

State of Colorado



Department of Health Care Policy & Financing  
Office of Medical Assistance  
Quality Improvement Section

**FY2005 SITE REVIEW REPORT *for*  
COLORADO ACCESS- ACCESS HEALTH  
PLAN (AHP)**

May 2005

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## **I. History, Purpose and Origin of Medicaid Managed Care Entity Site Review**

As part of the Colorado Department of Health Care Policy & Financing's (the Department's) overall effort and commitment to ensure quality of care and access to services for Medicaid members, the Department developed and implemented an annual site review process in 1999. The objective of the site review is to evaluate all managed care entities (MCEs) that contract with the Department for contractual and regulatory compliance. The Balanced Budget Act of 1997 specified additional requirements for MCEs. These requirements were incorporated into all FY03-04 MCE contracts. The Department began monitoring MCEs for the new requirements in addition to the existing requirements during the FY03-04 site review schedule.

Each site review involves the development of a monitoring tool. Development of the tool begins at the Department, where areas of contract compliance are selected and general questions are drafted. The draft tool is distributed to various areas within the Department for feedback. Once approved, the final tool is then distributed to the MCEs and a site review schedule is determined. In FY03-04, the Department adopted the Centers for Medicare & Medicaid Services (CMS) External Quality Review Monitoring Medicaid Managed Care Organizations and Prepaid Inpatient Health Plans Protocol (Final Version 1.0, February 11, 2003) as a guideline for the site review process.

The site review process (as outlined in II.H.4.b.of the contract between the Department and the managed care entity) consists of a desk audit and a site review to the MCE. Sixty (60) days prior to the site review, the Department requests documentation from the MCE in order to determine contractual and regulatory compliance. The MCE is required to submit materials (in electronic format) within thirty (30) days after receiving the desk audit request. The materials submitted by the MCE are reviewed by the site review team to evaluate compliance with contractual and regulatory compliance. The evaluation of materials submitted during the desk audit allow for development of additional interview questions and further clarification during the interview sessions conducted on site.

Document review is an important part of determining compliance. A greater understanding of the document content can be determined by interviewing MCE personnel as part of the site review. Interviews are also an effective method in order to determine the degree of compliance with the requirements. Interviews provide clarification, by revealing the extent to which what is documented is actually implemented. Interviews also provide an opportunity to explore any issues that were not fully addressed in documents and provide a better understanding of the MCE's performance. A broad overview of the preliminary site review findings is presented to the MCE at the conclusion of the site review.

Thirty days (30) after the site review, a Preliminary Site Review Report is sent to the MCE for their review and comment on any inaccuracies found in the initial report. The MCE has thirty (30) days to respond to the Department. Comments from the MCE are reviewed and corrections may be made to the final report. The Final Site Review Report indicates areas that require the MCE to produce a Corrective Action Plan (CAP). The CAP is developed by the MCE and submitted for approval to the Department within thirty (30) days of the final report. The CAP

shall be specific and include timeframes for completion. The Department monitors the MCE's corrective action plan objectives and timeframes.

## **II. Site Review Protocol**

On July 1, 2004, the Department entered into a contract with Colorado Access- Access Health Plan (AHP) to serve as a Managed Care Organization. This review is designed to determine AHP's compliance with various contractual and regulatory requirements and to review the MCE's records for evidence of case management and care coordination as well as compliance with grievance, appeals, denials, credentialing/recredentialing and encounter data requirements. The Preliminary Site Review Report documents the results of the FY04-05 compliance monitoring for AHP. This report provides findings for AHP regarding its performance in complying with the 18 evaluation standards, the elements of the record review and feedback acquired throughout the interview sessions for each evaluation standard.

The 18 evaluation standards are derived from the requirements as set forth in the contract agreement between the Department and AHP, Colorado Regulations 10 CCR 2505-10, 8.000 *et seq.* and the requirements as specified by CMS regulations. These 18 standards include: Enrollment and Disenrollment, Covered Services, Access and Availability, Continuity of Care, Early Periodic Screening, Diagnosis, and Treatment (EPSDT) Program Requirements, Member Rights and Responsibilities, Grievance and Appeal, Confidentiality, Marketing, Licensure and Credentialing, Provider Issues, Certifications and Program Integrity, Advance Directives, Subcontracts, Utilization Management, Compliance and Monitoring, Practice Guidelines and Quality Assessment and Performance Improvement.

