

Colorado Medicaid
Community Mental Health Services Program

FY 2009–2010 SITE REVIEW REPORT
for
**Northeast Behavioral Health
Partnership, LLC**

April 2010

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



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Overview of FY 2009–2010 Compliance Monitoring Activities

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

This is the sixth year that HSAG has performed compliance monitoring reviews of the Colorado Medicaid Community Mental Health Services Program. For the fiscal year (FY) 2009–2010 site review process, the Department requested a review of seven areas of performance. For its review of **Northeast Behavioral Health Partnership, LLC (NBHP)**, HSAG developed a review strategy consisting of seven standards that it had not reviewed within the previous two fiscal years. The areas chosen for review were Standard I—Emergency and Poststabilization Services (a subset of Standard I—Coverage and Authorization of Services); Standard IV—Member Rights and Protections; Standard VI—The Grievance System (Grievances Only); Standard VII—Provider Participation and Program Integrity; Standard VIII—Credentialing and Recredentialing; Standard IX—Subcontracts and Delegation; and Standard X—Quality Assessment and Performance Improvement. Compliance with federal regulations was evaluated through review of the seven standards. This report documents results of the FY 2009–2010 site review activities for the review period—July 1, 2009, through January 19–20, 2010 (the date of the on-site review). Section 2 contains summaries of the findings, opportunities for improvement, strengths, and required actions for each standard area. Appendices A and B contain details of the findings.

Methodology

In developing the data collection tools and in reviewing the seven standards, HSAG used the BHO's contract requirements and regulations specified by the BBA, with revisions that were issued June 14, 2002, and were effective August 13, 2002. To determine compliance, HSAG conducted a desk review of materials submitted prior to the on-site review activities, a review of documents and materials provided on-site, and on-site interviews of key BHO personnel. Documents submitted for the desk review and during the on-site document review consisted of policies and procedures, staff training materials, administrative records, reports, minutes of key committee meetings, and member and provider informational materials. Details of the review of the seven standards are in Appendix A. Details of the on-site grievance record review are in Appendix B.

The seven standards chosen for the FY 2009–2010 site reviews represent a portion of the requirements based on Medicaid managed care requirements. The remainder of Standard I—Coverage and Authorization of Services, Standard II—Access and Availability, Standard III—Coordination of Care, Standard V—Member Information, and the remainder of Standard VI—the Grievance System, will be reviewed in subsequent years.

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

Objective of the Site Review

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

- ◆ The BHO’s compliance with federal regulations and contract requirements in the seven areas of review.
- ◆ Strengths, opportunities for improvement, and actions required to bring the BHO into compliance with federal health care regulations in the standard areas reviewed.
- ◆ The quality and timeliness of, and access to, health care furnished by the BHO, as assessed by the specific areas reviewed.
- ◆ Possible interventions to improve the quality the BHO’s service related to the area reviewed.
- ◆ Activities to sustain and enhance performance processes.

Summary of Results

Based on the results from the Compliance Monitoring Tool and conclusions drawn from the review activities, HSAG assigned each element within the standards in the Compliance Monitoring Tool a score of *Met*, *Partially Met*, *Not Met*, or *Not Applicable*. HSAG assigned required actions to any individual element within the Compliance Monitoring Tool receiving a score of *Partially Met* or *Not Met*. HSAG also identified opportunities for improvement with associated recommendations to enhance some elements, regardless of the score. While HSAG provided recommendations for enhancement of BHO processes based on these identified opportunities for improvement, for requirements that may have been scored *Met*, these recommendations do not represent noncompliance with contract or BBA regulations at this time.

Table 1-1 presents the score for **NBHP** for each of the standards. Details of the findings for each standard are in Appendix A.

| Standard # | Description of Standard | # of Elements | # of Applicable Elements | # Met | # Partially Met | # Not Met | # Not Applicable | Score (% of Met Elements) |
|------------|--|---------------|--------------------------|-------|-----------------|-----------|------------------|---------------------------|
| I | Emergency and Poststabilization Services | 9 | 9 | 9 | 0 | 0 | 0 | 100% |
| IV | Member Rights and Protections | 6 | 6 | 6 | 0 | 0 | 0 | 100% |

| Table 1-1—Summary of Scores for the Standards | | | | | | | | |
|---|--|---------------|--------------------------|-----------|-----------------|-----------|------------------|---------------------------|
| Standard # | Description of Standard | # of Elements | # of Applicable Elements | # Met | # Partially Met | # Not Met | # Not Applicable | Score (% of Met Elements) |
| VI | The Grievance System (Grievances Only) | 13 | 13 | 13 | 0 | 0 | 0 | 100% |
| VII | Provider Participation and Program Integrity | 8 | 8 | 8 | 0 | 0 | 0 | 100% |
| VIII | Credentialing and Recredentialing | 39 | 39 | 39 | 0 | 0 | 0 | 100% |
| IX | Subcontracts and Delegation | 6 | 6 | 6 | 0 | 0 | 0 | 100% |
| X | Quality Assessment and Performance Improvement | 12 | 12 | 12 | 0 | 0 | 0 | 100% |
| Totals | | 93 | 93 | 93 | 0 | 0 | 0 | 100% |

2. Summary of Performance Strengths and Required Actions *for Northeast Behavioral Health Partnership, LLC*

Overall Summary of Performance

For seven of the seven standards HSAG reviewed, **NBHP** received overall percentage-of-compliance scores of 100 percent, which indicates a comprehensive understanding of the managed care requirements set forth in the BBA. **NBHP**'s policies and procedures were comprehensive, easily understood, and presented in an organized manner. During the on-site interviews, **NBHP** staff members were able to clearly articulate procedures followed, which corroborated the written policies and procedures.

Standard I—Emergency and Poststabilization Services

Summary of Findings and Opportunities for Improvement

NBHP delegated utilization management, including the authorization and adjudication of emergency and poststabilization services, to ValueOptions (VO). VO had policies and procedures in place that were clear and concise, and were consistent with BBA requirements. **NBHP** demonstrated that it had effective processes in place to ensure that emergency services were provided without prior authorization and that members were not held liable for payment for emergency behavioral health care. The **NBHP** Member Handbook included information regarding the availability of emergency and poststabilization services, including the fact that members were not to receive a bill for crisis services.

Summary of Strengths

VO (as **NBHP**'s delegate) had comprehensive policies in place to provide staff guidance regarding the provision of emergency and poststabilization services. VO took steps to closely monitor the appropriateness of any denied emergency claims. One strategy used by VO, for example, was to conduct a second-level physician review of denied emergency claims to ensure that claims were approved for any member with a psychiatric diagnosis. In addition, **NBHP** made user-friendly information regarding how to access crisis care available to members as part of the **NBHP** Member Handbook.

Summary of Required Actions

There were no corrective actions required for this standard.

Standard IV—Member Rights and Protections

Summary of Findings and Opportunities for Improvement

NBHP delegated the management of member rights and protections to VO. VO had a comprehensive policy in place that included a list of member rights, including those required in the Code of Federal Regulations (CFR) at 42 CFR 438. The policy also addressed how members were notified of their rights as well as the process for members to express dissatisfaction if they felt their rights were violated. Staff from **NBHP**'s Office of Member and Family Affairs (OMFA) provided education about rights and protections to members, family members, providers, and the community at large. **NBHP** closely monitored providers to ensure that they were trained in the area of member rights and that there was evidence in each clinical file that the member had been informed of their rights and protections. **NBHP** also considered trends in grievances and appeals data related to member rights and protections through **NBHP**'s quality improvement process.

Summary of Strengths

NBHP had comprehensive training in place for providers, **NBHP** staff, and VO Service Center staff in the area of member rights and protections. Also, **NBHP**'s OMFA was active, advocating on behalf of members and their families on cases in which their rights may have been violated. **NBHP** also considered grievances and appeals data as part of its overall quality assessment and performance improvement (QAPI) process.

Summary of Required Actions

There were no corrective actions required for this standard.

Standard VI—The Grievance System (Grievances Only)

Summary of Findings and Opportunities for Improvement

NBHP received an overall score of 100 percent compliance with grievance standards. The **NBHP** Grievance Delegation policy detailed **NBHP**'s delegation of the grievance process to VO. The VO grievance policies and procedures clearly defined the BHO's process by which a member or his or her designated representative may file grievances orally and in writing. The **NBHP** Member Handbook and **NBHP** Provider Handbook demonstrated **NBHP**'s communication to members and providers of the grievance process, required time frames for filing grievances, methods by which members may file grievances, and members' rights as they pertain to grievances and State fair hearings.

