director sign-off refers to the VO national medical director; and although the policy indicates that the medical director may sign off on clean files, the local medical director sends a report with recommendations to the national credentialing committee (NCC). The NCC approval is the credentialing date.</p> | | |
| <p>Required Actions: None.</p> | | |



Appendix A. Colorado Department of Health Care Policy and Financing
FY 2012–2013 Compliance Monitoring Tool
for Foothills Behavioral Health Partners, LLC

| Standard VIII—Credentialing and Recredentialing | | |
|--|---|--|
| Requirement | Evidence as Submitted by the BHO | Score |
| <p>2.K. The process for ensuring the confidentiality of all information obtained in the credentialing/ recredentialing process, except as otherwise provided by law.</p> <p>NCQA CR1—Element A11</p> | <p>Documents Submitted (See ValueOptions folder for all documents below):</p> <p>1. N409_Confidentiality_of_Provider_Other_Credentialing Information – Entire Policy</p> <p>Description of Process: The BHO delegates credentialing and recredentialing to ValueOptions. ValueOptions policy indicates that all information that is provider-specific in the provider’s credentialing file is confidentially maintained. Furthermore, it is ValueOptions policy that any information in the provider’s credentialing file will not be released without explicit consent from the provider.</p> | <input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable |
| <p>Findings: Confidentiality procedures described in the policies included limited electronic and physical access based on job category and need for the information. Need for the information was related to completion of the credentialing/recredentialing process. Limited physical access included receiving hard copy applications in a locked mail room and scanning documents directly from the mailroom. Electronic security included password protections based on job category. Other processes described included staff training and a required attestation/agreement to maintain confidentiality signed by staff members involved in the credentialing process. Staff reported that VO performs an annual review of staff electronic access based on job category to ensure appropriate access.</p> | | |
| <p>Required Actions: None.</p> | | |
| <p>2.L. The process for ensuring that listings in provider directories and other materials for members are consistent with credentialing data, including education, training, certification, and specialty.</p> <p>NCQA CR1—Element A12</p> | <p>Documents Submitted (See ValueOptions folder for all documents below):</p> <p>1. N412 Provider Directory & Other Enrollee Information – Page 1, Section III</p> <p>Description of Process: The BHO delegates credentialing and recredentialing to ValueOptions. ValueOptions policy indicates that any information listed in the provider directory comes directly from the provider credentialing database. Information in the provider credentialing database may not</p> | <input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable |



Appendix A. Colorado Department of Health Care Policy and Financing
FY 2012–2013 Compliance Monitoring Tool
for Foothills Behavioral Health Partners, LLC

| Standard VIII—Credentialing and Recredentialing | | |
|---|--|--|
| Requirement | Evidence as Submitted by the BHO | Score |
| | be altered and is quality-checked by the credentialing specialist and/or the credentialing manager. | |
| <p>Findings: VO’s policies stated that provider directories are printed directly from the credentialing database. The policies described the process to update the database as changes occur. On-site, staff members reported that provider directories for member eligibility mailings are printed monthly. Only the number of directories needed are printed to ensure that the most recent information is sent to new members. Staff members reported that the online searchable database has updated provider information within 48 hours of a change to the national provider database. Staff also reported that the .pdf copy of the provider directory placed on the FBHP Web site is updated monthly when the hard copy provider directories are printed for member mailings.</p> | | |
| <p>Required Actions: None.</p> | | |
| 2.M. The right of practitioners to review information submitted to support their credentialing or recredentialing application, upon request. NCQA CR1—Element B1 | <p>Documents Submitted (See ValueOptions folder for all documents below):</p> <ol style="list-style-type: none"> N207_Practitioner_Rights_and_Notification_Policy – Page 2, Section V, A <p>Description of Process: The BHO delegates credentialing and recredentialing to ValueOptions. ValueOptions®’ policy states that practitioners have the right to review information submitted to support their credentialing application</p> | <input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable |
| <p>Findings: The VO Practitioner Rights and Notification policy described the process for providing information to applicants upon request.</p> | | |
| <p>Required Actions: None.</p> | | |



Appendix A. Colorado Department of Health Care Policy and Financing
FY 2012–2013 Compliance Monitoring Tool
for Foothills Behavioral Health Partners, LLC

| Standard VIII—Credentialing and Recredentialing | | |
|---|---|--|
| Requirement | Evidence as Submitted by the BHO | Score |
| <p>2.N. The right of practitioners to correct erroneous information.</p> <p>NCQA CR1—Element B2</p> | <p>Documents Submitted (See ValueOptions folder for all documents below):</p> <p>1. N207_Practitioner_Rights_and _Notification_ Policy – Page 3, Section V.B.</p> <p>Description of Process:</p> <p>The BHO delegates credentialing and recredentialing to ValueOptions. ValueOptions policy states that practitioners have the right to correct erroneous information in their credentialing application.</p> | <input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable |
| <p>Findings:</p> <p>The VO Practitioner Rights and Notification policy addressed the applicant’s right to correct erroneous information.</p> | | |
| <p>Required Actions:</p> <p>None.</p> | | |
| <p>2.O. The right of practitioners, upon request, to receive the status of their application.</p> <p>NCQA CR1—Element B3</p> | <p>Documents Submitted (See ValueOptions folder for all documents below):</p> <p>1. N207_Practitioner_Rights_and _Notification_ Policy – Page 4, Section V.C</p> <p>Description of Process:</p> <p>The BHO delegates credentialing and recredentialing to ValueOptions. ValueOptions policy states that practitioners have the right to request information regarding the status of their credentialing application and be provided that information.</p> | <input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable |
| <p>Findings:</p> <p>The Practitioner Rights and Notification stated that applicants may request and receive the status of their application either verbally or in writing.</p> | | |
| <p>Required Actions:</p> <p>None.</p> | | |



Appendix A. **Colorado Department of Health Care Policy and Financing**
FY 2012–2013 Compliance Monitoring Tool
for Foothills Behavioral Health Partners, LLC

| Standard VIII—Credentialing and Recredentialing | | |
|---|--|--|
| Requirement | Evidence as Submitted by the BHO | Score |
| <p>2.P. The right of applicants to receive notification of their rights under the credentialing program.</p> <p>NCQA CR1—Element B4</p> | <p>Documents Submitted (See ValueOptions folder for all documents below):</p> <ol style="list-style-type: none"> N207_Practitioner_Rights_and_Notification_Policy – Page 4, Section V.D <p>Description of Process:</p> <p>The BHO delegates credentialing and recredentialing to ValueOptions. ValueOptions policy states that practitioners who have submitted a credentialing application are to be notified of their rights to review information in their credentialing application, correct erroneous information, and to request information about the status of their application.</p> | <input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable |
| <p>Findings</p> <p>The policy stated that applicants are notified via the welcome packet how to obtain the provider manual, which includes applicant rights under the credentialing program, online or in hard copy. In addition, the Colorado universal provider application informed applicants of their rights under the credentialing program.</p> | | |
| <p>Required Actions:</p> <p>None.</p> | | |
| <p>2.Q. How the Contractor accomplishes ongoing monitoring of practitioner sanctions, complaints, and adverse events between recredentialing cycles including:</p> <ul style="list-style-type: none"> Collecting and reviewing Medicare and Medicaid sanctions. Collecting and reviewing sanctions or limitations on licensure. Collecting and reviewing complaints. Collecting and reviewing information from identified adverse events. | <p>Documents Submitted (See ValueOptions folder for all documents below):</p> <ol style="list-style-type: none"> N710_Ongoing_Monitoring_of_Provider_Sanctions – Entire Policy Sanction_Review_Log_2012 N703_Involuntary_Suspension_Quality_of_Care – Entire Policy Q314_Identification_and_Monitoring_of_Potential_Quality_of_Care_Issues_and_Trends – Pages 4-6 Q317_Investigation_of_Adverse_Incidents – Pages 3-4 NCC_Minutes_012412 - Sample | <input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable |



Appendix A. Colorado Department of Health Care Policy and Financing
FY 2012–2013 Compliance Monitoring Tool
for Foothills Behavioral Health Partners, LLC

| Standard VIII—Credentialing and Recredentialing | | |
|---|--|---|
| Requirement | Evidence as Submitted by the BHO | Score |
| <p>◆ Implementing appropriate interventions when it identified instances of poor quality related to the above.</p> <p>NCQA CR9—Element A</p> | <p>Description of Process: The BHO delegates credentialing and recredentialing to ValueOptions. Monitoring of sanctions, complaint and adverse events occurs locally for the initial review and recommendations; these issues are then referred to the Local Credentialing Committee for review and on to ValueOptions’ National Credentialing Committee.</p> | |
| <p>Findings: The VO Ongoing Monitoring of Provider Sanctions policy stated that sanction Web sites are searched 30 days after the regular release of sanction information on that site. On-site, FBHP/VO staff members provided examples of monthly database searches for sanctions to compare to the Colorado provider list. Staff members confirmed a monthly search of the federal database (OIG), National Practitioner Data Bank (NPDB), and DORA.</p> | | |
| <p>Required Actions: None.</p> | | |
| <p>2.R. The range of actions available to the Contractor against the practitioner (for quality reasons).</p> <p>NCQA CR10—Element A1</p> | <p>Documents Submitted (See ValueOptions folder for all documents below):</p> <ol style="list-style-type: none"> N701_Practitioner_and_Provider_Compliance – Pages 2-4, Section V N703_Involuntary_Suspension_Quality_of_Care – Pages 3-4, Section V, E and G N705_Practitioner_Disenrollments – Entire Policy <p>Description of Process: The BHO delegates credentialing and recredentialing to ValueOptions. ValueOptions policies detail the actions available to manage network providers who do not meet minimum standards of quality. Policy N701 details the written warning, monitoring, and consultation process. Policies N703 and N705 detail the process for involuntary suspension and disenrollment from the provider network.</p> | <p><input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable</p> |
| <p>Findings: The VO Practitioner and Provider Compliance policy described a wide range of actions possible against a practitioner for noncompliance or quality reasons, based on the type of compliance issue identified. Actions to be taken (as described in the Involuntary Suspension policy and the Practitioner</p> | | |



Appendix A. Colorado Department of Health Care Policy and Financing
FY 2012–2013 Compliance Monitoring Tool
for Foothills Behavioral Health Partners, LLC

| Standard VIII—Credentialing and Recredentialing | | |
|---|--|--|
| Requirement | Evidence as Submitted by the BHO | Score |
| <p>Disenrollments policy) included training, increased monitoring, suspension, or disenrollment, as appropriate. On-site, staff members provided examples of actions taken for selected providers. Staff members reported that in the past, one Colorado provider was removed from the network due to loss of license.</p> | | |
| <p>Required Actions: None.</p> | | |
| <p>2.S. If the Contractor has taken action against a practitioner for quality reasons, the Contractor reports the action to the appropriate authorities (including State licensing agencies for each practitioner type and the National Practitioner Data Bank [NPDB]).</p> <p>NCQA CR10—Element A2 and B</p> | <p>Documents Submitted (See ValueOptions folder for all documents below):</p> <ol style="list-style-type: none"> N703_Involuntary_Suspension_Quality_of_Care – Entire Policy N705_Practitioner_Disenrollments – Page 4, Section V, B8 <p>Description of Process: The BHO delegates credentialing and recredentialing to ValueOptions. ValueOptions policies detail the actions available to manage network providers who do not meet minimum standards of quality. Included are policies that address procedures for taking action against providers and reporting those actions to the appropriate authorities.</p> | <input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable |
| <p>Findings: VO’s policies addressed reporting to NPDB and, as required, to State regulatory agencies, if appropriate. Staff members confirmed that decisions to report sanctions or terminations are made by the NCC, the agencies reported to are determined on a case-by-case basis, and DORA may be notified as appropriate.</p> | | |
| <p>Required Actions: None.</p> | | |



Appendix A. Colorado Department of Health Care Policy and Financing
FY 2012–2013 Compliance Monitoring Tool
for Foothills Behavioral Health Partners, LLC

| Standard VIII—Credentialing and Recredentialing | | |
|---|--|---|
| Requirement | Evidence as Submitted by the BHO | Score |
| <p>2.T. A well-defined appeal process for instances in which the Contractor chooses to alter the conditions of a practitioner’s participation based on issues of quality of care or service which includes:</p> <ul style="list-style-type: none"> ◆ Providing written notification indicating that a professional review action has been brought against the practitioner, reasons for the action, and a summary of the appeal rights and process. ◆ Allowing the practitioner to request a hearing and the specific time period for submitting the request. ◆ Allowing at least 30 days after the notification for the practitioner to request a hearing. ◆ Allowing the practitioner to be represented by an attorney or another person of the practitioner’s choice. ◆ Appointing a hearing officer or panel of the individuals to review the appeal. ◆ Providing written notification of the appeal decision that contains the specific reasons for the decision. <p>NCQA CR10—Element A3and C</p> | <p>Documents Submitted (See ValueOptions folder for all documents below):</p> <ol style="list-style-type: none"> 1. N606_Provider_Appeal_Process – Entire policy 2. N607_Fair_Hearing_Process – Entire policy <p>Description of Process: The BHO delegates credentialing and recredentialing to ValueOptions. ValueOptions policies detail the process available to practitioners if they choose to formally appeal decisions of the ValueOptions®’ National Credentialing Committee.</p> | <p><input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable</p> |
| <p>Findings: VO’s policies described the appeal process for providers for whom VO has taken action or changed the conditions of the provider participation based on quality of care issues. Appeal processes included all the required processes.</p> | | |
| <p>Required Actions: None.</p> | | |



Appendix A. Colorado Department of Health Care Policy and Financing
FY 2012–2013 Compliance Monitoring Tool
for Foothills Behavioral Health Partners, LLC

| Standard VIII—Credentialing and Recredentialing | | |
|---|--|--|
| Requirement | Evidence as Submitted by the BHO | Score |
| 2.U. Making the appeal process known to practitioners. NCQA CR10—Element A4 | <p>Documents Submitted (See ValueOptions folder for all documents below):</p> <ol style="list-style-type: none"> EQRO ProviderManual_2012Sept_PR – Page 37 & 38 Disenrollment_Letter <p>Description of Process: The BHO delegates credentialing and recredentialing to ValueOptions. ValueOptions process for informing practitioners of the appeal process is detailed in the Colorado Medicaid and National Provider Handbooks and in the Practitioner Agreement.</p> | <input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable |
| <p>Findings: VO’s credentialing and recredentialing policies stated that applicants are notified of the appeal process in writing when notified of the adverse decision. FBHP provided an example of a disenrollment letter sent by VO, which informed the provider of how to appeal the decision. The provider manual also informed providers of their right to appeal and to a fair hearing, in cases of sanctions or disenrollment from the provider network. The provider manual was incorporated into the provider agreement by reference.</p> | | |
| <p>Required Actions: None.</p> | | |