## **III. Site Review Findings**

The findings for this annual site review were determined following a desk audit of documents submitted to the Department prior to the site review, observations and interviews with key AHP staff and record reviews conducted during the site review. The site review team assigned AHP a finding for each element and aggregately, for each standard. Details regarding AHP's compliance with the evaluation standards, including the findings AHP received for each of the elements in each standard, can be found in Section V of this report.

The individual elements of each standard in the evaluation tool were rated "Met", "Partially Met", "Not Met", or "Not Applicable." A summary finding for each evaluation tool standard was then determined by adding the number of compliant elements AHP received out of the number of applicable elements.

For the records reviewed, each record was evaluated based on the total number of AHP's compliant elements out of the applicable elements. A finding for each record review area was determined based on the number of AHP's compliant elements out of the applicable elements.

#### IV. Conclusions

AHP received 14 “Met” findings and four (4) “Partially Met” findings out of 18 total applicable evaluation standards.

Details of the findings are provided, by standard element, in Section V. Specific strengths and opportunities identified for each standard are provided within each particular section. AHP is required to submit a corrective action plan for any standard elements receiving a finding of *Partially Met* or *Not Met*. The corrective action plan(s) will be submitted to the Department for review and approval prior to implementation. The corrective action plan(s) should identify the areas of noncompliance, the proposed changes to achieve compliance, the individual(s) responsible and the timeline for completion of the proposed changes.

Standard	Score
1: Enrollment and Disenrollment	Met
2: Covered Services	Met
3: Access and Availability	Met
4: Continuity of Care- Service Delivery	Met
5: Coordination with Early Periodic Screening, Diagnosis and Treatment	Met
6: Member Rights and Responsibilities	Partially Met
7: Grievance and Appeal	Met
8: Confidentiality	Met
9: Marketing	Met
10: Licensure and Credentialing	Partially Met
11: Provider Issues	Met
12: Certifications and Program Integrity	Partially Met
13: Advance Directives	Met
14: Subcontracts	Met
15: Utilization Management	Partially Met
16: Compliance and Monitoring	Met
17: Practice Guidelines	Met
18: Quality Assessment and Performance Improvement	Met

## V. Evaluation Overview

This section of the report describes the strengths and opportunities for improvement for each of the 18 standards included in the Department's FY 04-05 MCE Evaluation Tool. The evaluation tool was used to conduct a site review of AHP from April 25 – April 27, 2005.

### Standard 1: Enrollment and Disenrollment

#### Staff Present at Site Review:

AHP: Valerie Hayes-Arrage, Reyna Garcia, Sherry Rohlfling, Jeni Sargent, Sharon Steadman and Marie Steckbeck.

Department: Molly Banks, Katie Brookler and Craig Gurule (Lead).

#### Department Summary of Review:

AHP has a process to ensure services are provided to newborns after their birth by tracking the data through one of their information systems (PowerStepp). Member information regarding disenrollment is located within the initial enrollment material provided by the Department's enrollment broker and AHP's member handbook.

#### Score for this Area:

Met

#### Corrective Action Plan:

None

#### Area of Opportunity:

None

## **Standard 2: Covered Services**

### Staff Present at Site Review:

AHP: Marty Mattei, Mike McKittrick, Sharon Steadman, Marie Steckbeck, and Dr. Marshall Thomas.

Department: Molly Banks, Katie Brookler and Craig Gurule (Lead).

### Department Summary of Review:

The member handbook and provider manual describe the various types of care available such as preventative, routine, after-hours, emergency, urgent, etc. and how members can access this care. For most types of care, members are referred to their primary care physician (PCP) first. Members are directed to call 911 or go to their nearest hospital when requiring emergency services. The member handbook states: “If you have an urgent medical issue, call your PCP first”.

Covered drugs are typically medications contained within the AHP formulary or preferred medication list and some over the counter medications. Certain medications within AHP’s formulary require prior authorization such as medications that are reviewed for dosage and quantity limitations. Any non-formulary medication requests require a review to determine medical necessity and prior authorization. The criteria used when reviewing prior authorization medications are approved by the Pharmacy and Therapeutics Committee (P&T). The P&T Committee reviews the criteria on an annual basis and is a sub-committee of the Medical Quality Improvement Committee (MQIC). A request for a prior authorization or non-formulary medication that results in a denial will follow the clinical appeals process. Only the Vice-President of Medical Services or a physician designee can deny a prior authorization request.

