FY 2015–2016 SITE REVIEW REPORT
for
Foothills Behavioral Health Partners, LLC

March 2016

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

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1. Executive Summary

for Foothills Behavioral Health Partners, LLC

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 federal healthcare regulations and managed care contract requirements. The Department of Health Care Policy & 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 report documents results of the FY 2015–2016 site review activities for the review period of January 1, 2015, through December 31, 2015. This section contains summaries of the findings as evidence of compliance, strengths, findings resulting in opportunities for improvement, and required actions for each of the four standard areas reviewed this year. Section 2 contains graphical representation of results for all 10 standards across two three-year cycles as well as trending of required actions. Section 3 describes the background and methodology used for the 2015–2016 compliance monitoring site review. Section 4 describes follow-up on the corrective actions required as a result of the 2014–2015 site review activities. Appendix A contains the compliance monitoring tool 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 plan process the BHO will be required to complete for FY 2015–2016 and the required template for doing so. Appendix E contains a detailed description of HSAG's site review activities consistent with the Centers for Medicare & Medicaid Services (CMS) final protocol.

Summary of Results

Based on conclusions drawn from the review activities, HSAG assigned each requirement in the compliance monitoring tool a score of *Met*, *Partially Met, Not Met,* or *Not Applicable.* HSAG documented findings and assigned required actions to any 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 some elements, regardless of the score. Recommendations for requirements scored as *Met* did not represent noncompliance with contract requirements or federal healthcare regulations. At the request of the Department, HSAG designated select contract requirements within the Coordination and Continuity of Care standard as *Information Only* elements. These requirements were not scored. HSAG gathered information during on-site interviews regarding the BHO's implementation of these requirements. Detailed findings for each of these elements were outlined in the Compliance Monitoring Tool and are summarized below in Standard III—Coordination and Continuity of Care.

Table 1-1 presents the scores for **Foothills Behavioral Health Partners, LLC** (**FBHP**) for each of the standards. Findings for all requirements are summarized in this section. Details of the findings for each requirement receiving a score of *Partially Met* or *Not Met* follow in Appendix A—Compliance Monitoring Tool.

Table 1-1—Summary of Scores for the Standards

Standard		# of Elements	# of Applicable Elements	# *Met*	# *Partially Met*	# *Not Met*	# *Not Applicable*	Score (% of *Met* Elements)
III	Coordination and Continuity of Care	10	10	10	0	0	0	100%
IV	Member Rights and Protections	6	6	6	0	0	0	100%
VIII	Credentialing and Recredentialing	46	45	42	3	0	1	93%
X	Quality Assessment and Performance Improvement	14	14	14	0	0	0	100%
	Totals	**76**	**75**	**72**	**3**	**0**	**1**	**96%**

Table 1-2 presents the scores for **FBHP** for the credentialing and recredentialing record reviews. Details of the findings for the record review are in Appendix B—Record Review Tool.

Table 1-2—Summary of Scores for the Record Reviews

Description of Record Review	# of Elements	# of Applicable Elements	# *Met*	# *Not Met*	# *Not Applicable*	Score (% of *Met* Elements)
Credentialing	90	83	82	1	7	99%
Recredentialing	90	75	72	3	15	96%
Totals	**180**	**158**	**154**	**4**	**22**	**97%**

Standard III—Coordination and Continuity of Care

Summary of Strengths and Findings as Evidence of Compliance

FBHP is comprised of three equity partners: two mental health centers (MHCs)—Mental Health Partners (MHP) and Jefferson Center for Mental Health (JCMH)—and a national behavioral health managed care company, ValueOptions/Beacon Health Options (VO/Beacon). **FBHP** delivered services to members in its five-county region through its two partner MHCs and numerous practitioners in its independent provider network (IPN). VO/Beacon provided administrative support resources for **FBHP**. Care coordination policies described two levels of care coordination, basic and complex, and defined the procedures and accountabilities for each level. Behavioral health practitioners, MHC care coordinators, and VO/Beacon intensive care managers performed care coordination for members. All members with complex needs were assigned a care coordinator. **FBHP** staff estimated that 80 percent of services and the majority of both basic and complex care coordination services were provided through the MHCs. Care coordination services included coordination with other providers, community organizations, and agencies. MHP and JCMH had care coordination policies and procedures that addressed processes specific to coordinating Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) services; developing special service plans for pregnant and postpartum members; and coordinating with medical providers/primary care physicians (PCPs), the criminal justice system, assisted care facilities (ACFs) and nursing care facilities (NCFs), single entry points (SEPs), county Departments of Human Service (DHS), and inpatient facilities. MHCs had long-standing relationships with ACFs/NCFs, the Colorado Mental Health Institute at Fort Logan, SEPs, and the county DHSs in the region, and had well-established programs and services to address State and federal requirements. VO/Beacon intensive care managers and the transitions coordinator also provided support for members with complex needs who received services from the IPN providers, programs for special populations, and transition of members from inpatient facilities in the Colorado Springs and Pueblo areas. On-site interviews and case presentations demonstrated coordination with multiple agencies and providers, including the courts, DHS, community service organizations, medical providers, substance abuse providers, community centered boards (CCBs), and SEPs to ensure that members received needed services. **FBHP** conducted an annual audit of the MHCs' policies and training related to care coordination for special populations. HSAG observed that **FBHP**'s relatively limited geographic area and long-established, active engagement with its MHCs fostered consistent functional relationships with agencies, community organizations, and other partners in its service area. The BHO is also geographically aligned with a single Regional Care Collaborative Organization (RCCO). **FBHP** demonstrated leadership and commitment to integrating with community partners and agencies to develop specialized programs, services, and procedures to meet mutual goals and enhance care for Medicaid members.

FBHP offered a multispecialty network of primary and specialist providers, and members could directly access any network provider without authorization for outpatient services. **FBHP** was also expanding co-location of behavioral health providers into the federally qualified health centers (FQHCs) throughout the region. The **FBHP** network included numerous providers capable of billing for Medicare services. **FBHP** also arranged access to out-of-network providers through

single case agreements, when necessary, to meet member needs. **FBHP** assisted members with obtaining a primary behavioral healthcare provider through multiple outreach communications including the member handbook, customer service calls, MHC participation in community-based education and prevention programs, and referrals from other agencies serving members such as county DHS and crisis centers. **FBHP** also required its behavioral health providers to assist members with obtaining a PCP and to communicate with the member's PCP concerning behavioral health needs and services.

FBHP policies and its provider manual specified the requirement to conduct and document an initial intake assessment that included the required components and to involve the member in developing a treatment plan and goals. For members with complex needs, care coordinators shared assessments and other relevant treatment information with outside organizations involved in the member's care. For members with lower acuity needs, behavioral health practitioners sent an annual letter to PCPs to update the PCP on medications, diagnosis, and the treatment plan. **FBHP** (through the MHCs) conducted extensive clinical audits of providers to determine compliance with medical records documentation requirements.

FBHP policies and procedures and member and provider materials demonstrated assertive mechanisms for connecting members to EPSDT screenings and related services. MHP and JCMH policies and the provider manual required that behavioral health providers outreach to the member's PCP to obtain results of EPSDT screenings and provide needed mental health services resulting from EPSDT screenings. MHCs developed an EPSDT-specific outreach letter to PCPs. Member welcome letters and brochures informed members of EPSDT services. Both provider and member materials included contact information for Healthy Communities to assist with EPSDT-related services.

Other information provided during on-site interviews applicable to *Information Only* elements included:

- Both MHP and JCMH had policies and procedures related to services for pregnant women, including services for one year postpartum and provision of care coordination, as needed, during the postpartum period. Staff stated that postpartum members in therapy are monitored closely for depression and missed appointments are followed up promptly. In addition, the MHCs coordinated with DHS programs for women and children to address individual member needs.
- **FBHP**, MHP, and JCMH had policies and procedures that addressed coordination with the SEPs for recertification of home- and community-based services (HCBS), particularly for members in ACFs and NCFs. The MHCs had long-standing relationships with the SEPs in their respective geographic areas.
- The **FBHP** service area and the Colorado Community Health Alliance (CCHA) RCCO service area are geographically aligned. **FBHP** and CCHA staff and governance regularly participated in planning and other collaborative activities. Policies and provider communications referenced the need for behavioral health care coordinators to outreach to the RCCO care coordinators to integrate behavioral and physical care needs for the member. When the RCCO had a care coordinator assigned to the case, the RCCO coordinator was considered the lead coordinator. HSAG will further explore the integration of the BHO and the RCCOs in the FY 2015–2016 RCCO site reviews.

- The MHCs had long-term relationships with the DHS in their respective service areas and designated a single point of contact with the county DHS to coordinate services and ensure communication of the member treatment plan. The VO/Beacon intensive care managers also assisted providers and child welfare case workers with coordination of services for members with special needs. The **FBHP** provider network included providers with expertise in trauma-specific therapies and care of children in the child welfare system.
- **FBHP** designated criminal justice care coordinator positions in each of its MHCs and VO/Beacon. **FBHP** involved each of its MHCs, along with its aligned county jail and DHS, in a performance improvement project to engage Medicaid-enrolled persons in mental health services upon release from jail. Each MHC/county jail alliance defined unique resources and processes to connect a member directly to mental health services upon release. The VO/Beacon transitions coordinator was responsible for working with the statewide collaboration of BHOs and the Department of Corrections (DOC) to establish mechanisms for identifying and engaging parolees in needed mental health services upon release from prison. Staff described several barriers to effective implementation of these processes. The BHOs, RCCOs, and DOC met monthly to resolve issues and define uniform guidelines for referral, transition, and follow-up of members released from prison.
- MHCs had long-standing relationships with all ACF/NCF facilities in the region in which the majority of Medicaid members with mental health needs reside. MHCs provided services to members either in the care facilities or by arranging transportation for members to the MHC, and provided care coordination for individual members. In addition, **FBHP** provided nursing facilities with consultation and education regarding appropriate use of antipsychotic medications. **FBHP** annually surveyed both nursing facility staff and members regarding satisfaction with the **FBHP**/MHC services.
- Policies addressed the responsibility for the behavioral health provider to evaluate members for the presence of covered and non-covered diagnoses, and for coordination of care and referral of the member to an appropriate provider for a non-covered diagnosis.
- MHCs had a long-standing relationship with Colorado Mental Health Institute at Fort Logan, which allocates beds for priority use by the MHCs. Each MHC had inpatient liaison staff who visit hospitalized members and collaborate with inpatient providers to coordinate a transition and outpatient service plan for the member. The VO/Beacon transitions coordinator was responsible for member discharges from the Colorado Mental Health Institute at Pueblo and for supporting inpatient transitions to IPN providers. Policies described the role of BHO staff to transition members from State hospitals and addressed all elements of the requirement.
- The Department requested that HSAG have an on-site discussion with each BHO regarding the plan's application of the expanded definition of medical necessity for EPSDT services. The VO/Beacon utilization management (UM) department determined medical necessity for services. Staff stated that the BHO required no authorization for covered outpatient services and that authorization for higher levels of care considered information gathered from physical health providers, including results of EPSDT screenings. Policies and the provider manual described the responsibility to provide mental health services needed as a result of EPSDT screenings, and the provider manual informed providers of the role of family health coordinators (Healthy Communities) to assist members with access to EPSDT-related services.

Summary of Findings Resulting in Opportunities for Improvement

Both MHP and JCMH had policies and procedures related to services for pregnant women, including services for one year postpartum. However, the MHP policies related primarily to substance abuse treatment during pregnancy, while the JCMH policy primarily addressed post-partum depression. VO/Beacon policies (applicable to support of IPN providers) stated that a specialized care plan will be developed for postpartum members and that care coordinators will support inpatient discharge plans for IPN members; however, the policy included no specific procedures. HSAG recommends that **FBHP** review policies and procedures related to provision of services for postpartum members to ensure consistency related to expectations for a postpartum service plan.

FBHP policies and procedures related to coordinating services with the SEPs were primarily associated with members in AFCs/NFCs. HSAG recommends that **FBHP** ensure that the responsibility to coordinate with SEPs for HCBS services is not limited to members in long-term care facilities.

While EPSDT-related policies, member and provider communications, and on-site discussions demonstrated recognition of the importance of EPSDT services for members, it was unclear how providers assist members to obtain non-covered services resulting from EPSDT screenings. HSAG recommends that **FBHP** and MHCs enhance procedures for referring or assisting members who need EPSDT-related services not covered by the BHO and consider working with the RCCO on mechanisms to accomplish such.

FBHP submitted several policies that included statements compliant with regulatory requirements, but no specific procedures for implementing the policies. (Examples include but are not limited to *Services for Dual Eligible Members; Services for Members With Special Needs; Screening Assessment Referral; Access Members with DD*). HSAG recommends that **FBHP** review and enhance applicable policies to more explicitly describe mechanisms for implementation.

Summary of Required Actions

HSAG required no corrective actions for this standard.

Standard IV—Member Rights and Protections

Summary of Strengths and Findings as Evidence of Compliance

FBHP provided numerous policies and procedures from **FBHP** and its three equity partners—JCMH, MHP, and VO/Beacon—that demonstrated commitment to ensuring that all staff and providers take member rights into account while furnishing services. **FBHP** listed member rights in its member handbook and posted them at service sites and on its website. **FBHP** repeatedly informed members to call the Office of Member and Family Affairs (OMFA) with any questions or concerns or to obtain assistance with exercising their rights. **FBHP** also distributed and posted information for the Medicaid Ombudsman program for members who may not feel comfortable reporting suspected rights violations to **FBHP**.

FBHP and its three equity partners required employees to participate in member rights training at the time of hire and again annually.

FBHP required its providers to post member rights and Medicaid Ombudsman information in the office or to hand each member a copy of the information at the time of intake. **FBHP** required its providers be familiar with and uphold all member rights. VO/Beacon, **FBHP**'s administrative services organization, provided training for **FBHP**'s independent provider network that included a review of member rights.

Summary of Findings Resulting in Opportunities for Improvement

HSAG identified no opportunities for improvement related to member rights and protections.

Summary of Required Actions

HSAG required no corrective actions for this standard.

Standard VIII—Credentialing and Recredentialing

Summary of Strengths and Findings as Evidence of Compliance

FBHP delegated credentialing and recredentialing of independent practitioners to VO/Beacon, a National Committee for Quality Assurance (NCQA)-accredited credentials verification organization (CVO). The signed delegation agreement included all requirements, including those associated with the use of protected health information (PHI). VO/Beacon had policies and procedures that addressed all aspects of the credentialing and recredentialing process including the types of practitioners subject to credentialing and recredentialing, criteria used for each type of practitioner, primary verification sources, and the process for notifying applicants of their rights. Policies also delineated the process for ongoing monitoring of sanctions, complaints, and adverse events; the range of actions available to **FBHP** if a provider fails to meet minimum standards of quality; and the appeal process available to providers against whom **FBHP** has taken action.

VO/Beacon also had policies and procedures to address the credentialing and recredentialing process for contracted organizations. The policies set standards for physical accessibility and appearance, adequacy of space, and appropriate recordkeeping and described the process for instituting actions to improve offices that do not meet the minimum standards.

Summary of Findings Resulting in Opportunities for Improvement

The credentialing application packet mailed to providers included the Colorado Health Care Professional Credentials Application as well as a supplemental application specific to VO/Beacon. Both applications included an attestation page; however, the VO/Beacon-specific attestation page did not include all NCQA-required content. During the record review process, HSAG noted that the VO/Beacon-specific attestation page was often dated several weeks or more after the date on the Colorado-specific attestation page. Additionally, many electronic files flagged the VO/Beacon-specific attestation as being the official attestation. HSAG suggests that VO/Beacon develop a way to distinguish between the two attestations and ensure that it consistently uses the Colorado-specific attestation (which includes the NCQA-required content) as the "official" form as well as using the date on that form as the starting point for determining the verification time limit.

Summary of Required Actions

VO/Beacon policies repeatedly stated commitment to and outlined procedures for ensuring that credentialing and recredentialing decisions are made in a nondiscriminatory manner. However, during the on-site interview, staff members clarified that one role of the local credentialing committee (LCC) is to review requests from providers desiring participation in the network to determine which are allowed to submit credentialing applications. VO/Beacon had no written documents that described this preliminary process or the criteria used to make decisions. If VO/Beacon chooses to use a preliminary process for determining which providers are allowed to submit credentialing applications, it must document the process. Documentation must include the

criteria used to make determinations, any appeal rights available to providers denied applications, and the mechanisms used to ensure nondiscriminatory practices.

VO/Beacon's policies and procedures required that all providers and organizations be recredentialed every 36 months; however, three of 10 provider and one of five organizational recredentialing files reviewed on-site were approved by the National Credentialing Committee more than 36 months after the prior approval date. **FBHP** must ensure that its providers are recredentialed at least every 36 months.

Standard X—Quality Assessment and Performance Improvement

Summary of Strengths and Findings as Evidence of Compliance

FBHP had a comprehensive Quality Assessment and Performance Improvement (QAPI) program description with defined organizational accountabilities and active engagement of the MHCs in quality monitoring and improvement activities. **FBHP** measured services and member care against established performance goals, and key quality indicators were trended quarterly and/or annually. **FBHP** had well-designed and detailed reports, including the annual Quality Improvement (QI) Program Evaluation report, which demonstrated monitoring of a broad array of quality indicators such as utilization, access to care, member satisfaction, quality of care (QOC) concerns, and medication management. Most measures included benchmarks for performance. **FBHP** delegated health information system (HIS) functions to VO/Beacon. VO/Beacon demonstrated that it ensures the accuracy and completeness of encounter data and that the HIS analyzes, integrates, and reports data. Staff stated that VO/Beacon was in the process of developing online dashboard reports (i.e., provider report card) that would incorporate a variety of quality performance measures into a provider profile and more fully engage providers in ongoing quality improvement. MHCs participated in all quality oversight committees and were additionally responsible for performing and reporting results of medical record audits and follow-up with corrective actions as indicated. VO/Beacon performed medical record audits of IPN providers. **FBHP** also performed annual audits of MHCs' compliance with contract requirements. Quality Improvement/Utilization Management (QI/UM) Committee and Board of Managers minutes documented ongoing oversight and analysis of QAPI program data and information. Staff stated that the Board of Managers was committed to implementing system and program changes for improving quality performance that exceeded contract requirements.

FBHP developed or adopted evidence-based practice (EBP) guidelines in compliance with requirements. **FBHP** assigned leaders of operational departments the task of ensuring that other operational functions and decisions were consistent with clinical guidelines. MHCs distributed the EBPs to practitioners within the MHC. **FBHP** also distributed guidelines in new provider orientation packets and made numerous clinical guidelines available on the **FBHP** provider website. Clinical guidelines were used to develop *TIPS* for members, which translated EBPs into easy-to-understand language for members. *TIPS* were available through individual providers, in the MHC waiting areas, and through the **FBHP** website. Staff stated that **FBHP** was meeting with the MHCs and FQHCs in the region to develop a common strategy for actively applying the guidelines in programs and clinical practices.

In addition to the annual Experience of Care and Health Outcomes (ECHO) survey, **FBHP** conducted a monthly member satisfaction survey, engaged the MHCs in timely follow-up, and performed detailed analyses of results quarterly and annually. QOC concerns were thoroughly investigated and tracked. During on-site discussions, staff provided an example of a pattern of QOC concerns attributed to a rise in inpatient admissions (due to Medicaid expansion) and discharges not being coordinated with the MHCs; as a result, **FBHP** engaged the VO/Beacon transitions coordinator to support transitions from inpatient care. Overall, **FBHP**'s QAPI program was comprehensive, well-organized, met or exceeded contract requirements, and demonstrated a significant commitment to continually improving quality performance.

Summary of Findings Resulting in Opportunities for Improvement

The annual QI program evaluation report included results and QI staff analysis and recommendations related to each category of QI monitoring activity and performance. However, neither the report nor committee minutes included significant comment or conclusions of the oversight body's assessment of the overall effectiveness of the QI program. HSAG recommends that **FBHP** strengthen statements/conclusions of leadership's assessment of the effectiveness of QI programs in committee minutes or the annual evaluation report.

FBHP policies and procedures for processing QOCs did not specify the responsibility to follow up with a member to determine if the member's healthcare needs are met. Although on-site discussions confirmed that the medical director intervenes with members and providers, as indicated, to ensure that a member's healthcare needs are met following a QOC, HSAG recommends that **FBHP** enhance its written procedures to explicitly define this responsibility.

HSAG also encouraged **FBHP** to continue working with VO/Beacon to expedite the development and implementation of the proposed dashboard quality report card for providers.

Summary of Required Actions

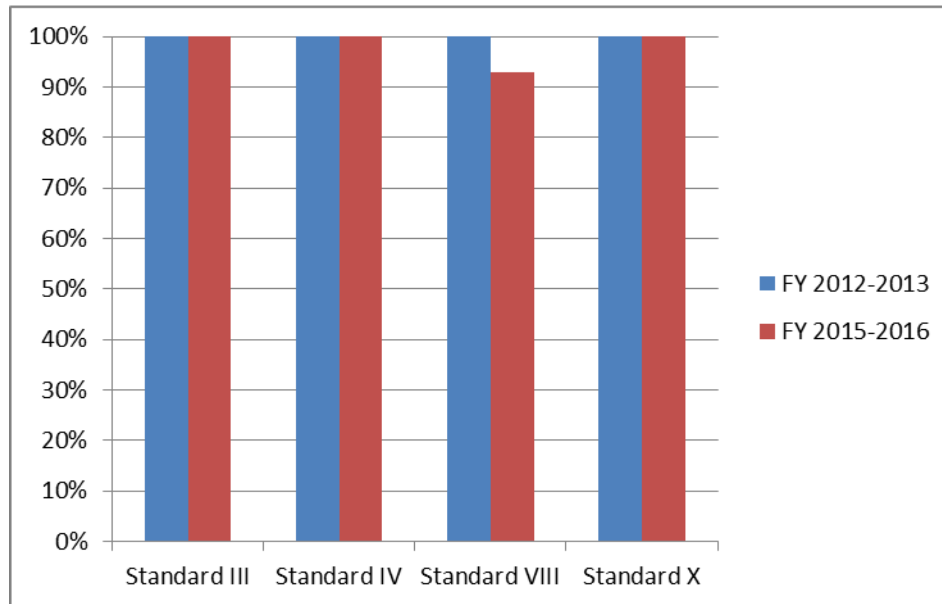
HSAG required no corrective actions for this standard.