Appendix A. Colorado Department of Health Care Policy and Financing
FY 2012–2013 Compliance Monitoring Tool
for Foothills Behavioral Health Partners, LLC

| Standard VIII—Credentialing and Recredentialing | | |
|--|--|--|
| Requirement | Evidence as Submitted by the BHO | Score |
| <p>3. The Contractor designates a credentialing committee that uses a peer-review process to make recommendations regarding credentialing and recredentialing decisions. The committee includes representation from a range of participating practitioners.</p> <p>NCQA CR2—Element A</p> | <p>Documents Submitted (See ValueOptions folder for all documents below):</p> <ol style="list-style-type: none"> N601_Role_of_National_Credentialing_Committee – Entire Policy N604_Role_of_Local_Credentialing_Committee – Entire Policy NCC_Minutes_082112, Page 1 Minutes_CLCC_2012Aug10, Page 1 <p>Description of Process: The BHO delegates credentialing and recredentialing to ValueOptions. ValueOptions uses a peer-review process via the Local Credentialing Committee and a National Credentialing Committee to make credentialing/recredentialing decisions. The committee’s membership includes a range of participating providers.</p> | <input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable |
| <p>Findings: VO policies described the roles of the local credentialing committee (LCC), which is the FBHP-level committee, and the NCC. The LCC roster and minutes demonstrated adequate professional representation and use of the peer review process to make recommendations to the NCC.</p> | | |
| <p>Required Actions: None.</p> | | |



Appendix A. Colorado Department of Health Care Policy and Financing
FY 2012–2013 Compliance Monitoring Tool
for Foothills Behavioral Health Partners, LLC

| Standard VIII—Credentialing and Recredentialing | | |
|---|---|--|
| Requirement | Evidence as Submitted by the BHO | Score |
| <p>4. The Contractor provides evidence of the following:</p> <ul style="list-style-type: none"> ◆ Credentialing committee review of credentials for practitioners who do not meet established thresholds. ◆ Medical director or equally qualified individual review and approval of clean files. <p>NCQA CR2—Element B</p> | <p>Documents Submitted (See ValueOptions folder for all documents below):</p> <ol style="list-style-type: none"> 1. NCC_Minutes_082112, Page 4 2. Minutes_CLCC_2012Aug10, Page 2 <p>Description of Process: The BHO delegates credentialing and recredentialing to ValueOptions. Minutes from the National and Local Credentialing Committees reflect the review of provider credentials who do not meet minimum thresholds and that the medical director (or equally qualified designee) review/approve practitioner files.</p> | <input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable |
| <p>Findings: LCC and NCC meeting minutes demonstrated review of credentials for selected practitioners and review and approval of practitioners recommended (by report) by the local medical director to the NCC for inclusion in the network. On-site, staff members clarified that the LCC is a single committee for the VO Colorado network, which includes three BHOs. Each BHO is represented on the committee by participation of each BHO’s medical director and selected providers and/or quality improvement staff.</p> | | |
| <p>Required Actions: None.</p> | | |
| <p>5. The Contractor conducts timely verification (at credentialing) of information, using primary sources, to ensure that practitioners have the legal authority and relevant training and experience to provide quality care. Verification is within the prescribed time limits and includes:</p> <ul style="list-style-type: none"> ◆ A current, valid license to practice (verification time limit = 180 calendar days). ◆ A valid Drug Enforcement Agency (DEA) or Controlled Dangerous Substance (CDS) certificate if applicable (effective at the time of the credentialing decision). | <p>Documents Submitted (See ValueOptions folder for all documents below):</p> <ol style="list-style-type: none"> 1. N401_Primary_Source_Verification_Policy – Entire policy 2. N401A_Sample_Primary_Source_Verification_Report <p>Description of Process: The BHO delegates credentialing and recredentialing to ValueOptions. The attached policies and checklist detail the verification process and elements reviewed during the credentialing process.</p> | <input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable |



Appendix A. Colorado Department of Health Care Policy and Financing
FY 2012–2013 Compliance Monitoring Tool
for Foothills Behavioral Health Partners, LLC

| Standard VIII—Credentialing and Recredentialing | | |
|---|---|--------------|
| Requirement | Evidence as Submitted by the BHO | Score |
| <ul style="list-style-type: none"> ◆ Education and training, including board certification, if applicable (verification of the highest of graduation from medical/professional school, residency, or board certification [board certification time limit = 180 calendar days]). ◆ Work history (verification time limit = 365 calendar days) (non-primary verification—most recent 5 years). ◆ A history of professional liability claims that resulted in settlements or judgments paid on behalf of the practitioner (verification time limit = 180 calendar days). <p>NCQA CR3—Elements A and B</p> | | |
| <p>Findings: The VO Primary Source Verification policy described the processes to conduct timely primary source verification. FBHP provided a sample verification report used to track the process for individual practitioners and ensure that the information is verified within the required time frames. On-site review of credentialing records demonstrated that all primary source verification was completed within the required time frames.</p> | | |
| <p>Required Actions: None.</p> | | |



Appendix A. Colorado Department of Health Care Policy and Financing
FY 2012–2013 Compliance Monitoring Tool
for Foothills Behavioral Health Partners, LLC

| Standard VIII—Credentialing and Recredentialing | | |
|---|--|--|
| Requirement | Evidence as Submitted by the BHO | Score |
| <p>6. Practitioners complete an application for network participation (at initial credentialing and recredentialing) that includes a current and signed attestation and addresses the following:</p> <ul style="list-style-type: none"> ◆ Reasons for inability to perform the essential functions of the position, with or without accommodation. ◆ Lack of present illegal drug use. ◆ History of loss of license and felony convictions. ◆ History of loss or limitation of privileges or disciplinary actions. ◆ Current malpractice/professional liability insurance coverage (minimums = physician—.5mil/1.5mil; facility—.5mil/3mil). ◆ The correctness and completeness of the application. <p>NCQA CR4—Element A NCQA CR7—Element C C.R.S.—13-64-301-302</p> | <p>Documents Submitted (See ValueOptions folder for all documents below):</p> <ol style="list-style-type: none"> 1. N201_Practitioner_Credentialing_Process –Page 3, Section V E 2. N501_Practitioner_Recredentialing_Process – Page 3, Section V E 3. CO_Standard_Cred_Application <p>Description of Process:</p> <p>The BHO delegates credentialing and recredentialing to ValueOptions. It is ValueOptions policy that any practitioner who applies for inclusion into the Colorado Medicaid provider network must complete an application that includes a current attestation that addresses the following issues: reasons for inability to perform essential functions, lack of illegal drug use, any loss of license, any felony convictions, any loss or limitation of privileges, proof of malpractice insurance, and to the correctness/completeness of their application.</p> | <input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable |
| <p>Findings:</p> <p>On-site review of credentialing and recredentialing records demonstrated that VO requires the Colorado standard credentials application. Each record contained the completed application. The application included the required content and required the applicant to attest to the accuracy and completeness of the information provided. VO used a VO supplement to the application that informed providers the amount required for malpractice/liability insurance. Credentialing and recredentialing records demonstrated that providers met or exceeded the requirements for malpractice insurance amounts.</p> | | |
| <p>Required Actions:</p> <p>None.</p> | | |



Appendix A. Colorado Department of Health Care Policy and Financing
FY 2012–2013 Compliance Monitoring Tool
for Foothills Behavioral Health Partners, LLC

| Standard VIII—Credentialing and Recredentialing | | |
|--|--|--|
| Requirement | Evidence as Submitted by the BHO | Score |
| <p>7. The Contractor verifies the following sanction activities for initial credentialing and recredentialing:</p> <ul style="list-style-type: none"> ◆ State sanctions, restrictions on licensure or limitations on scope of practice. ◆ Medicare and Medicaid sanctions. <p>NCQA CR5—Element A NCQA CR7—Element D</p> | <p>Documents Submitted (See ValueOptions folder for all documents below):</p> <p>1. N401_Primary_Source_Verification_Policy – Entire Policy</p> <p>Description of Process: The BHO delegates credentialing and recredentialing to ValueOptions. Per ValueOptions policy on the credentialing process, the credentialing committees receive information on provider sanctions prior to making a credentialing decision.</p> | <input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable |
| <p>Findings: The VO Primary Source Verification policy included the processes used to query for sanction activity using NCQA-compliant sources. Each of the credentialing and recredentialing records reviewed on-site contained evidence of query for sanction activities using the OIG, DORA, and/or the NPDB as applicable.</p> | | |
| <p>Required Actions: None.</p> | | |
| <p>8. The Contractor has a process to ensure that the offices of all practitioners meet its office-site standards. The organization sets standards and performance thresholds for:</p> <ul style="list-style-type: none"> ◆ Physical accessibility. ◆ Physical appearance. ◆ Adequacy of waiting and examining room space. ◆ Adequacy of treatment record-keeping. <p>NCQA CR6—Element A</p> | <p>Documents Submitted (See ValueOptions folder for all documents below):</p> <p>1. N406A_Practitioner_Site_Visit – Entire policy 2. Practitioner_Site_Visit_Tool 3. N406B_Facility_Organization_Site_Visit – Entire policy 4. Facility_Organization_Site_Visit_Tool 5. Site_Visit_Example1 6. Site_Visit_Example2</p> <p>Description of Process: The BHO delegates credentialing and recredentialing to ValueOptions. ValueOptions has policies that detail minimum standards for office space and medical record documentation criteria. In addition, ValueOptions® has policies that explain how these standards are monitored via the site review process.</p> | <input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable |



Appendix A. Colorado Department of Health Care Policy and Financing
FY 2012–2013 Compliance Monitoring Tool
for Foothills Behavioral Health Partners, LLC

| Standard VIII—Credentialing and Recredentialing | | |
|---|--|---|
| Requirement | Evidence as Submitted by the BHO | Score |
| <p>Findings: The VO Practitioner Site Visit policy stated that VO’s criterion for complaints that trigger a site visit (for individual practitioners) is two complaints within a six-month period. The Practitioner Site Visit Tool was thorough. During the on-site interview, staff members reported that there had been no individual practitioners in Colorado that met the criterion for requiring a site visit. Staff also reported that VO uses a national vendor for site visits, but if deemed appropriate, Colorado provider support staff could do a site visit in response to complaints.</p> | | |
| <p>Required Actions: None.</p> | | |
| <p>9. The Contractor implements appropriate interventions by:</p> <ul style="list-style-type: none"> ◆ Conducting site visits of offices about which it has received member complaints. ◆ Instituting actions to improve offices that do not meet thresholds. ◆ Evaluating effectiveness of the actions at least every six months, until deficient offices meet the thresholds. ◆ Monitoring member complaints for all practitioner sites at least every six months. ◆ Documenting follow-up visits for offices that had subsequent deficiencies. <p>NCQA CR6—Element B</p> | <p>Documents Submitted (See ValueOptions folder for all documents below):</p> <ol style="list-style-type: none"> 1. N406A_Practitioner_Site_Visit – Entire policy 2. Practitioner_Site_Visit_Complaint_Reports 3. NCC_Minutes_012412 – Sample <p>Description of Process: The BHO delegates credentialing and recredentialing to ValueOptions. ValueOptions policies state that required follow-up activities are triggered by the site review process or member complaints. These policies include corrective actions and the continued monitoring of member complaints. Complaints reports are run every six months and presented to the NCC. To date, there have been no practitioner sites that meet the criteria to require a Site Visit be conducted.</p> | <p> <input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable </p> |
| <p>Findings: These required steps were adequately described in the VO policy. During the on-site interview, staff members stated that if noncompliance with standards (such as medical record requirements) are discovered through clinical quality audits, corrective actions are required, the first step usually being individualized training. Documentation of all training and subsequent interactions is maintained in the provider’s file and is reviewed during the recredentialing process.</p> | | |
| <p>Required Actions: None.</p> | | |



Appendix A. Colorado Department of Health Care Policy and Financing
FY 2012–2013 Compliance Monitoring Tool
for Foothills Behavioral Health Partners, LLC

| Standard VIII—Credentialing and Recredentialing | | |
|---|---|--|
| Requirement | Evidence as Submitted by the BHO | Score |
| <p>10. The Contractor formally recredentials its practitioners (at least every 36 months) through information verified from primary sources. The information is within the prescribed time limits and includes:</p> <ul style="list-style-type: none"> ◆ A current, valid license to practice (verification time limit = 180 calendar days). ◆ A valid DEA or CDS certificate (effective at the time of recredentialing). ◆ Board certification (verification time limit = 180 calendar days). ◆ A history of professional liability claims that resulted in settlements or judgments paid on behalf of the practitioner (verification time limit = 180 calendar days). <p>NCQA CR7—Elements A and B NCQA CR8— Element A</p> | <p>Documents Submitted (See ValueOptions folder for all documents below):</p> <ol style="list-style-type: none"> 1. N501_Practitioner_Recredentialing_Process – Entire Policy 2. N502_Facility_Program_Clinic_Recredentialing_Process – Entire Policy <p>Description of Process: The BHO delegates credentialing and recredentialing to ValueOptions. ValueOptions formally recredentials its providers every 36 months. This process utilizes information verified from primary sources and is specifically detailed in policies N501 and N502.</p> | <input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable |
| <p>Findings: The VO Practitioner Recredentialing Process policy described recredentialing independent practitioners, at least every 36 months, using primary source verification and all required processes. On-site review of recredentialing records demonstrated that NCQA-approved primary sources were used. One provider in the record review was recredentialled at 38 months instead of 36 months. The file included documentation of numerous attempts at contacting the provider, both in writing and verbally, and working with the provider until the required documentation was obtained. No required actions or recommendations related to this finding are necessary.</p> | | |
| <p>Required Actions: None.</p> | | |