Wrap around benefits are listed in the member handbook and provider manual. In addition, the party responsible for paying and/or administering these benefits is also identified within these documents. The customer service area has developed a “cheat sheet” which is referenced when explaining the various types of wrap around services available and how members can receive these services.

### Score for this Area:

Met

### Corrective Action Plan:

None

### Area of Opportunity:

None

### **Standard 3: Access and Availability-Service Delivery**

#### Staff Present at Site Review:

AHP: Valerie Hayes-Arrage, Mike Chisholm, Reyna Garcia, Claudine McDonald, Maggie Munoz, Sherry Rohlfling, Sharon Steadman and Marie Steckbeck.

Department: Molly Banks and Craig Gurule (Lead).

#### Department Summary of Review:

AHP is licensed in 57 counties and is currently active in 37. During state fiscal year (FY) 04, a total of 701 providers- 239 Primary Care Physicians (PCPs) and 462 specialists were added to the network. 208 of the 701 providers added to the network during FY 04 practice in Denver, El Paso, Larimer or Pueblo County. In addition, certain specialties, such as orthopedics and neurology, were identified as needing additional providers in areas including El Paso and Pueblo County.

Several methods are utilized by AHP in order to measure and monitor members' access to care. These methods include: Secret Shopper Program, Consumer Assessment of Health Plan Survey (CAHPS) results, surveying PCP locations during after hours, monitoring member grievances, monitoring member requests to change PCPs and monitoring member requests to disenroll from AHP.

The results of these monitoring activities are distributed to the Quality Improvement Committee of Operations and Medical Quality Improvement Committee. The Medical Quality Improvement Committee serves as the quality improvement and clinical advisory committee to the board of directors.

#### Score for this Area:

Met

#### Corrective Action Plan:

None



## **Standard 4: Continuity of Care-Service Delivery**

### Staff Present at Site Review:

AHP: Valerie Hayes-Arrage, Linda Endicott, Claudine McDonald, Gretchen McGinnis, Mike McKitterick, Sharon Steadman, Marie Steckbeck and Dr. Marshall Thomas.

Department: Molly Banks (Lead), Katie Brookler and Craig Gurule.

### Department Summary of Review:

AHP is continuing to expand the processes used to provide continuity of care, transition services and care coordination to individuals with complex and special needs. AHP has also enhanced the utilization data shared with the providers to include a utilization summary and potential as well as actual members involved in care coordination. Policies and procedures are in place to ensure timely coordination, assessment of needs and coordination for members with multiple needs.

The care coordination model used by AHP includes disease based care management such as asthma, high-risk pregnancy, bipolar disorders and intensive care management for members with co-morbid or complex special health care needs. These programs are coordinated by the Clinical Support Services and include physical and behavioral health components. Care management staff includes nurses, social workers and resource coordinators. Resource coordinators are individuals who may or may not have health care training and most likely have personal experiences with the special needs population.

Members access care coordination through a variety of methods. All new members are requested to complete a health risk assessment questionnaire that is available in English and Spanish. Care coordination needs may be identified from these questionnaires. Other methods used include data analysis such as pharmacy, clinical and ER utilization, Kronick scores, risk stratification, direct referral from provider or from inpatient discharge planning. Care coordination is primarily telephonic. Each identified high-risk member has an assessment, care plan, ongoing interventions and evaluations. Care coordination can also assist members accessing transportation, Durable Medical Equipment (DME) and other needed services to maintain independence. A chart review of randomly selected records was available during the site review. Colorado Access' care coordination documentation and tracking system was also demonstrated electronically. All records reviewed met the elements listed in the record review tool. Providers are notified of the member's progress and the number of members enrolled in care coordination.

The intensive care management aspect of the care coordination program addresses members with complex needs. The outcomes from the intensive care management program in the last 18 months have been trending toward decreased inpatient admits, shorter inpatient days and decreased ER usage with the disabled population. AHP has also identified increased participation and provider referrals to the intensive care management program during the last year.

There are policies and procedures in place for new members with special needs to continue to receive services from non-network providers for up to 75 days. There are policies in place to address transitional care and the selection of providers for the network. AHP network services will contact the new member's specialist to determine possibility of inclusion in the network.