Comparison of Results

Comparison of FY 2012–2013 Results to FY 2015–2016 Results

Figure 2-1 shows the scores from the FY 2012–2013 site review (when Standard III, Standard IV, Standard VIII, and Standard X were previously reviewed) compared with the results from this year's review. The results show the overall percent of compliance with each standard. Although the federal language did not change with regard to requirements, **FBHP**'s contract with the State may have changed and may have contributed to performance changes.

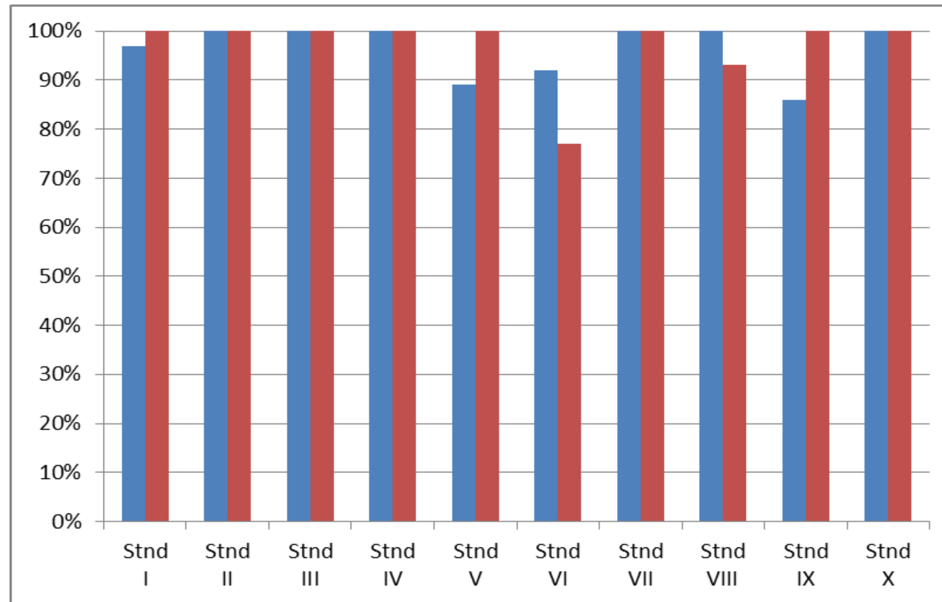
Figure 2-1—Comparison of FY 2012–2013 Results to FY 2015–2016 Results



Review of Compliance Scores for All Standards

Figure 2-2 shows the scores for all standards reviewed over the last two three-year cycles of compliance monitoring. Table 2-1 shows which standards were reviewed each year. The figure compares the score for each standard across two review periods and may be an indicator of overall improvement.

Figure 2-2—FBHP's Compliance Scores for All Standards



Note: Results shown in blue are from FY 2010–2011, FY 2011–2012, and FY 2012–2013. Results shown in red are from FY 2013–2014, FY 2014–2015, and FY 2015–2016.

Table 2-1 presents the list of standards by review year.

Table 2-1—List of Standards by Review Year

Standard	2010–11	2011–12	2012–13	2013–14	2014–15	2015–16
I—Coverage and Authorization of Services	X			X		
II—Access and Availability	X			X		
III—Coordination and Continuity of Care			X			X
IV—Member Rights and Protections			X			X
V—Member Information		X			X	
VI—Grievance System		X			X	
VII—Provider Participation and Program Integrity		X			X	
VIII—Credentialing and Recredentialing			X			X
IX—Subcontracts and Delegation		X			X	
X—Quality Assessment and Performance Improvement			X			X

Trending the Number of Required Actions

Figure 2-3 shows the number of requirements with required actions from the FY 2012–2013 site review (when Standard III, Standard IV, Standard VIII, and Standard X were previously reviewed) compared to the results from this year's review. Although the federal requirements did not change for the standards, **FBHP**'s contract with the State may have changed and may have contributed to performance changes.

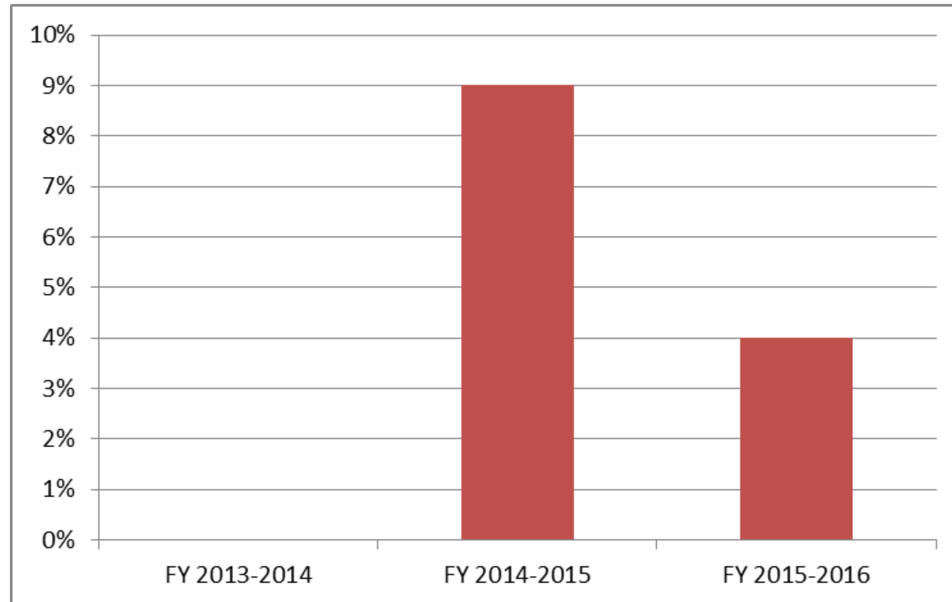
Figure 2-3—Number of FY 2012–2013 and FY 2015–2016 Required Actions per Standard

Note: **FBHP** had no required actions for Coordination and Continuity of Care, Member Rights and Protections, Credentialing and Recredentialing, or Quality Assessment and Performance Improvement resulting from the FY 2012–2013 site review. **FBHP** also had no required actions for Coordination and Continuity of Care, Member Rights and Protections, or Quality Assessment and Performance Improvement resulting from the FY 2015–2016 site review.

Trending the Percentage of Required Actions

Figure 2-4 shows the percentage of requirements that resulted in required actions over the past three-year cycle of compliance monitoring. Each year represents the results for review of different standards, as indicated in Table 2-1 above.

Figure 2-4—Percentage of Required Actions—All Standards Reviewed



Note: **FBHP** had no required actions resulting from the FY 2013–2014 site review.

Overview of FY 2015–2016 Compliance Monitoring Activities

For the fiscal year (FY) 2015–2016 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 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. Compliance with federal managed care regulations and managed care contract requirements was evaluated through review of the four standards.

Compliance Monitoring Site Review Methodology

In developing the data collection tools and in reviewing documentation related to the four standards, HSAG used the BHO's contract requirements 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 records, documents, and materials provided on-site; and on-site interviews of key BHO personnel to determine compliance with federal managed care regulations and contract requirements. Documents submitted for the desk review and on-site review consisted of policies and procedures, staff training materials, reports, minutes of key committee meetings, member and provider informational materials, and administrative records related to BHO credentialing and recredentialing. HSAG documented detailed findings in the Compliance Monitoring tool for any requirement receiving a score *Partially Met* or *Not Met*.

A sample of the BHO's administrative records related to Medicaid credentialing and recredentialing were also reviewed to evaluate implementation of federal healthcare regulations and compliance with National Committee for Quality Assurance (NCQA) requirements, effective July 2015. HSAG used standardized monitoring tools to review records and document findings. Using a random sampling technique, HSAG selected a sample of 10 records with an oversample of five records from all of the BHO's credentialing and recredentialing records that occurred between January 1, 2015, and December 31, 2015, to the extent available at the time of the site-review request. HSAG reviewed a sample of 10 credentialing records and 10 recredentialing records, to the extent possible. For the record review, the health plan received a score of *M* (met), *N* (not met), or *NA* (not applicable) for each of the required elements. Results of record reviews were considered in the review of applicable requirements in Standard VIII—Credentialing and Recredentialing. HSAG also separately calculated a credentialing record review score, a recredentialing record review score, and an overall record review score.

The site review processes were consistent with *EQR Protocol 1: Assessment of Compliance with Medicaid Managed Care Regulations: A Mandatory Protocol for External Quality Review (EQR),* Version 2.0, September 2012. The four standards chosen for the FY 2015–2016 site reviews represent a portion of the Medicaid managed care requirements. These standards will be reviewed in

subsequent years: 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.

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 healthcare regulations and managed care contract requirements in the four areas selected for review.
- Strengths, opportunities for improvement, and actions required to bring the BHO into compliance with federal healthcare 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 recommended to improve the quality of the BHO's services related to the standard areas reviewed.

FY 2014–2015 Corrective Action Methodology

As a follow-up to the FY 2014–2015 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 it successfully completed each of the required actions. HSAG and the Department continued to work with **FBHP** until it completed each of the required actions from the FY 2014–2015 compliance monitoring site review.

Summary of 2014–2015 Required Actions

As a result of the FY 2014–2015 site review, **FBHP** was required to addressed six *Partially Met* elements in Standard VI—Grievance System. Elements requiring correction were related to the request for continuation of benefits during an appeal and/or State fair hearing. **FBHP** was also required to ensure that appeals are acknowledged within two working days and resolved within 10 working days (plus 14 calendar days if extended) and that resolution letters include all required content.

Summary of Corrective Action/Document Review

FBHP submitted its CAP to HSAG and the Department in April 2015. After making minor adjustments requested by HSAG and the Department, **FBHP** began submitting documents that demonstrated that the BHO had implemented its plan. HSAG and the Department reviewed all documents carefully and, in October 2015, determined that **FBHP** had successfully addressed all required actions.

Summary of Continued Required Actions

FBHP had no required actions continued from FY 2014–2015.

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

The completed compliance monitoring tool follows this cover page.

Standard III—Coordination and Continuity of Care		
Requirement	**Evidence as Submitted by BHO**	**Score**
1. The Contractor has written policies and procedures that address the timely coordination of the provision of covered services to its members, service accessibility, attention to individual needs, and continuity of care to promote maintenance of health and maximize independent living. Contract: Exhibit A—2.4.2.1.1.1.–2.4.2.1.1.4	Documents submitted: 1. FBHP Policy Q2.6 Coordination and Continuity of Care (entire document): Policy and Procedures for coordination , including accessibility, individual treatment planning, and continuity of care 2. (miscellaneous folder) QI Work Plan FBHP FY ’16 final (pg 5-7 [access measures], pg 14 [Coordination of Care measures], pg 19 C.1 [depression screening and referrals in primary care], pg 19-20 D.2-3 [projects to assess access to behavioral health services from DHS and ACF/NCFs along with follow up and training]; pg 20 E. [Description of measures/projects related to Improving Transitions and Access to Behavioral Health]; pg 23 [PIAC work plan references to focus on access and coordination with DHS] 3. (miscellaneous folder) FBHP QI Program Evaluation FY ’15.doc pg 4-5 [Summary Access to Care and Care Coordination and Integration]; pg 6-7 [performance - access to care measures]; pg. 11-12 [performance – care coordination and integration measures], pg 14-15 [PIP: Reducing Recidivism – includes transition care and hospital follow up guidelines]; pg 16 [PIP: Transitions from Jail- includes care coordination between jail and outpatient providers]; pg 21 E. [Care Coordination with RCCO] 4. FBHP Policy Q11.6 Access BHS in NCF_ALF (entire document): Policy and Procedures for care coordination, service accessibility, continuity of care for specific at risk population in NCF_ACF facilities 5. (folder Standard X) FBHP Policy Q6.5 Member Medical Record (entire doc): Policy/procedure for one of the methods used to monitor care coordination 6. FBHP Policy Q3.6 Access to Services (entire document): Policy and Procedure on Access to Services 7. (folder Standard X) FBHP Policy Q7.5 QOCC (last page – Form for Submitting QOC concern): Form indicates method of reporting issues in care coordination	☒ Met ☐ Partially Met ☐ Not Met ☐ N/A

<table>
<tr><th colspan="3">Standard III—Coordination and Continuity of Care</th></tr>
<tr><th>Requirement</th><th>Evidence as Submitted by BHO</th><th>Score</th></tr>
<tr><td>2. The Contractor has policies and procedures that address, and the Contractor provides for, the coordination and provision of covered services in conjunction with:
◆ Any other MCO or PIHP.
◆ Other behavioral healthcare providers.
◆ Physical healthcare providers.
◆ Long-term care providers.
◆ Waiver services providers.
◆ Pharmacists.
◆ County and State agencies.
◆ Public health agencies.
◆ Organizations that provide wraparound services.

42CFR438.208(b)(2)
Contract: Exhibit A—2.4.2.1.1.5; 2.4.2.2.1.3</td><td>Documents submitted:
1. FBHP Policy Q2.6 Coordination and Continuity of Care (entire policy) describes procedures for care coordination with any external agencies including highlighting key providers and agencies
2. FBHP Policy Q11.6 Access BHS in NCF_ALF (entire policy): Policy and Procedures for care coordination, service accessibility, continuity of care for specific at risk population in NCF_ACF facilities)
3. FBHP ACF_NCF_staff survey report FY15 (entire report). Describes survey results of an annual ACF_NCF survey to solicit staff/facility feedback on behavioral health service access and care coordination- attention to long-term care providers and waiver service providers.
4. FBHP ACF_NCF_member survey report_ FY15 (entire report). Describes survey results of annual member survey to solicit satisfaction with behavioral health services-attention to long-term care providers and waiver service providers.
5. (miscellaneous folder) QI Work Plan FBHP FY ’16 final (pg 5-7 [access measures], pg 14 [Coordination of Care measures], pg 19 C.1 [depression screening and referrals in primary care], pg 19-20 D.2-3 [projects to assess access to behavioral health services from DHS and ACF/NCFs along with follow up and training]; pg 20 E. [Description of measures/projects related to Improving Transitions and Access to Behavioral Health]; pg 23 [PIAC work plan references to focus on access and coordination with DHS]
6. (miscellaneous folder) FBHP QI Program Evaluation FY ’15.doc pg 4-5 [Summary Access to Care and Care Coordination and Integration]; pg. 11-12 [performance – care coordination and integration measures], pg 14-15 [PIP: Reducing Recidivism – includes transition care and hospital follow up guidelines]; pg 16 [PIP: Transitions from Jail-includes care coordination between jail and outpatient providers]; pg 21 E. [Care Coordination with RCCO]</td><td>☒ Met
☐ Partially Met
☐ Not Met
☐ N/A</td></tr>
</table>

Standard III—Coordination and Continuity of Care		
Requirement	**Evidence as Submitted by BHO**	**Score**
	7. MHP Care Coordination PP 11-24-14 (entire document)-example - Partner MHC description supports coordination with all entities/providers listed above 8. JCMH Care Coordination with SEP 2014 (entire doc): example of Partner MHC procedures for coordinating care with nursing facilities, ACF, and SEP 9. (folder Standard X) FBHP Policy Q6.5 Member Medical Record (pg 2 I.C.): Procedures to monitoring coordination of care 10. Medical Record Audit Report FY 15_Final (entire doc): Medical record audit report monitoring coordination of care, which could include any entities in the bulleted list 11. IPN ClinicalAuditTool revised_2014May1 (C7 and items in Section F)-providers audited for documentation of coordination with other entities and specifically primary care 12. (Miscellaneous folder) ProviderManual_FBHP_2015 (pg 38,-39) describes provider requirement to coordinate care 13. FBHP MHP compliance checklist 2015 w notes (entire document) demonstrates oversight of PMHCs compliance with key care coordination policies. 14. FBHP JCMH compliance checklist 2015 w notes (entire document) demonstrates oversight of PMHCs compliance with key care coordination policies.	
2.A. The Contractor develops specialized treatment and service plans for female members for one year postpartum to ensure that the behavioral and physical needs of the mother and child are being met. Contract: Exhibit A—2.4.2.4.2.6.1	Documents submitted: 1. FBHP Policy Q2.6 Coordination and Continuity of Care (III.G.) describes procedures for care coordination regarding post-partum services. 2. ServicesforMembersWithSpecialNeeds_285L_2BHO (Section IV.C.) identifies this post-partum population as a member sub-group with special needs, and it indicates the requirement for specialized service plans. 3. FBHP MHP compliance checklist 2015 w notes (Care Coordination	Information Only

Standard III—Coordination and Continuity of Care		
Requirement	**Evidence as Submitted by BHO**	**Score**
	item 25) demonstrates oversight of PMHCs compliance with key care coordination policies including post-partum care. 4. FBHP JCMH compliance checklist 2015 w notes (Care Coordination item 25) demonstrates oversight of PMHCs compliance with key care coordination policies including post-partum care. 5. MHP Treatment for Women and Pregnant Women (pg 3. Section 3 G and D): example from PMHC of documented procedures to provide postpartum care and coordination for one year postpartum.	
Findings: The majority of FBHP members receive services from one of FBHP's two partner mental health centers (MHCs)—Mental Health Partners (MHP) and Jefferson Center for Mental Health (JCMH). Both MHP and JCMH had policies and procedures related to services for pregnant women and included the provision of services for one year postpartum. However, MHP's policies related primarily to substance abuse treatment during pregnancy while JCMH's policy primarily addressed postpartum depression. Both policies addressed the provision of care coordination, as needed, during the postpartum period. In addition to the MHCs, FBHP has an independent provider network (IPN) of several hundred additional practitioners supported by VO/Beacon care coordinators. VO/Beacon policies stated that a specialized care plan will be developed for postpartum members and that VO/Beacon care coordinators will support inpatient discharge plans for IPN members; however, policies included no specific procedures. During the on-site interview, staff stated that post-partum members in therapy are monitored closely for depression and members with missed appointments are followed up promptly. In addition, the MHCs coordinated with the Departments of Human Services (DHS) regarding DHS programs for women and children. FBHP's annual delegate compliance audit included review of MHP's, JCMH's, and VO/Beacon's policies.		
2.B. The Contractor coordinates with the member's medical health providers to facilitate the delivery of health services, and makes reasonable efforts to assist individuals to obtain necessary medical treatment. If a member is unable to arrange for supportive services necessary to obtain medical care due to her/his behavioral health disorders, the Contractor will arrange for supportive services whenever possible. Contract: Exhibit A—2.4.2.2.2	Documents submitted: 1. FBHP Policy Q2.6 Coordination and Continuity of Care (section II) describes coordination of medical services 2. IPN ClinicalAuditTool revised_2014May1; (items in section F) providers are audited for documentation relating to coordination with primary care 3. MHP Care Coordination PP 11-24-14: (pg 2-3 I.C. and II) example - Partner MHC description of coordination with medical health providers 4. (Miscellaneous folder) ProviderManual_FBHP_2015 (pg 16, 38, 39) describes requirement to coordinate with PCP)	Information Only

Standard III—Coordination and Continuity of Care		
Requirement	**Evidence as Submitted by BHO**	**Score**
	5. FBHP MHP compliance checklist 2015 w notes (Care Coordination item 22) demonstrates oversight of PMHCs compliance with key care coordination policies including coordination with primary care 6. FBHP JCMH compliance checklist 2015 w notes (Care Coordination item 22) demonstrates oversight of PMHCs compliance with key care coordination policies including coordination with primary care	
Findings: FBHP and MHC policies and procedures and the FBHP provider manual frequently referenced the responsibility of the behavioral health provider to coordinate services with other providers and entities based on the member needs assessment. Responsibilities included assisting the member with access to a primary care physician (PCP); Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) services; and other medical services. Providers may also refer the member to one of the MHC or VO/Beacon care coordinators for assistance with more complex care coordination needs. FBHP monitored compliance with these requirements through clinical documentation audits and the annual delegate compliance audit.		
2.C. The Contractor provides for care coordination and continuity of care for special populations and complex members, including those who are involved in multiple systems and those who have multiple needs, such as: ◆ Members residing in long-term care/nursing facilities. ◆ Dually or multiply eligible members. ◆ Dually or multi-diagnosed members. ◆ Members involved with the correctional system. ◆ Child/Youth members in out-of-home placements, foster care, and subsidized adoptions. ◆ Members transitioning from Colorado Mental Health Institutes (Ft. Logan and Pueblo) and hospitals. ◆ Members receiving wraparound services under an HCBS waiver.	Documents submitted: 1. FBHP Policy Q2.6 Coordination and Continuity of Care (entire document): Policy and Procedures for coordination for complex members. 2. MHP Care Coordination PP 11-24-14: (entire document) Partner MHC description supports coordination with all entities/providers listed 3. FBHP Transition Coordinator Pos Description_11_1_15 (entire document) describes role/responsibilities of delegated FBHP Transition Coordinator, including care coordination for special populations and complex members 4. (Miscellaneous folder) ProviderManual_FBHP_2015 (pg 38, 39) describes requirement to coordinate care with multiple systems 5. FBHP MHP compliance checklist 2015 w notes (Care Coordination section) demonstrates oversight of PMHCs compliance with key care coordination policies	Information Only

Standard III—Coordination and Continuity of Care		
Requirement	**Evidence as Submitted by BHO**	**Score**
Contract: Exhibit A—2.4.2.4.1; 2.4.2.4.2; 2.4.2.2.1.1	6. FBHP JCMH compliance checklist 2015 w notes (Care Coordination section) demonstrates oversight of PMHCs compliance with key care coordination policies	
Findings: FBHP, MHP, and JCMH had policies and other documentation that addressed the behavioral health provider's responsibility to provide care coordination for all special populations outlined in the requirement or to refer members with more complex needs to the Regional Care Collaborative Organization's (RCCO's), MHC's, or VO/Beacon's care coordinator. FBHP monitored its MHCs to ensure adherence with policies and procedures concerning these special populations: members transitioning from inpatient care, members transitioning from correctional facilities, members in an assisted living facility (ALF)/nursing care facility (NCF), children in out-of-home placement, members eligible for EPSDT services, and members who are within one year postpartum. Additional detail regarding care coordination services for specific populations is described in other elements of this tool.		
2.D. The Contractor ensures that providers (primarily Community Mental Health Centers) communicate with and coordinate services with the Single Entry Point (SEP) care manager for each member who participates in the Waiver for Persons with Mental Illness (HCBS-MI) or Waiver for the Elderly, Blind, or Disabled (HCBS-EBD). The Contractor also coordinates with assisted living residences (ALRs) or other supported community living arrangements in which HCBS waiver recipients live. Contract: Exhibit A— 2.4.2.2.1.2	Documents submitted: 1. FBHP Policy Q2.6 Coordination and Continuity of Care (pg 2-3 III A and B) Policy and Procedures for coordination with SEPs and ACF/NCFs. 2. JCMH Care Coordination with SEP 2014 (entire doc): example of Partner MHC procedures for coordinating care with nursing facilities, ACF, and SEP 3. FBHP Policy Q11.6 Access BHS in NCF_ALF (entire policy): Policy and Procedures for care coordination, service accessibility, continuity of care for specific at risk population in NCF_ACF facilities) 4. FBHP ACF_NCF_staff survey report FY15 (entire report). Describes survey results of an annual ACF_NCF survey to solicit staff/facility feedback on behavioral health service access and care coordination- attention to long-term care providers and waiver service providers. 5. FBHP ACF_NCF_member survey report_ FY15 (entire report). Describes survey results of annual member survey to solicit satisfaction with behavioral health services-attention to long-term care providers and waiver service providers. 6. FBHP MHP compliance checklist 2015 w notes (Care Coordination	Information Only