Appendix A. Colorado Department of Health Care Policy and Financing
FY 2012–2013 Compliance Monitoring Tool
for Foothills Behavioral Health Partners, LLC

| Standard VIII—Credentialing and Recredentialing | | |
|---|--|--|
| Requirement | Evidence as Submitted by the BHO | Score |
| <p>11. The Contractor has (and implements) written policies and procedures for the initial and ongoing assessment of (organizational) providers with which it contracts, which include:</p> <p>11.A. The Contractor confirms that the provider is in good standing with State and federal regulatory bodies.</p> <p>NCQA CR11—Element A1</p> | <p>Documents Submitted (See ValueOptions folder for all documents below):</p> <ol style="list-style-type: none"> N203_Facility_Provider_Credentialing_Process – Page 3, Section V. I N206_Credentialing_Criteria_for_Facility_Organizational_Providers – Page 1, Section III, Page 2, Section IV.A.1 <p>Description of Process: The BHO delegates credentialing and recredentialing to ValueOptions. During the credentialing process, ValueOptions staff confirms that organizational providers are in good standing with state and federal regulatory bodies.</p> | <input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable |
| <p>Findings: The VO Facility Provider Credentialing Process described VO’s NCQA-compliant procedures for assessing organizational providers. On-site review of organizational provider records demonstrated that VO verified licensure and queried the OIG database to verify eligibility to participate in federal health care programs.</p> | | |
| <p>Required Actions: None.</p> | | |
| <p>11.B. The Contractor confirms that the provider has been reviewed and approved by an accrediting body.</p> <p>NCQA CR11—Element A2</p> | <p>Documents Submitted (See ValueOptions folder for all documents below):</p> <ol style="list-style-type: none"> N206_Credentialing_Criteria_for_Facility_Organizational_Providers – Page 2 Section V. A 4 <p>Description of Process: The BHO delegates credentialing and recredentialing to ValueOptions. ValueOptions credentialing criteria for organizational providers confirms whether the provider has been reviewed and approved by an accrediting body.</p> | <input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable |
| <p>Findings: The VO policy described verification of whether the organizational provider has been reviewed and approved by an accrediting body. On-site record review demonstrated that VO verified accreditation status for accredited organizations. Accrediting bodies found in organizational provider files reviewed included the Joint Commission (TJC) and the Council on Accreditation (COA).</p> | | |
| <p>Required Actions: None.</p> | | |



Appendix A. Colorado Department of Health Care Policy and Financing
FY 2012–2013 Compliance Monitoring Tool
for Foothills Behavioral Health Partners, LLC

| Standard VIII—Credentialing and Recredentialing | | |
|---|--|--|
| Requirement | Evidence as Submitted by the BHO | Score |
| <p>11.C. The Contractor conducts an on-site quality assessment if there is no accreditation status.</p> <p>NCQA CR11—Element A3</p> | <p>Documents Submitted (See ValueOptions folder for all documents below):</p> <ol style="list-style-type: none"> N206_Credentialing_Criteria_for_Facility_Organizational_Providers – Page 2, Section IV.4 N406B_Facility_Organization_Site_Visit – Entire policy Site_Visit_Example1 Site_Visit_Example2 <p>Description of Process:</p> <p>The BHO delegates credentialing and recredentialing to ValueOptions. If during the credentialing criteria for organizational providers ValueOptions is unable to confirm whether the provider has been reviewed and approved by an accrediting body, then ValueOptions® conducts an on-site assessment of the organization.</p> | <input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable |
| <p>Findings:</p> <p>The VO policy described the procedure for on-site quality assessment for non-accredited organizational providers. FBHP provided two examples of completed site review forms. FBHP performed annual audits for network CMHCs, which included site review for selected requirements, such as OMFA requirements, and desk review for remaining requirements. This exceeded the requirement to perform site visits at the time of recredentialing. FBHP credentialed the individual providers at its network CMHCs instead of requiring that the CMHCs credential their own providers. FBHP and VO staff reported that VO performed primary source verification for CMHC providers, and that FBHP’s own credentialing committee completed the credentialing process.</p> | | |
| <p>Required Actions:</p> <p>None.</p> | | |



Appendix A. Colorado Department of Health Care Policy and Financing
FY 2012–2013 Compliance Monitoring Tool
for Foothills Behavioral Health Partners, LLC

| Standard VIII—Credentialing and Recredentialing | | |
|---|--|---|
| Requirement | Evidence as Submitted by the BHO | Score |
| <p>11.D. The Contractor confirms at least every three years that the organizational provider continues to be in good standing with State and federal regulatory bodies, and if applicable, is reviewed and approved by an accrediting body. The Contractor conducts a site visit every three years if the organizational provider has no accreditation status.</p> <p>NCQA CR11—Element A</p> | <p>Documents Submitted (See ValueOptions folder for all documents below):</p> <p>1. N502 Facility Program_Clinic Recredentialing Process – Entire Policy</p> <p>Description of Process:</p> <p>The BHO delegates credentialing and recredentialing to ValueOptions. ValueOptions credentialing criteria for organizational providers confirms whether the provider has been reviewed and approved by an accrediting body and confirms that the organization continues to be in good standing with state and federal regulatory bodies at minimum every 3 years. If ValueOptions is unable to confirm whether the provider has been reviewed and approved by an accrediting body, then ValueOptions conducts an on-site assessment of the organization.</p> | <p><input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable</p> |
| <p>Findings:</p> <p>The VO Facility/Program//Clinic Recredentialing Process policy included reassessment of organizational providers at least every three years. Each of the FBHP organizational provider records reviewed on-site contained evidence that organizational providers were reviewed every three years.</p> | | |
| <p>Required Actions:</p> <p>None.</p> | | |



Appendix A. Colorado Department of Health Care Policy and Financing
FY 2012–2013 Compliance Monitoring Tool
for Foothills Behavioral Health Partners, LLC

| Standard VIII—Credentialing and Recredentialing | | |
|---|--|---|
| Requirement | Evidence as Submitted by the BHO | Score |
| <p>11.E. The Contractor’s policies list the accrediting bodies the Contractor accepts for each type of organizational provider. (If the Contractor only contracts with organizational providers that are accredited, the Contractor must have a written policy that states it does not contract with nonaccredited facilities.)</p> <p>NCQA CR11—Element A</p> | <p>Documents Submitted (See ValueOptions folder for all documents below):</p> <p>1. N206_Credentialing_Criteria_for_Facility_Organizational_Providers – Page 2, Section V A 4</p> <p>Description of Process:</p> <p>The BHO delegates credentialing and recredentialing to ValueOptions. ValueOptions accepts accreditation as per the ValueOptions policy. If ValueOptions is unable to confirm whether the provider has been reviewed and approved by an accrediting body, then ValueOptions conducts an on-site assessment of the organization.</p> | <p><input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable</p> |
| <p>Findings:</p> <p>The Credentialing Criteria for Facility/Organization Providers policy listed acceptable accrediting organizations as NCQA, TJC, Commission on Accreditation of Rehabilitation Facilities (CARF), COA, American Osteopathic Association (AOA), Healthcare Facilities Accreditation Program (HFAP), Accreditation Association for Ambulatory Health Care (AAAHC), Det Norske Veritas (DNV), and Community Health Accreditation Program (CHAP). Two of the organizational providers reviewed on-site were accredited: one by TJC, and one by COA.</p> | | |
| <p>Required Actions:</p> <p>None.</p> | | |
| <p>12. The Contractor has a selection process and assessment criteria for each type of nonaccredited organizational provider with which the Contractor contracts.</p> <p>NCQA CR11—Element A</p> | <p>Documents Submitted (See ValueOptions folder for all documents below):</p> <p>1. N206_Credentialing_Criteria_for_Facility_Organizational_Providers – Pages 3-14, Section V. C.</p> <p>2. N406B_Facility_Organization_Site_Visit – Page 2, Section V B</p> <p>Description of Process:</p> <p>The BHO delegates credentialing and recredentialing to ValueOptions. ValueOptions credentialing criteria for organizational providers confirms whether the provider has been reviewed and approved by an accrediting body and confirms that the organization continues to be in good standing with state and federal regulatory bodies. If ValueOptions is unable to confirm whether the provider has been reviewed and approved by an accrediting body, then ValueOptions® conducts an on-site assessment of the organization.</p> | <p><input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable</p> |



Appendix A. Colorado Department of Health Care Policy and Financing
FY 2012–2013 Compliance Monitoring Tool
for Foothills Behavioral Health Partners, LLC

| Standard VIII—Credentialing and Recredentialing | | |
|---|---|---|
| Requirement | Evidence as Submitted by the BHO | Score |
| <p>Findings: The Credentialing Criteria for Facility/Organization Providers policy described the criteria for each type of organization to be included in the network.</p> | | |
| <p>Required Actions: None.</p> | | |
| <p>13. Site visits for nonaccredited facilities include a process for ensuring that the provider credentials its practitioners.</p> <p>NCQA CR11—Element A</p> | <p>Documents Submitted (See ValueOptions folder for all documents below):</p> <ol style="list-style-type: none"> 1. N206_Credentialing_Criteria_for_Facility_Organizational_Providers – Entire policy 2. Facility_Organization_Site_Visit_Tool – Page 2 <p>Description of Process: The BHO delegates credentialing and recredentialing to ValueOptions. The ValueOptions organizational site review process includes a review of provider credentials for its practitioners. This information is detailed in policy N206 and in ValueOptions Facility Environmental Site Review.</p> | <p><input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable</p> |
| <p>Findings: VO’s policy and site visit tool included processes to ensure that organizational providers credential their individual practitioners. FBHP credentialed practitioners within the network CMHCs. VO performs the primary source verification, and FBHP has an internal credentialing committee that reviews and approves the CMHC practitioners. Other nonaccredited organizational provider files reviewed had a site visit conducted by VO.</p> | | |
| <p>Required Actions: None.</p> | | |



Appendix A. Colorado Department of Health Care Policy and Financing
FY 2012–2013 Compliance Monitoring Tool
for Foothills Behavioral Health Partners, LLC

| Standard VIII—Credentialing and Recredentialing | | |
|---|---|--|
| Requirement | Evidence as Submitted by the BHO | Score |
| <p>14. If the Contractor chooses to substitute a CMS or State review in lieu of the required site visit, the Contractor must obtain the report from the organizational provider to verify that the review has been performed and that the report meets its standards. (CMS or State review or certification does not serve as accreditation of an institution.) A letter from CMS or the applicable State agency which shows that the facility was reviewed and indicates that it passed inspection is acceptable in lieu of the survey report if the organization reviewed and approved the CMS or State criteria as meeting the organization’s standard.</p> <p>NCQA CR11—Element A</p> | <p>Documents Submitted (See ValueOptions folder for all documents below):</p> <ol style="list-style-type: none"> N406B_Facility_Organization_Site_Visit – Page 2, Section V A and Page 4, Section V M Site_Visit_Example1 Site_Visit_Example2 <p>Description of Process: The BHO delegates credentialing and recredentialing to ValueOptions. If a provider indicates a state level or CMS review is completed, ValueOptions reviews the site visit to ensure criteria is met and the organization passed inspection.</p> | <input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input checked="" type="checkbox"/> Not Applicable |
| <p>Findings: The VO Credentialing Criteria for Facility/Organization Providers policy indicated that a CMS or State certification could substitute for a site visit for nonaccredited organizations While VO obtained and reviewed Department of Behavioral Health (DBH) site reviews conducted at the CMHCs, and addressed any issues therein, FBHP performed an annual quality review for network CMHCs, some portions of which were performed on-site. The remainder of the reviews were conducted as desk reviews.</p> | | |
| <p>Required Actions: None.</p> | | |



Appendix A. Colorado Department of Health Care Policy and Financing
FY 2012–2013 Compliance Monitoring Tool
for Foothills Behavioral Health Partners, LLC

| Standard VIII—Credentialing and Recredentialing | | |
|--|--|--|
| Requirement | Evidence as Submitted by the BHO | Score |
| <p>15. The Contractor’s organizational provider assessment policies and process includes assessment of at least:</p> <ul style="list-style-type: none"> ◆ Inpatient facilities. ◆ Residential facilities. ◆ Ambulatory facilities. <p>NCQA CR11—Element B</p> | <p>Documents Submitted (See ValueOptions folder for all documents below):</p> <p>1. N206_Credentialing_Criteria_for_Facility_Organizational_Providers – Entire policy</p> <p>Description of Process:</p> <p>The BHO delegates credentialing and recredentialing to ValueOptions. The ValueOptions organizational site review policies and process include a review of the following facilities: inpatient, residential, and ambulatory. This information is detailed in policy N206.</p> | <input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable |
| <p>Findings:</p> <p>The VO Credentialing Criteria for Facility/Organization Providers policy included criteria and processes for inpatient, outpatient/ambulatory, and residential facilities. Review of records on-site demonstrated that VO/FBHP contracted with each of this type of facility.</p> | | |
| <p>Required Actions:</p> <p>None.</p> | | |
| <p>16. The Contractor has documentation that it has assessed contracted behavioral health care (organizational) providers.</p> <p>NCQA CR11—Element C</p> | <p>Documents Submitted (See ValueOptions folder for all documents below):</p> <p>1. N206_Credentialing_Criteria_for_Facility_Organizational_Providers-Entire Document</p> <p>Description of Process:</p> <p>ValueOptions assesses all providers initially and again within 36 months of the prior credentialing date. All information obtained from these assessments, including application information , verifications, credentialing decisions and correspondence, is entered into our proprietary credentialing software application and electronic file cabinet and NetworkConnect.</p> | <input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable |
| <p>Findings:</p> <p>On-site review of organizational provider records demonstrated adequate record keeping of organizational provider assessments.</p> | | |
| <p>Required Actions:</p> <p>None.</p> | | |



Appendix A. Colorado Department of Health Care Policy and Financing
FY 2012–2013 Compliance Monitoring Tool
for Foothills Behavioral Health Partners, LLC

| Standard VIII—Credentialing and Recredentialing | | |
|---|--|--|
| Requirement | Evidence as Submitted by the BHO | Score |
| <p>17. If the Contractor delegates any NCQA-required credentialing activities, there is evidence of oversight of the delegated activities.</p> <p>NCQA CR12</p> | <p>Documents Submitted:</p> <ol style="list-style-type: none"> 1. FBHP Policy Monitoring of Delegates final 7_1_12.doc (entire document). Describes FBHP monitoring procedures for delegates 2. DeskAuditToolforVODElegationAgt Final 2012.doc (pg 2 Credentialing section): FBHP conducted a focus audit this fiscal year centering on follow-up to last year’s CAP or specific concerns identified. Credentialing files were reviewed. 3. DELEGATION REVIEW SUMMARY FY ’12.docx (entire document). Summary of findings for focus delegation audit with requirement for a CAP. 4. CAP Delegation Audit 2012.doc (entire doc): Describes CAP – for Claims Processing; no CAP for Credentialing 5. Delegation Agreement_FY 13_executed.pdf (pg 5 sec 3.0; pg 15): These sections describes oversight procedures broadly and reporting responsibilities that FBHP monitors | <input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable |
| <p>Findings: Although VO is a partner of FBHP, FBHP has entered into a delegation agreement between the partnership and VO to document the relationship and activities performed by VO on behalf of the partnership, and to formalize the oversight structure. Oversight was accomplished by regular reporting and an annual delegation audit performed by an external contractor. Reports and audit results were reviewed by FBHP’s chief quality officer.</p> | | |
| <p>Required Actions: None.</p> | | |