Policies and procedures are in place to provide culturally sensitive care. According to the 2004-05 Network Adequacy Plan, 20% of the membership is Hispanic, 1% is Asian, 2% are African-American. Language preference is recorded in various Colorado Access data systems through state enrollment files, and also updated by information received from the member about language preference. AHP staff receives trainings related to cultural sensitivity. All member materials are available in Spanish and other translations are possible through the Marketing Department. There are some staff available that are bilingual, primarily in Spanish. Access to the AT&T Translation Line is available for staff and providers. Provider training is offered and encouraged although provider training has been limited. 15% of providers speak Spanish. AHP evaluates access to interpretative services through their "Secret Shopper" and CAHPS Surveys. At this time all CAHPS surveys are in English so it is not possible to determine if mono-lingual Spanish speakers would rate services differently. FY 2004 satisfaction with availability of interpretive services varies by population with the highest satisfaction in adult and lowest in the pediatric population.

Members receive information about preventative services through the member handbook, annual enrollment letters and letters to parents of children. AHP collects Health Plan Employment Data Information Set (HEDIS) measures related to utilization of preventative services and reports these to the Department. The HEDIS data for 2005 is currently being collected.

Staff training is provided, Participating Providers are informed of member's rights and responsibilities, Participating Providers are aware of information provided to members and the appropriate policies and procedures regarding member's rights and responsibilities are in place.

Score for This Area:

Met

Corrective Action Plan:

None

Area of Opportunity:

None

## **Standard 5: Early Period Screening, Diagnosis and Treatment (EPSDT)**

### Staff Present at Site Review:

AHP: Valerie Hayes-Arrage, Shannon Kolman, Gretchen McGinnis, Mike McKitterick, Sharon Steadman, Marie Steckbeck and Dr. Marshall Thomas.

Department: Molly Banks (Lead) and Craig Gurule.

### Department Summary of Review:

AHP has policies, procedures and processes in place to provide for Early Periodic Screening, Diagnosis and Treatment (EPSDT) for children under the age of 20 years. These include information for the members and providers. The pediatric population at AHP continues to grow and increasing EPSDT participation is part of a strategic focus. Other pediatric initiatives include adding two pediatric medical directors, increasing the number of pediatric providers, promoting medical homes for this population and working with the Children's Hospital emergency room (ER) and primary care providers to decrease ER use for primary care needs. Early outcome trends show positive change in each area.

Providers are informed about EPSDT guidelines and recommendations through initial provider training, in the provider manual, with follow up letters and bulletins. AHP maintains records related to utilization and informs the individual providers with data related to EPSDT practices. Additionally, there is training through self-learning materials available for providers and their staff about EPSDT and wrap around benefits.

In January 2005 a personal letter to the providers was sent by the medical director. The purpose was to promote usage of EPSDT, care coordination and wrap around benefits for the pediatric population. In addition, each provider receives a copy of the Provider Clinical Key Indicator Report. The information in the report details the utilization patterns of each provider. Examples of this correspondence were provided in the desk audit and site review.

AHP promotes use of EPSDT services to its members through the member handbook and annual age-appropriate letters to parents explaining the process and recommendations. Staff training includes use of the same self-learning materials and is compulsory for Customer Service, Clinical Support and Provider Network staff.

AHP maintains EPSDT records including immunizations. AHP reports findings to the Department based on contractual requirements, including HEDIS and CAHPS. These reports are also shared with the Medical Quality Improvement Committee. In FY 04 the immunization rates increased but were still below national HEDIS results. A quality improvement plan was developed that included several activities to be implemented in FY 05 to increase immunization rates among this population.

### Score for This Area:

Met

Corrective Action Plan:  
None

Area of Opportunity:  
None

## **Standard 6: Member Rights and Responsibilities**

### Staff Present at Site Review:

AHP: Lee Bou, Reyna Garcia, Claudine McDonald, Mike McKitterick, Debra Sauers, Sharon Steadman and Marie Steckbeck.

Department: Molly Banks (Lead), Katie Brookler and Craig Gurule.

### Department Summary of Review:

AHP maintains written policies and procedures related to the rights and responsibilities of members. These are also outlined in the member handbook and the provider manual. The members receive the handbook at the time of enrollment and may request an additional copy at the time of annual open enrollment. Members' rights and responsibilities are also discussed in orientation of staff and providers.

Practices for maintaining privacy of personal health data, confidentiality and security are in place. A policy is in place for Advance Directives and information about this is in the member handbook and provider manual. The member handbook includes information regarding appointment standards, disenrollment information and how to access additional services such as ER care, case management and wrap around services.