Standard III—Coordination and Continuity of Care		
Requirement	**Evidence as Submitted by BHO**	**Score**
	item 24) demonstrates oversight of PMHCs compliance with key care coordination policies including SEPs. 7. JCMH compliance checklist 2015 w notes (Care Coordination item 24) demonstrates oversight of PMHCs compliance with key care coordination policies including SEPs.	
Findings: FBHP, MHP, and JCMH had policies and procedures that addressed coordination with the single entry point (SEP) for recertification of home- and community-based services (HCBS), particularly for members in ACFs and NCFs. MHCs have the primary responsibility for coordinating care for members residing in long-term care facilities. The MHCs have long-standing relationships with the SEPs in their respective geographic areas. FBHP included a review of MHC policies for coordinating with SEPs and ACFs/NCFs in the annual compliance audit.		
2.E. The Contractor coordinates with county departments of human/social services in regard to children and youth in out-of-home placements (including kinship care, foster care, and subsidized adoptions) to: ◆ Ensure that children who have had a positive screen for trauma receive a formal follow-up trauma assessment and trauma-informed covered services (if indicated). ◆ Coordinate behavioral health referrals and services with county case workers, and initiate/maintain contact with case workers on an ongoing basis regarding child/adolescent members as well as adult members who have child welfare-involved children in their care. ◆ Ensure that therapists and case managers coordinate with county case workers regarding significant events which include, but are not limited to, discharge from treatment, significant clinical decompensation, and no-shows. The provider network includes clinical staff who are familiar with the unique needs of child welfare members, are able to provide psycho-educational as well as practical therapeutic interventions, and know of and refer families to community	Documents submitted: 1. FBHP Policy Q2.6 Coordination and Continuity of Care (III E)-Policy and Procedures for coordination with DHS. 2. Q1 FY16 NW Adequacy Report _2BHO-(Entire Document) FBHP has actively sought out providers who have specific expertise in the provision of trauma-informed and trauma-specific care practices, including eye movement desensitization and reprocessing, Trauma-Focused Cognitive Behavioral Therapy, and other evidence-based individual and group modalities that share a trauma-informed care perspective. Area of clinical specialty is a searchable field in our provider network database. 3. CareCoordinationPolicy_262L_2BHO (Entire Document) provides a general overview of the purposes of care coordination and the specific responsibilities for FBHP providers. These expectations are also explained in the ProviderManual_FBHP-Section 8 4. (Miscellaneous folder) ProviderManual_FBHP_2015-(Section 8, pg 38-39): All FBHP behavioral health providers are expected to provide basic care coordination services including collaboration with primary care, as long as there is member consent. If complex care management is indicated, the behavioral health professional is required to communicate with other care coordinators or care	Information Only

Standard III—Coordination and Continuity of Care		
Requirement	**Evidence as Submitted by BHO**	**Score**
resources. The Contractor identifies a person within its organization who can serve as a main point of contact for the county departments of human/social services. Contract: Exhibit A—2.5.11.5; 2.4.2.4.2.7.1	managers, who are assigned through other programs, particularly the RCCOs, the Single Entry Points, and the child welfare system. The function of this communication shall be to designate and document the lead care manager for each Member and to ensure that the care coordination plan is an integrated plan that is inclusive of behavioral health needs. 5. ServicesforMembersWithSpecialNeeds_285L_2BHO (Section IV.D-F) identifies BHO responsibility for coordination with DHS, according to contract requirements The FBHP Engagement Center has an Intensive Case Management (ICM) service that will assist primary care physicians, child welfare case workers, long term care facilities, and other agencies with care coordination when Members are involved with multiple systems or have specialized health care needs. This ICM program operates under the supervision of the FBHP Director of UM, who serves as the main point of contact for the county departments of human/social services.	
Findings: The provider manual stated that the behavioral health professional is required to communicate with other care managers assigned to the member, including the RCCOs, SEPs, and the child welfare system. The purpose of this communication was to designate a lead care manager for each member and ensure that the care coordination plan includes the member's behavioral health needs. Each MHC had well-established working relationships with the DHS in their respective service areas and designated a single point of contact to coordinate services and ensure communication of the member treatment plan with the county DHS. The VO/Beacon intensive care managers also assisted providers and child welfare case workers with coordinating services for members with special needs. The VO/Beacon FBHP director of utilization management (UM) served as the primary point of contact between FBHP and county DHSs. The FBHP provider network included providers with expertise in trauma-specific therapies and care of children in the child welfare system. During on-site interviews, staff often referred to coordination with DHS and provided a case presentation that demonstrated ongoing coordination with multiple DHS case workers.		
2.F. The Contractor collaborates with agencies responsible for the administration of jails, prisons, and juvenile detention facilities to coordinate the discharge and transition of incarcerated adult and child/youth members.	Documents submitted: 1. FBHP Policy Q2.6 Coordination and Continuity of Care (III E)-Policy and Procedures for coordination with DHS. 2. FBHP MHP compliance checklist 2015 w notes (Care Coordination item 23) demonstrates oversight of PMHCs compliance with key	Information Only

Standard III—Coordination and Continuity of Care		
Requirement	**Evidence as Submitted by BHO**	**Score**
The Contractor: ◆ Ensures members receive medically necessary initial services after release from correctional facilities and provides the continuation of medication management and other behavioral healthcare services prior to community reentry and continually thereafter. ◆ Designates a staff person as the single point of contact for working with correctional facilities that may release incarcerated or detained members into the Contractor's service area. ◆ Collaborates with correctional facilities to obtain medical records or information for members who are released into the region, as necessary for treatment of behavioral health conditions. ◆ Works with the Department on initiatives, including Medicaid eligibility issues, related to members involved or previously involved with the State correctional system. ◆ Proposes (to the Department) innovative strategies, such as the use of technology, communication protocols, and coordination techniques with the courts, parole officers, police officers, correctional facilities, and other individuals needed to meet these requirements. Contract: Exhibit A—2.4.2.4.2.5	care coordination policies including criminal justice. 3. JCMH compliance checklist 2015 w notes (Care Coordination item 23) demonstrates oversight of PMHCs compliance with key care coordination policies including criminal justice. 4. MHP Care Coordination PP 11-24-14 (III.E)-example - Partner MHC description supports coordination with criminal justice 5. FBHP_Improving transitions of care from jail to community based treatment PIP_Baseline (entire document): describes project to improve coordination with county jails to provide transition care for members 6. FBHP PIP Summary 12_8_15 (entire document): provides overview of efforts to date to coordinate with county jails, as well as county DHS regarding transition care and Medicaid enrollment. FBHP Transition Coordinator participates in statewide meetings with DOC regarding development of transition process for members releasing from DOC or on parole and in need of behavioral health treatment. Statewide project is in the process of establishing specific guidelines for referral, transition, and follow up process.	

Findings:
FBHP, MHP, and JCMH had written policies and procedures to define roles and responsibilities of designated criminal justice care coordinators. The VO/Beacon transition coordinator is responsible for working with the statewide collaboration of BHOs and the Department of Corrections (DOC) to establish mechanisms for identifying and engaging Medicaid-eligible enrollees in needed mental health services upon release from prison. Staff described several barriers to effective implementation of these processes, including completion of a business associate agreement (BAA) to enable availability of data on parolees 30 days ahead of release, effectively functioning "re-entry pods" in the prisons to enroll parolees in Medicaid, parolees being assigned to an inappropriate BHO due to association with the county of release (i.e., El Paso county) rather than residence of the parolee, and State contracting changes with

Standard III—Coordination and Continuity of Care		
Requirement	**Evidence as Submitted by BHO**	**Score**
the community case management organization for parolees. The BHOs, RCCOs, and DOC met monthly to resolve issues and define uniform guidelines for referral, transition, and follow-up of prison parolees. The transition coordinator also assisted MHCs with correctional facility program planning. FBHP involved each of its MHCs with its aligned county jail in a project to engage Medicaid-enrolled persons in mental health services upon release from jail. The county DHS was also involved to expedite Medicaid enrollment for persons in jail prior to release. FBHP will obtain anticipated release data from the jails and run the lists against the BHO claims database to identify member needs and previous services provided by the BHO. Staff described that each MHC/county jail alliance has unique resources and processes for delivering and coordinating necessary services for members upon release from jail: MHP proposed personally escorting the released member to the MHC (across the street from the jail) and connecting him or her directly with a clinician and program. JCMH proposed assigning a special criminal justice care coordinator to each member released from jail upon admission to treatment. FBHP will attempt to measure results of each program through a performance improvement project (PIP) implemented by each MHC.		
2.G. The Contractor provides outreach, a delivery system, and support to nursing facilities and assisted living residences in its service area, including: ◆ Provision of medically necessary, covered behavioral health services on-site in nursing facilities and assisted living residences for members who cannot reasonably travel to a service delivery site. (Residents able to travel may be required to receive their behavioral health services at a delivery site.) The Contractor will work collaboratively with the facilities to determine which residents are and are not able to travel. ◆ Monthly outreach and coordination for the provision of mental health and substance use disorder services for members in nursing facilities and assisted living residences. ◆ Assigning a primary contact from the BHO to each nursing facility and assisted living residence, who will ensure members are receiving necessary behavioral health services and help problem solve any related member issues. ◆ Establishing an ongoing quarterly meeting with all nursing	Documents submitted: 1. FBHP Policy Q2.6 Coordination and Continuity of Care (III B)- Policy and Procedures for coordination with nursing facilities and assisted care facilities. 2. JCMH Care Coordination with SEP 2014 (entire doc): example of Partner MHC procedures for coordinating care with nursing facilities, ACF, and SEP 3. FBHP Policy Q11.6 Access BHS in NCF_ALF (entire policy): Policy and Procedures for care coordination, service accessibility, continuity of care for specific at risk population in NCF_ACF facilities) 4. FBHP ACF_NCF_staff survey report FY15 (entire report). Describes survey results of an annual ACF_NCF survey to solicit staff/facility feedback on behavioral health service access and care coordination- attention to long-term care providers and waiver service providers. 5. FBHP ACF_NCF_member survey report_ FY15 (entire report). Describes survey results of annual member survey to solicit satisfaction with behavioral health services-attention to long-term care providers and waiver service providers	Information Only

Standard III—Coordination and Continuity of Care		
Requirement	**Evidence as Submitted by BHO**	**Score**
facilities and assisted living residences to address outstanding issues. ◆ Providing Preadmission Screening and Resident Review (PASRR) Level II requirements and services to members entering nursing facilities, and providing any specialized behavioral health services identified on the assessment. Contract: Exhibit A—2.4.2.4.2.1		
Findings: FBHP's and the MHCs' policies and procedures outlined the mechanisms for providing behavioral health services to members residing in ACFs and NCFs, which included all required elements. FBHP evaluated MHCs' policies and staff training related to care in ACF/NCFs in the annual compliance audit. MHCs had long-standing relationships with all facilities in the region in which the majority of Medicaid members with mental health needs reside. Staff stated that Jefferson County has the most facilities certified for locked units in the State and that many members in NCFs transitioned from State institutions. MHCs provided services to members either in the care facilities or by arranging transportation for members to the MHC, coordinating all necessary services for individual members. In addition, FBHP provided the facilities with consultation, policies, and education related to appropriate use of antipsychotic medications. FBHP surveys facility staff and members annually regarding satisfaction with the services provided to the facility and its residents.		
2.H. The Contractor works closely and collaboratively with the Regional Care Collaborative Organizations (RCCOs) on care coordination activities. Contract: Exhibit A— 2.4.2.2.3	Documents submitted: 1. FBHP Policy Q2.6 Coordination and Continuity of Care (I.C., III.C, D and G)- Policy and Procedures for coordination with RCCOs on various care coordination activities. 2. FBHP Care Coordination_Care Management Focus Study Abstract 10_1_13 (entire doc) Describes previous focus study coordinating with RCCO to provide more coordinated health care management, specifically for members with SMI. 3. Data Governance Charter_Final (entire document): provides charter for combined FBHP, CCHA, PMHC committee regarding use of combined data sets for improving care practices. 4. (miscellaneous folder) QI Work Plan FBHP FY '16 final pg 19 C.1 [depression screening and referrals in primary care], 5. (miscellaneous folder) FBHP QI Program Evaluation FY '15.doc pg 21 E. [Care Coordination with RCCO]	Information Only

Standard III—Coordination and Continuity of Care		
Requirement	**Evidence as Submitted by BHO**	**Score**
	FBHP COO has monthly meetings with CCHA staff regarding projects and potential areas for collaboration, including depression screening in primary care, coordination with criminal justice, and data sharing. RCCO staff sits on two key FBHP committees, including the Integration Collaborative (focus on strategies in integrated care) and Stakeholder's Council.	
Findings: Policies and procedures and the provider manual described the responsibility of care coordinators—either behavioral health practitioners, the MHC care coordinators, or the VO/Beacon intensive care coordinators—to outreach to the RCCO care coordinators and integrate behavioral and physical care services for the member. Policies stated that if a RCCO coordinator was assigned to a member, the RCCO care coordinator was the lead coordinator. The FBHP service area was geographically aligned with the Colorado Community Health Alliance (CCHA) RCCO service area. Staff reported that FBHP and CCHA have a combined governance committee dedicated to improving care practices, and FBHP and CCHA staff regularly participate in mutual planning committees and other collaborative activities. (HSAG will further explore the integration of the BHO and the RCCOs in the 2015– 2016 RCCO site reviews.)		
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. *42CFR438.208(b)(1)* Contract: Exhibit A— 2.5.1; 2.5.5.3; 2.5.5.4	Documents Submitted: 1. FBHP Policy Q2.6 Coordination and Continuity of Care (entire document): Policy & Procedures describing Care Coordination system 2. (Miscellaneous folder) ProviderManual_FBHP 2015-(Section 8, pg 38-39, pg 27 #2): All FBHP behavioral health providers are expected to provide basic care coordination services including collaboration with primary care, as long as there is member consent. Requirement to document coordination of care. 3. MHP Care Coordination PP 11-24-14: (section I) Describes procedures of assigning care coordinator and duties 4. CareCoordinationPolicy_262L_2BHO_Entire Policy 5. IPN ClinicalAuditTool revised_2014May1; (items in section F) providers are audited for documentation relating to coordination with primary care 6. (Miscellaneous folder) ProviderManual_FBHP-Sections 4 and 9	☒ Met ☐ Partially Met ☐ Not Met ☐ N/A

Standard III—Coordination and Continuity of Care		
Requirement	**Evidence as Submitted by BHO**	**Score**
	additional detail to providers about this expectation. Additionally, Value Options/Beacon Health Options care management team also conducts coordination of care activities in the following situations: • When the TeleConnect/IVR system or ProviderConnect directs the provider-user to call the CCM. • When a provider contacts the CCM for initial or continuing authorization. • When there is a need to change the level of care being provided. • When quality data related to any aspect of member care indicates the need for provider involvement to clarify or take action on identified patterns/trends. • When clinical information provided causes concern regarding quality of care, inactive/non-efficient treatment, or any safety concerns for the member. • When a member has had multiple admissions to higher levels of care. • When members/guardians, community agencies or providers request involvement or review of the care provided.	
4. The Contractor ensures that each member accessing services receives an individual intake and assessment for the level of care needed, performed by a qualified clinician. The intake and assessment process addresses: ◆ Developmental needs. ◆ Cultural and linguistic needs. ◆ Screening for mental illness, substance use, and trauma disorders. *42CFR438.208(c)(2)* Contract: Exhibit A—2.5.10.1	Documents Submitted: 1. (folder Standard X) FBHP Policy Q6.5 Member Medical Record (pg 2 I.C.): Describes requirement of documenting a comprehensive assessment. 2. FBHP Policy Q13.1 Screening Assessment Referral (entire policy): describes requirement for screening for mental illness, substance use and trauma. 3. Medical Record Audit Report FY 15_Final (entire doc): Medical record audit report monitoring assessment components. 4. IPN ClinicalAuditTool revised_2014May1; (items in section B) providers are audited for documentation relating to assessment of developmental and cultural and linguistic needs. Assessment of substance use is also included and mental illness and trauma is	☒ Met ☐ Partially Met ☐ Not Met ☐ N/A

Standard III—Coordination and Continuity of Care		
Requirement	**Evidence as Submitted by BHO**	**Score**
	assessed as part of the overall clinical intake. 5. JCMH Screening, Assessment and Diagnosis of Addictive Disorders (entire document): Partner MHC example of procedures for using SBIRT for brief screen of mental illness, trauma and SUD, and detailed SUD assessment. 6. JCMH Screenings in TIER 2015: Partner MHC example of screenings embedded in the electronic medical record 7. (Miscellaneous folder) ProviderManual_FBHP 2015 (pg 105-107 under General Requirements): Provider documentation requirements re: intake and assessment 8. VO Provider Documentation Training PPT (slide 26-36) IPN training on assessment	
5. The Contractor shares with all health plans, RCCOs, and providers serving each member with special healthcare needs the results of its identification and assessment of the member's needs to prevent duplication of those activities. *42CFR438.208(b)(3)* Contract: Exhibit A—2.4.2.4.2.4.1	Documents submitted: 1. FBHP Policy Q2.6 Coordination and Continuity of Care (entire document): Policy & Procedures describing Care Coordination system 2. FBHP Policy Q13.1 Screening Assessment Referral (entire policy): describes requirement for appropriate referrals and coordination based on screening for mental illness, substance use and trauma. 3. (miscellaneous folder) FBHP QI Program Evaluation FY '15.doc (pg 12 item B): Measure tracking percent of members with a prescriber care coordination letter sent annual – includes medications prescribed, diagnosis, treatment plan, and interest in coordination 4. CareCoordinationPolicy_262L_2BHO (Entire document) defines the purposes for coordination of care and the specific groups that should be included in coordination of care activities. 5. ServicesforMembersWithSpecialNeeds_285L_2BHO (Entire document, especially IV.A) provides specific direction on coordination of care for special populations, such as child welfare clients or post-partum women, to avoid duplication of services or gaps in care.	☒ Met ☐ Partially Met ☐ Not Met ☐ N/A

Standard III—Coordination and Continuity of Care		
Requirement	**Evidence as Submitted by BHO**	**Score**
6. The Contractor utilizes the information gathered in the member's intake and assessment to build an individualized, culturally sensitive comprehensive service plan that includes: ◆ Measurable goals. ◆ Strategies to achieve the stated goals. ◆ A mechanism for monitoring and revising the service plan as appropriate. 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 and the reviewing professional. (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.) Service planning shall take place annually or if there is a change in the member's level of functioning and care needs. *42CFR438.208(c)(3)* Contract: Exhibit A—2.5.11.1–2.5.11.4	**Documents Submitted:** 1. FBHP Policy Q2.6 Coordination and Continuity of Care (Sec I.B.) Describes requirements for treatment plan, including measurable objectives, requirement to revise at least annually, TP is collaborative with client) 2. (folder Standard X) FBHP Policy Q6.5 Member Medical Record (pg 2 I.C.): TP updated annually or if LOC needs change, member signature 3. Medical Record Audit Report FY 15_Final (entire doc): Medical record audit report monitoring treatment plan components. 4. IPN ClinicalAuditTool revised_2014May1; (items in section C) providers are audited for documentation relating to treatment planning 5. VO Provider Documentation Training PPT (slide 37-42): Training for IPN on treatment planning 6. (Miscellaneous folder) ProviderManual_FBHP 2015 (pg 28 medical record and treatment plan & pg 106 under Service/Treatment Plan). Overall provider requirements re: treatment plan 7. JCMH Treatment Plan Newsletter (entire doc) Example of PMHC process for regular education, training of staff regarding key concepts in treatment planning.	☒ Met ☐ Partially Met ☐ Not Met ☐ N/A
7. The Contractor must have a mechanism in place to allow members to directly access a specialist (for example, through a standing referral or approved number of visits) as appropriate for the member's condition. *42CFR438.208(c)(4)*	**Documents Submitted:** 1. (Miscellaneous folder) ProviderManual_FBHP-Section 4 **Description of Process:** For this question, "specialist" is construed as a behavioral health provider, as the BHO is responsible only for authorizing behavioral health care. 1. Members can directly access any network provider for an initial intake evaluation without prior authorization. 2. Providers complete an initial evaluation then obtain authorization	☒ Met ☐ Partially Met ☐ Not Met ☐ N/A

Standard III—Coordination and Continuity of Care		
Requirement	**Evidence as Submitted by BHO**	**Score**
	for outpatient care via Provider Connect or Tele Connect (IVR) no later than 30 calendar days after the initial evaluation. Initial evaluations do not require authorization for contracted providers and can be billed with a deferred diagnosis or no diagnosis code, if needed. 3. Network providers do not need to obtain prior authorization of evaluation or individual or family therapy sessions. However, other services typically require prior approval. 4. For contracted prescribers, medication management services do not require authorization. 5. Emergency services do not require prior authorization. Emergency care is defined as a medical condition manifested by acute symptoms of sufficient severity that the absence of immediate medical attention could reasonably be expected to result in: (a) placing the patient's health in serious jeopardy; (b) serious impairment to bodily functions; or (c) serious dysfunction of any bodily organ or part. Documentation must accompany claims for emergency services in order to support covered diagnosis. This documentation will be reviewed on a retrospective basis, after the member has received care.	
8. If the Contractor is unable to provide covered services to a particular member within its network, the Contractor shall adequately and timely provide the covered services out of network at no cost to the member. *42CFR206.(b)(4)* Contract: Exhibit A—2.5.9.5	**Documents Submitted:** 1. ProvisionofServicesbyanOutofNetworkProviderPolicy_274L_2BHO (Entire Document) **Description of Process:** FBHP has a well-defined process for establishing and implementing Single Case Agreements (SCAs), allowing Members to obtain services from an out-of-network provider, when necessary. Please see the policy referenced above for a full description of this process, which can be initiated by an individual Member, parent or guardian, provider or facility. Single case agreements are frequently approved by FBHP for the following reasons (though this list is not exclusive):	☒ Met ☐ Partially Met ☐ Not Met ☐ N/A