Appendix A. Colorado Department of Health Care Policy and Financing
FY 2012–2013 Compliance Monitoring Tool
for Foothills Behavioral Health Partners, LLC

| Standard VIII—Credentialing and Recredentialing | | |
|--|---|--|
| Requirement | Evidence as Submitted by the BHO | Score |
| <p>18. The Contractor has a written delegation document with the delegate that:</p> <ul style="list-style-type: none"> ◆ Is mutually agreed upon. ◆ Describes the responsibilities of the Contractor and the delegated entity. ◆ Describes the delegated activities. ◆ Requires at least semiannual reporting by the delegated entity to the Contractor. ◆ Describes the process by which the Contractor evaluates the delegated entity’s performance. ◆ Describes the remedies available to the Contractor (including revocation of the contract) if the delegate does not fulfill its obligations. | <p>Documents Submitted:</p> <p>1. Delegation Agreement_FY 13_executed.pdf (pg 7 executed signatures indicating mutually agreed upon; pg 3 Article III & IV responsibilities of contractor and delegated entity; pg 2 Article II & pg 9-10 Delegated Activities for credentialing; pg 13 under Provider Network Management – reporting requirements; pg 3 Article III process for evaluating delegate; pg 4-5 Article V remedies avail to contractor) Latest executive delegation agreement with ValueOptions, which includes Credentialing and Re-Credentialing</p> | <input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable |
| <p>NCQA CR12—Element A</p> | | |
| <p>Findings: The delegation agreement described delegated activities and responsibilities for both parties, reporting requirements, and specified how FBHP will monitor VO’s performance of the credentialing program. The agreement specified several reports required monthly, quarterly, or semiannually, as appropriate. The agreement also provided for remedies if VO’s performance is not adequate. Both parties signed the fully executed agreement.</p> | | |
| <p>Required Actions: None.</p> | | |



Appendix A. Colorado Department of Health Care Policy and Financing
FY 2012–2013 Compliance Monitoring Tool
for Foothills Behavioral Health Partners, LLC

| Standard VIII—Credentialing and Recredentialing | | |
|--|--|---|
| Requirement | Evidence as Submitted by the BHO | Score |
| <p>19. If the delegation arrangement includes the use of protected health information (PHI) by the delegate, the delegation document also includes:</p> <ul style="list-style-type: none"> ◆ A list of allowed use of PHI. ◆ A description of delegate safeguards to protect the information from inappropriate use or further disclosure. ◆ A stipulation that the delegate will ensure that subdelegates have similar safeguards. ◆ A stipulation that the delegate will provide members with access to their PHI. ◆ A stipulation that the delegate will inform the Contractor if inappropriate uses of the information occur. ◆ A stipulation that the delegate will ensure that PHI is returned, destroyed, or protected if the delegation agreement ends. <p>NCQA CR12—Element B</p> | <p>Documents Submitted:</p> <p>1. Management Services Agreement_FY12_FBHP & VO_2011 August 29_Executed.doc.pdf (pg 1[purpose of agreement], Exhibit E pg28-29 [allowed use of PHI]; Exhibit E pg 29 3rd paragraph [Safeguards against misuse of PHI]; Exhibit E pg 29-30 [ensure subcontractors have similar safeguards; Exhibit E pg 30 [member/individual access to their PHI]; Exhibit E pg 30-31 [inform contractor of inappropriate use of information]; Exhibit E pg 32 “Termination” [if agreement ends PHI returned, destroyed, or protected]): The Management Services Agreement, between FBHPartners and VO, includes, as stated under the purpose of the agreement, the agreement to delegate certain BHO functions. Exhibit E or the BAA, between FBHPartners and VO, includes all requirements as listed under this Standard Requirement.</p> | <p><input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable</p> |
| <p>Findings: The Business Associate Agreement, Exhibit C to the Management Services Agreement between FBHP and VO, was HIPAA-compliant and included the requirements for safeguarding PHI. During the on-site interview, staff members confirmed that VO’s credentialing process did not use member-level data (complaint information used for recredentialing is in aggregate). Staff described HIPAA-compliant security processes to ensure the confidentiality of all materials used during credentialing and recredentialing processes.</p> | | |
| <p>Required Actions: None.</p> | | |



Appendix A. Colorado Department of Health Care Policy and Financing
FY 2012–2013 Compliance Monitoring Tool
for Foothills Behavioral Health Partners, LLC

| Standard VIII—Credentialing and Recredentialing | | |
|--|--|--|
| Requirement | Evidence as Submitted by the BHO | Score |
| <p>20. The Contractor retains the right to approve, suspend, and terminate individual practitioners, providers, and sites in situations where it has delegated decision making. This right is reflected in the delegation agreement.</p> <p>NCQA CR12—Element C</p> | <p>Documents Submitted:</p> <p>1. Delegation Agreement_FY 13_executed.pdf (pg 2, Sec 2.02.c.): Indicates delegation of credentialing while retaining the right to approve, suspend or terminate individual practitioners, providers and sites</p> | <input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable |
| <p>Findings:</p> <p>The Delegation Agreement between FBHP and VO included the provision that FBHP will retain the right to approve, suspend, or terminate practitioners, providers, and sites. In practice, FBHP’s mechanism to exercise the right to approve, suspend, and terminate individual practitioners and providers was accomplished through the LCC, which included the FBHP medical director and local practitioners. The LCC may make recommendations to the NCC regarding credentialing, recredentialing, or actions related to quality of care.</p> | | |
| <p>Required Actions:</p> <p>None.</p> | | |
| <p>21. For delegation agreements in effect less than 12 months, the Contractor evaluated delegate capacity before the delegation document was signed.</p> <p>NCQA CR12—Element D</p> | <p>Documents Submitted (not necessarily applicable though because delegation agreement in effect more than 12 months):</p> <p>1. FBHP Policy Delegation of BHO Respon final 7_1_12.doc (entire document) Describes FBHP procedures for delegation</p> <p>2. FBHP Pre-delegation Site Visit 2009 (entire document). Questions used in FBHP’s pre-delegation site visit prior to completing delegation contract</p> | <input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input checked="" type="checkbox"/> Not Applicable |
| <p>Findings:</p> <p>Not Applicable.</p> | | |
| <p>Required Actions:</p> | | |



Appendix A. Colorado Department of Health Care Policy and Financing
FY 2012–2013 Compliance Monitoring Tool
for Foothills Behavioral Health Partners, LLC

| Standard VIII—Credentialing and Recredentialing | | |
|--|---|--|
| Requirement | Evidence as Submitted by the BHO | Score |
| <p>22. For delegation agreements in effect 12 months or longer, the Contractor audits credentialing files against NCQA standards for each year that the delegation has been in effect.</p> <p>NCQA CR12—Element E</p> | <p>Documents Submitted:</p> <ol style="list-style-type: none"> 1. FBHP Policy Monitoring of Delegates final 7_1_12.doc (entire document). Describes FBHP monitoring procedures for delegates 2. DeskAuditToolforVODElegationAgt Final 2012.doc (pg 2 Credentialing section): FBHP conducted a focus audit this fiscal year centering on follow-up to last year’s CAP or specific concerns identified. Credentialing files were reviewed. 3. DELEGATION REVIEW SUMMARY FY ’12.docx (entire doc): indicates no issues with review of credentialing files 4. DeskAuditToolforVODElegationAgt2 2011.doc (pg 28-29) Tool used in FY ’11 audit shows review of credentialing files 5. DELEGATION REVIEW SUMMARY FY 11.docx (entire doc): Indicates CAP re: credentialing and re-credentialing 6. CAP_DelegationCAP_BHO_2011Oct03_COM.docx (pg 3): indicates request and receipt of CAP on credentialing files 7. Delegation Assessment Tool 2010.doc (pg 8). Shows review of credentialing section. Did not conduct file review but reviewed latest HSAG credentialing file review. 8. CAP VO Response to Request for Change (4) 2010.docx Shows no CAP re: credential files | <input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable |
| <p>Findings: FBHP provided the 2011 and 2012 annual audit reports completed by an independent contractor on behalf of FBHP and two other Colorado BHOs in partnership with VO. The audit evaluated all activities delegated to VO, including credentialing and recredentialing. The audit process included a file review for compliance with NCQA standards.</p> | | |
| <p>Required Actions: None.</p> | | |



Appendix A. Colorado Department of Health Care Policy and Financing
FY 2012–2013 Compliance Monitoring Tool
for Foothills Behavioral Health Partners, LLC

| Standard VIII—Credentialing and Recredentialing | | |
|--|---|---|
| Requirement | Evidence as Submitted by the BHO | Score |
| <p>23. For delegation arrangements in effect 12 months or longer, the Contractor performs an annual substantive evaluation of delegated activities against NCQA standards and organization expectations.</p> <p>NCQA CR12—Element F</p> | <p>Documents Submitted:</p> <ol style="list-style-type: none"> 1. FBHP Policy Monitoring of Delegates final 7_1_12.doc (entire document). Describes FBHP monitoring procedures for delegates 2. DeskAuditToolforVODElegationAgt Final 2012.doc (pg 2 Credentialing section): FBHP conducted a focus audit this fiscal year centering on follow-up to last year’s CAP or specific concerns identified. Credentialing files and policies were reviewed. 3. DELEGATION REVIEW SUMMARY FY ’12.docx (entire doc): indicates no issues with review of credentialing files or credentialing policies meeting NCQA standards 4. DeskAuditToolforVODElegationAgt2 2011.doc (pg 28-29) Tool used in FY ’11 audit shows review of credentialing files and credentialing policies 5. DELEGATION REVIEW SUMMARY FY 11.docx (entire doc): Indicates CAP re: credentialing and re-credentialing 6. CAP_DelegationCAP_BHO_2011Oct03_COM.docx (pg 3): indicates request and receipt of CAP on credentialing files 7. Delegation Assessment Tool 2010.doc (pg 8). Shows review of credentialing section. Did not conduct file review but reviewed latest HSAG credentialing file review. CAP re: credentialing policies 8. CAP VO Response to Request for Change (4) 2010.docx Shows no CAP re: credential files but CAP re: credentialing policies/procedures | <p> <input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable </p> |
| <p>Findings:</p> <p>FBHP provided the 2011 and 2012 annual audit report completed by an independent contractor on behalf of FBHP and two other Colorado BHOs in partnership with VO. The audit evaluated all activities delegated to VO, including credentialing and recredentialing. The audit process included a review of policies and procedures and review for compliance with NCQA standards.</p> | | |
| <p>Required Actions:</p> <p>None.</p> | | |



Appendix A. Colorado Department of Health Care Policy and Financing
FY 2012–2013 Compliance Monitoring Tool
for Foothills Behavioral Health Partners, LLC

| Standard VIII—Credentialing and Recredentialing | | |
|---|--|--|
| Requirement | Evidence as Submitted by the BHO | Score |
| <p>24. For delegation arrangements in effect 12 months or longer, the Contractor evaluates regular reports (at least semiannually).</p> <p>NCQA CR12—Element G</p> | <p>Documents Submitted:</p> <ol style="list-style-type: none"> 1. FBHP Policy Monitoring of Delegates final 7_1_12.doc (Sec B.1). A review of delegation reporting is part of FBHP’s monitoring of delegates 2. Delegation Agreement_FY 13_executed.pdf (pg 3 Article 3.01 9c; pg 14-16 Exhibit B): Describes evaluation of reports as part of delegation agreement, including list of required reports, many of which are quarterly 3. Tracking VO Delegation Report Schedule FY ’11-12 Final.xlsx (shows excel file for tracking delegation reports from VO and, in column F the FBHP reviewer) | <input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable |
| <p>Findings: FBHP provided examples of quarterly credentialing reports received from VO. On-site, staff reported that the local director of provider network relations and the FBHP chief quality officer reviewed reports.</p> | | |
| <p>Required Actions: None.</p> | | |
| <p>25. The Contractor identifies and follows up on opportunities for improvement, if applicable.</p> <p>NCQA CR12—Element H</p> | <p>Documents submitted:</p> <ol style="list-style-type: none"> 1. DELEGATION REVIEW SUMMARY FY ’12.docx (entire doc): indicates no issues with review of credentialing but CAP requirement for claims reporting 2. DELEGATION REVIEW SUMMARY FY 11.docx (entire doc): Indicates CAP re: credentialing and re-credentialing to improve credentialing procedures 3. CAP_DelegationCAP_BHO_2011Oct03_COM.docx (pg 3): indicates request and receipt of CAP on credentialing files 4. CAP VO Response to Request for Change (4) 2010.docx Shows no CAP re: credential files but CAP re: credentialing policies/procedures to improve credentialing procedures | <input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable |
| <p>Findings: Both the Management Services Agreement and the Delegation Agreement between FBHP and VO included the provision to require corrective action for inadequate performance of the delegated activities. FBHP provided evidence of having required corrective actions and following up until corrected.</p> | | |
| <p>Required Actions: None.</p> | | |



Appendix A. Colorado Department of Health Care Policy and Financing
 FY 2012–2013 Compliance Monitoring Tool
 for Foothills Behavioral Health Partners, LLC

| Results for Standard VIII—Credentialing and Recredentialing | | | | | |
|---|----------------|---|-----------|--------------------|------------------|
| Total | Met | = | <u>47</u> | X | 1.00 = <u>47</u> |
| | Partially Met | = | <u>0</u> | X | .00 = <u>0</u> |
| | Not Met | = | <u>0</u> | X | .00 = <u>0</u> |
| | Not Applicable | = | <u>2</u> | X | NA = <u>0</u> |
| Total Applicable | | = | <u>47</u> | Total Score | = <u>47</u> |

| | | |
|---------------------------------------|---|-------------|
| Total Score ÷ Total Applicable | = | <u>100%</u> |
|---------------------------------------|---|-------------|