Some modifications in the handbook were completed by AHP and approved by the Department in March 2005. Currently the AHP procedure is to provide a handbook to new members that will incorporate these changes. There is not a process or procedure for notifying existing members of changes or modification in policies or services for the AHP program. Requirements regarding updates to the member handbook are a contractual expectation.

Members are notified about open enrollment annually. All members with children are provided age related information. Access to wrap around benefit referrals are provided for members who request them directly from the customer service department. Additionally, the case management process involves direct referral to transportation and other wrap around benefits as determined from a member assessment. Providers are informed of wrap around benefits and given a contact number at Colorado Access to obtain additional information.

### Score for This Area:

Partially Met

Corrective Action Plan: The Contractor shall submit a corrective action plan to be approved by the Department. The CAP shall include the steps and timeframes to implement the following corrective action(s):

1. Develop and implement a method to provide existing members periodic updates to the member handbook when needed to explain changes in identified policy and procedures.

### Area of Opportunity:

None

## **Standard 7: Grievance and Appeal**

### Staff Present at Site Review:

AHP: Valerie Hayes-Arrage, Reyna Garcia, Christine Gillaspie, Lisa Knetter, Janine Legg, Mike McKitterick, Sharon Steadman and Marie Steckbeck.

Department: Molly Banks and Craig Gurule (Lead).

### Department Summary of Review:

AHP has policies and procedures that adhere to the grievance process. The appeal process outlined in the documentation provided describes a first and second level appeal process.

In addition, the Managed Care Benefits Section and the Attorney General's Office have reviewed AHP's grievance and appeal letters. The findings of their review and any requests for change resulting from their review have been outlined in a letter to AHP.

### Score for this Area:

Met

### Corrective Action Plan:

None

### Area of Opportunity:

None

## **Standard 8: Confidentiality**

### Staff Present at Site Review:

AHP: Gary Marx, Molly McCoy, Sharon Steadman and Marie Steckbeck.

Department: Molly Banks and Craig Gurule (Lead).

### Department Summary of Review:

HIPAA training is required for all employees and confidentiality training is provided to all providers as part of new provider training. Corporate compliance refresher training is also required on a periodic basis for all employees. Employees, committee participants and anyone acting on behalf of AHP are required to sign a confidentiality agreement. In addition, confidentiality requirements are included in provider contracts as well as other administrative contracts and agreements.

AHP has implemented processes and procedures to limit access to member information to only what is necessary to perform their specific job function. Other safeguards are in place to ensure the appropriate use and disclosure of member information, such as a confidentiality disclaimer on all fax sheets and external email transmissions.

Medical record standards are utilized to assess medical record keeping practices of PCPs. Medical record reviews are performed as directed by the Medical Quality Improvement Committee or medical director in instances where possible provider quality of care or documentation issues exists. In FY 2004, three provider sites were visited and 26 medical records were reviewed. Two of the three provider sites were located in rural settings and all of the sites medical record keeping practices were found compliant.

### Score for this Area:

Met

### Corrective Action Plan:

None

## **Standard 9: Marketing**

### Staff Present at Site Review:

AHP: Lori Bennett, Sherry Rohlfing, Sharon Steadman, Marie Steckbeck and Libby Toomalatai.

Department: Molly Banks and Craig Gurule (Lead).

### Department Summary of Review:

Requests for the development of new member informational material are submitted to the Market Development Project Coordinator along with a Market Development Work Order Form. Each work order form identifies the deadline the materials are due, budget, quantity, target audience, reading level, language needs and design. The Market Development area collaborates with the individual/area requesting the materials in order to adhere to applicable regulatory and contractual requirements. Materials are developed in conjunction with a marketing application developed by the Department.

### Score for This Area:

Met

### Corrective Action Plan:

None

### Area of Opportunity:

None



## **Standard 10: Licensure and Credentialing**

### Staff Present at Site Review:

AHP: Mike Chisholm, Travis Perez, Gary Snyder, Sharon Steadman and Marie Steckbeck.

Department: Molly Banks (Lead), Katie Brookler and Craig Gurule.