Standard III—Coordination and Continuity of Care		
Requirement	**Evidence as Submitted by BHO**	**Score**
	1. Geographic access; 2. Cultural or linguistic needs or preferences of the Member; 3. Continuity of care for Members transitioning to Medicaid from another health plan; 4. Clinical specialty of the provider needed by the member	
9. The Contractor must arrange for the provision of all *medically necessary services** identified under the federal Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Program, 42 CFR Sections 441.50 to 441.62, including: ◆ Referral assistance for treatment not covered by the plan, but found to be needed as a result of conditions disclosed during screening and diagnosis. (Referral assistance must include giving the family or beneficiary the names, addresses, and telephone numbers of providers who have expressed a willingness to furnish uncovered services at little or no expense to the family.) ▪ At a minimum, the Contractor must assure that the medically necessary services not covered by the Contractor are referred to the Office of Clinical Services for action. ◆ Making appropriate use of State health agencies, State vocational rehabilitation agencies, Title V grantees (Maternal and Child Health/Crippled Children's Services), and other public health, mental health, and education programs and related programs, such as Head Start, Title XX (Social Services) programs, and the Special Supplemental Food Program for Women, Infants and Children (WIC). ◆ Offering the family or beneficiary necessary assistance with transportation and necessary assistance with scheduling appointments for EPSDT services.	**Documents Submitted:** 1. Insert_EPSDT Contacts_english_FBHP (entire document): Included in new enrollee packet 2. Insert_EPSDT letter English_FBHP (entire document): Included in new enrollee packet 3. FBHP MHP compliance checklist 2015 w notes (item 8 and 20) demonstrates oversight of PMHCs compliance with assessment and arrangement of transportation and engaging clients related to EPSDT benefit 4. JCMH compliance checklist 2015 w notes (item 8 and 20) demonstrates oversight of PMHCs compliance with assessment and arrangement of transportation and engaging clients related to EPSDT benefit 5. IPN ClinicalAuditTool revised_2014May1; (item F1) providers are audited for assessing need and referral for EPSDT services 6. MHP_EPSDT Benefit (entire document): example of PMHC procedures for arranging for EPSDT services to members 7. MHP EPSDT Welcome Letter (entire document): example of PMHC materials for members 8. MHP EPSDT Welcome Letter Spanish (entire document): example of PMHC materials for members 9. EPSDT_248L_2BHO (Entire Policy) full description of the procedures related to service provision to Members under the EPSDT program. 10. (Miscellaneous folder) ProviderManual_FBHP) 2015 (EPSDT Section Number 7): additional clarification about offering the family	☒ Met ☐ Partially Met ☐ Not Met ☐ N/A

Standard III—Coordination and Continuity of Care		
Requirement	**Evidence as Submitted by BHO**	**Score**
*Medical necessity for EPSDT— The term "medical necessity" means that a covered service shall be deemed a medical necessity or medically necessary if, in a manner consistent with accepted standards of medical practice, it: ◆ Is found to be an equally effective treatment among other less conservative or more costly treatment options, and ◆ Meets at least one of the following criteria: ▪ The service will, or is reasonably expected to prevent or diagnose the onset of an illness, condition, primary disability, or secondary disability. ▪ The service will, or is reasonably expected to cure, correct, reduce, or ameliorate the physical, mental, cognitive, or developmental effects of an illness, injury, or disability. ▪ The service will, or is reasonably expected to reduce or ameliorate the pain or suffering caused by an illness, injury, or disability. ▪ The service will, or is reasonably expected to assist the individual to achieve or maintain maximum functional capacity in performing activities of daily living. Medical necessity may also be a course of treatment that includes mere observation or no treatment at all. *42 CFR 441.61 (a) and (b);* *42 CFR 441.62* Contract: Amendment 3— 6.A.2.2.1 10 CCR 2505-10—8.280.8.C and D.5 10 CCR 2505-10—8.280.1	or beneficiary assistance with appointment scheduling or transportation services. The EPSDT section notes: "Under the EPSDT program, case management services are the responsibility of the Department of Health Care Policy and Financing and are subcontracted to local agencies. Family Health Coordinators have the responsibility to facilitate the EPSDT screening process, help families select a PCP if requested, give transportation options, complete follow-up on screening appointments and arrange for diagnostic and treatment services. In most cases, the Family Health Coordinators do not provide the services but rather refer to those who are able to provide health care and other needed services within the community."	

Standard III—Coordination and Continuity of Care		
Requirement	**Evidence as Submitted by BHO**	**Score**
10. The Contractor ensures that in the process of coordinating care, each member's privacy is protected in accordance with the privacy requirements in 45 CFR parts 160 and 164, subparts A and E (HIPAA), to the extent that they are applicable. In all other operations, as well, the Contractor uses and discloses individually identifiable health information in accordance with the privacy requirements in 45 CFR parts 160 and 164, subparts A and E (HIPAA), to the extent that these requirements are applicable. *42CFR438.208(b)(4)* *42CFR438.224* Contract: 10.B; Exhibit A—2.4.2.1.1.6	**Documents Submitted:** 1. (In folder Standard IV) FBHP Policy Confidentiality & Security of Member Health Info 9.23.13 (entire document) Describes FBHP's policies/procedures for maintaining HIPAA privacy requirements 2. MHP Annual Training Course Listings – 2015 (specific items related to staff training on confidentiality rights) 3. Medical Record Audit Report FY 15_Final ((see areas audited under legal/rights) Method for monitoring the consents and releases obtained 4. IPN ClinicalAuditTool revised_2014May1; (A3, A4, A5) items to monitor consents and releases obtained 5. (Miscellaneous folder) FBHP Member Handbook 091914 (pg 21-22, "confidentiality) Information for members on their confidentiality rights 6. (Miscellaneous folder) ProviderManual_FBHP_2015 (pg 113). Overall provider requirements re: confidentiality and privacy 7. VO Member Privacy Rights (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.	☒ Met ☐ Partially Met ☐ Not Met ☐ N/A
11. The Contractor shall form relationships with community partners and government agencies that provide services to members. Agencies include: ◆ Colorado Department of Health Care Policy and Financing, Division of Development Disabilities. ◆ Colorado Department of Human Services, Child Welfare. ◆ Colorado Department of Human Services, Office of Behavioral Health. ◆ Colorado Department of Public Health and Environment, STD/HIV Section.	**Documents Submitted:** 1. FBHP Policy Q2.6 Coordination and Continuity of Care (III B)- Policy and Procedures for coordination with all necessary departments, providers to ensure coordination of care. 2. FBHP_Improving transitions of care from jail to community based treatment PIP_Baseline (entire document): describes collaboration with local county jails and local DHS 3. Transition Coordinator Pos Description_11_1_15 (entire document): describes FBHP Transition Coordinator position who is responsible for working collaboratively with community partners to support services to members	Information Only

Standard III—Coordination and Continuity of Care		
Requirement	**Evidence as Submitted by BHO**	**Score**
◆ Colorado Department of Public Health and Environment. ◆ Colorado Department of Corrections. ◆ Colorado Prevention Services Division. Contract: Exhibit A—2.4.2.5; 2.4.5.6		
Findings: FBHP care coordination policies, the provider manual, and the position description for the VO/Beacon transition coordinator described the responsibility to coordinate care with other State agencies and community partners to meet member needs. FBHP provided an extensive list of community partners throughout the region, with contact information for care coordinators. During on-site interviews and care coordinator case presentations, staff members described relationships with county DHS, the DOC, county jails, courts, and other agencies to address coordination and transitions of care for members.		
12. The Contractor shall ensure that behavioral health services are provided to dual or multi- eligible members and assist members in finding qualified Medicare providers who are willing to provide covered services. If qualified Medicare providers cannot be identified or accessed, the Contractor shall provide medically necessary covered behavioral health services. Contract: Exhibit A—2.4.2.4.2.2.1.	**Documents Submitted:** 1. ServicesforDualEligibleMembers_284L_2BHO (Entire Document) **Description of Process:** Both of FBHP's partner CMHCs have the ability to bill Medicare for services provided to dually eligible Medicare and Medicaid Members. In addition, the FBHP network also includes 69 independent practitioners across the State, including physicians, nurse practitioners, clinical psychologists, and clinical social workers that have the ability to bill Medicare for dually eligible Members. If a dually-credentialed provider is not available in the Member's area, FBHP authorizes any medically necessary services with a network provider.	Information Only
Findings: Staff described that both MHCs and numerous IPN providers have the ability to provide services and bill Medicare for services provided to dually eligible Medicare and Medicaid members. VO/Beacon's Services for Dual Eligible Members policy stated that UM staff will authorize medically necessary services for Medicaid members when an appropriate Medicare provider cannot be identified. However, the policy did not outline procedures for implementing the policy.		

Standard III—Coordination and Continuity of Care		
Requirement	**Evidence as Submitted by BHO**	**Score**
13. For members with a behavioral health covered diagnosis and a co-occurring noncovered diagnosis, including autism, traumatic brain injury, and developmental disability, the Contractor will assess members using Department-approved criteria and provide medically necessary covered services for the behavioral health diagnosis. ◆ The Contractor has a mechanism for working with developmental disability services, Community Centered Boards (CCBs), Single Entry Point agencies (SEPs), or other appropriate agencies/healthcare providers to secure agreement regarding the medical necessity of behavioral services. ◆ The Contractor provides care coordination to members, including appointment setting, assistance with paperwork, and follow-up to ensure linkage with the appropriate agency. If the Contractor determines that the member does not have a covered behavioral health diagnosis, the Contractor informs the member about how services may be obtained, and refers them to the appropriate providers (e.g., RCCOs, CCBs, and SEPs). Contract: Exhibit A—2.4.2.4.2.3.2–3; 2.5.10.2.2–3	**Documents submitted:** 1. FBHP Policy Q2.6 Coordination and Continuity of Care (III C and D)- describes care coordination responsibilities for members with co-occurring non-covered diagnoses 2. FBHP Policy Q4.3 Access Members with DD (entire document): policy and procedure for ensuring assessment, appropriate treatment decisions 3. FBHP MHP compliance checklist 2015 w notes (item 13) demonstrates oversight of PMHCs compliance with requirements for ensuring access for members with co-occurring non-covered conditions listed in this requirement. 4. JCMH compliance checklist 2015 w notes (item 13) demonstrates oversight of PMHCs compliance with requirements for ensuring access for members with co-occurring non-covered conditions listed in this requirement. 5. Coordinating Care Between MHP and IBHS.Rev 3-13-14 (entire document): PMHC example of coordinating care for co-occurring developmental disabilities	Information Only

Findings:
The FBHP Coordination and Continuity of Care policy stated that members with traumatic brain injury, autism, or a developmental disability receive assistance with appointments, paperwork, and referrals to an appropriate provider (for a non-covered diagnosis) through the RCCO or the VO/Beacon UM department. Other FBHP and MHC policies more specifically addressed the responsibility of the provider to evaluate members for the presence of covered and non-covered diagnoses and to coordinate care with providers of services for members with developmental delays or disabilities. Policies did not describe specific procedures for informing members about how services may be obtained or for referring members to appropriate providers (e.g., RCCO, SEP, CCB) for a non-covered diagnosis. FBHP evaluated MHC policies and training related to co-occurring covered and non-covered diagnoses in the annual compliance audit.

Standard III—Coordination and Continuity of Care		
Requirement	**Evidence as Submitted by BHO**	**Score**
14. The Contractor maintains policies, procedures, and strategies for helping to transition members from Mental Health Institutes (Institutes) located at Ft. Logan and Pueblo to safe and alternative environments. The Contractor also: ◆ Care coordinates with the Institutes to have plans in place to provide medically necessary covered services once the member has been discharged from the Institute. ◆ Works with local counties and hospitals in its region in order to transition children from hospitals to safe and alternative step-down environments (e.g., home, residential). ◆ Meets with local counties and hospitals to develop transition protocols and procedures to ensure continuity of care and continuation of services for members. ◆ Works with the Institutes to execute communication and transition plans for members. ◆ Assigns a liaison to serve as a regular point of contact with Institute staff and members who will return to or enter the Contractor's geographic service area. ◆ Is responsible for ongoing treatment, case management, and other behavioral health services once the member is discharged from an Institute. ◆ Participates on the Institute's Person Centered Planning Board. Contract: Exhibit A—2.4.2.4.2.8	Documents Submitted: 1. Transition Coordinator Pos Description_11_1_15 (items 3-5, 8,9,11): describes FBHP Transition Coordinator position responsibilities related to hospital transition coordination 2. TransitioningMembersFromMHInstitutes_282L_2BHO-Entire Policy **Description of Process:** Discharge planning starts at admission. Through its delegation agreement with ValueOptions/Beacon Health Options, FBHP employs clinical care managers who work closely with the community behavioral health centers and the inpatient treatment providers to assess the needs of Members and ensure that strong plans to transition out of the hospital are in place. The clinical care managers work with hospital staff to determine medical necessity and authorize care. At the same time, behavioral health staff is in touch with hospital social workers to provide relevant history, crisis plans and coping skills that have been helpful for Members in the past. Continuity of care is the focus of discussion. Through this discussion, Clinical Care Managers ensure that inpatient treatment providers are well informed about the outpatient treatment plan and the Member's progress. The hospital providers are asked to provide their assessment and recommendations to inform the Member's outpatient discharge plan and facilitate a successful discharge. The mix of services and focus of treatment are evaluated collaboratively to determine whether changes need to be made in the plan. Clinical care managers provide oversight of this process, working to make sure care is coordinated closely between our inpatient and outpatient providers. Discharge needs inform our medical necessity decisions and we work to ensure that services are not duplicated.	Information Only

Standard III—Coordination and Continuity of Care		
Requirement	**Evidence as Submitted by BHO**	**Score**
	Members who need home and community-based services, housing, transportation or physical health care are linked with appropriate services prior to discharge. A strong collaboration is accomplished to best serve the Member, who, by nature of being in inpatient psychiatric care, may either still be in crisis, or has been in crisis and is in need of assistance related to daily life functions so that therapeutic concerns and follow-up can be provided in the manner that best supports the Member. Close communication is required to ensure that all parties are aware of the treatment timeline and plan for discharge. Prior to discharge, follow-up appointments are set with the Member's input, and clinical care managers work with inpatient providers to make sure Members know the next steps in their treatment. Outpatient providers follow up with the Member to ensure that they attend their discharge appointments. If appointments are missed, Members receive outreach to help engage them in treatment as quickly as possible. Contacts with the Member's treatment team are frequent during this time of transition to make sure that they are participating in ongoing care as seamlessly as possible.	
Findings: VO/Beacon's Transitioning Members from MH Institutes policy described the role of BHO staff to transition members from State hospitals and addressed all required elements. MHCs had a long-standing working relationship with Colorado Mental Health Institute at Fort Logan, which allocates beds for priority use by the MHCs. Each MHC had an inpatient liaison staff member who visited hospitalized members and collaborated with inpatient providers to coordinate a transition and outpatient service plan for the member. To ensure continuity of care on admission, outpatient behavioral health providers informed inpatient providers of member history and treatment plans. Members who needed HCBS, housing, transportation, or physical health care were linked with appropriate services prior to discharge. Staff described frequent contact with members following inpatient discharge. The VO/Beacon transitions coordinator was responsible for member discharges from the Colorado Mental Health Institute at Pueblo and other inpatient facilities in the Colorado Springs area (e.g., Cedar Springs). MHC liaisons and the transition coordinator also supported IPN providers with inpatient transitions.		

Results for Standard III—Coordination and Continuity of Care							
Total	Met	=	10	X	1.00	=	10
	Partially Met	=	0	X	.00	=	0
	Not Met	=	0	X	.00	=	0
	N/A	=	0	X	NA	=	0
Total Applicable		=	10	**Total Score**		=	10

Total Score ÷ Total Applicable	=	100%

Standard IV—Member Rights and Protections		
Requirement	**Evidence as Submitted by BHO**	**Score**
1. The Contractor has written policies and procedures regarding member rights. *42CFR438.100(a)(1)* Contract: Exhibit A—2.6.8.1	**Documents submitted:** 1. FBHP Policy M5.5 Member Rights 6-20-14 (entire document): Policy and Procedure (P&P) regarding informing members of their rights, training providers in rights, and respecting member rights. 2. FBHP Policy M4.6 Member Information 12-8-14 (entire document): Describes procedures to ensure that required information, including member rights, is made available to members. 3. VO Member Privacy Rights (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 M2.5 Cultural Competency 6-20-14 (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 M7.3 Non Discrimination 12-3-15 (entire document): Policy and Procedure (P&P) that FBHP complies with federal laws prohibiting all forms of discrimination. 7. FBHP Policy M6.4 Second Opinions 7-1-13 (entire document): P&P explaining members' right to second opinion and the process. 8. FBHP Policy M3.7 Grievance System (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. Griev Appeal Guide rev 9-8-15; (entire document): Provides a detailed description of the grievance and appeal process for members and provided contact information for the Ombudsman. The document is posted at PMHC sites. It is also mailed with	☒ Met ☐ Partially Met ☐ Not Met ☐ N/A

Standard IV—Member Rights and Protections		
Requirement	**Evidence as Submitted by BHO**	**Score**
	grievance acknowledgement letters, Notices of Action and appeal acknowledgement letters. 10. FBHP Policy M1.4 Advance Directives 7-1-13 (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. 11. Confidentiality & Security of Member Health Info 9.23.13 [entire document]: P&P providing for protection and security of Member PHI. 12. HIPAA Authorization Receive and Disclose 2013: This is FBHP's ROI form. 13. 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. 14. FBHP Privacy Notice English Sept 23 2013 (entire document 15. FBHP Privacy Notice Sept 2013 en espanol (entire document). 16. FBHP Member Handbook 091914 (entire document, but especially Member Rights listed on pg 20 & 22): 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; available 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 20 & 22 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	

Standard IV—Member Rights and Protections		
Requirement	**Evidence as Submitted by BHO**	**Score**
	Provider Network. 17. FBHPartners Spanish Handbook 091914. (entire document, but especially Member Rights on pg 20-22): 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. 18. JCMH Links to FBHP Website.docx Screenshot: Example of how members can access the FBHP website from one of our PMHC's websites. 19. FBHPSiteScreenshot-EnglishHandbook- 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.	
2. The Contractor ensures that its staff and affiliated and network providers take member rights into account when furnishing services to members. *42CFR 438.100(a)(2)* Contract: Exhibit A—2.6.8.1	**Documents submitted:** 1. FBHP Policy M5.5 Member Rights 6-20-14 (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. Medical Record Audit Report FY15 Final, Jefferson Center FY '15 Med Rec Audit CAP request 11.5.15 & MHP FY '15 Med Rec Audit CAP request 11.5.15. The Audit was conducted at the two partner mental health centers (PMHCs) and IPN, during FY '15, by Quality Improvement staff at the PMHCs and, for IPN, by FBHP QI staff. 3. FBHP Policy M3.7 Grievance System (entire document): P&P defining members' right to file a grievance regarding any dissatisfaction with services and to appeal an Action. 4. FBHP Policy M6.4 Second Opinions 7-1-13 (entire policy): P&P	☒ Met ☐ Partially Met ☐ Not Met ☐ N/A

Standard IV—Member Rights and Protections		
Requirement	**Evidence as Submitted by BHO**	**Score**
	describing members' right to a second opinion and the process. 5. 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. FBHP Complete_ProviderMan_NOV2015_PR (Sec. 15 pg 98, 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] 7. Facility Agreement CO Medicaid Addendum_PR [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. 8. Facility Agreement CO Medicaid Addendum_PR [Section G. Describes service guidelines for providers.] 9. VO Provider Training.ppt (See slides 57, 64, 66-79, 82, 84, 85, 91, 92): Training regarding Member Right and , Member Information provided by ValueOptions (FBHP's provider network delegate) to the independent provider network. 10. BHO_ProviderTrainingCY14_VOCO_2015JAN30_PR_v2 [entire document]: VO's documentation of training completed for providers. 11. BHONetDevPlan_FY15_2014JUL28_PR VO's training plan for IPN, includes trainings on Cultural Competency, Special Communication Needs, Member Rights, Advance Directives,	

Standard IV—Member Rights and Protections		
Requirement	**Evidence as Submitted by BHO**	**Score**
	Grievance and Clinical Appeals, and Access to Care Standards. 12. JCMH Rights Annual Training-admin staff 11-20-14.ppt (slides 2-5,8,11, & 13): Jefferson Center annual admin staff training on Member Rights by OMFA staff 13. JCMH Rights Annual Training-clinical 11-20-14.ppt (2-9, 11-17): Jefferson Center annual clinical training on Member Rights by OMFA staff 14. JCMH NEO training rev 11-20-14, JCMH New Employee Orientation training by OMFA staff. 15. Annual Training Course Listings – 2015, summary of annual trainings, shows clients rights training given by OMFA supervisor. 16. MHP EQRO Intake Packets 2015, MHP Materials Given to Clients at Intake: (This list shows that the Medicaid Member Handbook is given to every Medicaid member at Intake. 17. MHP Intake Packets, see MHP Acknowledgement Form within packets (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. 18. MHP Intake Packets, see MHP Grievance and Appeal process form July 2014(entire document): description of the Grievance and Appeal System given to clients at intake. 19. MHP Intake Packets, see MHP DISCLOSURE FORM (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. 20. MHP Intake Packets, see MHP CLIENT RIGHTS AND RESPONSIBILITIES (entire document): Copy of member rights	