Appendix A. Colorado Department of Health Care Policy and Financing
FY 2012–2013 Compliance Monitoring Tool
for Foothills Behavioral Health Partners, LLC

| Standard X—Quality Assessment and Performance Improvement | | |
|--|--|--|
| Requirement | Evidence as Submitted by the BHO | Score |
| <p>1. The Contractor has an ongoing Quality Assessment and Performance Improvement (QAPI) Program for services it furnishes to its members.</p> <p align="right">42CFR438.240(a)</p> <p>Contract: II.H.1</p> | <p>Documents Submitted:</p> <ol style="list-style-type: none"> 1. FBHP Policy QA Program Revised 2012.doc (entire doc): Describes FBHP’s QA Program 2. QI Work Plan FBHP FY ’13 final.docx (pg 2-6 & entire doc): Provides description of the QI program including program structure, QI/UM committee, and relationship with other FBHP functions. Also describes QI Program work plan for FY ’13 – completed annually 3. FBHP QI Program evaluation FY ’12.doc (entire doc): Describes FBHP QI Program performance for FY ’12 4. (see Standard III file) FBHP FY ’12_ACF_NCF_Survey report_Sept 2012.doc (entire doc): Attachment to the QI program evaluation FY ’12; report on assessing access and care coordination with ACF/NCF facilities 5. Attachment 2 FBHP EBP Program Evaluation FY ’12_final.docx (entire doc): Attachment to the QI Program evaluation FY ’12; report on EBP implementation and program outcomes | <input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable |
| <p>Findings: The Quality Assessment and Performance Improvement (QAPI) Program policy stated that FBHP maintains a comprehensive quality improvement program that includes standards for quality, accessibility, and availability of services; monitoring and evaluation; identification of improvement opportunities; and corrective action. The Quality Assessment and Utilization Management (QI/UM) Committee is responsible for oversight and is accountable to the FBHP governing board through the QI director and chief medical officer (CMO). The annual program components include monitoring and improvement of access and availability, quality and appropriateness, outcomes of care, coordination of care, recovery and resiliency, and member satisfaction. FBHP submitted an annual work plan of QI priorities and an annual evaluation of performance related to program goals and objectives.</p> <p>During the on-site interview, staff explained that most of the QI functions are performed within the CMHCs, with oversight and direction by FBHP administrative staff. Staff stated that FBHP has a goal to establish a more consistent QI structure system-wide and to ensure that staff turnover within the CMHCs do not interfere with consistency in QI operations.</p> | | |
| <p>Required Actions: None.</p> | | |



Appendix A. Colorado Department of Health Care Policy and Financing
FY 2012–2013 Compliance Monitoring Tool
for Foothills Behavioral Health Partners, LLC

| Standard X—Quality Assessment and Performance Improvement | | |
|--|--|--|
| Requirement | Evidence as Submitted by the BHO | Score |
| <p>2. The Contractor’s QAPI Program includes mechanisms to detect both underutilization and overutilization of services.</p> <p align="right"><i>42CFR438.240(b)(3)</i></p> <p>Contract: II.H.2.n</p> | <p>Documents Submitted:</p> <ol style="list-style-type: none"> 1. FBHP Policy QA Program Revised 2012.doc (Sec 4A1&3): Describes measures for under and overutilization 2. FBHP 3rd Qtr QI report FY '12.doc (pg 7-8[hosp overutilization]; pg 8-9[hospital discharge follow-up underutilization]; pg 12[ED visit overutilization]): Quarterly report monitoring under and overutilization 3. FBHP QI Program evaluation FY '12.doc (pg 12 [hosp overutilization]; pg 12-13 [hospital discharge follow-up underutilization]; pg 16 [ED visit overutilization]): Annual report monitoring under and overutilization 4. QI Work Plan FBHP FY '13 final.docx (pg 13 [underutilization hosp follow-up]; pg 13 [underutilization follow up acute phase depression]; pg 15 [overutilization ED visits]): Measures for FY '13 for under and overutilization | <input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable |
| <p>Findings:</p> <p>The QAPI Program policy stated that over- and underutilization are monitored through standard performance measures of emergency department (ED) visits, hospital days, length of stay, hospital recidivism, and follow-up after discharge. Results are reviewed quarterly and compared to other BHOs and trended year-to-year. These measures and analysis were reported in the quarterly and annual program evaluation reports to the QI/UM Committee. The QI Work Plan identified coordination/timeliness of hospital follow-up, effective acute antidepressant medication management, and ED visits/1000 members as a focus for 2013.</p> <p>During the on-site interview, staff stated that FBHP has not been satisfied with the results for the “follow-up care after hospitalization” (underutilization measure) and has designed a focus study to standardize measurement. In addition, ED visits (overutilization measure) have increased within the teen population and will be presented to the QI/UM Committee as a concern.</p> | | |
| <p>Required Actions:</p> <p>None.</p> | | |



Appendix A. Colorado Department of Health Care Policy and Financing
FY 2012–2013 Compliance Monitoring Tool
for Foothills Behavioral Health Partners, LLC

| Standard X—Quality Assessment and Performance Improvement | | |
|--|---|--|
| Requirement | Evidence as Submitted by the BHO | Score |
| <p>3. The Contractor’s QAPI Program includes mechanisms to assess the quality and appropriateness of care furnished to all members.</p> <p align="right"><i>42CFR438.240(b)(4)</i></p> <p>Contract: II.H.2.m.6</p> | <p>Documents Submitted:</p> <ol style="list-style-type: none"> 1. FBHP Policy QA Program Revised 2012.doc (Sec IVA.1.) 2. FBHP 3rd Qtr QI report FY ’12.doc (pg 7-9): Report on quality and appropriateness measures 3. FBHP QI Program evaluation FY ’12.doc (pg 1-11 Sec D [client family perception of quality and appropriateness]; pg 11-14 [Quality and Appropriateness performance on measures]; pg 21-22 [practice guideline development – a project to improve Quality of care]; pg 42 [QOC concern report – related to improvement in care quality]) 4. Attachment 2 FBHP EBP Program Evaluation FY ’12_final.docx (entire doc): Attachment to QI Program Evaluation FY ’12 – report on EBP/Best Practice implementation to improve Quality of care 5. QI Work Plan FBHP FY ’13 final.docx (pg 11-12 [client family perception measures for quality and appropriateness] pg 13 [Quality & Appropriateness measures]; pg 20 [plan for monitoring QOC concerns and plan for practice guideline development]; pg 21 [plan for EBP/Best Practice implementation]) 6. FBHP MHSIP_YSS-F Internal Survey Report FY ’12.doc (pg 5-8) Description of internal survey results of member perception of quality and appropriateness 7. FBHP JCMH Family Survey_final.pdf & FBHP JCMH Client Survey_final.pdf (pg 1 survey items #3,5,9 [or 10 family survey], 12,13): five items in internal survey to monitor client or family perception of care quality and appropriateness. | <input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable |
| <p>Findings: The QAPI Program policy stated that FBHP uses a comprehensive set of performance measures to assess the care of members. These measures included indicators of member outcomes, access, and quality and appropriateness of care. In addition, the QI/UM Committee reviews monitoring reports of UM outcomes, as well as results of member satisfaction surveys. The annual QI program evaluation (2012) and the QI program quarterly report included results and analysis of all performance measures, including trends in care quality and appropriateness indicators.</p> | | |



Appendix A. Colorado Department of Health Care Policy and Financing
FY 2012–2013 Compliance Monitoring Tool
for Foothills Behavioral Health Partners, LLC

| Standard X—Quality Assessment and Performance Improvement | | |
|---|---|---|
| Requirement | Evidence as Submitted by the BHO | Score |
| <p>FBHP provided evidence of evaluating quality and appropriateness of care through the member and family surveys, and reported the results of the surveys in the QI annual plan. The QI Work plan included several performance measures of quality and appropriateness of care, as well as review of client perceptions based on member survey results and continued review of quality of care (QOC) concerns.</p> <p>QI/UM meeting minutes and reports presented to the QI/UM Committee included data and analysis, but they did not describe the assessment of the results by the committee, conclusions, or recommendations. HSAG recommended that FBHP enhance its documentation and processes by presenting and documenting substantive discussion of conclusions and recommendations resulting from data presented to the QI/UM Committee or other pertinent committee meetings. During the on-site interview, staff stated that all data are analyzed by the QI director and discussed with the committee, and that assessment of results drives the subsequent year’s work plan, such as the need to improve follow-up care within seven days of hospital discharge. In addition, staff stated that any potential problem areas are discussed with the CMHCs’ QI staff to determine contributing factors and strategies for improvement.</p> | | |
| <p>Required Actions: None.</p> | | |
| <p>4. The Contractor has a process for evaluating the impact and effectiveness of the QAPI Program on at least an annual basis. The annual quality report describes:</p> <ul style="list-style-type: none"> ◆ The Contractor’s performance on the standard measures on which it is required to report. ◆ The results of each performance improvement project. ◆ The techniques used by the Contractor to improve its performance, effectiveness, and quality outcomes. ◆ Qualitative and quantitative impact the techniques had on quality. ◆ The overall impact and effectiveness of the quality assessment and improvement program. ◆ How past quality assessment and performance improvement activities will be used to target improvement for the next year. ◆ A description and organizational chart for each quality committee. | <p>Documents Submitted:</p> <ol style="list-style-type: none"> 1. FBHP QI Program evaluation FY ’12.doc (pg 4-17 [performance results standard measures]; pg 18-20, pg 35-36, pg 37-41 [Results of two focus studies and one PIP]; pg 2-3 [Structure of the QI Program]; pg 4-17 [assessment of performance of each measure and techniques or methods for improvement]; pg 18-22 [projects/focus studies, surveys, quality of care actions taken are techniques to improve performance, effectiveness and quality outcomes]; pg 18-19 IIA [PIP – quantitative impact]; pg 43 Appendix E [qualitative impact]; pg 4-5 [overall impact]; pg 12 A [past monitoring used to target improvement in FY ’13 plan]; pg 2-3 [quality committees] 2. (see Folder standard III) FBHP FY ‘12_ACF_NCF_Survey report_Sept 2012.doc (entire doc): Attachment to the QI program evaluation FY ’12; report on assessing access and care coordination with ACF/NCF facilities 3. Attachment 2 FBHP EBP Program Evaluation FY ‘12_final.docx (entire doc): Attachment to the QI Program evaluation FY ’12; report on EBP implementation and program outcomes 4. FBHP MHSP_YSS-F Internal Survey Report FY ’12.doc (entire | <p><input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable</p> |



Appendix A. Colorado Department of Health Care Policy and Financing
FY 2012–2013 Compliance Monitoring Tool
for Foothills Behavioral Health Partners, LLC

| Standard X—Quality Assessment and Performance Improvement | | |
|---|--|--|
| Requirement | Evidence as Submitted by the BHO | Score |
| Contract: II.H.2.s.1 Exhibit R3 Findings: The annual QI program evaluation included an organizational chart of the QI program and a description of the participating QI committees. The program evaluation provided quantitative data and qualitative analysis of performance measures (including those required by the Department), results of PIPs, analysis of grievances, identified quality of care concerns, member surveys, and implementation of best practice guidelines. The report summarized the overall impact and effectiveness of the program through discussion of the successes and areas for improvement related to each focus area of the program. The report also defined several continued activities and objectives for the subsequent QI work plan. The annual evaluation report, as well as quarterly reports, were reviewed and approved by the QI/UM Committee, which has oversight responsibility for the QI program and performance. During the on-site interview, staff stated that the Board of Managers also receives quarterly reports of performance indicators, which stimulates extensive discussion of contributing factors and outcomes. The Board of Managers Performance Indicator report included trending of measures related to utilization, quality, and access to care, and a detailed explanation of data interpretation. However, the reports and minutes did not document the conclusions or recommendations of the Board relative to the discussion. In addition, documentation did not clearly indicate the relationship between the annual evaluation report results and the continuing year’s work plan, since neither the reports nor the QI/UM minutes included discussion, conclusions, or recommendations related to the analysis of the data presented. HSAG recommended that FBHP enhance the QI work plans to clearly identify the relationship between work plan initiatives continued from the previous year. Required Actions: None. | 42CFR438.240(e)(2) doc) Annual internal survey report; provides information on qualitative and quantitative impact and past assessment leading to new improvement, in this case a new internal survey and procedure. | |
| 5. The Contractor adopts practice guidelines that meet the following requirements: <ul style="list-style-type: none"> ◆ Are based on valid and reliable clinical evidence or a consensus of health care professionals in the particular field. ◆ Consider the needs of the Contractor’s members. ◆ Are adopted in consultation with contracting health care professionals. ◆ Are reviewed and updated periodically as appropriate. Contract: II.H.2.h | Documents Submitted: <ol style="list-style-type: none"> 1. FBHP Policy Clin Prac Guide Revised 2012.doc (pg 2, B [based on valid and reliable clinical evidence or consensus of professionals in field] pg 2 B.1 & 4 [consider needs of contractor’s members], pg 1-2 A.1.pg 2 B.2. [adopted in consultation with contracting health care professionals]; pg 3 D.1. [reviewed every 3 years] 2. Bipolar Disorder Clinician Guideline 6_27_12.doc, Bipolar Algorithm with Mania_Hypomania (entire docs): example of extensive revised guideline completed in 2012 3. Bipolar Tips for Families 6_27_12.docx, TIPs Bipolar Disorder 6_27_12.doc, Tips Bipolar Disorder 6_27_12 espanol.doc (example of Tips, including in Spanish) 42CFR438.236(b) | <input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable |



Appendix A. Colorado Department of Health Care Policy and Financing
FY 2012–2013 Compliance Monitoring Tool
for Foothills Behavioral Health Partners, LLC

| Standard X—Quality Assessment and Performance Improvement | | |
|---|---|---|
| Requirement | Evidence as Submitted by the BHO | Score |
| <p>Findings: The Clinical Practice Guidelines policy stated that a Clinical Practice Guidelines (CPG) Subcommittee (a subcommittee of the QI/UM committee) develops draft clinical guidelines based on clinical evidence (e.g., professional literature, evidence-based practices) and/or a consensus of behavioral health care professionals. Provider network input with related clinical expertise is solicited from CMHCs, the IPN, and the UM program. Draft guidelines are approved by the QI/UM Committee. Clinical practice guideline development was focused on highly prevalent disorders of the FBHP population or priorities identified by providers, clients, and families. Each clinical practice guideline included provider guidelines, medication algorithms as appropriate, and “Tips” flyers (diagnosis-specific information developed for members and their families). Guidelines are updated at least every three years.</p> <p>During the on-site interview, staff stated that FBHP confers extensively with local providers in the process of reviewing and adopting practice guidelines, seeks out local experts to provide feedback to the Clinical Practice Committee, and obtains member input on the “Tips” guidelines through the Client and Family Advisory Committee. The QI/UM Committee provides final review and input into the adopted guidelines.</p> | | |
| <p>Required Actions: None.</p> | | |
| <p>6. The Contractor disseminates the guidelines to all affected providers, and upon request, to members, potential members, and the public, at no cost.</p> <p align="right"><i>42CFR438.236(c)</i></p> <p>Contract: IL.H.2.h.2</p> | <p>Documents Submitted:</p> <ol style="list-style-type: none"> 1. FBHP Policy Clin Prac Guide Revised 2012.doc (pg 3 E) Explains procedures for dissemination 2. www.fbhpartners.com/ (go to providers, check “Provider Information” and look for practice guidelines; go to members and check “Tips for Support & Recovery”) Easily available to all providers and members at no cost 3. Clinical Guidelines EmailBlast_2012 AUG_PR.pdf (entire doc): email to all IPN providers reminding them of practice guidelines on FBHP site 4. JCMH Practice Guidelines Portal Screenshot.docx - Staff portal at JCMH with all FBHP Practice Guidelines listed 5. Screenshot MHP practice guidelines.docx- staff shared drive at MHP with all FBHP Practice guidelines and also posted on their intranet | <p><input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable</p> |
| <p>Findings: The Clinical Practice Guidelines policy stated that each guideline includes provider guidelines, applicable medication algorithms, and a one-page “Tips” flyer for clients and families. New/revised practice guidelines are presented to participating providers during orientation and through other provider network department communications, and are posted on the FBHP Web site for ready access by providers and members at no cost. Members may also request a hard copy of the guidelines through the provider or the OMFA. The Distribution of Clinical Level Care Guidelines policy detailed the</p> | | |