The VO grievance policies described the BHO's procedures for processing grievances within the required time frames. The grievance file review provided evidence that: VO provided written acknowledgment of the grievance to the member within two working days of receipt of the grievance, VO staff members who processed the grievance were not involved in any previous level of the review, VO provided written disposition of the grievance to the member within 15 working days from the date the grievance was received, and VO staff notified the member in writing to extend the timeline to resolve the grievance when staff required additional time to collect information for the grievance, which was in the member's best interest. The notice of extension contained the reason for the delay.

Two of the grievance acknowledgment letters contained grievance file dates that differed from what was recorded in the grievance database. The differing dates did not impact the time frames in which VO acknowledged the grievances. VO met the required time frames for acknowledging a member's grievance within two working days. However, **NBHP** should ensure that letters to members appropriately document the correct date a grievance was filed.

Summary of Strengths

NBHP, through its delegate VO, had well-defined grievance policies and procedures in place that detailed the grievance system, and the policies contained all the required information. The grievance database captured all the required elements, and database demonstrations provided by staff provided evidence that staff were able to retrieve grievance information quickly.

Summary of Required Actions

There were no corrective actions required for this standard.

Standard VII—Provider Participation and Program Integrity

Summary of Findings and Opportunities for Improvement

NBHP received an overall score of 100 percent compliance with provider participation and program integrity standards. The **NBHP** Provider Network Delegation policy detailed **NBHP**'s delegation of provider networking and contracting to VO. The provider agreements, contract amendments, and policies contained the required provisions that the BHO would not prohibit, or otherwise restrict, a health care professional acting within the scope of his or her practice from advising or advocating on behalf members; that members may not be held liable for payments to providers; and that the BHO did not contract with providers excluded from participation in federal health care programs. The **NBHP** Member Handbook contained the provision that **NBHP** did not deny services based on moral or religious grounds. The **NBHP** Compliance Plan and related policies demonstrated **NBHP**'s administrative procedures, which were designed to guard against fraud and abuse. The **NBHP** Compliance Plan and policies contained all of the required provisions for designating a compliance officer, compliance officer training, compliance training for staff, internal monitoring and reporting, and **NBHP**'s process for responding to detected offenses.

Summary of Strengths

The **NBHP** compliance program education PowerPoint provided a comprehensive overview of the type of information used to educate and train **NBHP** associates on the compliance program. The **NBHP** compliance program education PowerPoint included information regarding standards of conduct, designation of a compliance officer, lines of communication between the compliance officer and **NBHP** associates, disciplinary guidelines, and **NBHP**'s provision for promptly responding to detected offenses and corrective action initiatives related to the Medicaid managed care contract.

Summary of Required Actions

There were no corrective actions required for this standard.

Standard VIII—Credentialing and Recredentialing

Summary of Findings and Opportunities for Improvement

NBHP received an overall score of 100 percent compliance with credentialing and recredentialing standards. The **NBHP** Credentialing and Recredentialing Delegation policy described **NBHP**'s delegation of credentialing and recredentialing activities to VO. The **NBHP** Credentialing and Recredentialing Delegation policy also described **NBHP**'s oversight of VO's credentialing and recredentialing program, which included verifying that VO maintained a well-defined credentialing and recredentialing process to evaluate contracting with licensed practitioners to provide services to members.

The BHO's credentialing and recredentialing policies described the process for evaluating and selecting providers to participate in the network and notifying providers of credentialing decisions within the required time frames. The credentialing and recredentialing process included the use of an application completed by the practitioner, attestation from the practitioner, and primary source verification. The process also included recommendations to the medical director to approve the credentialing or recredentialing of practitioners who completed the credentialing or recredentialing process and whose files were considered "clean," without any information that would deny credentialing or recredentialing of the practitioner. The BHO's credentialing and recredentialing policies also described the use of the Colorado Local Credentialing Committee (CLCC), which consisted of a multidisciplinary group of peers who reviewed and made recommendations for approval or denial of credentialing and recredentialing files to the National Credentialing Committee (NCC) prior to the NCC's review of credentialing and recredentialing files.

The BHO's credentialing and recredentialing policies listed providers' rights as they pertained to the credentialing and recredentialing process. The provider credentialing application form also provided evidence that providers were notified of their rights at the time they completed the application for credentialing or recredentialing.

Summary of Strengths

The Provider Data Sheet, which was generated from the VO NetworkConnect online provider credentialing and recredentialing database, demonstrated the BHO's organization of provider credentialing and recredentialing information such as primary source verification, verification of providers' responses on the credentialing and recredentialing application, and recommendations to CLCC and NCC based on the information collected during the credentialing or recredentialing process.

Summary of Required Actions

There were no corrective actions required for this standard.

Standard IX—Subcontracts and Delegation

Summary of Findings and Opportunities for Improvement

NBHP delegated several managed care functions to VO, including claims, credentialing, information technology/health information systems, grievances, member and family affairs, provider network, quality management, and utilization management. The terms and conditions of the delegation, including a list of delegated responsibilities and reporting requirements, were detailed in both the Agreement to Delegate and the Management Services Agreement between **NBHP** and VO. **NBHP** also delegated activities related to care coordination and the appointment and supervision of member/parent/family advocates to each of its three community health centers. The agreements with each delegate addressed all elements required by the BBA and the National Committee for Quality Assurance (NCQA). **NBHP** conducted a pre-delegation assessment of VOs' ability to perform under the agreement and monitored each of its delegates throughout the review period.

Summary of Strengths

NBHP had delegation agreements in place with each of its delegates. The **NBHP** agreements included a description of all delegated functions and detailed monitoring activities to be conducted by **NBHP** to ensure compliance with the terms of the agreement. **NBHP** demonstrated that it closely monitored the performance of each of its delegates through on-site compliance reviews, clinical chart review, and a review of grievance reports and other deliverables.

Summary of Required Actions

There were no corrective actions required for this standard.

Standard X—Quality Assessment and Performance Improvement

Summary of Findings and Opportunities for Improvement

NBHP delegated quality management functions to VO. VO produced a Quality Improvement and Utilization Management Program description and Annual Plan for Fiscal Year 2009–2010 on behalf of **NBHP** that described the structure of the QAPI program as well as program goals and objectives. **NBHP** assessed the quality and appropriateness of care provided to members through a review and analysis of utilization data, member survey information, grievances and appeals data, performance improvement projects (PIPs), and information from other quality studies. **NBHP** formally evaluated the effectiveness of its QAPI program on an annual basis and sought informal feedback regarding the future direction of the program through the Quality Improvement/Utilization Management (QI/UM) Committee and public forums.

Summary of Strengths

NBHP had an operational QI/UM Committee in place with strong member and provider representation. **NBHP** actively utilized QAPI program data and information in the literature to make decisions regarding the future development and implementation of quality studies. For example, **NBHP** was considering Mental Health Statistics Improvement Project (MHSIP) member survey data regarding the difficulty of getting follow-up appointments in the development of an indicator to detect underutilization of services.

Summary of Required Actions

There were no corrective actions required for this standard.

3. Follow-up on FY 2008–2009 Corrective Action Plan for Northeast Behavioral Health Partnership, LLC

Methodology

As a follow-up to the FY 2008–2009 site review, each BHO was required to submit a corrective action plan (CAP) to the Department addressing all components for which the BHO received a score of *In Partial Compliance* or *Not In Compliance*. The plan was to include interventions to achieve compliance and the timeline associated with those activities. HSAG reviewed the CAP and associated documents submitted by the BHO and determined whether the BHO successfully completed each of the required actions. HSAG and the Department continued to work with the BHO until HSAG and the Department determined that the BHO completed each of the required actions from the FY 2008–2009 compliance monitoring site review, or until the time of the on-site portion of the BHO’s FY 2009–2010 site review.

Summary of 2008–2009 Required Actions

As a result of the FY 2008–2009 site review, Northeast Behavioral Health (NBH) was required to revise all pertinent materials to include the correct definition of an action. NBH was also required to revise materials containing appeal resolution notification and time frames to reflect the BBA requirements and to address the 14-calendar day extension for expedited appeals. Furthermore, based on the on-site appeals record review, NBH was required to develop a mechanism to document reasonable efforts to provide oral notice of resolution for expedited appeals and to ensure that the notice of action accurately informs members of the conditions under which benefits may continue during the appeal and State fair hearing process.

NBH submitted its CAP to HSAG and the Department in June 2009. HSAG and the Department approved NBH’s CAP in July 2009 and asked that NBH submit evidence that the plan had been successfully implemented by August 31, 2009.

Summary of Corrective Action/Document Review

In July 2009, NBH partnered with VO to form **Northeast Behavioral Health Partnership (NBHP)**. The CAP submitted by NBH/NBHP addressed how the NBH partnership with VO involved the revision of all utilization management policies and procedures. The new set of policies and procedures for **NBHP** contained consistent language throughout regarding the correct definition of an action, and appropriately addressed all applicable time frames related to appeals. These new policies and procedures outlined how **NBHP** would document reasonable efforts to provide oral notice of resolution for expedited appeals and to ensure that notices of action accurately informed members of the conditions under which benefits may continue during the appeal and State fair hearing process.