Standard IV—Member Rights and Protections		
Requirement	**Evidence as Submitted by BHO**	**Score**
	posted at each mental health center site. Also posted in Spanish. 21. MHP Intake Packets, see MHP NOTICE OF PRIVACY RIGHTS (entire document): MHP privacy rights provided to each client. 22. MHP Intake Packets, see MHP NOTICE OF FEDERAL REQUIRMENTS RE CONFIDENIALITY (entire document): Given to clients at intake; explains limits of confidentiality. 23. JCMH Booklet Materials - (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 information in the FBHP Member Handbook 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…” 25. JCMH Consumer Rights ENG rev 11-2014 on Jeff Net Portal (entire document): Client Rights handed out at intake and posted at all Jefferson Center sites. 26. JCMH Consumer Rights SPAN rev 11-20-14 on Jefferson Portal (entire document): example of Spanish translation of client rights handed out at intake and posted at all mental health center sites. 27. MHP Rights - Ombudsman poster: posted at each MHP site. 28. Members flyer for Ombudsman for Medicaid Managed Care ENG	

Standard IV—Member Rights and Protections		
Requirement	**Evidence as Submitted by BHO**	**Score**
	5-12-08 - Ombudsman poster: posted at each JCMH site. 29. OMFA poster MHP Eng.pdf : Example of poster at all MHP sites informing clients of availability of OMFA Advocate. 30. OMFA poster JCMH Span.pdf: Example of poster at all JCMH sites informing Spanish speaking clients of availability of OMFA Advocate. 31. FFBHP_member_handbook_2014oct26_largetype: available on request by member with visual impairment) 32. FBHP_member_handbook_2014oct26_largetype_SP: Spanish version.	
3. The Contractor's policies and procedures ensure that each member is treated by staff and affiliated and network providers in a manner consistent with the following specified rights: a) Receive information in accordance with information requirements (42CFR438.10). b) Be treated with respect and with due consideration for his or her dignity and privacy. c) Receive information on available treatment options and alternatives, presented in a manner appropriate to the member's condition and ability to understand. d) Participate in decisions regarding his or her healthcare, including the right to refuse treatment, and the right to a second opinion. e) Be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience, or retaliation. f) Request and receive a copy of his or her medical records and request that they be amended or corrected. g) Be furnished healthcare services in accordance with requirements for access and quality of services.	**Documents submitted:** 1. FBHP Policy M4.6 Member Information 12-8-14 (entire document): P&P that outlines how required member information must be written and made available to members. *Responds to Bullet A* 2. FBHP Member Handbook 091914 (pg 31 at bottom of page, "How do I get more information about Foothills Behavioral Health Partners FBHP Annual Letter Eng. Rev. Dec. 2011. *Responds to Bullet A* 3. FBHP_2015_annual_letter_2015jan22_OMF: *Responds to Bullet A* 4. FBHP_2015_annual_letter_2015jan22_OMF_sp: *Responds to Bullet A* 5. FBHP Policy M5.5 Member Rights 6-20-14 (entire document): P&P covering Member Rights and how members are informed of these rights. *Responds to Bullets A-G* 6. 304LMemberRandR_Policy_2BHO (entire policy) VO's [provider network delegate's] policy regarding member rights. *Responds to Bullets A-G* 7. FBHP Member Handbook 091914 (see pg.20 and 21 Your Rights as a Medicaid Member): lists the Medicaid Members rights and responsibilities. *Responds to Bullets A-G* 8. FBHP Member Handbook 091914 (pg.6, beginning with "What can	☒ Met ☐ Partially Met ☐ Not Met ☐ N/A

Standard IV—Member Rights and Protections		
Requirement	**Evidence as Submitted by BHO**	**Score**
42CFR438.100(b)(2) and (3) Contract: Exhibit A—2.6.8.1	I expect when I begin mental health treatment?”): *Responds to Bullets C & D* 9. FBHP Member Handbook 091914(pgs 4-6, Getting and Choosing Services): Tells members how to access services and what to expect*; addresses federal access requirements in bullet G.* 10. (folder Standard III) FBHP Policy Q3.6 Access to Services [Entire policy]: *addresses federal access requirements in bullet G.* 11. (folder Standard X) FBHP Policy Q9.6 Clinical Practice Guidelines (entire document): Clinical practice guidelines to ensure consistent and effective treatment. *Addresses federal quality of services requirements in bullet G.* 12. (folder Standard X) FBHP Policy Q1.6 QAPI Program (entire document): Comprehensive Quality Assessment and Performance Improvement Program. *Addresses federal quality of services requirements in bullet G.* 13. (folder Standard X) FBHP Policy Q7.5 QOCC (entire document): Describes process for identifying and investigating quality of care concerns. A*ddresses federal quality of services requirements in bullet G.* 14. JCMH Rights Annual Training-admin staff 11-20-14.ppt (slides 2-5, 8, 11-13). *Responds to Bullets A-G.* 15. JCMH Rights Annual Trng-clinical staff 11-20-14 (slides 2-9,10-17). *Responds to Bullets A-G.* 16. JCMH NEO training rev 11-20-14. *Responds to Bullets A-G.* 17. MHP Annual Training Course Listings - 2015. *Responds to Bullets A-G* 18. MHP Annual Training Course Listings - 2015 *Responds to Bullets A-G.* 19. 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. *Responds to Bullets A-G.* 20. FBHP Member Handbook 091914 (pg.29, middle of page): provides	

Standard IV—Member Rights and Protections		
Requirement	**Evidence as Submitted by BHO**	**Score**
	information about Ombudsman advocacy. *Responds to bullet G.* 21. 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. *Responds to bullet G.* 22. FBHP Member Handbook 091914 (pg 17, middle of page): explains how to ask for a second opinion. *Responds to Bullet D.* 23. FBHP Member Handbook Spanish.pdf: documents existence of materials in Spanish. *Responds to Bullet C.* 24. FBHP Policy M2.5 Cultural Competency 6-20-14, and FBHP Cult Comp Plan (see especially Goals I-X of the Plan on pg 8-12): Plan providing guidance to FBHP. *Responds to Bullets C.* 25. JCMH Intake Assessments Including Culture and Transportation for FBHP 2015: [Page 1-2]: Section of assessment where the clinician addresses cultural and linguistic factors. *Responds to Bullet C.* 26. MHP intake assessment screen shot.pdf [see Question re Cultural Factors at bottom of second page.] *Responds to Bullets C.* 27. MHP Admission and Referral Screen Shots (see second screen, right side under "serv lang") *Responds to Bullet C.*	
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. 42CFR438.100(c) Contract: Exhibit A—2.6.8.1	**Documents submitted:** 1. FBHP Policy M5.5 Member Rights 6-20-14 (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 091914 (pg. 20, see bullets 16, 17, & 19) Member rights, free to exercise rights without retaliation. 3. FBHP Complete_ProviderMan_NOV2015_PR (Sec. 15 pg 98, 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]	☒ Met ☐ Partially Met ☐ Not Met ☐ N/A

Standard IV—Member Rights and Protections		
Requirement	**Evidence as Submitted by BHO**	**Score**
5. The 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. *42CFR438.100(d)* Contract: Exhibit A—2.6.8.1	**Documents submitted:** 1. FBHP Policy M7.3 Non Discrimination (entire document, P&P prohibiting discrimination. 2. FBHPNonDisScreenShot: statement is prominently located on homepage of web site. 3. FBHP Member Handbook 091914 (Non-discrimination statement at top of inside front cover, Member Rights on pg 20-21, especially bullets 4,5,6,7,10,20, 21 and 22.) 4. FBHP Policy M5.5 Member Rights 6-20-14 (entire document) 5. FBHP Cult Comp Plan.doc (entire document): This plan outlines FBHP's goals regarding cultural competency and language access. 6. Confidentiality & Security of Member Health Info 9.23.13 (entire document) 7. HIPAA Authorization Receive and Disclose 2013 (entire document)	☒ Met ☐ Partially Met ☐ Not Met ☐ N/A
6. The Contractor shall post and distribute member rights to individuals, including: stakeholders, members, providers, member's families, and case workers. Contract: Exhibit A—2.6.8.2	**Documents submitted:** 1. FBHP Member Handbook 091914 (pg. 20-22). Handbook mailed to new members monthly, available on fbhp website, yearly trainings conducted with county DHHS on how to access BHO services. 2. JCMH Booklet Materials Folder. Member rights posted at MHP and JCMH sites. MHP post member rights on bulletin boards. JCMH has a booklet with all member rights info in each office where services are delivered. 3. (In Standard III folder) MHC Compliance audit tool (Member Rights and Member Information sections) demonstrates oversight of PMHCs compliance with distribution and posting of member rights. 4. VO Annual Mail Log FBHP_CHP.xlsx (entire document). Spreadsheet showing breakdown of monthly mailing of new enrollee materials, by PMHC area and by English and Spanish mailings. 5. Documents in New Enrollee Mailing.doc (entire document): lists the materials to be included in monthly mailing to new enrollees.	☒ Met ☐ Partially Met ☐ Not Met ☐ N/A

Standard IV—Member Rights and Protections		
Requirement	**Evidence as Submitted by BHO**	**Score**
	English and Spanish packets available. 6. 2013.12.0077_FBHP_Privacy_ENG (entire document): Included in the New Enrollee packet. 7. 2013.12.0077_FBHP_Privacy_SPA (entire document): Included in the New Enrollee packet.	

Results for Standard IV—Member Rights and Protections							
Total	Met	=	6	X	1.00	=	6
	Partially Met	=	0	X	.00	=	0
	Not Met	=	0	X	.00	=	0
	N/A	=	0	X	NA	=	0
Total Applicable		=	6	**Total Score**		=	6

Total Score ÷ Total Applicable	=	100%

Standard VIII—Credentialing and Recredentialing		
Requirement	**Evidence Submitted by the BHO**	**Score**
1. The Contractor has a well-defined credentialing and recredentialing process for evaluating and selecting licensed independent practitioners to provide care to its members. ◆ The Contractor shall use National Committee for Quality Assurance (NCQA) credentialing and recredentialing standards and guidelines as the uniform and required standards for all contracts. Contract: Exhibit A—2.9.7.2.3.1 NCQA CR1	**Documents Submitted:** 1. N101OverviewOfNationalNetworkPolicy_2BHO-EntireDoc 2. N201PractitionerCredentialingProcess_2BHO-EntireDoc 3. N203FacilityProviderCredentialingProcess_2BHO-EntireDoc 4. N501PractitionerRecredentialingProcess_2BHO-EntireDoc 5. N502FacilityProgramClinicRecredentialingProcess_2BHO-EntireDoc **Description of Process:** The BHO delegates credentialing and recredentialing to ValueOptions/Beacon Health Options. ValueOptions/Beacon Health Options. is a NCQA accredited CVO and carefully evaluates the credentials of each applicant seeking network participation based on uniform, objective criteria detailed in our Credentialing and Primary Source Verification processes and policies (see N101, N201, N203, N501, and N502).	☒ Met ☐ Partially Met ☐ Not Met ☐ N/A
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: 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. (Examples include psychiatrists, psychologists, clinical social workers, psychiatric nurse specialists, and or licensed professional counselors). *42CFR438.214(a)* NCQA CR1—Element A1	**Documents Submitted:** 1. N301DevelopmentOfCredentialingCriteria_2BHO-page 1 Section II 2. N205DisciplineSpecificCredentialingCriteriaForPractitioners_2BHO-EntireDoc **Description of Process:** The BHO delegates credentialing and recredentialing to ValueOptions/Beacon Health Options. ValueOptions/Beacon Health Options maintains a network of behavioral health providers. The delegate has specific policies (see N301 and N205) and procedures that detail the types of behavioral health (non-physician) practitioners and medical practitioners it will credential.	☒ Met ☐ Partially Met ☐ Not Met ☐ N/A

Standard VIII—Credentialing and Recredentialing		
Requirement	**Evidence Submitted by the BHO**	**Score**
2.B. The verification sources used. NCQA CR1—Element A2	**Documents Submitted:** 1. N401PrimarySourceVerificationPolicy_2BHO-EntireDoc 2. N401ASamplePrimarySourceVerificationReport_2BHO-EntireDoc **Description of Process:** The BHO delegates credentialing and recredentialing to ValueOptions/Beacon Health Options. ValueOptions/Beacon Health Options 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 and N401A sample.	☒ Met ☐ Partially Met ☐ Not Met ☐ N/A
2.C. The criteria for credentialing and recredentialing. NCQA CR1—Element A3	**Documents Submitted:** 1. N205DisciplineSpecificCredentialingCriteriaForPractitioners_2BHO-EntireDocument 2. N206CredentialingCriteriaForFacilityOrganizationalProviders_2BHO-EntireDocument 3. N501PractitionerRecredentialingProcess_2BHO-EntireDocument 4. N502FacilityProgramClinicRecredentialingProcess_2BHO-EntireDocument **Description of Process:** As described in the attached policies (see N205, N206, N501, and N502) ValueOptions/Beacon Health Options maintains specific criteria for credentialing and recredentialing.	☒ Met ☐ Partially Met ☐ Not Met ☐ N/A
2.D. The process for making credentialing and recredentialing decisions. NCQA CR1—Element A4	**Documents Submitted:** 1. N101OverviewOfNationalNetworksPolicy_2BHO- EntireDocument 2. N201PractitionerCredentialingProcess_2BHO- EntireDocument 3. N501PractitionerRecredentialingProcess_2BHO- EntireDocument 4. N203FacilityProviderCredentialingProcess_2BHO- EntireDocument 5. N502FacilityProgramClinicRecredentialingProcess_2BHO-	☒ Met ☐ Partially Met ☐ Not Met ☐ N/A

Standard VIII—Credentialing and Recredentialing		
Requirement	**Evidence Submitted by the BHO**	**Score**
	EntireDocument 6. N601RoleOfNationalCredentialingCommittee_2BHO-EntireDocument 7. N604RoleOfLocalCredentialingCommittee_2BHO- EntireDocument **Description of Process:** The BHO delegates credentialing and recredentialing to ValueOptions/Beacon Health Options. ValueOptions/Beacon Health Options has policies that detail the credentialing and recredentialing decision process (see N101, N201, N501, N203, N502, N601, and N604).	
2.E. The process for managing credentialing/ recredentialing files that meet the Contractor's established criteria. NCQA CR1—Element A5	**Documents Submitted:** 1. N202OrganizationOfPractitionerCredentialingAndRecredentialinFile_2BHO-EntireDocument **Description of Process:** The BHO delegates credentialing and recredentialing to ValueOptions/Beacon Health Options. ValueOptions/Beacon Health Options 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 (see N202).	☒ Met ☐ Partially Met ☐ Not Met ☐ N/A
2.F. The process for delegating credentialing or recredentialing (if applicable). NCQA CR1—Element A6	**Documents Submitted:** 1. FBHP Policy D1.5 Delegation of BHO Responsibilities (entire document) Describes FBHP procedures for delegation 2. (miscellaneous folder) Delegation Agreement_FY16_FBHP VO_Final (pg 11-12 #4) Latest executive delegation agreement with ValueOptions, which includes Credentialing and Re-Credentialing 3. FBHP Policy D5.4 Delegation Credentialing (entire document). Overall policy and procedures for delegation of credentialing & re-credentialing	☒ Met ☐ Partially Met ☐ Not Met ☐ N/A

Standard VIII—Credentialing and Recredentialing		
Requirement	**Evidence Submitted by the BHO**	**Score**
2.G. The process for ensuring that credentialing and recredentialing are conducted in a nondiscriminatory 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; and that it takes proactive steps to prevent and monitor discriminatory practices). NCQA CR1—Element A7	**Documents Submitted:** 1. N101OverviewOfNationalNetworksPolicy_2BHO-Page 2,3 Section V, B and C 2. BiAnnual2015NonDiscriminatoryReportSample_2BHO-EntireDoc **Description of Process:** The BHO delegates credentialing and recredentialing to ValueOptions/Beacon Health Options. ValueOptions/Beacon Health Options policy N101 (and BiAnnual2015NonDiscriminatoryReportSample_2BHO) clearly state that credentialing and recredentialing decisions are made in a non-discriminatory manner.	☐ Met ☒ Partially Met ☐ Not Met ☐ N/A
Findings: VO/Beacon policies repeatedly stated commitment to and outlined procedures for ensuring that credentialing and recredentialing decisions are made in a nondiscriminatory manner. However, during the on-site interview, staff members clarified that one role of the local credentialing committee (LCC) is to review requests from providers desiring participation in the network to determine which are allowed to submit credentialing applications. VO/Beacon had no written documents that described this preliminary process or the criteria used to make decisions.		
Required Actions: If VO/Beacon chooses to use a preliminary process for determining which providers are allowed to submit credentialing applications, it must document the process. Documentation must include the criteria used to make determinations, any appeal rights available to providers denied applications, and the mechanisms used to ensure nondiscriminatory practices.		
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. NCQA CR1—Element A8	**Documents Submitted:** 1. N207PractitionerRightsAndNotificationPolicy_2BHO-Page 3,SectionV.B.1. **Description of Process:** The BHO delegates credentialing and recredentialing to ValueOptions/Beacon Health Options. ValueOptions/Beacon Health Options policy N207 states that providers are notified within 10 calendar days if staff identify discrepancies during the credentialing or recredentialing process.	☒ Met ☐ Partially Met ☐ Not Met ☐ N/A

Standard VIII—Credentialing and Recredentialing		
Requirement	**Evidence Submitted by the BHO**	**Score**
2.I. The process for ensuring that practitioners are notified of credentialing and recredentialing decisions within 60 calendar days of the credentialing committee's decision. NCQA CR1—Element A9	**Documents Submitted:** 1. N201PractitionerCredentialingProcessPolicy_2BHO-Page4, SectionV,G2,3 2. N601RoleOfNationalCredentialingCommittee_2BHO-Page3,SectionV,F1 **Description of Process:** The BHO delegates credentialing and recredentialing to ValueOptions/Beacon Health Options. ValueOptions/Beacon Health Options policy N201 and N601states that practitioners are notified of the credentialing/recredentialing decision within 60 calendar days or within 5 business days for denial or disenrollment of the day of the date of the decision.	☒ Met ☐ Partially Met ☐ Not Met ☐ N/A
2.J. The medical director or other designated physician's direct responsibility and participation in the credentialing/ recredentialing program. NCQA CR1—Element A10	**Documents Submitted:** 1. N601RoleOfNationalCredentialingCommittee_2BHO-Page3, SectionV,F1 2. N604RoleOfLocalCredentialingCommittee_2BHO-Page2,SectionV,B,C,E **Description of Process:** The BHO delegates credentialing and recredentialing to ValueOptions/Beacon Health Options. ValueOptions/Beacon Health Options policies (N601 and N604) on the National and Local Credentialing Committees state that the Chief Medical Officer or the designated Medical Director has direct credentialing responsibilities	☒ Met ☐ Partially Met ☐ Not Met ☐ N/A
2.K. The process for ensuring the confidentiality of all information obtained in the credentialing/ recredentialing process.	**Documents Submitted:** 1. N409ConfidentialityOfProviderOtherCredentialingInformation_2BHO-EntireDoc **Description of Process:**	☒ Met ☐ Partially Met ☐ Not Met ☐ N/A

Standard VIII—Credentialing and Recredentialing		
Requirement	**Evidence Submitted by the BHO**	**Score**
NCQA CR1—Element A11	The BHO delegates credentialing and recredentialing to ValueOptions/Beacon Health Options. ValueOptions/Beacon Health Options policy N409 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	
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. NCQA CR1—Element A12	**Documents Submitted:** 1. N412ProviderDirectoryAndOtherEnrolleeInformation_2BHO-Page1,Section III **Description of Process:** The BHO delegates credentialing and recredentialing to ValueOptions/Beacon Health Options. ValueOptions/Beacon Health Options policy (N412) indicates that any information listed in the provider directory comes directly from the provider credentialing database. Information in the provider credentialing database may not be altered and is quality-checked by the credentialing specialist and/or the credentialing manager.	☒ Met ☐ Partially Met ☐ Not Met ☐ N/A
2.M. The Contractor notifies practitioners about their rights: ◆ The right to review information submitted to support their credentialing or recredentialing application. NCQA CR1—Element B1	**Documents Submitted:** 1. N207PractitionerRightsAndNotificationPolicy_2BHO-Page2,SectionV,A **Description of Process:** The BHO delegates credentialing and recredentialing to ValueOptions/Beacon Health Options. ValueOptions/Beacon Health Options policy N207 states that practitioners have the right to review information submitted to support their credentialing application.	☒ Met ☐ Partially Met ☐ Not Met ☐ N/A

Standard VIII—Credentialing and Recredentialing		
Requirement	**Evidence Submitted by the BHO**	**Score**
2.N. The right to correct erroneous information. NCQA CR1—Element B2	**Documents Submitted:** 1. N207PractitionerRightsAndNotificationPolicy_2BHO-Page3,SectionV.B. **Description of Process:** The BHO delegates credentialing and recredentialing to ValueOptions/Beacon Health Options. ValueOptions/Beacon Health Options policy N207 states that practitioners have the right to correct erroneous information in their credentialing application.	☒ Met ☐ Partially Met ☐ Not Met ☐ N/A
2.O. The right to receive the status of their credentialing or recredentialing application, upon request. NCQA CR1—Element B3	**Documents Submitted:** 1. N207PractitionerRightsAndNotificationPolicy_2BHO_Page4,SectionV.C **Description of Process:** The BHO delegates credentialing and recredentialing to ValueOptions/Beacon Health Options. ValueOptions/Beacon Health Options policy N207 states that practitioners have the right to request information regarding the status of their credentialing application and be provided that information.	☒ Met ☐ Partially Met ☐ Not Met ☐ N/A
2.P. How the Contractor accomplishes ongoing monitoring of practitioner sanctions, complaints, and adverse events between recredentialing cycles including: ◆ 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.	**Documents Submitted:** 1. N710OngoingMonitoringOfProviderSanctions_2BHO-EntireDoc 2. SanctionReviewLog2015_2BHO-EntireDoc 3. N703InvoluntarySuspensionQualityOfCare_2BHO-EntireDoc 4. Q3.08QualityOfCareAndAdverseIncidents_2BHO-EntireDoc *Misc 5. QM4.21SentinelEventsAdverseIncidentsMajorQualityOfCareIssuesAndOtherReportableIncidents_2BHO-EntireDoc 6. NCCMinutes10132015Sample_2BHO-EntireDoc 7. CLCCMinutes2015JUL_2BHO-Page 2;NewIssues 8. CLCCAdvisoryForum2015MAY_2BHO-EntireDoc	☒ Met ☐ Partially Met ☐ Not Met ☐ N/A