Appendix A. Colorado Department of Health Care Policy and Financing
FY 2012–2013 Compliance Monitoring Tool
for Foothills Behavioral Health Partners, LLC

| Standard X—Quality Assessment and Performance Improvement | | |
|---|--|--|
| Requirement | Evidence as Submitted by the BHO | Score |
| responsibilities and procedures for distribution. The provider manual directed providers to the FBHP Web site to access clinical practice guidelines. FBHP provided evidence of CMHC access and Web site access for providers and members. | | |
| Required Actions: None. | | |
| 7. Decisions for utilization management, member education, coverage of services, and other areas to which the guidelines apply are consistent with the guidelines. Contract: II.H.2.h.3 | Documents Submitted: <ol style="list-style-type: none"> 1. FBHP Policy Clin Prac Guide Revised 2012.doc (pg 2 B 4-6, pg 3 F.) The practice guidelines were specifically developed to assist providers in determining best practices for disorders and education for members, less so for UM but are available for that purpose if there was a specific need. 2. (Folder Standard III) Medical Record Audit Report FY '12.docx (pg 1 – under treatment plan): Practice guidelines can be used to determine appropriateness of treatment plan services in a medical record audit. 3. 236L. Distribution of Clinical level of care guidelines Policy_VOCO.doc (pg 2, 2c): Discusses use of clinical guidelines by UM in training and case review. 4. Jefferson Center Intake Packet.doc (under “Role of Intake Clinician, 7 lines down) Example: Indicates distribution of “TIPS” for clients, families form practice guidelines | <input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable |
| Findings: Although FBHP does not delegate quality management, FBHP does delegate utilization management to VO. The FBHP Clinical Practice Guidelines policy stated that guidelines may be used in decisions for UM, member education, coverage of services, and medical record audits (to assess appropriateness of the treatment plan). The policy stated that VO UM staff members participate in the Clinical Practice Guidelines (CPG) Subcommittee to ensure compatibility with the delegated UM functions and the activities of the QI/UM Committee. The QI/UM Committee approves the guidelines and includes UM representatives, client/family representatives, and CMHC medical directors. During the on-site interview, staff stated that VO UM staff members participate in the CPG Subcommittee and take the responsibility to review the proposed guidelines and apply them in VO UM decisions. Staff explained that the guidelines are used as a resource for providers, and that members have access to the guidelines through the “Tips” flyers (diagnosis-specific information developed for members and their families). | | |
| Required Actions: None. | | |



Appendix A. Colorado Department of Health Care Policy and Financing
FY 2012–2013 Compliance Monitoring Tool
for Foothills Behavioral Health Partners, LLC

| Standard X—Quality Assessment and Performance Improvement | | |
|--|---|--|
| Requirement | Evidence as Submitted by the BHO | Score |
| <p>8. The Contractor maintains a health information system that collects, analyzes, integrates, and reports data.</p> <p align="right"><i>42CFR438.242(a)</i></p> <p>Contract: II.H.2.q.2</p> | <p>Documents Submitted:</p> <ol style="list-style-type: none"> (folder Standard VIII) Delegation Agreement_FY13_Executed.pdf (pg 2 Sec 2.02(d), pg 9 #3c; pg 10, pg 14): Delegation agreement outlines delegated functions to ValueOptions for collecting, integrating, and reporting health information data, including credentialing, which maintains data on providers FBHP IT_HIS Delegation Policy 2012.doc (entire doc): Policy and procedure for delegation of health information system functions to ValueOptions (see folder Standard VIII) FBHP Credentialing Delegation Policy 2012.doc (pg 2 V.A.2): Responsibility for maintaining provider database, including specialties, licensure FBHP Policy QAPI Program Revised 2012.doc (pg 3, Sec V): Describes the role of ValueOptions as FBHPartners delegate for specific health information system functions and health information system functions that FBHPartners maintains through its QAPI Program and staff FBHP QI Program evaluation FY '12.doc (entire doc) Annual report that illustrates how QAPI program and staff collect, analyze, integrate, and report health information system data in collaboration with ValueOptions IT Department | <input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable |
| <p>Findings: The FBHP Credentialing Delegation policy, the FBHP Health Information Systems Delegation policy, the FBHP QAPI Program policy, and the Delegation Agreement with VO described the required capabilities of the health information system. These documents described VO's capabilities to collect, analyze, integrate, and report data. The VO-CO Health Information System overview document stated that the health information system collects and integrates eligibility, encounter, claims care management, and Colorado Client Assessment Record (CCAR) data for users to analyze, evaluate, and produce reports.</p> | | |
| <p>Required Actions: None.</p> | | |



Appendix A. Colorado Department of Health Care Policy and Financing
FY 2012–2013 Compliance Monitoring Tool
for Foothills Behavioral Health Partners, LLC

| Standard X—Quality Assessment and Performance Improvement | | |
|--|---|--|
| Requirement | Evidence as Submitted by the BHO | Score |
| <p>9. The Contractor’s health information system must provide information on areas including, but not limited to, utilization, grievances and appeals, and disenrollments for other than loss of Medicaid eligibility.</p> <p align="right"><i>42CFR438.242(a)</i></p> <p>Contract: IL.H.2.q.2</p> | <p>Documents Submitted:</p> <ol style="list-style-type: none"> 1. FBHP Policy QAPI program Revised 2012.doc (pg 3 Sec V) Describes ValueOptions delegated role in providing information on utilization, specifically through maintenance and production of the monthly and quarterly encounter claim file and FBHP’s role in providing information on utilization and other areas such as grievance and appeals. 2. (see Folder Standard IV) FBHP Policy Griev & Appeal rev 7_1_12.docx (pg 4 Sec III A 2 & 3 and Sec B #7): Specifies procedures for maintaining grievance and appeal information. 3. FBHP_Q3 FY 12_2012 Apr 30_OMFA.doc (entire doc): Example of quarterly Grievance and Appeal reporting 4. FBHP QI Program evaluation FY ’12.doc (pg 6-18) Example of depth of information, including utilization, available through the Health Information System | <input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable |
| <p>Findings: The QAPI policy specified that information collected and maintained by VO includes data on utilization, Medicaid eligibility and disenrollments, member and provider characteristics, and services furnished to members, and that FBHP collects and maintains information on grievances and appeals, critical incidents, and quality of care concerns. The Grievance and Appeals policy specified the procedures for maintaining grievance and appeals information in the VO health information system. FBHP submitted examples of analysis of utilization, grievance, and appeals data.</p> <p>During the on-site review, FBHP provided samples of additional data reports produced through the health information system, which are used in QI/UM monitoring, such as the high utilizer report, the utilization indicator dashboard reports, and ongoing performance indicators. Staff stated that all performance data must be derived from the health information system database, and that these data are used for both routine monthly monitoring and ad-hoc inquiries by the QI director, the QI/UM Committee, and Board of Managers. Grievances and appeals are maintained in a separate MS Access database within the health information system.</p> | | |
| <p>Required Actions: None.</p> | | |



Appendix A. Colorado Department of Health Care Policy and Financing
FY 2012–2013 Compliance Monitoring Tool
for Foothills Behavioral Health Partners, LLC

| Standard X—Quality Assessment and Performance Improvement | | |
|--|---|--|
| Requirement | Evidence as Submitted by the BHO | Score |
| <p>10. The Contractor collects data on member and provider characteristics and on services furnished to members.</p> <p align="right"><i>42CFR438.242(b)(1)</i></p> <p>Contract: None</p> | <p>Documents Submitted:</p> <ol style="list-style-type: none"> 1. FBHP Policy QAPI program Revised 2012.doc (pg 3 Sec V): Describes health information system and data collected 2. FY '12_Lang_SPEC_Report_VOCO_2012Aug_PR.xls (entire doc) Example of data maintained on network providers by ValueOptions through credentialing/Provider Network 3. FBHP QI Program Evaluation FY '12.doc (pg 8,12,15, 19): Example of various measures requiring data on member characteristics including age, eligibility category, primary diagnosis | <input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable |
| <p>Findings: The QAPI policy specified that information collected and maintained by VO includes data on member and provider characteristics and on services furnished to members. The VO Providers Data Dictionary provided evidence of information collected on provider characteristics (e.g., age, gender, specialty, hospital affiliation), and the Member Data Dictionary provided evidence of information collected on member characteristics (e.g., age, gender, marital status, address, insurance information). The Authorization Data Dictionary and Claims Data Dictionary included information on member services, including diagnoses, dates of service, service codes, and authorization information. FBHP provided examples of reports that used data on member and provider characteristics.</p> | | |
| <p>Required Actions: None.</p> | | |
| <p>11. The Contractor monitors member perceptions of accessibility and adequacy of services provided. Tools shall include:</p> <ul style="list-style-type: none"> ◆ Member surveys. ◆ Anecdotal information. ◆ Grievance and appeals data. <p>Contract: II.H.2.m.1</p> | <p>Documents Submitted:</p> <ol style="list-style-type: none"> 1. FBHP Policy QAPI program Revised 2012.doc (pg 2 Sec IV.B.): Broad description of how FBHP monitors member perceptions of accessibility and adequacy of services provided 2. QI Work Plan FBHP FY 13 final.doc (pg 10-12, pg 19 Sec II.2.): Description of plan for monitoring member perception of service FY '13 including new internal survey 3. FBHP JCMH Family Survey_final.pdf & FBHP JCMH Client Survey_final.pdf (pg 2): Monitoring information on what was most helpful and what could be improved 4. FBHP QI Program Eval FY '12 (pg 9-12; pg 22 IIIB; pg 34-36 Appendix B): MHSIP and YSS-F state and internal survey | <input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable |



Appendix A. Colorado Department of Health Care Policy and Financing
FY 2012–2013 Compliance Monitoring Tool
for Foothills Behavioral Health Partners, LLC

| Standard X—Quality Assessment and Performance Improvement | | |
|---|---|---|
| Requirement | Evidence as Submitted by the BHO | Score |
| | <p>monitoring; Grievance Report; Survey on Client Satisfaction with Voice and Role on committees</p> <p>5. FBHP MHSP_YSS-F Internal Survey Report FY '12.doc (entire doc) Annual internal survey report; provides information on quantitative and qualitative or anecdotal information</p> <p>6. FBHP_Q3 FY 12_2012 Apr 30_OMFA.doc (entire doc): Example of quarterly Grievance and Appeal reporting</p> | |
| <p>Findings:</p> <p>The QAPI Program policy stated that a key set of performance measures for the quality of services includes member satisfaction, which is measured through the Mental Health Statistics Improvement Plan (MHSIP) adult survey, Youth Services Survey (YSS), the FBHP Client Survey, and an analysis of member grievances and appeals. FBHP submitted an annual member survey report and a sample quarterly grievance and appeals report, which provided evidence that FBHP measured perceptions of accessibility and adequacy of services. Results and analysis of member surveys and member grievances were also included in the annual QI program evaluation report to the QI/UM Committee. The QI Work Plan included several performance indicators of access to care, as well as monitoring of member satisfaction surveys concerning access to care.</p> <p>During the on-site interview, staff stated that grievance and appeal data was presented to the QI/UM Committee biannually, and detailed member survey data were presented annually, which was demonstrated by the QI/UM Committee minutes, reviewed on-site.</p> | | |
| <p>Required Actions:</p> <p>None.</p> | | |
| <p>12. The Contractor monitors member perceptions of well-being and functional status as well as accessibility and adequacy of services provided by the Contractor by reviewing the results of the statewide Mental Health Statistics Improvement Program (MHSIP), the Youth Services Surveys (YSS), and the Youth Services Surveys for Families (YSS-F).</p> <p>Contract: II.H.2.m.2</p> | <p>Documents Submitted:</p> <ol style="list-style-type: none"> 1. FBHP Policy QAPI program Revised 2012.doc (pg 2 Sec IV.B.): Broad description of how FBHP monitors member perceptions of services 2. FBHP QI Program Eval FY '12 (pg 9-12): Monitoring of BHO MHSIP, YSS, and YSS-F survey. 3. QI Work Plan FBHP FY 13 final.doc (pg 10-12): FY '13 plan for monitoring the state BHO MHSIP, YSS, and YSS-F 4. JCMH FY '12 MHSIP.docx, JCMH FY '12 YSSF.docx; Sept 12 MHSIP_YSSF Exec Summary.docx (entire docs): Although results are combined with non-Medicaid these reports are examples of how the partner MHCs maintain a close monitoring of these results. | <p><input checked="" type="checkbox"/> Met</p> <p><input type="checkbox"/> Partially Met</p> <p><input type="checkbox"/> Not Met</p> <p><input type="checkbox"/> Not Applicable</p> |