### Department Summary of Review:

AHP's policies for credentialing and re-credentialing follow the standards of the National Committee on Quality Assurance (NCQA). Over the last two years, the licensure verification for primary care providers has become an internal process coordinated by the Director of Quality Management. Authority has been granted to the medical director by the Board of Directors to conduct an administrative review and to approve providers who meet all of the credentialing process criteria. Providers who do not meet the entire criteria are referred to the Credentials Committee. The result of this transition to an in-house model has been completion of the credentialing process in a timelier manner. Delegation of credentialing and recredentialing for Primary Care Providers and specialists continues to occur through contract entities such as the University Physician, Inc. Re-credentialing is completed every three years as outlined by NCQA. Randomly selected provider charts were reviewed during the site review. All review records met the elements required in the measurement tool.

Policies and procedures are in place to monitor providers for questionable practices including access, grievances, outcome/safety and professional conduct issues. Problems are referred to the Credentials Committee which has been delegated the responsibility for provider monitoring by the Board of Directors. This committee reviews data, determines interventions and maintains minutes.

AHP selection of providers includes utilization needs, enrollment and access. Policies are in place to meet the criteria of nondiscrimination against providers who serve high-risk populations or specialize in conditions that require costly treatment.

The AHP provider contracts require Clinical Laboratory Improvement Amendments (CLIA) however, there is no system in place to verify that the certification exists. Discussion at the site review indicated that AHP is aware of this need and is developing a method to address this.

### Score for This Area:

Partially Met

Corrective Action Plan: The Contractor shall submit a corrective action plan to be approved by the Department. The CAP shall include the steps and timeframes to implement the following corrective action(s):

1. Devise a method to ensure CLIA certification of all contracted hospitals, freestanding laboratories and large clinics.

Area of Opportunity:  
None

## **Standard 11: Provider Issues**

### Staff Present at Site Review:

AHP: Valerie Hayes-Arrage, Mike Chisholm, Marty Mattei, Gary Snider, Sharon Steadman and Marie Steckbeck.

Department: Molly Banks (Lead) and Craig Gurule.

### Department Summary of Review:

Policies related to provider insurance requirements are in place and all practitioners complete attestations or provide proof of insurance related malpractice. Facility contracts specify insurance requirements as outlined in the contract.

The Credentials Committee is responsible for investigating quality of care concerns. Peer review policy and procedures are in place and the minutes of peer review are maintained as confidential. Policies and procedures are present related to investigating and resolving quality of care grievances.

AHP has of total of 314 Advanced Nurse Practitioners or Certified Nurse Midwives within the network. Nurse Practitioners who are functioning as primary care providers in underserved rural health centers are credentialed in the same manner as primary care physicians. Certified Nurse Midwives are available to meet members' needs related to prenatal care.

Incentives to the providers are outlined in policies and procedures. Incentive approval is done through the Department and complies with the contract. Annually a report of the incentive program is provided to the Department. During the site review, a copy of provider incentives for FY05 was provided. The AHP medical and executive staffs have developed an incentive plan that addresses quality of care issues including ER use for primary care needs. In 2005, AHP began the distribution of Provider Key Indicator Reports which profile quality of care issues and assist in evaluating trends and developing processes and strategies to address quality of care issues.

### Score for this Area:

Met

### Corrective Action Plan:

None

### Area of Opportunity:

None

## **Standard 12: Certifications and Program Integrity**

### Staff Present at Site Review:

AHP: Gary Marx, Molly McCoy, Sharon Steadman and Marie Steckbeck.

Department: Molly Banks, Katie Brookler and Craig Gurule (Lead).

### Department Summary of Review:

AHP has developed Standards of Business Conduct to conform to all applicable laws, rules, regulations, contractual requirements and policies and procedures. The Standards of Business Conduct outline expected conduct in the workplace for employees and describe the elements of the compliance program. The elements of the compliance program include the problem resolution process, an employee hotline to report possible violations of the Standards of Business Conduct and a non-retaliation policy. Employees are provided a copy of the standards and are required to sign an acknowledgement form upon receipt. In addition, employees are required to participate in periodic Standards of Business Conduct training sessions.

The Corporate Compliance Officer (CCO), in collaboration with the Executive Compliance Committee, is responsible for the development and periodic update of the Standards of Business Conduct. Final approval and oversight of the Standards of Business Conduct are the responsibility of the Board of Directors. The CCO is responsible for investigating any possible violations of the Standards of Business Conduct and for recommending disciplinary action.

AHP is required to have a mandatory compliance plan to guard against fraud and abuse. A provision for internal monitoring and auditing must be included as part of the compliance plan. Currently, AHP does not monitor claim submissions for potential fraud and abuse. A decision to purchase software to identify claim submissions for potential fraud and abuse is being considered.