Standard VIII—Credentialing and Recredentialing		
Requirement	**Evidence Submitted by the BHO**	**Score**
◆ Implementing appropriate interventions when it identified instances of poor quality related to the above. NCQA CR6—Element A	**Description of Process:** The BHO delegates credentialing and recredentialing to ValueOptions/Beacon Health Options. Monitoring of sanctions, complaint and adverse events occurs locally for the initial review and recommendations (see N710, Sanction Review Log, N703, Q3.08, and QM4.21); these issues are then referred to the Local Credentialing Committee for review and on to ValueOptions/Beacon Health Options National Credentialing Committee (see NCC, CLCC Minutes and Advisory Form).	
2.Q. The range of actions available to the Contractor against the practitioner (for quality reasons). NCQA CR7—Element A1	**Documents Submitted:** 1. N701PractitioneAndProviderCompliance_2BHO-Pages2-4,SectionV 2. N703InvoluntarySuspensionQualityOfCare-2BHO-Pages3-4,SectionV,EandG 3. N705PractitionerDisenrollments_2BHO-EntireDocument **Description of Process:** The BHO delegates credentialing and recredentialing to ValueOptions/Beacon Health Options. ValueOptions/Beacon Health Options 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.	☒ Met ☐ Partially Met ☐ Not Met ☐ N/A
2.R. 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]). NCQA CR 7—Elements A2 and B	**Documents Submitted:** 1. N703InvoluntarySuspensionQualityOfCare_2BHO-EntireDocument 2. N705PractitionerDisenrollments_2BHO-Page5,SectionV,B8-9 **Description of Process:** The BHO delegates credentialing and recredentialing to ValueOptions/Beacon Health Options. ValueOptions/Beacon Health	☒ Met ☐ Partially Met ☐ Not Met ☐ N/A

Standard VIII—Credentialing and Recredentialing		
Requirement	**Evidence Submitted by the BHO**	**Score**
	Options 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. (See N703 and N705)	
2.S. A well-defined appeal process for instances in which the Contractor has taken action against a practitioner for quality reasons, which includes: ◆ 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. NCQA CR7—Elements A3and C	**Documents Submitted:** 1. N606ProviderAppealProcess_2BHO-EntireDoc 2. N607FairHearingProcess_2BHO-EntireDoc 3. VOStandardAgreement_2BHO-Page9,Section6.7 **Description of Process:** The BHO delegates credentialing and recredentialing to ValueOptions/Beacon Health Options. ValueOptions/Beacon Health Options policies detail the process available to practitioners if they choose to formally appeal decisions of the ValueOptions/Beacon Health National Credentialing Committee (see N606, N607, and VO Standard Agreement).	☒ Met ☐ Partially Met ☐ Not Met ☐ N/A
2.T. Making the appeal process known to practitioners. NCQA CR7—Elements A4 and C	**Documents Submitted:** 1. (Miscellaneous folders) ProviderManual_FBHP-Page51-52 2. VOStandardAgreement_2BHO-Page9,Section6.7 3. DisenrollmentLetter_2BHO-EntireDoc	☒ Met ☐ Partially Met ☐ Not Met ☐ N/A

Standard VIII—Credentialing and Recredentialing		
Requirement	**Evidence Submitted by the BHO**	**Score**
	Description of Process: The BHO delegates credentialing and recredentialing to ValueOptions/Beacon Health Options. ValueOptions/Beacon Health Options process for informing practitioners of the appeal process is detailed in the Colorado Medicaid and National Provider Handbooks (ProviderManual_FBHP), DisenrollmentLetter_2BHO and in the VOStandardAgreement.	
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. NCQA CR2—Element A1	**Documents Submitted:** 1. N601RoleOfNationalCredentialingCommittee_2BHO-EntireDoc 2. N604RoleOfLocalCredentialingCommittee_2BHO-EntireDoc 3. NCCMinutes10132015_2BHO-Page 1 4. CLCCMinutes2015JUL_2BHO-Page1 **Description of Process:** The BHO delegates credentialing and recredentialing to ValueOptions/Beacon Health Options. ValueOptions/Beacon Health Options uses a peer-review process via the Local Credentialing Committee and a National Credentialing Committee to make credentialing/recredentialing decisions (see N601 and N604). The committee's membership includes a range of participating providers from specific disciplines indicating a peer review process is used (see NCC and CLCC Minutes).	☒ Met ☐ Partially Met ☐ Not Met ☐ N/A
4. The credentialing committee: ◆ Reviews credentials for practitioners who do not meet established thresholds. ◆ Ensures that files which meet established criteria are reviewed and approved by a medical director or designated physician.	**Documents Submitted:** 1. N604RoleOfLocalCredentialingCommittee_2BHO-EntireDoc 2. N601RoleOfNationalCredentialingCommittee_2BHO-EntireDoc 3. NCCMinutes10132015Sample_2BHO-Page 4-12 4. CLCCMinutes2015JUL_2BHO-Page2	☒ Met ☐ Partially Met ☐ Not Met ☐ N/A

Standard VIII—Credentialing and Recredentialing		
Requirement	**Evidence Submitted by the BHO**	**Score**
NCQA CR2—Elements A2 and A3	**Description of Process:** The BHO delegates credentialing and recredentialing to ValueOptions/Beacon Health Options. 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 (see N601 and N604).	
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: ◆ A current, valid license to practice (verification time limit is 180 calendar days). ◆ A valid Drug Enforcement Administration (DEA) or Controlled Dangerous Substance (CDS) certificate if applicable (effective at the time of the credentialing decision). ◆ 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 is 180 calendar days). ◆ Health professional work history—last five years (verification time limit is 365 calendar days). ◆ A history of professional liability claims that resulted in settlements or judgments paid on behalf of the practitioner (verification time limit is 180 calendar days). NCQA CR3—Element A	**Documents Submitted:** 1. N401PrimarySourceVerificationPolicy_2BHO-EntireDoc 2. N401AsamplePrimarySourceVerificationReport_2BHO-EntireDoc **Description of Process:** The BHO delegates credentialing and recredentialing to ValueOptions/Beacon Health Options. The attached policies and checklist detail the verification process and elements reviewed during the credentialing process (N401 and N401A).	☒ Met ☐ Partially Met ☐ Not Met ☐ N/A

Standard VIII—Credentialing and Recredentialing		
Requirement	**Evidence Submitted by the BHO**	**Score**
6. Practitioners complete an application for network participation (at initial credentialing and recredentialing) that includes a current and signed attestation and addresses the following: ◆ 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= 1/mil/1 mil). ◆ The correctness and completeness of the application. NCQA CR3—Element C Contract: 13.B.(*v*)	**Documents Submitted:** 1. N201PractitionerCredentialingProcess_2BHO-Page 3, Section V, E and G 2. N501PractitionerRecredentialingProcess_2BHO-Page 3, Section V E 3. COPractitionerAppUniform_2BHO-Page 17, Section X, Page 19, Section A, Page 20 Section C, F and G, Page 21 Section 1, Page 25 Section 3, 4, Page 26 Section 1, 2 **Description of Process:** The BHO delegates credentialing and recredentialing to ValueOptions/Beacon Health Options. It is ValueOptions/Beacon Health Options s 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 (See N201, N501 and COPractitionerAppUniform).	☒ Met ☐ Partially Met ☐ Not Met ☐ N/A
7. The Contractor verifies the following sanction activities for initial credentialing and recredentialing: ◆ State sanctions, restrictions on licensure, or limitations on scope of practice. ◆ Medicare and Medicaid sanctions. NCQA CR3—Element B	**Documents Submitted:** 1. N401PrimarySourceVerificationPolicy_2BHO-EntireDoc **Description of Process:** The BHO delegates credentialing and recredentialing to ValueOptions/Beacon Health Options. Per ValueOptions/Beacon Health Options policy N401 on the credentialing process, the credentialing committees receive information on provider sanctions prior to making a credentialing decision.	☒ Met ☐ Partially Met ☐ Not Met ☐ N/A

Standard VIII—Credentialing and Recredentialing		
Requirement	**Evidence Submitted by the BHO**	**Score**
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: ◆ Physical accessibility. ◆ Physical appearance. ◆ Adequacy of waiting and examining room space. ◆ Adequacy of treatment record-keeping. NCQA CR5—Element A	**Documents Submitted:** 1. N406APractitionerSiteVisit_2BHO-EntireDoc 2. N406ABPractitionerSiteVisitTool_2BHO-EntireDoc 3. N406BFacilityOrganizationSiteVisit_2BHO-EntireDoc 4. N406BAFacilityOrganizationSiteVisitTool_2BHO-EntireDoc 5. Site_Visit_Example1_2BHO-Entire Document 6. Site_Visit_Example2_2BHO-Entire Document **Description of Process:** The BHO delegates credentialing and recredentialing to ValueOptions/Beacon Health Options. ValueOptions/Beacon Health Options has policies that detail minimum standards for office space and medical record documentation criteria. In addition, ValueOptions/Beacon Health Options has policies that explain how these standards are monitored via the site review process.(See N406A, N406AB, 406B, N406BA). Moreover, ValueOptions/Beacon Health Options monitors it's providers for compliance through regular site visits. See Site_Visit_Example1_2BHO and Site_Visit_Example2_2BHO.	☒ Met ☐ Partially Met ☐ Not Met ☐ N/A
9. The Contractor implements appropriate interventions by: ◆ Continually monitoring member complaints for all practitioner sites. ◆ Conducting site visits of offices within 60 calendar days of determining that the complaint threshold was met. ◆ 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. ◆ Documenting follow-up visits for offices that had	**Documents Submitted:** 1. N406APractitionerSiteVisit_2BHO-EntireDoc 2. QualityOfPractitionerSiteReports_2BHO-EntireDoc **Description of Process:** The BHO delegates credentialing and recredentialing to ValueOptions/Beacon Health. ValueOptions/Beacon Health 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	☒ Met ☐ Partially Met ☐ Not Met ☐ N/A

<table>
<tr><th colspan="3">Standard VIII—Credentialing and Recredentialing</th></tr>
<tr><th>Requirement</th><th>Evidence Submitted by the BHO</th><th>Score</th></tr>
<tr><td>subsequent deficiencies.

NCQA CR5—Element B</td><td>been no practitioner sites that meet the criteria to require a Site Visit be conducted.</td><td></td></tr>
<tr><td>10. The Contractor formally recredentials its practitioners at least every 36 months.

NCQA CR4</td><td>Documents Submitted:
1. N501PractitionerRecredentialingProcess_2BHO-EntireDoc
2. N502FacilityProgramClinicRecredentialingProcess_2BHO-EntireDoc

Description of Process:
The BHO delegates credentialing and recredentialing to ValueOptions/Beacon Health. ValueOptions/Beacon Health formally recredentials its providers every 36 months. This process utilizes information verified from primary sources and is specifically detailed in policies N501 and N502.</td><td>☐ Met
☒ Partially Met
☐ Not Met
☐ N/A</td></tr>
<tr><td colspan="3">Findings:
VO/Beacon’s policies and procedures required that all providers be recredentialed every 36 months; however, three of 10 recredentialing files reviewed on-site were approved by the National Credentialing Committee (NCC) more than 36 months after the prior approval date.</td></tr>
<tr><td colspan="3">Required Actions:
FBHP must ensure that its providers are recredentialed at least every 36 months.</td></tr>
<tr><td>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:

11.A. The Contractor confirms—initially and at least every three years— that the provider is in good standing with state and federal regulatory bodies.

NCQA CR8—Element A1</td><td>Documents Submitted:
1. N203FacilityProviderCredentialingProcess_2BHO- Page 3, Section V. I
2. N206CredentialingCriteriaForFacilityOrganizationalProviders_2BHO-Page 1, Section III, Page 2, Section IV.A
3. N502FacilityProgramClinicRecredentialingProcess_2BHO-EntireDoc

Description of Process:
The BHO delegates credentialing and recredentialing to</td><td>☐ Met
☒ Partially Met
☐ Not Met
☐ N/A</td></tr>
</table>

Standard VIII—Credentialing and Recredentialing		
Requirement	**Evidence Submitted by the BHO**	**Score**
	ValueOptions/Beacon Health. During the credentialing and recredentialing process, ValueOptions/Beacon Health staff confirms that organizational providers are in good standing with state and federal regulatory bodies (see N203, N206, and N502).	
Findings: VO/Beacon's policies and procedures addressed the processes used for the initial and ongoing assessment of organizational providers. While the policies stated that organizations must be recredentialed at least every 36 months, two of the five organizational files reviewed on-site demonstrated that the recredentialing process had not been completed within this 36-month time frame.		
Required Actions: FBHP must ensure that its organizational providers are recredentialed at least every 36 months.		
11.B. The Contractor confirms—initially and at least every three years—that the provider has been reviewed and approved by an accrediting body. NCQA CR8—Element A2	**Documents Submitted:** 1. N206CredentialingCriteriaForFacilityOrganizationalProviders_2BHO-Page 2, 3 Section V. A 5 2. N502FacilityProgramClinicRecredentialingProcess_2BHO-Page 2, 3, Section V. E and F **Description of Process:** The BHO delegates credentialing and recredentialing to ValueOptions/Beacon Health. ValueOptions/Beacon Health credentialing/recredentialing criteria, as stated in policy N206 and N502, for organizational providers confirms whether the provider has been reviewed and approved by an accrediting body.	☒ Met ☐ Partially Met ☐ Not Met ☐ N/A
11.C. The Contractor conducts—initially and at least every three years—an on-site quality assessment if there is no accreditation status. NCQA CR8—Element A3	**Documents Submitted:** 1. N206CredentialingCriteriaForFacilityOrganizationalProviders_2BHO-Page 2, Section V. A 5 2. N406BFacilityOrganizationSiteVisit_2BHO-EntireDoc 3. N502FacilityProgramClinicRecredentialingProcess_2BHO-Page 3, Section V. F 4. SiteVisitExample1_2BHO-Entire Doc 5. SiteVisitExample2_2BHO-EntireDoc	☒ Met ☐ Partially Met ☐ Not Met ☐ N/A

Standard VIII—Credentialing and Recredentialing		
Requirement	**Evidence Submitted by the BHO**	**Score**
	Description of Process: The BHO delegates credentialing and recredentialing to ValueOptions/Beacon Health. If during the credentialing/recredentialing process for organizational providers ValueOptions/Beacon Health is unable to confirm whether the provider has been reviewed and approved by an accrediting body, then ValueOptions/Beacon Health conducts an on-site assessment of the organization.	
11.D. The Contractor‘s policies specify the sources used to confirm: ◆ That providers are in good standing with state and federal requirements. ◆ The provider's accreditation status. (Includes applicable state or federal agency or applicable accrediting bodies for each type of organizational provider, agent of the applicable agency/accrediting body, copies of credentials—e.g., licensure, accreditation report or letter—from the provider.) NCQA CR8—Element A, Factors 1 and 2	**Documents Submitted:** 1. N502FacilityProgramClinicRecredentialingProcess_2BHO-EntireDoc **Description of Process:** The BHO delegates credentialing and recredentialing to ValueOptions/Beacon Health. ValueOptions/Beacon Health credentialing/recredentialing 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/Beacon Health is unable to confirm whether the provider has been reviewed and approved by an accrediting body, then ValueOptions/Beacon Health conducts an on-site assessment of the organization.	☒ Met ☐ Partially Met ☐ Not Met ☐ N/A
11.E. The Contractor's policies and procedures include: ◆ On-site quality assessment criteria for each type of unaccredited organizational provider. ◆ A process for ensuring that that the provider credentials its practitioners.	**Documents Submitted:** 1. N206CredentialingCriteriaForFacilityOrganizationalProviders_2BHO- Page 2, Sections V, A, 5 2. N406BAFacilityOrganizationSiteVisitTool_2BHO- Page 3, 4 Number 9 - 15 3. VOFacilityAgreement_2BHO- Page 5, Section 3.5, Page 7, section 5.2	☒ Met ☐ Partially Met ☐ Not Met ☐ N/A

Standard VIII—Credentialing and Recredentialing		
Requirement	**Evidence Submitted by the BHO**	**Score**
NCQA CR8—Element A, Factor 3	**Description of Process:** The BHO delegates credentialing and recredentialing to ValueOptions/Beacon Health. ValueOptions/Beacon Health credentialing/recredentialing 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/Beacon Health is unable to confirm whether the provider has been reviewed and approved by an accrediting body, then ValueOptions/Beacon Health conducts an on-site assessment of the organization (see N206 and Site Visit tool N406BA). ValueOptions/Beacon Health Facility Agreement holds providers accountable for credentialing/recredentialing their staff (see Facility Agreement).	
12. The Contractor's policy may substitute a CMS or State quality review in lieu of a site visit under the following circumstances: ◆ The CMS or state review is no more than three years old. ◆ The organization obtains a survey report or letter from CMS or the state, from either the provider or from the agency, stating that the facility was reviewed and passed inspection. ◆ The report meets the organization's quality assessment criteria or standards. NCQA CR8—Element A, Factor 3	**Documents Submitted:** 1. N406BFacilityOrganizationSiteVisit_2BHO-Page 2, Section V, A and Page 4, Section V, N **Description of Process:** The BHO delegates credentialing and recredentialing to ValueOptions/Beacon Health. If a provider indicates a state level or CMS review is completed, ValueOptions/Beacon Health reviews the site visit to ensure criteria is met and the organization passed inspection. There are no Colorado contracted facility organizations that fall into this category.	☒ Met ☐ Partially Met ☐ Not Met ☐ N/A

Standard VIII—Credentialing and Recredentialing		
Requirement	**Evidence Submitted by the BHO**	**Score**
13. The Contractor's organizational provider assessment policies and process include assessment of at least: ◆ Inpatient facilities. ◆ Residential facilities. ◆ Ambulatory facilities. NCQA CR8—Element B	**Documents Submitted:** 1. N203FacilityProviderCredentialingProcess_2BHO-EntireDoc 2. N206CredentialingCriteriaForFacilityOrganizationalProviders_2BHO-EntireDoc **Description of Process:** The BHO delegates credentialing and recredentialing to ValueOptions/Beacon Health. The ValueOptions/Beacon Health organizational site review policies and process include a review of the following facilities: inpatient, residential, and ambulatory. This information is detailed in policy N206 and N203.	☒ Met ☐ Partially Met ☐ Not Met ☐ N/A
14. The Contractor has documentation that it has assessed contracted behavioral healthcare (organizational) providers. NCQA CR8—Element C	**Documents Submitted:** 1. N203FacilityProviderCredentialingProcess_2BHO-EntireDoc 2. N206CredentialingCriteriaForFacilityOrganizationalProviders_2BHO-EntireDoc **Description of Process:** ValueOptions/Beacon Health 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 (see N203 and N206).	☒ Met ☐ Partially Met ☐ Not Met ☐ N/A
15. If the Contractor delegates any NCQA-required credentialing activities, there is evidence of oversight of the delegated activities. NCQA CR9	**Documents Submitted:** 1. FBHP Policy D2.5 Monitoring of Delegates (entire document). Describes FBHP monitoring procedures for delegates 2. Final Audit Detail Report_VODelegationAudit_FY15 10_20_15 (pg 30-31 Credentialing section): FBHP conducted a complete audit of all delegated functions for FY'15. 3. Credential Record Audit Final 10_20_15 (entire document). As part	☒ Met ☐ Partially Met ☐ Not Met ☐ N/A

Standard VIII—Credentialing and Recredentialing		
Requirement	**Evidence Submitted by the BHO**	**Score**
	of delegation audit, FBHP conducted a sample credentialing record review. 4. (miscellaneous folder) Delegation Agreement_FY16_FBHP VO_Final (pg 11-12 sec 4; pg 18-20 reports related to credentialing/recredentialing and provider network management): These sections describes oversight procedures broadly and reporting responsibilities that FBHP monitors	
16. The Contractor has a written delegation document with the delegate that: ◆ Is mutually agreed upon. ◆ Describes the delegated activities and 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 delegation agreement) if the delegate does not fulfill its obligations. NCQA CR 9—Element A	**Documents Submitted:** 1. (miscellaneous folder) Delegation Agreement_FY16_FBHP VO_Final (entire document): Latest executive delegation agreement with ValueOptions, which includes Credentialing and Re-Credentialing	☒ Met ☐ Partially Met ☐ Not Met ☐ N/A
17. If the delegation arrangement includes the use of protected health information (PHI) by the delegate, the delegation document also includes: ◆ 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	**Documents Submitted:** 1. (miscellaneous folder) Business Agreement FBHP and VO effective 20141001 fully executed (pgs3-9): BAA, between FBHPartners and VO, includes all requirements as listed under this Standard Requirement regarding PHI.	☒ Met ☐ Partially Met ☐ Not Met ☐ N/A

Standard VIII—Credentialing and Recredentialing		
Requirement	**Evidence Submitted by the BHO**	**Score**
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. NCQA CR9—Element B		
18. 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. NCQA CR9—Element C	**Documents Submitted:** 1. (miscellaneous folder) Delegation Agreement_FY16_FBHP VO_Final (pg 2, Sec 2.02.c.): Indicates delegation of credentialing while retaining the right to approve, suspend or terminate individual practitioners, providers and sites	☒ Met ☐ Partially Met ☐ Not Met ☐ N/A
19. For delegation agreements in effect less than 12 months, the Contractor evaluated delegate capacity before the delegation document was signed. NCQA CR9—Element D	N/A-Delegation agreement has been in effect since 2009. Policy outlining this requirement included for reference. 1. FBHP Policy D1.5 Delegation of BHO Responsibilities (entire document) Describes FBHP procedures for delegation	☐ Met ☐ Partially Met ☐ Not Met ☒ N/A
20. 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. NCQA CR9—Element E1	**Documents Submitted:** 1. FBHP Policy D2.5 Monitoring of Delegates (entire document). Describes FBHP monitoring procedures for delegates 2. Final Audit Detail Report_VODelegationAudit_FY15 10_20_15 (pg 30-31 Credentialing section): FBHP conducted a complete audit of all delegated functions for FY'15. Indicates no issue with credentialing functions. 3. Credential Record Audit Final 10_20_15 (entire document). As part of delegation audit, FBHP conducted a sample credentialing record review. Indicates no issues with files reviewed.	☒ Met ☐ Partially Met ☐ Not Met ☐ N/A