Appendix A. **Colorado Department of Health Care Policy and Financing**
FY 2012–2013 Compliance Monitoring Tool
for Foothills Behavioral Health Partners, LLC

| Standard X—Quality Assessment and Performance Improvement | | |
|---|--|--|
| Requirement | Evidence as Submitted by the BHO | Score |
| | 5. Sept 12 MHSIP_YSSF exec Summary.doc (Entire doc): Although results are combined with non-Medicaid these reports are examples of how the partner MHCs maintain a close monitoring of these results. 6. FBHP MHSIP_YSS-F Internal Survey Report FY '12.doc (entire doc): Although FBHP, for FY '13, has changed their internal survey and procedures, for FY '12 administered the MHSIP and YSS-F quarterly. Very low return rates prompted a change in our internal survey. | |
| Findings: The QAPI Program policy stated that a key set of performance measures for the quality of services includes member satisfaction, which is measured through the MHSIP adult survey, YSS, the Youth Services Survey for Families (YSS-F) Survey, and the FBHP Client Survey. The QI program evaluation and internal survey summary reports included the specific results of these surveys. FBHP provided sample reports that demonstrated that CMHCs also review and analyze the results of the YSS and MHSIP surveys. The documentation provided, including on-site review of QI/UM Minutes, did not include a description of discussion, conclusions, or recommendations related to presentation of the survey data to the committee or the CMHCs. HSAG recommended that FBHP enhance its documentation with substantive discussion of conclusions and recommendations resulting from data presented for review to the QI/UM Committee or other pertinent review committees. | | |
| Required Actions: None. | | |
| 13. The Contractor develops a corrective action plan when members report statistically significant levels of dissatisfaction, when a pattern of complaint is detected, or when a serious complaint is reported. Contract: II.H.2.m.5 | Documents Submitted: 1. FBHP Policy QAPI program Revised 2012.doc (pg 2 Sec IV.B.) Broad description of how FBHP develops a corrective action plan when members report significant levels of dissatisfaction 2. FBHP QI Program Eval FY '12 (pg 9-12; pg 22): Monitoring of BHO MHSIP, YSS, and YSS-F survey and grievances 3. QI Work Plan FBHP FY 13 final.doc (pg 10-12): FY '13 plan for monitoring the state BHO MHSIP, YSS, and YSS-F 4. (see Folder Standard IV) FBHP PolicyGriev & Appeal rev 7_1_12.docx (pg 2 Ic) The Director of Member and Family Affairs reports any trends or concerns to the Director of QI, through a QOC concern report. This may result, after investigation. | <input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable |



Appendix A. Colorado Department of Health Care Policy and Financing
FY 2012–2013 Compliance Monitoring Tool
for Foothills Behavioral Health Partners, LLC

| Standard X—Quality Assessment and Performance Improvement | | |
|---|--|---|
| Requirement | Evidence as Submitted by the BHO | Score |
| <p>Findings: The QAPI Program policy stated that action plans and improvement projects are implemented to address any trends in member dissatisfaction. The Grievance and Appeals policy stated that any dissatisfaction is acknowledged, responded to in writing, and tracked in the grievance database, and that any quality of care complaint that could adversely affect the member’s welfare is referred to the FBHP QI director. Quality of care concerns, including investigations and corrective action plans, were summarized in the annual QI program evaluation report. Types of grievances were also trended and discussed, as well as outcomes of all member surveys. The QI Work Plan documented that an improvement project would be considered if member survey responses fell below specified benchmarks. During the on-site interview, FBHP staff members stated that FBHP initiated a focus study regarding autism as a result of a pattern of grievances concerning gaps in service for children with autism.</p> | | |
| <p>Required Actions: None.</p> | | |
| <p>14. The Contractor investigates, analyzes, tracks, and trends quality of care (QOC) concerns. (Client complaints about care are not quality of care concerns under this section and should be processed as grievances, unless the Department instructs otherwise.)</p> <p>Contract: II.H.2.o</p> | <p>Documents Submitted:</p> <ol style="list-style-type: none"> 1. FBHP Policy Qual Care Concerns revised 2012.doc (entire doc) Describes FBHP’s policy and procedures for investigating, analyzing, tracking, & trending QOC concerns. 2. FBHP QI Program evaluation FY ’12.doc (pg 42): QOC concern report 3. QI Work Plan FBHP FY ’13 final.docx (pg 20 #4): QOC monitoring and reporting plan FY ’13 4. QOC committee QOC trends.pdf (pg 3-4, pg 5): Quality of Care committee report on two fiscal years trends summary FBHP and the three BHOs | <p><input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable</p> |
| <p>Findings: The Quality of Care Concerns policy stated that quality of care concerns may be identified from multiple sources, are investigated by the QI department, referred to the QOCC for review, and entered into the quality of care database, which maintains all documentation related to investigation and resolution of the case. A quality of care summary report of issues, investigations, and actions taken was included in the FBHP program evaluation report. The VO quality of care trend report documented patterns of reported quality of care concerns, by type and by facility, across three BHOs. The QI Work Plan included activities related to monitoring of trends in provider quality of care concerns and member grievances related to quality of care. During the on-site review, staff described the process of reviewing and taking action on quality of care concerns.</p> | | |
| <p>Required Actions: None.</p> | | |



Appendix A. Colorado Department of Health Care Policy and Financing
FY 2012–2013 Compliance Monitoring Tool
for Foothills Behavioral Health Partners, LLC

| Standard X—Quality Assessment and Performance Improvement | | |
|---|---|--|
| Requirement | Evidence as Submitted by the BHO | Score |
| <p>15. When a quality of care concern is raised, the Contractor:</p> <ul style="list-style-type: none"> ◆ Sends an acknowledgement letter to the originator of the concern. ◆ Investigates the QOC issue(s). ◆ Conducts follow-up with the member to determine if the immediate health care needs are being met. ◆ Sends a resolution letter to the originator of the QOC concern, which contains: <ul style="list-style-type: none"> ● Sufficient detail to foster an understanding of the resolution. ● Description of how the member’s health care needs have been met. ● A contact name and telephone number to call for assistance or to express any unresolved concerns. <p>Contract: II.H.2.o</p> | <p>Documents Submitted:</p> <ol style="list-style-type: none"> 1. FBHP Policy Qual Care Concerns revised 2012.doc (pg 2 Sec II. D. [Acknowledgement Letter procedures], pg 3 Sec, pg 3 Sec IV [Investigation of QOC], pg 2 Sec IIIA [immediate health needs met]; pg 3 Sec V [send resolution letter]) 2. FBHP QI Program evaluation FY '12.doc (pg 42) QOC concern report FY '12 3. Report Acknowledge & Resolution letters_FBHP.pdf (entire doc) Describes acknowledgement & resolution letters sent 4. QOC2148_FBHP acknowledge.pdf (entire doc) example of acknowledgement 5. QOC 2237_FBHP acknowledge letter.pdf (entire doc) example of acknowledgment 6. QOC 2914_FBHP resolution letter.pdf (entire doc) example of resolution letter 7. QOC 3075_FBHP resolution letter.pdf (entire doc) example of resolution letter 8. QOC 3239_FBHP resolution letter.pdf (entire doc) example of resolution letter | <input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable |
| <p>Findings:</p> <p>The Quality of Care Concerns policy stated that FBHP sends an acknowledgement letter to the originator of the concern and a resolution letter after investigation and review of the concern. The letter contains information on the resolution, a description of how the member’s health care needs have been met, and a contact name and number to call for further assistance. Immediate serious concerns, as determined by the medical director, are referred to the QOCC within one to three days. FBHP submitted sample acknowledgement and resolution letters that included sufficient information related to the determination of QOCC review.</p> <p>During the on-site interview, staff provided evidence of acknowledgement, investigation, and resolution of each quality of care concern, with appropriate communications regarding each case. Staff stated that when a quality of care concern is identified retrospectively, the medical director communicates with the current providers (rather than the member) to ensure the member’s needs have been met. All quality of care concerns are investigated through the QOCC, which includes membership of the medical directors and staff from the three BHOs who delegate the performance of specific administrative services to VO. Corrective actions are implemented by FBHP for FBHP-specific concerns.</p> | | |
| <p>Required Actions:</p> <p>None.</p> | | |



Appendix A. Colorado Department of Health Care Policy and Financing
FY 2012–2013 Compliance Monitoring Tool
for Foothills Behavioral Health Partners, LLC

| Standard X—Quality Assessment and Performance Improvement | | |
|---|--|--|
| Requirement | Evidence as Submitted by the BHO | Score |
| <p>16. The Contractor’s health information system includes a mechanism to ensure that data received from providers are accurate and complete by:</p> <ul style="list-style-type: none"> ◆ Verifying the accuracy and timeliness of reported data. ◆ Screening the data for completeness, logic, and consistency. ◆ Collecting service information in standardized formats to the extent feasible and appropriate. <p align="right"><i>42CFR438.242(b)(2)</i></p> <p>Contract: II.H.2.q.1</p> | <p>Documents Submitted:</p> <ol style="list-style-type: none"> 1. (Folder Standard VIII) Delegation Agreement FY13_Executed.pdf (pg 2 Sec 2.02(a)(d), pg 10, #1, pg 12-13#4): Describes FBHP delegation of specific health information system BHO responsibilities to ValueOptions 2. FBHP IT_HIS Delegation Policy 2012.doc (pg 2. Sec V.) Summary of ValueOptions IT_HIS delegated responsibilities for ensuring data received from providers are accurate and complete 3. FBHP Claims Delegation policy 2012.doc (pg 2. Sec V) Summary of ValueOptions Claims Processing delegated responsibilities for ensuring claims received from providers are accurate and complete 4. CombinedDataReportCardJune 2012_FBHP.xlsx (entire doc): Example of monthly “report card” from FBHP HIS delegate, ValueOptions, on completeness, accuracy and timeliness of encounter reporting from FBHP partner mental health centers 5. ListofEditsPerformedAgainst Claims and Encounters_FBHP.xlsx (entire doc): List of edits ValueOptions performs to verify accuracy of encounter files from partner mental health centers 6. UniformServiceCodingManual 20120501_FBHP.pdf (entire doc) Set of procedure code requirements implemented by ValueOptions at encounter edits, per FBHP policy, to ensure consistency and accuracy in encounters/claims submitted to HCPF 7. VOFlatFileLayout 20120823_FBHP.xlsx (entire doc): Format ValueOptions requires for submitting encounters – ensures consistency in submission information 8. FBHP Policy Monitoring of Encounter Record Accuracy Revised 072012 (2).docx (entire doc) FBHP policy and procedures for ensuring provider accuracy in submission of encounters_claims and as well as monitoring of FBHP’s delegate’s, ValueOptions, procedures | <input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable |



Appendix A. Colorado Department of Health Care Policy and Financing
FY 2012–2013 Compliance Monitoring Tool
for Foothills Behavioral Health Partners, LLC

| Standard X—Quality Assessment and Performance Improvement | | |
|---|--|--------------|
| Requirement | Evidence as Submitted by the BHO | Score |
| | 9. FBHP encounter file monitor report FY '12Q3.docx (entire doc) FBHP report monitoring completeness of data submitted by ValueOptions 10. Copy of FBHP_USCM_Error_breakout_Aug 12(2).xlsx (entire doc) Example of monthly file FBHP's QI Director reviews to monitor accuracy of delegates edits for encounter submission accuracy | |
| Findings: The VO Delegation Agreement, the FBHP Health Information System Delegation policy, and the QAPI Program Description specified that FBHP delegates ensuring provider accuracy in encounter and CCAR submissions and producing the monthly and quarterly encounter/claim file to VO. FBHP submitted evidence of automated edits that are applied to claims/encounters at the time the information is loaded into the system, including screening for eligibility, duplicate submissions, coding accuracy, and completeness of the required fields of data. Staff stated that FBHP uses the Uniform Service Coding Standards Manual (USCM) as the guide to requirements for accurate and complete submission of claims/encounter data and that all providers are using standardized formats for submission of data. FBHP submitted evidence of detailed and summary reports of errors provided to submitters to allow for detection and correction of patterns of submission errors. A sample Combined Data Report Card documented the monthly analysis of timeliness and data quality submitted by each CMHC, including a summary of error reasons, encounter error trends, dollars held due to eligibility or duplication, and overall timeliness of submission of FBHP encounter data to the State. | | |
| Required Actions: None. | | |

Results for Standard X—Quality Assessment and Performance Improvement

| | | | | | | | |
|-------------------------|----------------|---|-----------|--------------------|------|-----------|-----------|
| Total | Met | = | <u>16</u> | X | 1.00 | = | <u>16</u> |
| | Partially Met | = | <u>0</u> | X | .00 | = | <u>0</u> |
| | Not Met | = | <u>0</u> | X | .00 | = | <u>0</u> |
| | Not Applicable | = | <u>0</u> | X | NA | = | <u>0</u> |
| Total Applicable | | = | <u>16</u> | Total Score | = | <u>16</u> | |

| | | | |
|---------------------------------------|--|---|-------------|
| Total Score ÷ Total Applicable | | = | <u>100%</u> |
|---------------------------------------|--|---|-------------|

Appendix B. **Record Review Tools**
for **Foothills Behavioral Health Partners, LLC**

The completed record review tools follow this cover page.



Appendix B. Colorado Department of Health Care Policy and Financing
Credentialing Record Review Tool
for Foothills Behavioral Health Partners, LLC

| | |
|---|--------------------------------------|
| Reviewer: | Rachel Henrichs |
| Participating Plan Staff Member: | Michelle Denman and Cathleen Gilbert |

| | |
|------------------------|-----------------------------------|
| Review Period: | October 2009 through October 2012 |
| Date of Review: | November 28, 2012 |

| SAMPLE | 1 | | 2 | | 3 | | 4 | | 5 | | 6 | | 7 | | 8 | | 9 | | 10 | |
|---|-------------|-----------|--------------------|-----------|-------------|-----------|-------------|-----------|-----------------------------|-----------|------------------------------|-----------|-------------------------------|-----------|---------------|-----------|--------------|-----------|-------------|-----------|
| Provider ID# | 357215 | | 573324 | | 621923 | | 622224 | | 635558 | | 640194 | | 659509 | | 662876 | | 668901 | | 687356 | |
| Provider Type (MD, PhD, NP, PA, MSW) | PhD | | RNP | | LPC | | LPC | | LPC | | LPC | | PhD | | LCSW | | PhD | | LPC | |
| Application Date | 1/9/11 | | 3/31/11 | | 6/9/10 | | 10/20/09 | | 5/10/10 | | 6/6/11 | | 5/21/10 | | 5/26/10 | | 11/8/11 | | 11/19/11 | |
| Specialty | Psychology | | Nurse Practitioner | | Counselor | | Counselor | | Counselor | | Counselor | | Psychologist | | Social Worker | | Psychologist | | Counselor | |
| Credentialing Date (Committee/Medical Director Approval Date) | 3/8/11 | | 5/17/11 | | 8/24/10 | | 3/16/10 | | 9/21/10 | | 11/29/11 | | 10/12/10 | | 8/10/10 | | 2/21/12 | | 1/17/12 | |
| Item | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No |
| Initial Credentialing Verification: The contractor, using primary sources, verifies that the following are present: | | | | | | | | | | | | | | | | | | | | |
| ◆ A current, valid license to practice (with verification that no State sanctions exist) | X | | X | | X | | X | | X | | X | | X | | X | | X | | X | |
| ◆ A valid DEA or CDS certificate (if applicable) | NA | | X | | NA | | NA | | NA | | NA | | NA | | NA | | NA | | NA | |
| ◆ Credentials (i.e., education and training, including board certification if the practitioner states on the application that he or she is board certified) | NA | | NA | | NA | | NA | | NA | | NA | | NA | | NA | | NA | | NA | |
| ◆ Work history | X | | X | | X | | X | | X | | X | | X | | X | | X | | X | |
| ◆ Current malpractice insurance in the required amount (with history of professional liability claims) | X | | X | | X | | X | | X | | X | | X | | X | | X | | X | |
| ◆ Verification that the provider has not been excluded from federal participation | X | | X | | X | | X | | X | | X | | X | | X | | X | | X | |
| ◆ Signed application and attestation | X | | X | | X | | X | | X | | X | | X | | X | | X | | X | |
| ◆ The provider's credentialing was completed within verification time limits (see specific verification element—180/365 days) | X | | X | | X | | X | | X | | X | | X | | X | | X | | X | |
| Applicable Elements | 6 | | 7 | | 6 | | 6 | | 6 | | 6 | | 6 | | 6 | | 6 | | 6 | |
| Point Score | 6 | | 7 | | 6 | | 6 | | 6 | | 6 | | 6 | | 6 | | 6 | | 6 | |
| Percentage Score | 100% | | 100% | | 100% | | 100% | | 100% | | 100% | | 100% | | 100% | | 100% | | 100% | |
| Total Record Review Score | | | | | | | | | Total Applicable: 61 | | Total Point Score: 61 | | Total Percentage: 100% | | | | | | | |

Notes: One provider had a work history gap of 11 months. ValueOptions provided documentation that it confirmed the reason for the gap was due to the provider's relocation from Wisconsin to Colorado.