NBHP submitted documentation supporting its CAP to HSAG and the Department. After careful review of all documents, HSAG and the Department found ample evidence that all required actions were completed.

Summary of Continued Required Actions

NBHP successfully completed the FY 2008–2009 required actions. There were no required actions continued from FY 2008–2009.

Appendix A. **Compliance Monitoring Tool**
for **Northeast Behavioral Health Partnership, LLC**

The completed compliance monitoring tool follows this cover page.

Appendix A. Colorado Department of Health Care Policy & Financing
FY 2009–2010 Compliance Monitoring Tool
for Northeast Behavioral Health Partnership, LLC

| Standard I—Coverage and Authorization of Services—Emergency and Poststabilization Services Only | | | |
|--|--|--|--|
| References | Requirement | Evidence Submitted by the BHO | Score |
| 42CFR438.114(a) | <p>1. The Contractor defines Emergency Medical Condition as a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) that a prudent lay person who possesses an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention to result in the following:</p> <ul style="list-style-type: none"> ◆ Placing the health of the individual (or with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy ◆ Serious impairment to bodily functions ◆ Serious dysfunction of any bodily organ or part | <p>Documents Submitted/Location Within Documents:</p> <ol style="list-style-type: none"> 1. NBHP Utilization Management Delegation Policy – Entire policy. 2. 270L Emergency and Poststabilization Services Policy – Pages 2-3, Section IV.A defines Emergency Medical Condition. 3. Member Handbook (Misc folder) – Page 7, 11 provides definition of emergency medical condition and instructs members on how to access emergency services. 4. C214 Member Request Policy – Pages 2-5, Section V.B.1-5, and V.C.1 discusses protocols for ValueOptions staff to direct members to the nearest facility to obtain services in any life-threatening emergency. 5. Provider Handbook (Misc folder) – Page 14 of the file defines emergency medical condition for providers. | <input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable |
| <p>Findings: Northeast Behavioral Health Partnership (NBHP) delegated utilization management activities, including the authorization and adjudication of emergency and poststabilization services, to VO. The terms of the delegation agreement were described in the BHO’s Utilization Management policy and in a delegation agreement between the two parties. VO’s Emergency and Poststabilization Services policy included a definition for the term, emergency medical condition, that addressed the prudent layperson requirement and was consistent with 42 CFR 438.114(a). A definition of emergency services was also included in the NBHP Member Handbook and in the provider handbook applicable to each of the VO partnership BHOs (which will be referred to throughout this tool as the Provider Handbook).</p> | | | |
| <p>Required Actions: None</p> | | | |

| Standard I—Coverage and Authorization of Services—Emergency and Poststabilization Services Only | | | |
|--|--|--|--|
| References | Requirement | Evidence Submitted by the BHO | Score |
| 42CFR438.114(a) | 2. The Contractor defines Emergency Services as follows: <ul style="list-style-type: none"> ◆ Services furnished by a provider that is qualified to furnish these services under this title ◆ Needed to evaluate or stabilize an emergency medical condition | Documents Submitted/Location Within Documents: <ol style="list-style-type: none"> 1. NBHP Utilization Management Delegation Policy – Entire policy. 2. 270L Emergency and Poststabilization Services Policy – Page 3, Section IV.C. | <input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable |
| | Findings: VO’s Emergency and Poststabilization Services policy included a definition of emergency services that was consistent with 42 CFR 438.114. The policy stated that emergency services were mental health and medical services provided by a qualified provider to evaluate or stabilize an individual experiencing an emergency medical condition. | | |
| | Required Actions: None | | |
| 42CFR438.114(a) | 3. The Contractor defines Poststabilization Care as covered services, related to an emergency medical condition that are provided after a member is stabilized in order to maintain the stabilized condition, or provided to improve or resolve the member’s condition. | Documents Submitted/Location Within Documents: <ol style="list-style-type: none"> 1. NBHP Utilization Management Delegation Policy – Entire policy. 2. 270L Emergency and Poststabilization Services Policy – Page 3, Section IV.D. | <input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable |
| | Findings: Section IV.D of VO’s Emergency and Poststabilization Services policy defined poststabilization services as covered services related to an emergency psychiatric condition provided after a member was stabilized to maintain the stabilized condition or to resolve the member’s condition. The policy also stated that poststabilization services end when a member is transferred from an emergency room to a psychiatric inpatient setting or is discharged from an emergency room to a lower level of care. | | |
| | Required Actions: None | | |



Appendix A. Colorado Department of Health Care Policy & Financing
FY 2009–2010 Compliance Monitoring Tool
for Northeast Behavioral Health Partnership, LLC

| Standard I—Coverage and Authorization of Services—Emergency and Poststabilization Services Only | | | |
|--|---|---|--|
| References | Requirement | Evidence Submitted by the BHO | Score |
| 42CFR438.114(c)(1) | 4. The Contractor covers and pays for emergency services regardless of whether the provider that furnishes the services has a contract with the Contractor. | Documents Submitted/Location Within Documents: 1. NBHP Utilization Management Delegation Policy – Entire policy. 2. NBHP Claims Delegation Policy – Entire policy. 3. 270L Emergency and Poststabilization Services Policy – Page 1, Section III.A. 4. Procedure for Handling Emergency Room and Outpatient Lab Charges – Page 1, Procedure. | <input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable |
| | Findings: VO’s Handling Emergency Room and Outpatient Lab Charges Claims policy stated that members may access emergency services from both in-network and out-of-network providers without prior authorization. The VO Emergency and Poststabilization Services policy also acknowledged that VO covered emergency services regardless of whether the provider that furnished the service had a contract with VO. At the interview, VO staff members stated that personnel responsible for the adjudication of claims were instructed to process claims for emergency and poststabilization services regardless of whether the provider was in-network or out-of-network. | | |
| | Required Actions: None | | |

| Standard I—Coverage and Authorization of Services—Emergency and Poststabilization Services Only | | | |
|---|---|---|--|
| References | Requirement | Evidence Submitted by the BHO | Score |
| 42CFR438.114(c)(1) | <p>5. The Contractor may not deny payment for treatment obtained under either of the following circumstances:</p> <ul style="list-style-type: none"> ◆ A member had an emergency medical condition, including cases in which the absence of immediate medical attention would <i>not</i> have had the following outcomes <ul style="list-style-type: none"> ▪ Placing the health of the individual (or with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy ▪ Serious impairment to bodily functions ▪ Serious dysfunction of any bodily organ or part ◆ A representative of the Contractor’s organization instructed the member to seek emergency services | <p>Documents Submitted/Location Within Documents:</p> <ol style="list-style-type: none"> 1. NBHP Utilization Management Delegation Policy – Entire policy. 2. NBHP Claims Delegation Policy – Entire policy. 3. 270L Emergency and Poststabilization Services Policy – Pages 1-2, Section III. B & C. 4. Procedure for Handling Emergency Room and Outpatient Lab Charges – Page 1, Procedure. 5. Provider Handbook (Misc folder) – Page 14 of 110. | <input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable |
| <p>Findings: The VO Emergency and Poststabilization Services policy instructed staff not to deny claims for treatment obtained by members presenting with an emergency medical condition. The policy also prohibited the denial of claims in cases in which a VO representative directed the member to seek emergency services. During the interview, VO staff reported that the number of denied emergency claims was less than 5 percent and that all emergency claims were approved if a psychiatric diagnosis could be established. The NBHP medical director periodically reviewed a sample of denied emergency claims to help ensure that payment for the claims was not inappropriately denied.</p> | | | |
| <p>Required Actions: None</p> | | | |

| Standard I—Coverage and Authorization of Services—Emergency and Poststabilization Services Only | | | |
|---|--|---|--|
| References | Requirement | Evidence Submitted by the BHO | Score |
| 42CFR438.114(d)(1) | <p>6. The Contractor does not:</p> <ul style="list-style-type: none"> ◆ Limit what constitutes an emergency medical condition based on a list of diagnoses or symptoms ◆ Refuse to cover emergency services based on the emergency room provider, hospital, or fiscal agent not notifying the member’s primary care provider, the Contractor or State agency of the member’s screening and treatment within 10 days of presentation for emergency services | <p>Documents Submitted/Location Within Documents:</p> <ol style="list-style-type: none"> 1. NBHP Utilization Management Delegation Policy – Entire policy. 2. NBHP Claims Delegation Policy – Entire policy. 3. 270L Emergency and Poststabilization Services Policy – Page 2, Section III.C. 4. Procedure for Handling Emergency Room and Outpatient Lab Charges – Page 1, Procedure. | <input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable |
| Findings: VO’s Emergency and Poststabilization Services policy indicated that what constituted an emergency medical condition was not based on a list of diagnoses or symptoms. The policy also stated that emergency claims were not to be denied if the emergency provider failed to notify the member’s primary care provider (PCP), VO, or the Department within 10 days of presentation for emergency care. | | | |
| Required Actions: None | | | |