Standard VIII—Credentialing and Recredentialing		
Requirement	**Evidence Submitted by the BHO**	**Score**
21. 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. NCQA CR9—Element E2	**Documents Submitted:** 1. FBHP Policy D2.5 Monitoring of Delegates (entire document). Describes FBHP monitoring procedures for delegates 2. Final Audit Detail Report_VODelegationAudit_FY15 10_20_15 (pg 30-31 Credentialing section): FBHP conducted a complete audit of all delegated functions for FY'15. 3. Credential Record Audit Final 10_20_15 (entire document). As part of delegation audit, FBHP conducted a sample credentialing record review. Indicates no issues with files reviewed. 4. VO NOA CAP request 102315: (entire document) demonstrates CAP request based on not meeting requirements of NOA standards for timeliness 5. FBHP NOA CAP 111815 FINAL: (entire document) demonstrates CAP response and plan from VO for correction of NOA processing.	☒ Met ☐ Partially Met ☐ Not Met ☐ N/A
22. For delegation arrangements in effect 12 months or longer, the Contractor evaluates regular reports (at least semiannually). NCQA CR9—Element E3	**Documents Submitted:** 1. FBHP Policy D2.5 Monitoring of Delegates (entire document). Describes FBHP monitoring procedures for delegates 2. (miscellaneous folder) Delegation Agreement_FY16_FBHP VO_Final (pg 3 Article 3.01 c; pg 16-20 Exhibit B): Describes evaluation of reports as part of delegation agreement, including list of required reports, many of which are quarterly 3. FBHP Reporting Schedule_VO Delegated (shows excel file for tracking delegation reports from VO) 4. COQRTLYCREDRPT2015OCT06_2BHO-EntireDoc 5. COQRTLYCREDRPT2015APR06_2BHO-EntireDoc 6. Disenrollment2015JUL14_2BHO-EntireDoc 7. Disenrollment2015MAR30_2BHO-EntireDoc **Description of Process:** All reports are submitted as specified in the deliverables to each BHO as evidenced by emails to the BHO.	☒ Met ☐ Partially Met ☐ Not Met ☐ N/A

Standard VIII—Credentialing and Recredentialing		
Requirement	**Evidence Submitted by the BHO**	**Score**
23. The Contractor identified and followed up on opportunities for improvement (at least once in each of the past two years), if applicable. NCQA CR9—Element F	**Submitted Documents:** 1. Final Audit Detail Report_VODelegationAudit_FY15 10_20_15 (pg 30-31 Credentialing section): FBHP conducted a complete audit of all delegated functions for FY'15. 2. VO Delegation Report Summary Final 10_20_15 (entire document): Provides brief summary of results and areas for follow up related to items that were partially met or not met. CAP initiated for one not met item related to NOA timeliness. 3. VO NOA CAP request 102315: (entire document) demonstrates CAP request based on not meeting requirements of NOA standards for timeliness 4. FBHP NOA CAP 111815 FINAL: (entire document) demonstrates CAP response and plan from VO for correction of NOA processing.	☒ Met ☐ Partially Met ☐ Not Met ☐ N/A

Results for Standard VIII—Credentialing and Recredentialing							
Total	Met	=	42	X	1.00	=	42
	Partially Met	=	3	X	.00	=	0
	Not Met	=	0	X	.00	=	0
	N/A	=	1	X	NA	=	0
Total Applicable		=	45	**Total Score**		=	42

Total Score ÷ Total Applicable	=	93%

Standard X—Quality Assessment and Performance Improvement		
Requirement	**Evidence as Submitted by BHO**	**Score**
1. The Contractor has an ongoing Quality Assessment and Performance Improvement (QAPI) Program for services it furnishes to its members. 42CFR438.*240(a)* Contract: Exhibit A—2.8.1	**Documents Submitted:** 1. FBHP Policy Q1.6 QAPI Program (entire doc): Describes FBHP's QAPI Program 2. (miscellaneous folder) QI Work Plan FBHP FY16 FINAL (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 '16 – completed annually 3. (miscellaneous folder) FBHP QI program evaluation FY '15 (entire doc): Describes FBHP QI Program performance for FY '15 4. ACFNCF report FY15 final (entire doc): Attachment to the QI program evaluation FY '15; report on assessing access and care coordination with ACF/NCF facilities 5. (miscellaneous folder) FBHP EBP Program Eval FY15 FINAL (entire doc): Attachment to the QI Program evaluation FY '15; report on EBP implementation and program outcomes 6. Internal Survey Report FY '15_FINAL (entire doc): Attachment to the QI Program evaluation FY'15; report on client satisfaction survey results	☒ Met ☐ Partially Met ☐ Not Met ☐ N/A
2. The Contractor's QAPI Program includes mechanisms to detect both underutilization and overutilization of services. *42CFR438.240(b)(3)* Contract: Exhibit A—2.8.5.1.1.2	Documents Submitted: 1. FBHP Policy Q1.6 QAPI Program (Sec IV A): Describes measures for under and overutilization 2. FBHP 3rd Qtr QI report FY15 (pg 16 [hosp overutilization]; pg 11 [hospital and residential discharge follow-up underutilization]; pg 16[ED visit overutilization]); pg 17 [ATU overutilization]: Quarterly report monitoring under and overutilization 3. (miscellaneous folder) FBHP QI program evaluation FY '15 (pg 6-C [engagement measure]; pg 10 A and B [underutilization hosp follow-up and post-residential follow up]; pg 13 A, B, and D [overutilization hospital recidivism, ED visits, and ATU recidivism]): Annual report for FY '15 performance measures	☒ Met ☐ Partially Met ☐ Not Met ☐ N/A

Standard X—Quality Assessment and Performance Improvement		
Requirement	**Evidence as Submitted by BHO**	**Score**
	4. (miscellaneous folder) QI Work Plan FBHP FY '16 final (pg 5 1c [engagement measure]; pg 11 3a and 3b [underutilization hosp follow-up and post-residential follow up]; pg 13 3g [post social detox follow up]; pg 16 5a, 5b, 5c [overutilization hospital recidivism, ED visits, and ATU recidivism]): Annual work plan for FY '16.	
3. The Contractor's QAPI Program includes mechanisms to assess the quality and appropriateness of care furnished to members. *42CFR438.240(b)(4)* Contract: Exhibit A—2.8.5.1.1.3	**Documents Submitted:** 1. FBHP 3rd Qtr QI report FY15 (pg 11-13): Report on care quality and appropriateness measures 2. (miscellaneous folder) FBHP QI program evaluation FY '15(pg 4 [summary of performance measures assessing quality of care]; pg 6-13[performance measures related to access, customer satisfaction, care quality, care coordination and integration, and outcomes and effectiveness]; pg 17-20 [description of projects to improve quality of care, including reviewing of quality of care concerns, grievances, and practice guidelines development]) 3. FBHP EBP Program Eval FY15 FINAL (entire doc): Attachment to the QI Program evaluation FY '15; report on EBP/Best Practice implementation to improve Quality of care 4. ACFNCF report FY15 final (entire doc): Attachment to the QI program evaluation FY '15; report on assessing access and care coordination with ACF/NCF facilities 5. (miscellaneous folder) QI Work Plan FBHP FY '16 final (pg 5-17 [performance measures to monitoring quality of care]; pg 18-21 [plan for projects to improve quality of care including monitoring QOC concerns and plan for practice guideline development, EBP implementation, improving access, monitoring satisfaction, etc.]) 6. Internal Survey Report FY '15_FINAL (entire doc): Description of internal survey results of member perception of quality and appropriateness	☒ Met ☐ Partially Met ☐ Not Met ☐ N/A

Standard X—Quality Assessment and Performance Improvement		
Requirement	**Evidence as Submitted by BHO**	**Score**
4. The Contractor shall monitor its providers' performances on an ongoing basis and hold them accountable to a formal review according to a periodic schedule. Contract: Exhibit A—2.8.2	**Documents Submitted:** 1. IPNProvider_TreatmentRecordReviewAnalysisandReporting_SC_QM (entire doc): VO Policy on monitoring providers through regular auditing, includes detail on areas including in monitoring and follow up 2. IPNProvider_TreatmentRecordReviewAnalysisandReportingAttachmentA_Policy_SC_QM (entire doc): attachment to above VO policy 3. IPNProvider_TreatmentRecordReviewAnalysisandReportingAttachmentB_Policy_SC_QM (entire doc): attachment to above VO policy 4. IPNProvider_TreatmentRecordReviewAnalysisandReporting_Sep2015 (entire doc): attachment to above VO policy 5. FBHP Policy Q6.5 Member Medical Record (entire doc): Policy/procedure for monitoring providers performance based on medical record audits 6. Medical Record Audit Report FY 15_Final (entire doc): provides summary of provider performance on medical record audits in FY'15 7. ChrtAudResultsLtr_Template_2012May01_QM (entire doc): template letter sent to all IPN providers after their audit has been completed. Letter may be accompanied by a CAP request if applicable. 8. FBHP CAP response Nov 2015 (entire doc): example of CAP request and provider response related to medical record documentation 9. JCMH P&P Health Record Review (entire doc): example of PMHC policy for regular review of treatment records 10. FBHP Annual Provider Review Template (entire doc): Letter template to providers summarizing various audit results throughout the year.	☒ Met ☐ Partially Met ☐ Not Met ☐ N/A

Standard X—Quality Assessment and Performance Improvement		
Requirement	**Evidence as Submitted by BHO**	**Score**
5. 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: ◆ The Contractor's performance on the standard measures on which it is required to report. ◆ The results of each performance improvement project. ◆ The Contractor's detailed findings of program effectiveness. *42CFR438.240(e)(1) and (2)* Contract: Exhibit A—2.8.5.2; 2.8.6.1; 2.8.14	**Documents Submitted:** 1. (miscellaneous folder) FBHP QI program evaluation FY '15 (entire doc): Describes FBHP QI Program performance for FY '15 2. ACFNCF report FY15 final (entire doc): Attachment to the QI program evaluation FY '15; report on assessing access and care coordination with ACF/NCF facilities 3. (miscellaneous folder) FBHP EBP Program Eval FY15 FINAL (entire doc): Attachment to the QI Program evaluation FY '15; report on EBP implementation and program outcomes 4. Internal Survey Report FY '15_FINAL (entire doc): Attachment to the QI Program evaluation FY'15; report on client satisfaction survey results	☒ Met ☐ Partially Met ☐ Not Met ☐ N/A
6. The Contractor adopts practice guidelines that meet the following requirements: ◆ Are based on valid and reliable clinical evidence or a consensus of healthcare professionals in the particular field. ◆ Consider the needs of the Contractor's members. ◆ Are adopted in consultation with contracting healthcare professionals. ◆ Are reviewed and updated periodically as appropriate. *42CFR438.236(b)* Contract: Exhibit A—2.8.4.1	**Documents Submitted:** 1. FBHP Policy Q9.6 Clinical Practice Guidelines (entire document): describes procedures for the development of practice guidelines that are based on valid and reliable clinical evidence or consensus of professionals in field, consider needs of contractor's members, adopted in consultation with contracting health care professionals, and reviewed every 3 years 2. SUD Clinical Guidelines Final May2015 (entire doc): example of new guideline development in 2015 3. Tips Substance Use Disorders for Adults_2015 Final (entire doc): example of new Tips sheet in 2015 4. Tips Substance Use Disorders for Friends and Families_2015 Final (entire doc): example of new Tips sheet for friends and family 5. Tips Substance Use Disorders for Adults_Spanish (entire doc): example of Tips sheet available in Spanish 6. Schizophrenia Clinical Guidelines final (entire doc): example of practice guideline revised according to new literature in 2015.	☒ Met ☐ Partially Met ☐ Not Met ☐ N/A

Standard X—Quality Assessment and Performance Improvement		
Requirement	**Evidence as Submitted by BHO**	**Score**
7. The Contractor disseminates the guidelines to all affected providers, and upon request, to members, potential members, and the public, at no cost. *42CFR438.236(c)* Contract: Exhibit A—2.6.7.9.1; 2.8.4.1	**Documents Submitted:** 1. FBHP Policy Q9.6 Clinical Practice Guidelines (sections C and E): Explains procedures for dissemination 2. www.fbhpartners.com/ (go to "for providers", click "Provider Menu" and look for Guidelines: clinical practice; go to "for members", click "Members Menu" "Members Resources" and click "Tips for Support & Recovery") Easily available to all providers and members at no cost 3. JCMH Practice Guidelines Portal Screenshot (entire doc): Staff portal at JCMH with all FBHP Practice Guidelines listed 4. MHP Practice Guidelines on Shared Drive screenshot (entire doc): Guidelines available on staff shared drive 5. ColoradoWelcomeLetter_2BHO-Entire Document: Letter to providers to make aware of how to access clinical guidelines 6. (miscellaneous folder) ProviderManual_FBHP_2015 (pg 41): description of clinical practice guidelines for providers	☒ Met ☐ Partially Met ☐ Not Met ☐ N/A
8. Decisions for utilization management, member education, coverage of services, and other areas to which the guidelines apply are consistent with the guidelines. *42CFR438.236(d)* Contract: Exhibit A— 2.8.4.1	**Documents Submitted:** 1. FBHP Policy Q9.6 Clinical Practice Guidelines (section 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. 104L Developing and Updating Clinical Criteria/LOC Guidelines, (Section IV, Procedures, pp. 1-2.(3. 105L Developing and Updating Treatment Guidelines_2BHO-(Section IV, Procedures, pp. 2-4). 4. 5141.9.02 Survey Scores (Individual Summary)_Clinical_2BHO-(Entire Document) **Description of Process:** In Policy 105L Developing and Updating Treatment Guidelines and Policy 104L Developing and Updating	☒ Met ☐ Partially Met ☐ Not Met ☐ N/A

Standard X—Quality Assessment and Performance Improvement		
Requirement	**Evidence as Submitted by BHO**	**Score**
	Clinical Criteria/LOC Criteria, it is noted that relevant utilization management criteria, member education materials, benefit interpretations and practitioner communications are considered by Value Options/Beacon Health Options when guidelines are developed or revised to help foster consistency to these areas affected by the guidelines. Care management staff are provided training regarding use of the guidelines during their initial orientation, when new LOC criteria are developed, or when the LOC criteria are substantially revised. The application of LOC criteria is a routine part of case presentations during clinical rounds. Care management staff are tested annually (5141.9.02 Survey Scores (Individual Summary)_Clinical_2BHO) to assess their consistency in applying the LOC criteria in UM determinations.	
9. The Contractor monitors member perceptions of well-being and functional status, as well as accessibility and adequacy of services provided. Contract: Exhibit A—2.8.9.1	**Documents Submitted:** 1. FBHP Policy Q1.6 QAPI Program (pg 2 IV.B.): Description of assessing member satisfaction 2. (miscellaneous folder) QI Work Plan FBHP FY ’16 final (pg 8-10, pg 18 A, pg 19 D): Description of plan for monitoring member perception of services through statewide ECHO survey as well as internal FBHP survey, plans for monitoring grievances and quality of care concerns, and survey for members residing in ACF/NCFs 3. FBHP IPN Client Survey_Final; FBHP JCMH Client Survey_Final; FBHP MHP Family survey_Final: (entire docs) FBHP sends client surveys monthly to random selection of members receiving services at the PMHCs and through the IPN to monitor perception of services regularly. 4. Internal Survey Report FY '15_FINAL (entire doc): report on client satisfaction survey results FY’15 5. (miscellaneous folder) FBHP QI program evaluation FY '15 (pg 24-25): FBHP results on statewide ECHO survey for FY’15, compared to FY’14 state-wide data	☒ Met ☐ Partially Met ☐ Not Met ☐ N/A

Standard X—Quality Assessment and Performance Improvement		
Requirement	**Evidence as Submitted by BHO**	**Score**
10. 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.) When a quality of care concern is raised, the Contractor: ◆ Investigates the QOC issue(s). ◆ Conducts follow-up with the member to determine if the immediate healthcare needs are being met. ◆ Sends a resolution letter to the originator of the QOC concern. ◆ Refers QOC issues to the Contractor's peer review committee, when appropriate. ◆ Refers the QOC issue to the appropriate regulatory agency, or licensing board or agency, when appropriate. ◆ Documents the incident in a QOC file that includes a description of the QOC concern, steps taken in the QOC investigation, corrective action(s) implemented, and any referrals to peer review or a regulatory agency. Contract: Exhibit A—2.8.10.2	**Documents Submitted:** 1. FBHP Policy Q7.5 QOCC (entire doc) Describes FBHP's policy and procedures for investigating, analyzing, tracking, & trending QOC concerns. 2. (miscellaneous folder) FBHP QI program evaluation FY '15 (pg 17-20 B): QOC concern report 3. (miscellaneous folder) QI Work Plan FBHP FY '16 final (pg 18 A.1.): QOC monitoring and reporting plan FY '16 4. QOC trend report 2013 and 2014_FBHP (Entire Document): 5. QOCC_Agenda_2015SEP18_FBHP (Entire Document) provides a summary of each FBHP QOC issue and subsequent investigation to date that was included for Committee review in the September 2015 QOCC. 6. QOC_ProvAccptLtr_FBHP (Entire Document) demonstrates resolution of QOC issue brought to committee 7. QOC_Acknowledgement_FBHP (Entire Document) example of letter send to the individual who filed a QOC to acknowledge receipt and plan for follow up 8. Q3.08QualityOfCareAndAdverseIncidents_2BHO (Entire Policy) ValueOptions/Beacon Health Options has a process for investigating, analyzing, tracking and trending quality of care concerns outlined in this policy. Investigations are completed on reported adverse incidents that are classified as major or sentinel events; if a potential quality of care issue is identified during the investigation of an adverse incident, it is documented as a quality of care issue as well. Reported quality of care concerns are investigated and reviewed by the Quality of Care Committee (QOCC) for disposition.	☒ Met ☐ Partially Met ☐ Not Met ☐ N/A

Standard X—Quality Assessment and Performance Improvement		
Requirement	**Evidence as Submitted by BHO**	**Score**
11. The Contractor maintains a health information system that collects, analyzes, integrates, and reports data. *42CFR438.242(a)* Contract: Exhibit A—2.8.12.1	**Documents Submitted:** 1. (miscellaneous folder) Delegation Agreement_FY16_FBHP VO_Final (pg 2 Sec 2.02(d), pg 12-14 #5, pg 18): Delegation agreement outlines delegated functions to ValueOptions for collecting, integrating, and reporting health information data. **2.** FBHP Policy D7.4Delegation IT_HIS (entire doc): Policy and procedure for delegation of health information system functions to ValueOptions/Beacon 3. ITDelegationPolicy_FBHP-Page 4 d, Page 12-13 a-p 4. HealthInfoSystemFlow_2BHO-Entire Document **Description of Process:** FBHP delegates the information technology and health information systems processing to ValueOptions/Beacon Health Options (please refer ITDelegationPolicy_FBHP). ValueOptions/Beacon Health Options health information systems (HealthInfoSystemFlow_2BHO) depicts how the system captures data including, but not limited to: authorizations, claims, eligibility, provider networks, and encounters. This information is synchronized with a Data Warehouse, a machine optimized for reporting and analysis. This information is also used to generate data extracts and create reports to support the BHO's operations.	☒ Met ☐ Partially Met ☐ Not Met ☐ N/A
12. The Contractor's health information system must provide information on areas including, but not limited to, utilization, grievances and appeals, third party liability, and disenrollments for other than loss of Medicaid eligibility. *42CFR438.242(a)* Contract: Exhibit A—2.8.12.1	**Documents Submitted:** 1. FBHP Policy Q1.6 QAPI Program (pg 3 Sec V) Describes VO/Beacon's 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. (miscellaneous folder) FBHP QI program evaluation FY '15 (pg 20 D) Example of annual grievance report completed based on data stored in HIT system	☒ Met ☐ Partially Met ☐ Not Met ☐ N/A

Standard X—Quality Assessment and Performance Improvement		
Requirement	**Evidence as Submitted by BHO**	**Score**
	3. UtilizationPaidClaimsAnalysis_FBHP (Entire Document) : The ValueOptions/Beacon Health Options health information system is structured to provide data for reporting utilization 4. GrievanceAndAppeals_FBHP (Entire Document) screenshot of grievance and appeal database 5. GrievanceSummaryReport_FBHP (Entire Document) example of report pulled directly from VO/Beacon database which is then placed into more usable format for stakeholder viewing **Description of Process** Information on dis-enrollments for other than loss of Medicaid eligibility is provided by HCPF, such as the date of death report. Please note that the “Date of Death” reports are large in size and contain PHI – they are available upon request, but not submitted as evidence.	
13. The Contractor collects data on member and provider characteristics and on services furnished to members (through an encounter data system). *42CFR438.242(b)(1)* Contract: Exhibit A—2.9.4.1	**Documents Submitted:** 1. FBHP Policy Q1.6 QAPI Program (pg 3 Sec V): Describes health information system and data collected 2. (miscellaneous folder) FBHP QI program evaluation FY '15 (pg 6-14): Example of various measures requiring data on member characteristics including age, eligibility category, primary diagnosis 3. EncounterTableStructure_2BHO (Entire Document) 4. EncounterReferenceTables_20150918_2BHO (Entire Document) **Description of Process:** Data collected on member and provider characteristics and on services furnished to members is stored in local Data Warehouse in the Encounter Tables. Data is received from State, CMH’s and VO Claims System is processed through VO Encounter System and stored in Data Warehouse. The EncounterTableStructure_2BHO file shows the Encounter table structure and all the data collected on member and provider characteristics and services furnished.	☒ Met ☐ Partially Met ☐ Not Met ☐ N/A