Appendix B. Colorado Department of Health Care Policy and Financing
Recredentialing Record Review Tool
for Foothills Behavioral Health Partners, LLC

| | | | |
|---|--------------------------------------|------------------------|-----------------------------------|
| Reviewer: | Rachel Henrichs | Review Period: | October 2009 through October 2012 |
| Participating Plan Staff Member: | Michelle Denman and Cathleen Gilbert | Date of Review: | November 28, 2012 |

| SAMPLE | 1 | | 2 | | 3 | | 4 | | 5 | | 6 | | 7 | | 8 | | 9 | | 10 | |
|---|-----------------------------|----|-------------|----|---------------|----|------------------|----|------------|----|------------------------------|----|-------------|----|-------------|------------------------------|---------------|----|------------------|----|
| | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No |
| Provider ID# | 122371 | | 185536 | | 283767 | | 415170 | | 530931 | | 550883 | | 620847 | | 635401 | | 635433 | | 635440 | |
| Provider Type (MD, PhD, NP, PA, MSW) | PhD | | LPC | | LCSW | | LMFT | | LPC | | LPC | | LPC | | LPC | | LCSW | | LMFT | |
| Application/Attestation Date | 2/28/11 | | 3/28/12 | | 3/13/12 | | 6/25/11 | | 8/1/12 | | 3/28/12 | | 4/3/12 | | 2/29/12 | | 3/28/12 | | 4/26/12 | |
| Specialty | Psychology | | Counselor | | Social Worker | | Family Therapist | | Counselor | | Counselor | | Counselor | | Counselor | | Social Worker | | Family Therapist | |
| Last Credentialing/Recredentialing Date | 5/17/08 | | 8/18/09 | | 7/28/09 | | 11/25/08 | | 8/18/09 | | 8/18/09 | | 8/18/09 | | 7/28/09 | | 8/18/09 | | 8/31/09 | |
| Recredentialing Date (Committee/Medical Director Approval Date) | 5/17/11 | | 6/12/12 | | 6/12/12 | | 10/18/11 | | 10/16/12 | | 6/12/12 | | 8/14/12 | | 5/15/12 | | 6/12/12 | | 7/17/12 | |
| Item | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No |
| Recredentialing Verification: The contractor, using primary sources, verifies that the following are present: | | | | | | | | | | | | | | | | | | | | |
| ♦ A current, valid license to practice (with verification that no State sanctions exist) | X | | X | | X | | X | | X | | X | | X | | X | | X | | X | |
| ♦ A valid DEA or CDS certificate (if applicable) | NA | | NA | | NA | | NA | | NA | | NA | | NA | | NA | | NA | | NA | |
| ♦ Credentials (i.e., verified board certification only if the recredentialing application states that there is new board certification since last credentialing/recredentialing date) | NA | | NA | | NA | | NA | | NA | | NA | | NA | | NA | | NA | | NA | |
| ♦ Current malpractice insurance in the required amount (with history of professional liability claims) | X | | X | | X | | X | | X | | X | | X | | X | | X | | X | |
| ♦ Verification that the provider has not been excluded from federal participation | X | | X | | X | | X | | X | | X | | X | | X | | X | | X | |
| ♦ Signed application and attestation | X | | X | | X | | X | | X | | X | | X | | X | | X | | X | |
| ♦ The provider's recredentialing was completed within verification time limits (see specific verification element—180/365 days) | X | | X | | X | | X | | X | | X | | X | | X | | X | | X | |
| ♦ Recredentialing was completed within 36 months of last credentialing/recredentialing date | X | | X | | X | | X | | | X | X | | X | | X | | X | | X | |
| Applicable Elements | 6 | | 6 | | 6 | | 6 | | 6 | | 6 | | 6 | | 6 | | 6 | | 6 | |
| Point Score | 6 | | 6 | | 6 | | 6 | | 5 | | 6 | | 6 | | 6 | | 6 | | 6 | |
| Percentage Score | 100% | | 100% | | 100% | | 100% | | 83% | | 100% | | 100% | | 100% | | 100% | | 100% | |
| Total Record Review Score | | | | | | | | | | | | | | | | | | | | |
| | Total Applicable: 60 | | | | | | | | | | Total Point Score: 59 | | | | | Total Percentage: 98% | | | | |

Notes: ValueOptions started the recredentialing process 6 months before the provider's status expired and provided documentation of numerous attempts to collect the necessary information. The reason provider number 5 was not recredentialed within 36 months was because the provider was not responsive to ValueOptions' requests.

Appendix C. **Site Review Participants**
for **Foothills Behavioral Health Partners, LLC**

Table C-1 lists the participants in the FY 2012–2013 site review of **FBHP**.

| Table C-1—HSAG Reviewers and BHO Participants | |
|--|---|
| HSAG Review Team | Title |
| Barbara McConnell, MBA, OTR | Director, State & Corporate Services |
| Katherine Bartilotta, BSN | Project Manager |
| Rachel Henrichs | Project Coordinator |
| FBHP Participants | Title |
| Tom Clay | Chief Executive Officer |
| Elizabeth Strammiello | Director, Compliance |
| Hazel Bond | Director, Office of Member and Family Affairs |
| Kiara Morienau | Quality Improvement Coordinator |
| Alan Fine | Medical Director |
| Cathleen Gilbert | Vice President, Provider Relations |
| Michelle Denman | Director, Provider Relations |
| Barbara Smith | Director, Quality Improvement |
| Alan Girard | Director of Effectiveness and Practice Management |
| Department Observers | Title |
| Russell Kennedy | Quality/Compliance Specialist |

Appendix D. Corrective Action Plan Process for FY 2012–2013
for Foothills Behavioral Health Partners, LLC

If applicable, the BHO is required to submit a CAP to the Department for all elements within each standard scored as *Partially Met* or *Not Met*. The CAP must be submitted within 30 days of receipt of the final report. For each required action, the BHO should identify the planned interventions and complete the attached CAP template. Supporting documents should not be submitted and will not be considered until the CAP has been approved by the Department. Following Department approval, the BHO must submit documents based on the approved timeline.

| Table D-1—Corrective Action Plan Process | |
|--|---|
| Step 1 | Corrective action plans are submitted |
| | <p>If applicable, the BHO will submit a CAP to HSAG and the Department within 30 calendar days of receipt of the final external quality review site review report via e-mail or through the file transfer protocol (FTP) site, with an e-mail notification regarding the FTP posting to HSAG and the Department. The BHO will submit the CAP using the template provided.</p> <p>For each of the elements receiving a score of <i>Partially Met</i> or <i>Not Met</i>, the CAP must describe interventions designed to achieve compliance with the specified requirements, the timelines associated with these activities, anticipated training and follow-up activities, and documents to be sent following the completion of the planned interventions.</p> |
| Step 2 | Prior approval for timelines exceeding 30 days |
| | If the BHO is unable to submit the CAP (plan only) within 30 calendar days following receipt of the final report, it must obtain prior approval from the Department in writing. |
| Step 3 | Department approval |
| | <p>Following review of the CAP, the Department or HSAG will notify the BHO via e-mail whether:</p> <ul style="list-style-type: none"> ◆ The plan has been approved and the BHO should proceed with the interventions as outlined in the plan. ◆ Some or all of the elements of the plan must be revised and resubmitted. |
| Step 4 | Documentation substantiating implementation |
| | Once the BHO has received Department approval of the CAP, the BHO should implement all the planned interventions and submit evidence of such implementation to HSAG via e-mail or the FTP site, with an e-mail notification regarding the posting. The Department should be copied on any communication regarding CAPs. |
| Step 5 | Progress reports may be required |
| | For any planned interventions requiring an extended implementation date, the Department may, based on the nature and seriousness of the noncompliance, require the BHO to submit regular reports to the Department detailing progress made on one or more open elements of the CAP. |

| Table D-1—Corrective Action Plan Process | |
|--|--|
| Step 6 | Documentation substantiating implementation of the plans is reviewed and approved |
| | <p>Following a review of the CAP and all supporting documentation, the Department or HSAG will inform the BHO as to whether: (1) the documentation is sufficient to demonstrate completion of all required actions and compliance with the related contract requirements or (2) the BHO must submit additional documentation.</p> <p>The Department or HSAG will inform each BHO in writing when the documentation substantiating implementation of all Department-approved corrective actions is deemed sufficient to bring the BHO into full compliance with all the applicable federal Medicaid managed care regulations and contract requirements.</p> |

The template for the CAP follows.

Table D-2—FY 2012–2013 Corrective Action Plan *for* FBHP

| Standard and Requirement | Required Actions | Planned Intervention and Person(s)/Committee(s) Responsible | Date Completion Anticipated | Training Required/Monitoring and Follow-up Planned | Documents to be Submitted as Evidence of Completion |
|--|------------------|---|-----------------------------|--|---|
| <p>FBHP did not have any required actions.</p> | | | | | |

Appendix E. **Compliance Monitoring Review Activities**
for **Foothills Behavioral Health Partners, LLC**

The following table describes the activities performed throughout the compliance monitoring process. The activities listed below are consistent with CMS’ final protocol, *Monitoring Medicaid Managed Care Organizations (MCOs) and Prepaid Inpatient Health Plans (PIHPs)*, February 11, 2003.

| Table E-1—Compliance Monitoring Review Activities Performed | |
|---|--|
| For this step, | HSAG completed the following activities: |
| Activity 1: | Planned for Monitoring Activities |
| | <p>Before the compliance monitoring review:</p> <ul style="list-style-type: none"> ◆ HSAG and the Department held teleconferences to determine the content of the review. ◆ HSAG coordinated with the Department and the BHO to set the dates of the review. ◆ HSAG coordinated with the Department to determine timelines for the Department’s review and approval of the tool and report template and other review activities. ◆ HSAG staff attended Behavioral Health Quality Improvement Committee (BQUIC) meetings to discuss the FY 2012–2013 compliance monitoring review process and answer questions as needed. ◆ HSAG assigned staff to the review team. ◆ Prior to the review, HSAG representatives also responded to questions via telephone contact or e-mails related to federal managed care regulations, contract requirements, the request for documentation, and the site review process to ensure that the BHOs were prepared for the compliance monitoring review. |
| Activity 2: | Obtained Background Information From the Department |
| | <ul style="list-style-type: none"> ◆ HSAG used the BBA Medicaid managed care regulations, NCQA Credentialing and Recredentialing Standards and Guidelines, and the BHO’s Medicaid managed care contract with the Department to develop HSAG’s monitoring tool, on-site agenda, record review tools, and report template. ◆ HSAG submitted each of the above documents to the Department for its review and approval. ◆ HSAG submitted questions to the Department regarding State interpretation or implementation of specific Managed Care regulations or contract requirements. ◆ HSAG considered the Department responses when determining compliance and analyzing findings. |
| Activity 3: | Reviewed Documents |
| | <ul style="list-style-type: none"> ◆ Sixty days prior to the scheduled date of the on-site portion of the review, HSAG notified the BHO in writing of the desk review request via e-mail delivery of the desk review form, the compliance monitoring tool, and an on-site agenda. The desk review request included instructions for organizing and preparing the documents related to the review of the four standards. Thirty days prior to the review, the BHO provided documentation for the desk review, as requested. ◆ Documents submitted for the desk review and during the on-site document review consisted of the completed desk review form, the compliance monitoring tool with the BHO’s section completed, policies and procedures, staff training materials, administrative records, reports, minutes of key committee meetings, and member and provider informational materials. |

| Table E-1—Compliance Monitoring Review Activities Performed | |
|--|---|
| For this step, | HSAG completed the following activities: |
| | <ul style="list-style-type: none"> ◆ The HSAG review team reviewed all documentation submitted prior to the on-site portion of the review and prepared a request for further documentation and an interview guide to use during the on-site portion of the review. |
| Activity 4: | Conducted Interviews |
| | <ul style="list-style-type: none"> ◆ During the on-site portion of the review, HSAG met with the BHO’s key staff members to obtain a complete picture of the BHO’s compliance with contract requirements, explore any issues not fully addressed in the documents, and increase overall understanding of the BHO’s performance. |
| Activity 5: | Collected Accessory Information |
| | <ul style="list-style-type: none"> ◆ During the on-site portion of the review, HSAG collected and reviewed additional documents as needed. (HSAG reviewed certain documents on-site due to the nature of the document—i.e., certain original source documents were of a confidential or proprietary nature or were requested as a result of the pre-on-site document review.) |
| Activity 6: | Analyzed and Compiled Findings |
| | <ul style="list-style-type: none"> ◆ Following the on-site portion of the review, HSAG met with BHO staff to provide an overview of preliminary findings. ◆ HSAG used the FY 2012–2013 Site Review Report Template to compile the findings and incorporate information from the pre-on-site and on-site review activities. ◆ HSAG analyzed the findings and assigned scores. ◆ HSAG determined opportunities for improvement based on the review findings. ◆ HSAG determined actions required of the BHO to achieve full compliance with Medicaid managed care regulations and associated contract requirements. |
| Activity 7: | Reported Results to the Department |
| | <ul style="list-style-type: none"> ◆ HSAG completed the FY 2012–2013 Site Review Report. ◆ HSAG submitted the site review report to the BHO and the Department for review and comment. ◆ HSAG incorporated the BHO’s and Department’s comments, as applicable, and finalized the report. ◆ HSAG distributed the final report to the BHO and the Department. |