Appendix A. Colorado Department of Health Care Policy & Financing
FY 2009–2010 Compliance Monitoring Tool
for Northeast Behavioral Health Partnership, LLC

| Standard I—Coverage and Authorization of Services—Emergency and Poststabilization Services Only | | | |
|---|--|---|--|
| References | Requirement | Evidence Submitted by the BHO | Score |
| 42CFR438.114(d)(2) | 7. The Contractor does not hold a member who has an emergency medical condition liable for payment of subsequent screening and treatment needed to diagnose the specific condition or stabilize the patient. | Documents Submitted/Location Within Documents: 1. NBHP Utilization Management Delegation Policy – Entire policy. 2. NBHP Claims Delegation Policy – Entire policy. 3. 270L Emergency and Poststabilization Services Policy – Page 2, Section III.D. 4. Member Handbook (Misc folder) – Page 13 informs members that they are not responsible for payment of services (any services) covered by Medicaid. | <input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable |
| | Findings: VO's Emergency and Poststabilization Services policy indicated that VO did not hold a member who had an emergency medical condition liable for payment of any subsequent screening and treatment needed to diagnose or stabilize the individual. The NBHP Member Handbook also informed members that they were not to be charged for any Medicaid-covered service and instructed them to contact the BHO if they received a bill. | | |
| | Required Actions: None | | |

| Standard I—Coverage and Authorization of Services—Emergency and Poststabilization Services Only | | | |
|--|--|--|--|
| References | Requirement | Evidence Submitted by the BHO | Score |
| 42CFR438.114(d)(3) | 8. The Contractor allows the attending emergency physician, or the provider actually treating the member, to be responsible for determining when the member is sufficiently stabilized for transfer or discharge, and that determination is binding on the Contractor who is responsible for coverage and payment. | Documents Submitted/Location Within Documents: 1. NBHP Utilization Management Delegation Policy – Entire policy. 2. NBHP Claims Delegation Policy – Entire policy. 3. 270L Emergency and Poststabilization Services Policy – Page 2, Section III.E. | <input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable |
| Findings: VO’s Emergency and Poststabilization Services policy included language allowing the attending emergency physician or other provider treating the member to determine when the member was sufficiently stabilized for transfer or discharge. The policy also stated that the provider’s determination was binding on VO, which was responsible for payment. | | | |
| Required Actions: None | | | |
| 42CFR438.10(f)(6)(viii)(B) | 9. The Contractor does not require prior authorization for emergency services. | Documents Submitted/Location Within Documents: 1. NBHP Utilization Management Delegation Policy – Entire policy. 2. 270L Emergency and Poststabilization Services Policy – Page 2, Section III.F. 3. Procedure for Handling Emergency Room and Outpatient Lab Charges – Page 1, Procedure. 4. Provider Handbook (Misc folder) – Page 14 of 110. 5. NBHP Member Handbook (Misc folder) – Page 11. | <input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable |
| Findings: VO’s Emergency and Poststabilization Services policy and its Handling Emergency Room and Outpatient Lab Charge Claims policy stated that precertification was not required for any emergency or poststabilization service. The NBHP Member Handbook and the Provider Handbook indicated that emergency care did not require prior authorization. During the interview, staff members from VO reported that they had the ability to produce an exception report for cases in which a prior authorization was in their system, but none was required. | | | |
| Required Actions: None | | | |



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| Results for Standard I—Emergency and Poststabilization Services | | | | | |
|--|----------------|---|----------|--------------------|-----------------|
| Total | Met | = | <u>9</u> | X | 1.00 = <u>9</u> |
| | Partially Met | = | <u>0</u> | X | .00 = <u>0</u> |
| | Not Met | = | <u>0</u> | X | .00 = <u>0</u> |
| | Not Applicable | = | <u>0</u> | X | NA = <u>0</u> |
| Total Applicable | | = | <u>9</u> | Total Score | = <u>9</u> |

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

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| Standard IV—Member Rights and Protections | | | |
|--|--|---|--|
| References | Requirement | Evidence Submitted by the BHO | Score |
| 42CFR438.100(a)(1) | 1. The Contractor has written policies regarding member rights. | Documents Submitted/Location Within Documents: 1. NBHP Member Information Requirements Delegation Policy – Entire policy. 2. 304L Member Rights and Responsibilities Policy – Entire policy. | <input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable |
| | Findings: NBHP delegated the management of member rights and responsibilities to VO. VO maintained a comprehensive Member Rights and Responsibilities policy that contained a list of member rights, including those required in 42 CFR 438. The policy also addressed how members were notified of their rights as well as the process for members to express dissatisfaction when they felt their rights had been violated. NBHP’s Member Information Requirements policy described the steps the BHO was to take to monitor VO’s performance in the area of member rights and protections. | | |
| | Required Actions: None | | |
| 42CFR 438.100(a)(2) | 2. The Contractor ensures that its staff and affiliated providers take member rights into account when furnishing services to members. | Documents Submitted/Location Within Documents: 1. NBHP Member Information Requirements Delegation Policy – Entire policy. 2. Provider Handbook (Misc folder) – Page 1, OMFA Section. 3. Provider Forum Training Presentation – Pages 76-82. 4. Member Rights Provider Web Training Document 5. NBHP Chart Audit Tool 6. NBHP website (www.nbhpartnership.com) – Provider Information | <input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable |
| | Findings: VO provided information and training to providers on member rights through several venues, including in-person and Web-based trainings and the Provider Handbook, which addresses issues related to member rights and protections. VO also made information available to providers regarding the role of OMFA. During the interview, the NBHP director of quality improvement provided a copy of a case file review tool that included an indicator to assess whether staff members at the community mental health centers (CMHCs) were reviewing rights and responsibilities with members. | | |
| | Required Actions: None | | |

| Standard IV—Member Rights and Protections | | | |
|--|---|---|--|
| References | Requirement | Evidence Submitted by the BHO | Score |
| | <p>3. The Contractor ensures that members have the right to:</p> <ul style="list-style-type: none"> ◆ Receive information in accordance with information requirements (42CFR438.10) ◆ Be treated with respect and with due consideration for his or her dignity and privacy ◆ Receive information on available treatment options and alternatives, presented in a manner appropriate to the member’s condition and ability to understand ◆ Participate in decisions regarding his or her healthcare, including the right to refuse treatment ◆ Be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience, or retaliation ◆ Request and receive a copy of his or her medical records and request that they be amended or corrected as specified in 45CFR164.524 and 164.526 ◆ Be furnished health care services in accordance with requirements for access and quality of services (42CFR438.206 and 42CFR438.210) | <p>Documents Submitted/Location Within Documents:</p> <ol style="list-style-type: none"> 1. NBHP Member Information Requirements Delegation Policy – Entire policy. 2. 304L Member Rights and Responsibilities Policy – Entire policy. 3. NBHP Member Handbook (Misc folder) – Page 14. 4. Provider Handbook (Misc folder) – Pages 90-97 of 110. 5. NBHP website (www.nbhpartnership.com) – web version of member handbook. 6. NBHP Enrollment Letter. | <input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable |
| <p>Findings: NBHP and VO communicated information regarding member rights, including all those required by the BBA, in their Member Handbook and Provider Handbook, and in VO’s Member Rights and Responsibilities policy. Information regarding member rights was included on the NBHP Web site and in the BHO’s member enrollment letter. Contracted providers were also required to post a copy of member rights and responsibilities in their offices. Information provided at the time of the desk review was that significant trends in grievances related to member rights received follow-up by the Quality Improvement/Utilization Management Committee, provider relations, or OMFA, as appropriate. At the interview, staff from the BHO stated that although no</p> | | | |

| Standard IV—Member Rights and Protections | | | |
|--|--|---|--|
| References | Requirement | Evidence Submitted by the BHO | Score |
| | significant trends in grievances and appeals related to member rights had been identified during the review period, a narrative summary of all grievances received had been shared with the Quality Improvement/Utilization Management Committee. | | |
| | Required Actions: None | | |
| 42CFR438.100(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 treats the member. | Documents Submitted/Location Within Documents: 1. NBHP Member Information Requirements Delegation Policy – Entire policy. 2. 304L Member Rights and Responsibilities Policy – Entire policy. 3. Provider Handbook (Misc folder) – Page 97 of 110. 4. NBHP Member Handbook (Misc folder) – Page 14. | <input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable |
| | Findings: VO’s Member Rights and Responsibilities policy included information regarding the right of members to express their dissatisfaction without causing any adverse effects on the provision of covered services. Language regarding the ability of members to share opinions about services without it affecting service delivery was also included in the NBHP Member Handbook and in the Provider Handbook. At the time of the interview, NBHP staff stated that advocates placed at the CMHCs as well as the NBHP director of OMFA closely monitored providers for retaliation against members who exercised their rights. NBHP staff reported that any provider who was found to have retaliated against a member following the filing of a grievance would be placed on a corrective action plan and possibly sanctioned. | | |
| | Required Actions: None | | |