Standard X—Quality Assessment and Performance Improvement		
Requirement	**Evidence as Submitted by BHO**	**Score**
	EncounterReferenceTables_20150918_2BHO shows the descriptions of the fields in the Encounter database.	
14. The Contractor's health information system includes a mechanism to ensure that data received from providers are accurate and complete by: ◆ 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. *42CFR438.242(b)(2)* Contract: Exhibit A—2.9.4.1.2; 2.9.3.7; 2.9.3.8	**Documents Submitted:** 1. (miscellaneous folder) Delegation Agreement_FY16_FBHP VO_Final (pg 2 Sec 2.02(d), pg 12-14 #5, pg 18): Delegation agreement outlines delegated functions to ValueOptions for collecting, integrating, and reporting health information data. 2. FBHP Policy D7.4Delegation IT_HIS (pg 2. Sec V.) Summary of ValueOptions IT_HIS delegated responsibilities for ensuring data received from providers are accurate and complete 3. FBHP Policy D4.5 Delegation Claims Processing (pg 2. Sec V) Summary of ValueOptions Claims Processing delegated responsibilities for ensuring claims received from providers are accurate and complete 4. CO HCPC USCS Manual 2015 FINAL (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 5. FBHP Policy Q10.5 Encounter Record Accuracy (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 6. FBHP encounter file monitor report FY15Q4 (entire doc) FBHP report monitoring completeness of data submitted by VO/Beacon 7. ListOfEditsPerformedAgainstClaimsAndEncounters_2BHO (entire doc) A list of edits performed on claims and encounters 8. VO_FlatFileLayout_2BHO (Entire Document) All submitters are using standardized formats; for submitters of encounters, the VO-CO Flat File format (VO_FlatFileLayout_2BHO) is being used. For claim, both UB-04 and CMS-1500 forms are used. These standardized formats allow submitters and VO-CO staff to leverage	☒ Met ☐ Partially Met ☐ Not Met ☐ N/A

Standard X—Quality Assessment and Performance Improvement		
Requirement	**Evidence as Submitted by BHO**	**Score**
	their knowledge across multiple MHCs and enhancements that are implemented for one can be shared by all. 9. Combined_Data_Report_Card_June_2015_2BHO-(Entire Document) The tabs in this document show overall error trends in both a chart and a spreadsheet. A reconciliation tab allows for in-depth exploration of the data submitted, its disposition/status and aggregate values. A timeliness tab shows when the submissions were sent to VO-CO, when they were processed, and when data from that file was sent to the State. A color-coding scheme is used to convey early, on-time or late submission. 10. xx201506_LOG_2BHO-Entire Document 11. xx201506_ERR_2BHO-Entire Document 12. xx201506_DUP_2BHO-Entire Document 13. xx201506_MOD_2BHO-Entire Document 14. xx_duplicates_hold_inventory_2BHO-Entire Document 15. xx_eligibility_hold_inventory_2BHO-Entire Document **Description of Process:** The accuracy and completeness of data is assessed at reception/load time and feedback is sent to the submitter (for each submission) in the form of multiple log files: **xx201506_LOG:** A detailed accounting of each record that had an error (or warning). The end of the LOG file includes a summary, by error type and frequency. **xx201506_ERR_2BHO:** A file containing only key elements of failed records; this allows submitters the ability to focus on errors and identify if a trend exists which could be resolved at a procedural level, rather than on a line-by-line basis. **xx201506_DUP_2BHO:** A file containing records from the submission that appear to be duplicates. This file shows which previous records where accepted (an in what file) as well as the duplicate record that is being withheld from the current submission. A summary of duplicates	

Standard X—Quality Assessment and Performance Improvement		
Requirement	**Evidence as Submitted by BHO**	**Score**
	detected appears at the end of the report. **xx201506_MOD_2BHO:** The selection of procedure modifiers is an important method of conveying to the State the special circumstances under which the service was provided. To help he submitter verify that the procedure modifier selected was the correct one, this file offers a line-by-line accounting of key properties of the record and the selected modifier. **xx_duplicates_hold_inventory_2BHO:** A complete account of ALL records that have been held from the submitter for being a duplicate. The first part of the report shows which records are held, and the previously-submitted records which rendered it a duplicate. The second part of the report shows a summary of duplicate records, total units and total charges, by submission. The last part of the report show the complete total by count, total units and total charges. **xx_eligibility_hold_inventory_2BHO:** A complete list of all records that have been held for eligibility reasons. Eligibility is based on the date of service being between the effective and expiration dates of at least one(1) eligibility record received from the State. Records which fail this test are reported back to the submitter here. As this is a historical file, the first part is every record in order of Medicaid ID and Service Date. The second part is an aggregate by member, in descending order by total charges (the ones at the top of the list are worth more if resolved, as they tie up more funds). The last part of the report shows the total number of records, units and charges that are held for failing eligibility.	

Results for Standard X—Quality Assessment and Performance Improvement							
Total	Met	=	14	X	1.00	=	14
	Partially Met	=	0	X	.00	=	0
	Not Met	=	0	X	.00	=	0
	N/A	=	0	X	NA	=	0
Total Applicable		=	14	**Total Score**		=	14

Total Score ÷ Total Applicable	=	100%

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 & Financing
2015–2016 Credentialing Record Review Tool
for Foothills Behavioral Health Partners, LLC

Review Period:	January 1, 2015–December 31, 2015
Date of Review:	January 11–12, 2016
Reviewer:	Kathy Bartilotta
Participating Plan Staff Member:	Alyssa Rose

SAMPLE	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**
Provider ID#	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
Provider Type (MD, PhD, NP, PA, MSW)	LPC	LPC	M.D.	LPC	NP	LCSW	M.D.	LPC	Psych--PhD	LPC
Application/Attestation Date	07/13/13	07/03/13	07/30/13	03/21/13	08/29/13	08/21/13	05/13/14	04/24/13	01/06/15	07/25/13
Credentialing Date (Committee/Medical Director Approval Date)	11/12/2013	11/19/2013	11/26/2013	11/19/2013	04/29/2014	03/18/2014	06/17/2014	05/21/2013	05/12/2015	11/19/2013
The Contractor, using primary sources, verifies that the following are present:										
• A current, valid license to practice (with verification that no State sanctions exist)	Y☒ N☐	Y☒ N☐	Y☒ N☐	Y☒ N☐	Y☒ N☐	Y☒ N☐	Y☒ N☐	Y☒ N☐	Y☒ N☐	Y☒ N☐
• A valid DEA or CDS certificate (if applicable)	Y☐ N☐ NA☒	Y☐ N☐ NA☒	Y☒ N☐ NA☐	Y☐ N☐ NA☒	Y☒ N☐ NA☐	Y☐ N☐ NA☒	Y☒ N☐ NA☐	Y☐ N☐ NA☒	Y☐ N☐ NA☒	Y☐ N☐ NA☒
• Education and training, including board certification (if the practitioner states on the application that he or she is board certified)	Y☒ N☐	Y☒ N☐	Y☒ N☐	Y☒ N☐	Y☒ N☐	Y☒ N☐	Y☒ N☐	Y☒ N☐	Y☒ N☐	Y☒ N☐
• Work history	Y☒ N☐	Y☒ N☐	Y☒ N☐	Y☒ N☐	Y☒ N☐	Y☒ N☐	Y☒ N☐	Y☒ N☐	Y☒ N☐	Y☒ N☐
• History of professional liability claims	Y☒ N☐	Y☒ N☐	Y☒ N☐	Y☒ N☐	Y☒ N☐	Y☒ N☐	Y☒ N☐	Y☒ N☐	Y☒ N☐	Y☒ N☐
• Current malpractice insurance in required amount	Y☒ N☐	Y☒ N☐	Y☒ N☐	Y☒ N☐	Y☒ N☐	Y☒ N☐	Y☒ N☐	Y☒ N☐	Y☒ N☐	Y☒ N☐
• Verification that the provider has not been excluded from federal participation	Y☒ N☐	Y☒ N☐	Y☒ N☐	Y☒ N☐	Y☒ N☐	Y☒ N☐	Y☒ N☐	Y☒ N☐	Y☒ N☐	Y☒ N☐
• Signed application and attestation	Y☒ N☐	Y☐ N☒	Y☒ N☐	Y☒ N☐	Y☒ N☐	Y☒ N☐	Y☒ N☐	Y☒ N☐	Y☒ N☐	Y☒ N☐
• The provider credentialing was completed within verification time limits (see specific verification element—180/365 days)	Y☒ N☐	Y☒ N☐	Y☒ N☐	Y☒ N☐	Y☒ N☐	Y☒ N☐	Y☒ N☐	Y☒ N☐	Y☒ N☐	Y☒ N☐
# Applicable elements	**8**	**8**	**9**	**8**	**9**	**8**	**9**	**8**	**8**	**8**
# Compliant elements	**8**	**7**	**9**	**8**	**9**	**8**	**9**	**8**	**8**	**8**
Percentage compliant	**100%**	**88%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**

Total Record Review Score					**Total Applicable: 83**	**Total Compliant: 82**	**Total Percentage: 99%**

Comments:
File 2 did not have a signed attestation. The document in the attestation file was an authorization to verify information in the credentialing application. The attestation in the application was not signed and dated.

Appendix B. Colorado Department of Health Care Policy & Financing
2015–2016 Recredentialing Record Review Tool
for Foothills Behavioral Health Partners, LLC

Review Period:	January 1, 2015–December 31, 2015
Date of Review:	January 11–12, 2016
Reviewer:	Rachel Henrichs
Participating Plan Staff Member:	Alyssa Rose

SAMPLE	1	2	3	4	5	6	7	8	9	10
Provider ID#	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
Provider Type (MD, PhD, NP, PA, MSW)		PsyD	LCSW	LPC	LCSW	LPC	MD	LPC	LPC	MD
Application/Attestation Date		01/20/15	04/22/14	02/11/13	08/20/15	12/15/14	08/08/14	10/30/13	07/05/15	10/25/13
Last Credentialing/Recredentialing Date		06/12/12	08/23/11	06/15/10	11/15/13	05/05/12	09/06/11	03/15/11	11/13/12	03/29/11
Recredentialing Date (Committee/Medical Director Approval Date)		06/16/2015	08/19/2014	05/14/2013	09/29/2015	06/16/2015	12/23/2014	03/18/2014	10/13/2015	03/18/2014
The Contractor, using primary sources, verifies that the following are present:										
◆ A current, valid license to practice (with verification that no State sanctions exist)	Y☐ N☐	Y☒ N☐	Y☒ N☐	Y☒ N☐	Y☒ N☐	Y☒ N☐	Y☒ N☐	Y☒ N☐	Y☒ N☐	Y☒ N☐
◆ A valid DEA or CDS certificate (if applicable)	Y☐ N☐ NA☐	Y☐ N☐ NA☒	Y☐ N☐ NA☒	Y☐ N☐ NA☒	Y☐ N☐ NA☒	Y☐ N☐ NA☒	Y☒ N☐ NA☐	Y☐ N☐ NA☒	Y☐ N☐ NA☒	Y☒ N☐ NA☐
◆ Board certification status (verifies status only if the practitioner states on the application that he/she is board certified)	Y☐ N☐ NA☐	Y☐ N☐ NA☒	Y☐ N☐ NA☒	Y☐ N☐ NA☒	Y☐ N☐ NA☒	Y☐ N☐ NA☒	Y☒ N☐ NA☐	Y☒ N☐ NA☐	Y☐ N☐ NA☒	Y☒ N☐ NA☐
◆ History of professional liability claims	Y☐ N☐	Y☒ N☐	Y☒ N☐	Y☒ N☐	Y☒ N☐	Y☒ N☐	Y☒ N☐	Y☒ N☐	Y☒ N☐	Y☒ N☐
◆ Current malpractice insurance in the required amount	Y☐ N☐	Y☒ N☐	Y☒ N☐	Y☒ N☐	Y☒ N☐	Y☒ N☐	Y☒ N☐	Y☒ N☐	Y☒ N☐	Y☒ N☐
◆ Verification that the provider has not been excluded from federal participation	Y☐ N☐	Y☒ N☐	Y☒ N☐	Y☒ N☐	Y☒ N☐	Y☒ N☐	Y☒ N☐	Y☒ N☐	Y☒ N☐	Y☒ N☐
◆ Signed application and attestation	Y☐ N☐	Y☒ N☐	Y☒ N☐	Y☒ N☐	Y☒ N☐	Y☒ N☐	Y☒ N☐	Y☒ N☐	Y☒ N☐	Y☒ N☐
◆ The provider recredentialing was completed within verification time limits (see specific verification element—180/365 days)	Y☐ N☐	Y☒ N☐	Y☒ N☐	Y☒ N☐	Y☒ N☐	Y☒ N☐	Y☒ N☐	Y☒ N☐	Y☒ N☐	Y☒ N☐
◆ Recredentialing was completed within 36 months of last credentialing/recredentialing date	Y☐ N☐	Y☒ N☐	Y☒ N☐	Y☒ N☐	Y☒ N☐	Y☐ N☒	Y☐ N☒	Y☒ N☐	Y☒ N☐	Y☒ N☐
# Applicable elements		**7**	**7**	**7**	**7**	**7**	**9**	**8**	**7**	**9**
# Compliant elements		**7**	**7**	**7**	**7**	**6**	**8**	**8**	**7**	**9**
Percentage compliant		**100%**	**100%**	**100%**	**100%**	**86%**	**89%**	**100%**	**100%**	**100%**

Appendix B. Colorado Department of Health Care Policy & Financing
2015–2016 Recredentialing Record Review Tool
for Foothills Behavioral Health Partners, LLC

SAMPLE	1	2	3	4	5					
Provider ID#	*****									
Provider Type (MD, PhD, NP, PA, MSW)	LMFT									
Application/Attestation Date	04/09/14									
Last Credentialing/Recredentialing Date	08/23/11									
Recredentialing Date (Committee/Medical Director Approval Date)	09/16/2014									
The Contractor, using primary sources, verifies that the following are present:										
◆ A current, valid license to practice (with verification that no State sanctions exist)	Y☒ N☐	Y☐ N☐	Y☐ N☐	Y☐ N☐	Y☐ N☐					
◆ A valid DEA or CDS certificate (if applicable)	Y☐ N☐ NA☒	Y☐ N☐ NA☐	Y☐ N☐ NA☐	Y☐ N☐ NA☐	Y☐ N☐ NA☐					
◆ Board certification status (verifies status only if the practitioner states on the application that he/she is board certified)	Y☐ N☐ NA☒	Y☐ N☐ NA☐	Y☐ N☐ NA☐	Y☐ N☐ NA☐	Y☐ N☐ NA☐					
◆ History of professional liability claims	Y☒ N☐	Y☐ N☐	Y☐ N☐	Y☐ N☐	Y☐ N☐					
◆ Current malpractice insurance in the required amount	Y☒ N☐	Y☐ N☐	Y☐ N☐	Y☐ N☐	Y☐ N☐					
◆ Verification that the provider has not been excluded from federal participation	Y☒ N☐	Y☐ N☐	Y☐ N☐	Y☐ N☐	Y☐ N☐					
◆ Signed application and attestation	Y☒ N☐	Y☐ N☐	Y☐ N☐	Y☐ N☐	Y☐ N☐					
◆ The provider recredentialing was completed within verification time limits (see specific verification element—180/365 days)	Y☒ N☐	Y☐ N☐	Y☐ N☐	Y☐ N☐	Y☐ N☐					
◆ Recredentialing was completed within 36 months of last credentialing/recredentialing date	Y☐ N☒	Y☐ N☐	Y☐ N☐	Y☐ N☐	Y☐ N☐					
# Applicable elements	**7**									
# Compliant elements	**6**									
Percentage compliant	**86%**									

Total Record Review Score					**Total Applicable: 75**	**Total Point Score: 72**	**Total Percentage: 96%**

Comments:
Record 1 was an initial credentialing file.
Recredentialing for Record 6 was completed 37 months after the last credentialing/recredentialing date.
Recredentialing for Record 7 was completed 39 months after the last credentialing/recredentialing date.
Recredentialing for Oversample 1 was completed 37 months after the last credentialing/recredentialing date.

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

Table C-1 lists the participants in the FY 2015–2016 site review of **FBHP**.

Table C-1—HSAG Reviewers and BHO Participants

HSAG Review Team	Title
Katherine Bartilotta, BSN	Senior Project Manager
Rachel Henrichs	Compliance Auditor
FBHP Participants	**Title**
Alan Fine	Medical Director, FBHP
Alan Girard	Director of Effectiveness and Performance Management-Jefferson
Alyssa Rose	Director of Provider Relations, Beacon Health Options
Debbie Keairnes	Transition Coordinator, FBHP
Deborah Trout	Director, Corporate Compliance, FBHP
Diana Maier	Director, Network Performance Improvement, FBHP
Haline Grublak	Director, Member Services, Beacon Health Options
Jaime R. Davila	Director, Member Services
Marilyn Hejny	Provider Services Manager, FBHP
Patty Vines	Manager, Office of Member and Family Affairs
Philip Lame	Data Analyst Quality, Beacon Health Options
Robert Dyer	Chief Executive Officer, FBHP
Rose Stauffer (telephonic)	Chief Financial Officer, FBHP
Terry Kvow	Sub Coordinator, FBHP
Department Observers	**Title**
Katie Mortenson	Quality Unit
Melissa Eddelman (telephonic)	Behavioral Health Unit Supervisor
Troy Peck	Contract Specialist

Appendix D. Corrective Action Plan Template for FY 2015–2016

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

For this step,	HSAG completed the following activities:
Step 1	**Corrective action plans are submitted**
	If applicable, the BHO will submit a CAP to HSAG and the Department within 30 calendar days of receipt of the final compliance site review report via e-mail or through the file transfer protocol (FTP) site (with an e-mail notification to HSAG and the Department). The BHO must submit the CAP using the template provided. For each element receiving a score of *Partially Met* or *Not Met*, the CAP must describe interventions designed to achieve compliance with the specified requirements, persons responsible, the timelines associated with these activities, anticipated training and follow-up activities, and documents to be sent following the completion of the planned interventions.
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**
	Following review of the CAP, the Department or HSAG will notify the BHO via e-mail whether: ◆ 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.

For this step,	HSAG completed the following activities:
Step 6	**Documentation substantiating implementation of the plans is reviewed and approved**
	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. 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 healthcare regulations and managed care contract requirements.

The template for the CAP follows.

Table D-2—FY 2015–2016 Corrective Action Plan *for* FBHP

Standard VIII—Credentialing and Recredentialing		
Requirement	**Findings**	**Required Action**
2.G. The process for ensuring that credentialing and recredentialing are conducted in a nondiscriminatory 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; and that it takes proactive steps to prevent and monitor discriminatory practices).	VO/Beacon policies repeatedly stated commitment to and outlined procedures for ensuring that credentialing and recredentialing decisions are made in a nondiscriminatory manner. However, during the on-site interview, staff members clarified that one role of the local credentialing committee (LCC) is to review requests from providers desiring participation in the network to determine which are allowed to submit credentialing applications. VO/Beacon had no written documents that described this preliminary process or the criteria used to make decisions.	If VO/Beacon chooses to use a preliminary process for determining which providers are allowed to submit credentialing applications, it must document the process. Documentation must include the criteria used to make determinations, any appeal rights available to providers denied applications, and the mechanisms used to ensure nondiscriminatory practices.
Planned Interventions:		
Person(s)/Committee(s) Responsible and Anticipated Completion Date:		
Training Required:		
Monitoring and Follow-up Planned:		
Documents to Be Submitted as Evidence of Completion:		

Standard VIII—Credentialing and Recredentialing		
Requirement	**Findings**	**Required Action**
10. The Contractor formally recredentials its practitioners at least every 36 months.	VO/Beacon's policies and procedures required that all providers be recredentialed every 36 months; however, three of 10 recredentialing files reviewed on-site were approved by the National Credentialing Committee (NCC) more than 36 months after the prior approval date.	FBHP must ensure that its providers are recredentialed at least every 36 months.
Planned Interventions:		
Person(s)/Committee(s) Responsible and Anticipated Completion Date:		
Training Required:		
Monitoring and Follow-up Planned:		
Documents to Be Submitted as Evidence of Completion:		

Standard VIII—Credentialing and Recredentialing		
Requirement	**Findings**	**Required Action**
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: 11.A. The Contractor confirms—initially and at least every three years—that the provider is in good standing with state and federal regulatory bodies.	VO/Beacon's policies and procedures addressed the processes used for the initial and ongoing assessment of organizational providers. While the policies stated that organizations must be recredentialed at least every 36 months, two of the five organizational files reviewed on-site demonstrated that the recredentialing process had not been completed within this 36-month time frame.	FBHP must ensure that its organizational providers are recredentialed at least every 36 months.
Planned Interventions:		
Person(s)/Committee(s) Responsible and Anticipated Completion Date:		
Training Required:		
Monitoring and Follow-up Planned:		
Documents to Be Submitted as Evidence of Completion:		

Appendix E. Compliance Monitoring Review Protocol 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' *EQR Protocol 1: Assessment of Compliance with Medicaid Managed Care Regulations: A Mandatory Protocol for External Quality Review (EQR)*, Version 2.0, September 2012.

Table E-1—Compliance Monitoring Review Activities Performed

For this step,	HSAG completed the following activities:
Activity 1:	**Establish Compliance Thresholds**
	Before the site review to assess compliance with federal Medicaid managed care regulations and contract requirements: ◆ HSAG and the Department participated in meetings and held teleconferences to determine the timing and scope of the reviews, as well as scoring strategies. ◆ HSAG collaborated with the Department to develop monitoring tools, record review tools, report templates, on-site agendas; and set review dates. ◆ HSAG submitted all materials to the Department for review and approval. ◆ HSAG conducted training for all site reviewers to ensure consistency in scoring across plans.
Activity 2:	**Perform Preliminary Review**
	◆ HSAG attended the Department's Behavioral Health Quality Improvement Committee (BQuIC) meetings and provided group technical assistance and training, as needed. ◆ Sixty days prior to the scheduled date of the on-site portion of the review, HSAG notified the BHO in writing of the request for desk review documents 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 and on-site activities. Thirty days prior to the review, the BHO provided documentation for the desk review, as requested. ◆ Documents submitted for the desk review and on-site 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. The BHOs also submitted lists of all Medicaid credentialing and recredentialing records that occurred between January 1, 2015, and December 31, 2015, to the extent available at the time of the site-review request. HSAG used a random sampling technique to select records for review during the site visit. ◆ 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 3:	**Conduct Site Visit**
	◆ 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.

For this step,	HSAG completed the following activities:
	◆ HSAG reviewed a sample of administrative records to evaluate implementation of Medicaid managed care regulations related to BHO credentialing and recredentialing. ◆ Also while on-site, 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 confidential or proprietary, or were requested as a result of the pre-on-site document review.) ◆ At the close of the on-site portion of the site review, HSAG met with BHO staff and Department personnel to provide an overview of preliminary findings.
Activity 4:	**Compile and Analyze Findings**
	◆ HSAG used the FY 2015–2016 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. ◆ HSAG determined opportunities for improvement, recommendations, and required actions based on the review findings.
Activity 5:	**Report Results to the State**
	◆ HSAG populated the report template. ◆ 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.