### Score for This Area:

Partially Met

Corrective Action Plan: The Contractor shall submit a corrective action plan to be approved by the Department. The CAP shall include the steps and timeframes to implement the following corrective action(s):

1. Provide for internal monitoring and auditing of submitted claims.

### Area of Opportunity:

None

### **Standard 13: Advance Directives**

Staff Present at Site Review:

AHP: Reyna Garcia, Claudine McDonald, Mike McKitterick, Sharon Steadman and Marie Steckbeck.

Department: Molly Banks and Craig Gurule (Lead).

Department Summary of Review:

AHP defines an advance medical directive and describes the three (3) types of advance medical directives in the member handbook, provider manual, customer service reference material and applicable policy and procedures. The responsibility of all interested parties is specified in the above-mentioned materials. In addition, AHP has included several references for both members and providers to receive advance directive forms.

Score for This Area:

Met

Corrective Action Plan:

None

Area of Opportunity:

None

## **Standard 14: Subcontracts**

### Staff Present at Site Review:

AHP: Mike Chisholm, Travis Perez, Gary Snider, Sharon Steadman and Marie Steckbeck.

Department: Molly Banks, Katie Brookler and Craig Gurule (Lead).

### Department Summary of Review:

The subcontract between Denver Health and Hospital Authority (DHHA) and AHP was amended in July of 2005 terminating the delegated functions for utilization management and member grievances. Currently, the only function delegated to DHHA is the credentialing of DHHA specialists. In addition, AHP delegates to Boulder Valley IPA and University Physicians, Inc. the credentialing and recredentialing of their organization's providers.

Prior to an entity being awarded a delegated function, a pre-delegation evaluation is conducted. The evaluation includes, but is not limited to, a review of applicable documentation such as policies and procedures, files audited and interviews with staff responsible for delegated activities. Once a subcontract is in place, AHP performs annual audits to evaluate each entity's ability to perform the delegated activities. The Quality Improvement Committee of Operations (QIC) reviews audit results for possible recommendations and delegation status determination. Any areas requiring improvement identified as a result of the audit require the entity to develop an action plan in conjunction with AHP. If an area of concern is deemed serious by AHP or the QIC, delegation may be revoked.

### Score for This Area:

Met

### Corrective Action Plan:

None

### Area of Opportunity:

None

## **Standard 15: Utilization Management**

### Staff Present at Site Review:

AHP: Christine Gillaspie, Marty Mattei, Gretchen McGinnis, Mike McKitterick, Sharon Steadman, Marie Steckbeck and Dr. Marshall Thomas.

Department: Molly Banks, Katie Brookler (Lead) and Craig Gurule.

### Department Summary of Review:

AHP uses Interqual Utilization Management (UM) criteria, Colorado Clinical Guidelines Collaborative practice guidelines and nationally established and disseminated preventive health guidelines for UM decisions. When criteria/guidelines are not met the case is referred to a medical director. A policy states that all Utilization Review determinations are subject to audit of inter-rater reliability. Whenever additional information is needed the requesting Provider is sent a letter.

UM information is in the member handbook and provider manual. These documents are sent to members and providers. An online system is used for medication decisions and the website contains provider UM information as well.

AHP uses a data system that allows all UR activities, including denials and appeals, to be entered and tracked. This system has the ability to generate quarterly appeal and disenrollment reports.

AHP provided two answers when asked how potential decisions to deny services are made. One response indicated different medical directors are used for different services. Another response indicated pediatric service decisions are sent to pediatricians and adult services decisions are sent to internists. It was stated that University Physicians, Inc. are under contract if necessary. A procedure entitled “Qualifications for Staff Engaged in Utilization Management Activities – CSS301” states that every notice of adverse service determination shall be made and signed by a licensed physician familiar with the standards of care in the state and that board-certified physicians from the appropriate specialty area shall assist in determinations when sub-specialty expertise is required. The contract and 42 C.F.R. 438.210(b)(3) requires the adverse service decision be made by a health care professional who has appropriate clinical expertise in treating the member’s condition or disease.

### Score for This Area:

Partially Met

Corrective Action Plan: The Contractor shall submit a corrective action plan to be approved by the Department. The CAP shall include the steps and timeframes to implement the following corrective action(s):

1. Clarify that service denial decisions are made by a health care professional who has appropriate clinical expertise in treating the member’s condition or disease.