| Standard IV—Member Rights and Protections | | | |
|--|--|--|--|
| References | Requirement | Evidence Submitted by the BHO | Score |
| 42CFR438.100(d) | 5. Contractor complies with any other federal and State laws (such as 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 and other laws regarding privacy and confidentiality). | Documents Submitted/Location Within Documents: 1. NBHP Member Information Requirements Delegation Policy – Entire policy. 2. ValueOptions Non-Discrimination of Members Policy – Entire policy. 3. Provider Handbook (Misc folder) – Page 8 and 86-88 of 110. 4. NBHP Provider Handbook (Misc folder) – Inside cover page and pg. 14. | <input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable |
| | Findings: The Provider Handbook and the Member Rights and Responsibilities policy contained general information regarding the right of members to be free from discrimination based on race, age, and disability. VO’s Member Rights and Responsibilities policy also included information regarding ensuring the safety of members’ protected health information (PHI). During the on-site interview, NBHP staff members stated that NBHP staff received training in this area and that compliance with federal and State laws related to discrimination and member confidentiality was monitored through a review of grievance and appeal data. | | |
| | Required Actions: None | | |



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| Standard IV—Member Rights and Protections | | | |
|---|--|--|--|
| References | Requirement | Evidence Submitted by the BHO | Score |
| 42CFR438.224 | 6. 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. | Documents Submitted/Location Within Documents: 1. NBHP Member Information Requirements Delegation Policy – Entire policy. 2. 104LC ValueOptions Compliance Department Confidentiality Policy 3. 104LCA ValueOptions Confidentiality Non-Disclosure Agreement 4. 304L Member Rights and Responsibilities Policy – Entire policy. | <input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable |
| Findings: VO’s Member Rights and Responsibilities policy included detailed information regarding adherence to the Health Insurance Portability and Accountability Act of 1996 (HIPAA), including the handling of PHI. VO also maintained the National Compliance Department Confidentiality policy and a corresponding employee confidentiality agreement that described the types of information to be protected as well as a description of possible disciplinary action to be taken in the event that confidentiality was breached. | | | |
| Required Actions: None | | | |

| Results for Standard IV—Member Rights and Protections | | | | | |
|---|----------------|---|----------|--------------------|-----------------|
| Total | Met | = | <u>6</u> | X | 1.00 = <u>6</u> |
| | Partially Met | = | <u>0</u> | X | .00 = <u>0</u> |
| | Not Met | = | <u>0</u> | X | .00 = <u>0</u> |
| | Not Applicable | = | <u>0</u> | X | NA = <u>0</u> |
| Total Applicable | | = | <u>6</u> | Total Score | = <u>6</u> |
| Total Score ÷ Total Applicable | | | | | = <u>100%</u> |

| Standard VI—Grievance System—Grievances Only | | | |
|---|---|---|--|
| References | Requirement | Evidence Submitted by the BHO | Score |
| 42CFR438.402(a) Volume 8 8.209.1 | 1. The Contractor has a system in place that includes a grievance process. | Documents Submitted/Location Within Documents: 1. NBHP Grievance Delegation Policy – Entire policy. 2. 304 Grievance Process Policy – Entire policy. 3. Grievance flowchart | <input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable |
| | Findings: The NBHP Grievance Delegation policy detailed NBHP’s delegation of the grievance process to its delegate, VO. VO was responsible for the operational activities and maintenance of the grievance system, which included receiving oral and written grievances and processing grievances according to federal and State guidelines. VO was responsible for maintaining grievance policies, which described the process. The NBHP Grievance Delegation policy described the oversight functions provided by NBHP to ensure that the delegate maintained an adequate grievance process. The VO Grievance Process policy detailed the processes by which members may file a grievance and the procedures used for processing member grievances. The VO Grievance Flowchart also detailed the process by which grievances were received and processed by VO. NBHP and VO staff stated that members may file a grievance with NBHP staff directly or through CMHC advocates, the NBHP Member Affairs toll-free line, the ombudsman program, and/or the director of OMFA at NBHP. | | |
| Required Actions: None | | | |
| 42CFR438.400(b) Volume 8 8.209.2 | 2. The Contract defines Grievance as an oral or written expression of dissatisfaction about any matter other than an Action, including but not limited to quality of care or services provided and aspects of interpersonal relationships such as rudeness of a provider or an employee, or failure to respect the member’s rights. | Documents Submitted/Location Within Documents: 1. NBHP Grievance Delegation Policy – Entire policy. 2. 304 Grievance Process Policy – Entire policy. 3. NBHP Member Handbook (Misc folder) – Page 16. 4. Provider Handbook (Misc folder) – Page 90 of 110. | <input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable |
| | Findings: The VO Grievance Process policy defined a grievance as “an oral or written expression of dissatisfaction about any matter other than an Action, including but not limited to quality of care or services provided and aspects of interpersonal relationships such as rudeness of a provider or employee or failure to respect the member’s rights.” The NBHP Member Handbook and the Provider Handbook provided evidence that NBHP communicated this definition of a grievance to members and providers via the respective handbooks. | | |
| Required Actions: None | | | |



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|---|--|---|--|
| References | Requirement | Evidence Submitted by the BHO | Score |
| 42CFR438.402(b)(1) Volume 8 8.209.1 | 3. The Contractor has provisions for who may file grievances: <ul style="list-style-type: none"> ◆ A member may file a grievance (or his or her authorized representative), ◆ A provider may file a grievance on behalf of a member (Colorado permits the provider to act as the member’s authorized representative) | Documents Submitted/Location Within Documents: <ol style="list-style-type: none"> 1. NBHP Grievance Delegation Policy – Entire policy. 2. 304 Grievance Process Policy – Entire policy. 3. NBHP Member Handbook (Misc folder) – Page 16. 4. Provider Handbook (Misc folder) – Page 90 of 110. 5. ValueOptions Designated Client Representative Form 6. Provider Handbook (Misc folder) – Page 93 of 110. 7. NBHP Member Handbook (Misc folder) – Page 16. | <input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable |
| | Findings: The VO Grievance Process policy detailed VO’s provision for who may file a grievance. The policy stated that a member may file either a written or verbal grievance and the member may designate a representative to file a grievance on his or her behalf. The NBHP Member Handbook and the Provider Handbook provided evidence that NBHP and VO communicated the grievance procedures and requirements to members and providers and that members may file a grievance or designate a representative, such as a friend, family member, or provider, to file a grievance on their behalf. | | |
| | Required Actions: None | | |
| 42CFR438.402(b)(3) Volume 8 8.209.5.D | 4. The Contractor accepts grievances orally or in writing. | Documents Submitted/Location Within Documents: <ol style="list-style-type: none"> 1. NBHP Grievance Delegation Policy – Entire policy. 2. 304 Grievance Process Policy – Entire policy. 3. NBHP Member Handbook (Misc folder) – Page 16. 4. Provider Handbook (Misc folder) – Page 90 of 110. | <input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable |
| | Findings: The VO Grievance Process policy provided evidence of VO’s provision for accepting grievances orally or in writing. The Member Handbook and the Provider Handbook stated that a member may file a grievance or designate a representative, such as a friend, family member, or provider, to file a grievance on the member’s behalf, either orally or in writing. NBHP staff stated that most grievances were received orally from members who called VO or NBHP staff to file a grievance. NBHP staff stated that OMFA staff also assisted members with filing a grievance in writing. | | |
| | Required Actions: None | | |