Area of Opportunity:

Consider utilizing disenrollment codes from the MMIS to track disenrollment reasons.



## **Standard 16: Compliance and Monitoring**

### Staff Present at Site Review:

AHP: Gary Marx, Molly McCoy, Sharon Steadman and Marie Steckbeck.

Department: Molly Banks, Katie Brookler and Craig Gurule (Lead).

### Department Summary of Review:

AHP has developed guidelines to ensure retention of records, documents, communications and other materials that pertain to the operation of the organization and the delivery of services. The guidelines define the various types of records and specify how long the records are to be maintained.

### Score for This Area:

Met

### Corrective Action Plan:

None

### Area of Opportunity:

None

## **Standard 17: Practice Guidelines**

### Staff Present at Site Review:

AHP: Valerie Hayes-Arrage, Mike McKitterick, Sharon Steadman, Marie Steckbeck and Dr. Marshall Thomas.

Department: Molly Banks (Lead) and Craig Gurule.

### Department Summary of Review:

The AHP FY05 Quality Work Plan included adoption of evidenced-based practice guidelines from the Colorado Clinical Guidelines Collaborative for a variety of health issues, development of guidelines for preventative health services for adults and EPSDT standards for children. The guidelines have been adopted, approved by the Medical Quality Improvement Committee and have been distributed to providers. Physician providers are members of this committee. Copies of the guidelines and policies were available in the desk audit. The American Academy of Pediatrics format is used for well-child care and there is a generic prenatal care guideline. All participants have access to the continuous care management system that focuses on members with complex medical problems including special health needs and pregnancy. The Medical Quality Improvement Committee is responsible for selection and adoption of guidelines.

Guidelines are disseminated to providers during orientation, through inclusion in the Clinical Provider Manual and through and through the Colorado Clinical Guidelines Collaborative website, as well as postings on the Colorado Access website. During the FY05 year, provider training and notification regarding EPSDT standards were completed. Additionally, AHP has enhanced the contracts of providers to include incentives for maintaining quality programs including enrolling members in asthma case management programs and participation in EPSDT. Provider's profiles are distributed on a quarterly basis. These profiles include information on UM such as emergency room use and members who would benefit from intensive care management. Examples of the profiles were provided to the Department at the time of the site review.

Members are provided with the information about practice guidelines through the member handbook, open enrollment letters and reminders about flu shots and well-child care. Additionally, care managers and resource coordinators contact members individually when medical and utilization profiles meet the care coordination threshold for intensive or disease based care management.

### Score for This Area:

Met

### Corrective Action Plan:

None

### Area of Opportunity:

None

## **Standard 18: Quality Assessment and Performance Improvement**

### Staff Present at Site Review:

AHP: Valerie Hayes-Arrage, Gretchen McGinnis, Sharon Steadman, Marie Steckbeck and Dr. Marshall Thomas.

Department: Molly Banks, Katie Brookler (Lead) and Craig Gurule.

### Department Summary of Review:

AHP performed continued performance improvement projects on prenatal and postpartum care, EPSDT and diabetes care. Additionally there are key measures monitored for every functional area of the managed care organization.

There were seven (7) alleged quality of care concerns reported during the last year. This number appears low and AHP has modified the tool used to identify these concerns and educated staff regarding the new tool. AHP reports that number of concerns identified has increased since the tool was modified.

The 2003-2004 Program Evaluation document was reviewed and discussed in detail. Improvement opportunities in program areas as well as in the QAPI program have been identified and resulting changes have been implemented and remeasured.

### Score for This Area:

Met

### Corrective Action Plan:

None

### Area of Opportunity:

Continue the improvement process to identify quality of care concerns.

## **VI. Summary Corrective Action(s) Required**

### Standard 6: Member Rights and Responsibilities

1. Develop and implement a method to provide existing members periodic updates to the member handbook when needed to explain changes in identified policy and procedures.

### Standard 10: Licensure and Credentialing

1. Devise a method to ensure CLIA certification of all contracted hospitals, freestanding laboratories and large clinics.

### Standard 12: Certifications and Program Integrity

1. Provide for internal monitoring and auditing of submitted claims.

### Standard 15: Utilization Management

1. Clarify that service denial decisions are made by a health care professional who has appropriate clinical expertise in treating the member's condition or disease.

## **VII. Documents Submitted by Contractor**

- Please refer to Desk Audit Submission and Monitoring Tool for applicable site review year.