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|---|--|---|--|
| References | Requirement | Evidence Submitted by the BHO | Score |
| 42CFR438.402(b)(2) Volume 8 8.209.5.A | 5. The member has 20 calendar days from the date of the incident to file a grievance. | Documents Submitted/Location Within Documents: 1. NBHP Grievance Delegation Policy – Entire policy. 2. 304 Grievance Process Policy – Entire policy. 3. NBHP Member Handbook (Misc folder) – Page 16. | <input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable |
| | Findings: The VO Grievance Process policy detailed VO’s provision that a member has 20 calendar days from the date of the incident to file a grievance. The Provider Handbook detailed the provision that all grievances must be filed within 20 calendar days from the day of the occurrence. The NBHP Member Handbook provided evidence that NBHP informed members that they have 20 calendar days from the time of the event to file a grievance. | | |
| | Required Actions: None | | |
| 42CFR438.406(a) Volume 8 8.209.4.C | 6. In handling grievances, the Contractor must give members any reasonable assistance in completing forms and taking other procedural steps. This includes, but is not limited to, providing interpreter services and toll-free numbers that have adequate TTY/TTD and interpreter capability. | Documents Submitted/Location Within Documents: 1. NBHP Grievance Delegation Policy – Entire policy. 2. Member Handbook (Misc folder) - Pages 15-21. 3. 304 Grievance Process Policy – Page 8 of 12. | <input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable |
| | Findings: The NBHP Grievance Delegation policy stated that the delegated entity would provide reasonable assistance in completing forms and taking other procedural steps, including providing interpreter services and toll-free numbers that have adequate teletype/telecommunications device for the deaf (TTY/TDD) and interpreter capability for members who file a grievance. The VO Grievance Process policy detailed the provision for assisting members with filing a grievance. The NBHP Member Handbook and Provider Handbook included information to inform members and providers, respectively, that assistance is available to members who file a grievance. NBHP staff stated that OMFA staff assisted members with filing a grievance orally and in writing. NBHP staff also stated that staff members who receive and process grievances were trained in accessing the Language Line in the event members speak a language other than English. For Spanish-speaking members, NBHP staff stated that NBHP and VO employ Spanish-speaking staff members to receive a grievance or to translate on the member’s behalf. For individuals who have difficulty hearing, NBHP staff stated that staff use the services provided by Relay Colorado to communicate with members and receive and process their grievances. | | |
| | Required Actions: None | | |

| Standard VI—Grievance System—Grievances Only | | | |
|--|--|--|--|
| References | Requirement | Evidence Submitted by the BHO | Score |
| 42CFR438.406(a) Volume 8 8.209.5.B | 7. The Contractor acknowledges each grievance in writing within two working days of receipt. | Documents Submitted/Location Within Documents: 1. NBHP Grievance Delegation Policy – Entire policy. 2. 304 Grievance Process Policy – page 9 of 12. 3. NBHP Grievance Acknowledgement Letter | <input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable |
| | Findings: The VO Grievance Process policy detailed VO’s provision for acknowledging grievances within two working days of receipt of a grievance and within one day for urgent care grievances. Of the 10 grievance files reviewed, all 10 files included evidence that NBHP provided written acknowledgment of the grievance to the member within two working days of receipt of the grievance. However, there were two instances in which VO staff provided an incorrect date of receipt of the grievance in the letter to the member. The letter of acknowledgment to members should contain the correct date that the grievance was received. | | |
| | Required Actions: None | | |
| 42CFR438.406(a) Volume 8 8.209.5.C | 8. The Contractor ensures that the individuals who make decisions on grievances are individuals who: <ul style="list-style-type: none"> ◆ Were not involved in any previous level of review or decision-making ◆ If deciding a grievance regarding the denial of expedited resolution of an appeal, or a grievance that involves clinical issues, has the appropriate clinical expertise in treating the member’s condition or disease. | Documents Submitted/Location Within Documents: 1. NBHP Grievance Delegation Policy – Entire policy. 2. 304 Grievance Process Policy –Page 8 of 12. | <input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable |
| | Findings: The VO Grievance Process policy detailed VO’s provision that individuals who make decisions about grievances are not involved in any previous level of review or decision making and who have the appropriate clinical expertise in treating the client’s condition if they are deciding a grievance that involves clinical issues. Of the 10 grievance files reviewed, all 10 files provided evidence that NBHP staff members who processed the grievances were not involved in any previous level of the review. The file review also provided evidence that grievance decisions were rendered by staff with appropriate clinical expertise in treating the member’s condition for any grievances that involved a clinical issue. | | |
| | Required Actions: None | | |



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| Standard VI—Grievance System—Grievances Only | | | |
|---|---|--|--|
| References | Requirement | Evidence Submitted by the BHO | Score |
| 42CFR438.408(b)&(d) Volume 8 8.209.5.D &F | 9. The Contractor must dispose of each grievance and provide notice of the disposition in writing, as expeditiously as the member’s health condition requires, not to exceed 15 working days from the day the Contractor receives the grievance. The notice includes: <ul style="list-style-type: none"> ◆ The results of the disposition/resolution process ◆ The date it was completed | Documents Submitted/Location Within Documents: 1. NBHP Grievance Delegation Policy – Entire policy. 2. 304 Grievance Process Policy –Page 9 of 12. 3. NBHP Resolution Letter | <input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable |
| | Findings: The VO Grievance Process policy detailed VO’s provision that the written resolution of a grievance will occur as expeditiously as a member’s health condition requires, but will not exceed 15 working days from the day the grievance was received. Of the 10 grievance files reviewed, all 10 files included evidence that NBHP provided written disposition of the grievance to the member within 15 working days from the day NBHP received the grievance. In one instance, NBHP staff required additional time to collect information for the grievance, which was in the member’s best interest, and staff sent a written notice of extension to the member within the required time frame. Once the grievance was resolved, NBHP staff provided written notice of disposition to the member within the required, extended time frame. | | |
| | Required Actions: None | | |



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|---|---|---|--|--|
| References | Requirement | Evidence Submitted by the BHO | Score | |
| 42CFR438.408(c) Volume 8 80209.5.E | 10. The Contractor may extend the timeframes for resolution of grievances by up to 14 calendar days if: <ul style="list-style-type: none"> ◆ The member requests the extension, or ◆ The Contractor shows that there is need for additional information and how the delay is in the member’s interest | Documents Submitted/Location Within Documents: 1. NBHP Grievance Delegation Policy – Entire policy. 2. 304 Grievance Process Policy – Page 10 of 12. 3. NBHP Delay in Resolution Letter | <input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable | |
| | Findings: The VO Grievance Process policy stated that the time frame for resolution of a grievance may be extended up to 14 calendar days if a member requests the extension or if a review of a grievance determines that additional information is needed and a delay is in the member’s best interest. Of the 10 grievance files reviewed, there was one instance in which NBHP staff required additional time to collect information for the grievance, which was in the member’s best interest. NBHP staff notified the member in writing to extend the timeline to resolve the grievance. Once the grievance was resolved, NBHP staff provided written notice of disposition to the member within the required, extended time frame. | | | |
| | Required Actions: None | | | |
| 42CFR438.408(c)(2) Volume 8 80209.5.E | 11. If the Contractor extends the timeframes, it must—for any extension not requested by the member—give the member written notice of the reason for the delay. | Documents Submitted/Location Within Documents: 1. NBHP Grievance Delegation Policy – Entire policy. 2. 304 Grievance Process Policy – Page 10 of 12. 3. NBHP Delay in Resolution Letter | <input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable | |
| | Findings: The VO Grievance Process policy detailed VO’s provision for giving a member prior written notice of the reason for a delay if the time frame is extended. The NBHP Delay in Resolution Letter template provided evidence of NBHP’s mechanism for informing members in writing of the reason for a delay to resolve the grievance. Of the 10 grievance files reviewed, there was one instance in which NBHP staff required additional time to collect information for the grievance, which was in the member’s best interest. NBHP staff notified the member in writing to extend the timeline to resolve the grievance. The notice of extension contained the reason for the delay. | | | |
| | Required Actions: None | | | |



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|---|---|---|--|
| References | Requirement | Evidence Submitted by the BHO | Score |
| 42CFR438.414 Volume 8 8.209.3.B | <p>12. The Contractor must provide the information about the grievance system specified in 42CFR438.10 to all providers and subcontractors at the time they enter into a contract. The information includes:</p> <ul style="list-style-type: none"> ◆ The right to file grievances ◆ The right to file appeals ◆ The right to a State fair hearing ◆ The requirements and timeframes for filing grievances and appeals ◆ The method for obtaining a State fair hearing ◆ The rules that govern representation at the State fair hearing ◆ The availability of assistance filing a grievance, an appeal, or requesting a State fair hearing ◆ The toll free numbers the member may use to file a grievance or an appeal by phone ◆ The fact that, when requested by the member, benefits will continue if the appeal or request for State fair hearing is filed within the timeframes specified for filing ◆ The fact that, if benefits continue during the appeal or State fair hearing process, the member may be required to pay the cost of services while the appeal is pending, if the final decision is adverse to the member ◆ Appeal rights available to providers to challenge the failure of the Contractor to cover a service | <p>Documents Submitted/Location Within Documents:</p> <ol style="list-style-type: none"> 1. NBHP Grievance Delegation Policy – Entire policy. 2. Provider Handbook (Misc folder) – Pages 30-33 and 91-92 of 110. | <input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable |



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|---|--|--------------------------------------|--------------|
| References | Requirement | Evidence Submitted by the BHO | Score |
| | <p>Findings: As part of its delegated functions, VO provided the grievance system information specified in 42 CFR 438.10 to providers through the Provider Handbook and Member Handbook as part of their approved credentialing packet at the time they enter into a provider contract with VO. The Provider Handbook included evidence that providers were informed of the following: the right to file grievances; the toll-free numbers to file a grievance orally; the right to file appeals; the right to a State fair hearing; the requirements and time frames for filing grievances and appeals; the method for obtaining a State fair hearing; the rules that govern representation at a State fair hearing; the availability of assistance filing a grievance, an appeal, or requesting a State fair hearing; and the fact that, when requested by a member, benefits will continue if an appeal or a request for a State fair hearing is filed within the time frames specified for filing. The NBHP Member Handbook listed all of the avenues by which members may file a grievance and included the toll-free phone numbers available to members to file a grievance orally with the plan. The NBHP Member Handbook contained the provision that if benefits continue during the appeal or State fair hearing process, the member may be required to pay the cost of services while the appeal is pending if the final decision is adverse to the member. The NBHP Member Handbook and Provider Handbook contained the provision that providers may serve as a member’s designated representative and file an appeal on the member’s behalf, with the member’s written permission.</p> | | |
| | <p>Required Actions: None</p> | | |



Appendix A. Colorado Department of Health Care Policy & Financing
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| Standard VI—Grievance System—Grievances Only | | | |
|---|--|---|--|
| References | Requirement | Evidence Submitted by the BHO | Score |
| 42CFR438.416 Volume 8 8.209.3.C | 13. The Contractor maintains records of all grievances, and submits quarterly reports to the Department. | Documents Submitted/Location Within Documents: 1. NBHP Grievance Delegation Policy – Entire policy. 2. 304 Grievance Process Policy – Page 11 of 12. 3. Grievance Data Base Screen Shot 1 4. Grievance Data Base Screen Shot 2 | <input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable |
| Findings: The VO Grievance Process policy described VO’s processes for maintaining records of all grievances and submitting quarterly reports to the Department on the last day of the month following each quarter. A screen shot of the NBHP grievance database provided evidence of the types of grievance information collected and stored in the database. The NBHP Grievance Delegation policy detailed NBHP’s provision for monitoring the scope and activities of VO’s grievance system. | | | |
| Required Actions: None | | | |

| Results for Standard VI—Grievances | | | | | |
|---------------------------------------|----------------|---|-----------|--------------------|------------------|
| Total | Met | = | <u>13</u> | X | 1.00 = <u>13</u> |
| | Partially Met | = | <u>0</u> | X | .00 = <u>0</u> |
| | Not Met | = | <u>0</u> | X | .00 = <u>0</u> |
| | Not Applicable | = | <u>0</u> | X | NA = <u>0</u> |
| Total Applicable | | = | <u>13</u> | Total Score | = <u>13</u> |
| Total Score ÷ Total Applicable | | | | = | <u>100%</u> |

| Standard VII—Provider Participation and Program Integrity | | | |
|---|---|---|--|
| References | Requirement | Evidence Submitted by the BHO | Score |
| 42CFR438.102(a) | <p>1. The Contractor does not prohibit, or otherwise restrict health care professionals, acting within the lawful scope of practice, from advising or advocating on behalf of the member who is the provider’s patient for the following:</p> <ul style="list-style-type: none"> ◆ The member’s health status, medical care or treatment options, including any alternative treatments that may be self-administered ◆ Any information the member needs in order to decide among all relevant treatment options ◆ The risks, benefits, and consequences of treatment or non-treatment ◆ The member’s right to participate in decisions regarding his or her health care, including the right to refuse treatment, and to express preferences about future treatment decisions | <p>Documents Submitted/Location Within Documents:</p> <ol style="list-style-type: none"> 1. NBHP Provider Network Delegation Policy. 2. Provider Contract Colorado Medicaid Provider Addendum – Page 1, Section B.6. | <input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable |
| <p>Findings: The NBHP Provider Network Delegation policy stated that NBHP delegated operational responsibility for provider networking and contracting to VO. The Colorado Medicaid Provider Addendum of the VO Provider Contract detailed VO’s provisions for not prohibiting or restricting a health care professional from advising or advocating on behalf of a member who is the provider’s patient. The VO Facility Agreement and the VO Provider Contract contained the provision that nothing stated in the agreements can be construed as prohibiting or penalizing communication between a facility/practitioner and a member regarding available treatment options, including appropriate or medically necessary care for the member. The Provider Handbook listed member rights, which included the right to participate in a member’s health care, including the right to refuse treatment. The NBHP Provider-Member Communications policy contained the provision that NBHP would not prohibit or otherwise restrict a health care professional acting within the scope of his or her practice from advising or advocating on behalf of a member for the following: a member’s health status; medical care or treatment options, including any alternative treatments that may be self-administered; any information a member needs to decide among all relevant treatment options; the risks,</p> | | | |

| Standard VII—Provider Participation and Program Integrity | | | |
|---|--|---|--|
| References | Requirement | Evidence Submitted by the BHO | Score |
| | benefits, and consequences of treatment or nontreatment; and a member’s right to participate in decisions regarding his or her health care, including the right to refuse treatment and to express preferences about future treatment decisions. | | |
| | Required Actions: None | | |
| 42CFR438.102(b) | <p>2. If the Contractor objects to providing a service on moral or religious grounds, the Contractor must furnish information about the services it does not cover:</p> <ul style="list-style-type: none"> ◆ To the State ◆ To member before and during enrollment ◆ To members within 90 days after adopting the policy with respect to any particular service (consistent with the format provisions in 42CFR438.10) <p>(The Contractor need not furnish information on how and where to access the service.)</p> | <p>Documents Submitted/Location Within Documents:</p> <ol style="list-style-type: none"> 1. NBHP Provider Network Delegation Policy. 2. Member Handbook (Misc folder) –Page 9. | <input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable |
| | <p>Findings: The NBHP Provider Network Delegation policy stated that NBHP delegated operational responsibility for provider networking and contracting to VO. The NBHP Member Handbook contained the provision that NBHP and VO did not deny services based on moral or religious grounds.</p> | | |
| | Required Actions: None | | |



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| Standard VII—Provider Participation and Program Integrity | | | |
|---|---|---|--|
| References | Requirement | Evidence Submitted by the BHO | Score |
| 42CFR438.12(a)(1) 42CFR438.214(c) | 3. The Contractor does not discriminate for the participation, reimbursement, or indemnification of any provider who is acting within the scope of his or her license or certification under applicable State law, solely on the basis of that license or certification, and does not discriminate against particular providers that serve high-risk populations or specialize in conditions that require costly treatment. | Documents Submitted/Location Within Documents: 1. NBHP Provider Network Delegation Policy. 2. N401 Primary Source Verification Policy – Pages 1-2, Sections A.1-11 and IV.G. | <input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable |
| Findings: The VO Primary Source Verification policy detailed VO’s nondiscriminatory provisions that providers were not discriminated against based on their specialty, license or certification, or the population to which they provide services. | | | |
| Required Actions: None | | | |

| Standard VII—Provider Participation and Program Integrity | | | |
|---|---|--|--|
| References | Requirement | Evidence Submitted by the BHO | Score |
| 42CFR438.12(a)(1) | 4. If the Contractor declines to include individual or groups of providers in its network, it must give the affected providers written notice of the reason for its decision. | Documents Submitted/Location Within Documents: 1. NBHP Provider Network Delegation Policy 2. N201 Practitioner Credentialing Process Policy – Page 4, Section H.2. 3. Provider Program Participation Denial Letter | <input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable |
| <p>Findings: The VO Practitioner Credentialing Process policy provided evidence that VO maintained provisions for declining to include providers in its network as a result of the credentialing process. The policy stated that recommendations to deny participation in the network were forwarded to the VO National Credentialing Committee (NCC) for review and a determination of network participation. If the VO NCC recommendation was to deny credentialing, the practitioner was notified in writing within five business days of the date of the decision of the reason(s) for denial and the right to appeal to the VO Provider Appeals Committee within 30 calendar days from the date on the letter of notification. The VO Provider Program Participation Denial Letter template provided evidence of the type of communication sent to providers if the VO declined participation in the provider network to a provider or group of providers.</p> <p>NBHP and VO staff stated the all providers, regardless of their historical participation in the network, were required to undergo initial credentialing for FY 2010. VO staff stated that for facilities that employed unlicensed psychotherapy staff, VO would credential licensed staff only and would not credential the facility as a whole. However, some facilities were credentialed when all credentialing requirements were met. VO staff reported the use of single-case agreements to maintain continuity of care when an individual was already receiving treatment with a therapist who was not in the NBHP network. NBHP staff stated that all providers in the network were required to undergo credentialing at the beginning of the contract. NBHP staff stated that all providers who met the credentialing criteria were approved and accepted into the network.</p> | | | |
| <p>Required Actions: None</p> | | | |

| Standard VII—Provider Participation and Program Integrity | | | |
|--|--|---|--|
| References | Requirement | Evidence Submitted by the BHO | Score |
| 42CFR438.106 | <p>5. The Contractor provides that Medicaid members are not held liable for:</p> <ul style="list-style-type: none"> ◆ The Contractor’s debts in the event of the Contractor’s or subcontractor’s insolvency ◆ Covered services provided to the member for which the State does not pay the Contractor ◆ Covered services provided to the member for which the State or the Contractor does not pay the health care provider that provides the services under a contractual, referral, or other arrangement ◆ Payments for covered services furnished under a contract, referral, or other arrangement to the extent that those payments are in excess of the amount that the member would owe if the Contractor provided the services directly | <p>Documents Submitted/Location Within Documents:</p> <ol style="list-style-type: none"> 1. NBHP Provider Network Delegation Policy 2. Provider Contract Colorado Medicaid Addendum – Page 3, Section H.3 3. ValueOptions Practitioner Agreement – Pages 4-5 4. ValueOptions Facility Agreement – Page 5 | <input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable |
| <p>Findings: The Colorado Medicaid Provider Addendum contained provisions that Medicaid members were not held liable for payments of covered services that were the legal obligation of VO and/or the payor in instances including the insolvency of a payor or VO, breach of the agreement by VO, and/or nonpayment of covered services. The VO Practitioner Agreement and VO Facility Agreement provided evidence of VO’s provision that in the event of nonpayment by VO or a payor, insolvency of VO or a payor, or breach of the agreement, the practitioner or facility may not in any event bill, charge, collect a deposit from, seek remuneration or reimbursement from, or have any recourse against a member, subscriber, enrolled person to whom health care services have been provided, or person acting on behalf of the member for whom health care services were provided pursuant to the agreement.</p> | | | |
| <p>Required Actions: None</p> | | | |

| Standard VII—Provider Participation and Program Integrity | | | |
|--|---|---|--|
| References | Requirement | Evidence Submitted by the BHO | Score |
| 42CFR438.214(d) | 6. The Contractor does not employ or contract with providers excluded for participation in federal healthcare programs under either Section 1128 or 1128 A of the Social Security Act. | Documents Submitted/Location Within Documents: 1. NBHP Provider Network Delegation Policy 2. NBHP Credentialing & Recredentialing Delegation Policy 3. N401 Primary Source Verification Policy– Page 4 4. N401H Sanction Notification Letter | <input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable |
| | Findings: The NBHP Credentialing and Recredentialing Delegation policy detailed NBHP’s provisions for delegating the operational responsibilities of credentialing and recredentialing to VO. The policy also detailed the BHO’s provisions for conducting annual reviews prior to the automatic renewal of the delegation agreement. These reviews were to ensure that VO maintained compliance with all applicable credentialing and recredentialing standards and regulations such that the delegate did not employ or contract with providers excluded from participation in federal health care programs under Title XI of the Social Security Act, Sections 1128 and 1128A. The VO Primary Source Verification policy detailed VO’s process for verifying with the primary source a provider’s credentials, license, and applicable education and experience as part of the credentialing and recredentialing processes. The policy listed the types of primary source databases used to verify any Medicare or Medicaid sanctions, other federal sanctions, or a provider’s involvement with terrorists or terrorist activities. The decision to deny credentialing or participation in the network based on information found during the primary source verification was maintained by the VO NCC. | | |
| | Required Actions: None | | |
| 42CFR438.608 | 7. The Contractor must have administrative and management arrangements or procedures, including a mandatory compliance plan, that are designed to guard against fraud and abuse and include: <ul style="list-style-type: none"> ◆ Written policies and procedures and standards of conduct that articulate the Contractor’s commitment to comply with all applicable federal and State standards ◆ The designation of a compliance officer and a compliance committee that are accountable to senior management | Documents Submitted/Location Within Documents: 1. NBHP Compliance Policy and Procedures 2. NBHP Compliance Plan 3. NBHP Compliance Program Education | <input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable |

| Standard VII—Provider Participation and Program Integrity | | | |
|--|--|-------------------------------|-------|
| References | Requirement | Evidence Submitted by the BHO | Score |
| | <ul style="list-style-type: none"> ◆ Effective training and education for the compliance officer and the Contractor’s employees ◆ Effective lines of communication between the compliance officer and the Contractor’s employees ◆ Enforcement of Standards through well publicized disciplinary guidelines ◆ Provision for internal monitoring and auditing ◆ Provision for prompt response to detected offenses, and for development of corrective action initiatives relating to the Medicaid managed care contract requirements | | |
| <p>Findings: The NBHP Compliance policy and the NBHP Compliance Plan provided evidence of NBHP’s written procedures and plan for guarding against fraud and abuse and maintaining a standard of conduct that articulated NBHP’s commitment to comply with all applicable federal and State standards. The NBHP Compliance policy and the NBHP Compliance Plan described the designation of a compliance officer who was accountable to senior management and reported directly to the NBHP executive director.</p> <p>The NBHP Compliance Plan described the reporting structure of the committee, which reported directly to the NBHP Board of Managers, and the lines of communication between the compliance officer and NBHP associates. The NBHP Compliance Plan included the disciplinary guidelines employed by NBHP and the internal monitoring and auditing mechanisms used to detect offenses and respond accordingly, including employing the use of corrective actions for incidents involving Medicaid managed care contracts. The NBHP Compliance Plan also detailed the use of an annual training to educate and train NBHP associates about changes in the compliance program or related local, State, and federal rules and regulations that necessitate the need for further education. The NBHP Compliance Program Education PowerPoint provided evidence of the type of information used to educate and train NBHP associates. The NBHP Compliance Program Education PowerPoint included information regarding standards of conduct, designation of a compliance officer, lines of communication between the compliance officer and NBHP associates, disciplinary guidelines, NBHP’s provision for promptly responding to detected offenses, and corrective action initiatives related to the Medicaid managed care contract. NBHP staff stated that mental health centers maintained their own</p> | | | |

| Standard VII—Provider Participation and Program Integrity | | | |
|--|--|---|--|
| References | Requirement | Evidence Submitted by the BHO | Score |
| | compliance programs, but NBHP maintained the hotline for any mental health center staff members to call if they have a compliance concern. NBHP staff members stated that they conducted a data validation audit of providers at least annually to ensure that billed services were properly coded and documented in the medical records. | | |
| | Required Actions: None | | |
| 42CFR438.610 | 8. The Contractor may not knowingly have a director, partner officer, employee, subcontractor, or owner (owning 5 percent or more of the entity) who is debarred, suspended or otherwise excluded from participating in procurement or nonprocurement activities under federal acquisition regulation or Executive Order 12549. | Documents Submitted/Location Within Documents: 1. NBHP Prohibited Affiliations Policy and Procedures 2. NBHP OIG Results | <input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable |
| | <p>Findings: The NBHP Prohibited Affiliations policy stated, “NBHP will not knowingly affiliate with an individual who is debarred, suspended, or otherwise excluded from participation in procurement activities under the Federal Acquisition Regulation or from participating in non-procurement activities under regulations issue under Executive Order No. 12549 or under guidelines implementing the Executive Order.” The policy also described NBHP’s provision for using the Office of Inspector General’s (OIG’s) database to verify if directors, partner officers, employees, or subcontractors have been debarred or suspended from procurement activities.</p> <p>NBHP staff members stated that they have not knowingly employed or partnered with an individual who was debarred, suspended, or otherwise excluded from participating in procurement or nonprocurement activities under the federal acquisition regulation or Executive Order 12549. NBHP staff stated that they conducted site visits of all nonaccredited providers, and while on-site, NBHP staff reviewed the human resources (HR) processes and records of facility staff to ensure that subcontractors did not employ or partner with any individuals who were debarred, suspended, or otherwise excluded from participating in procurement or nonprocurement activities under the federal acquisition regulation or Executive Order 12549. The completed site reviews of Mile High Council provided evidence that NBHP staff reviewed HR policies, staff files, and other evidence to ensure that facilities were reviewing State, federal, and/or Medicare and Medicaid sanctions against staff.</p> | | |
| | Required Actions: None | | |



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| Results for Standard VII—Provider Participation and Program Integrity | | | | | |
|--|----------------|---|----------|--------------------|-----------------|
| Total | Met | = | <u>8</u> | X | 1.00 = <u>8</u> |
| | Partially Met | = | <u>0</u> | X | .00 = <u>0</u> |
| | Not Met | = | <u>0</u> | X | .00 = <u>0</u> |
| | Not Applicable | = | <u>0</u> | X | NA = <u>0</u> |
| Total Applicable | | = | <u>8</u> | Total Score | = <u>8</u> |

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

| Standard VIII—Credentialing and Recredentialing | | | |
|---|--|---|--|
| References | Requirement | Evidence Submitted by the BHO | Score |
| NCQA—CR | 1. The Contractor has a well-defined credentialing and recredentialing process for evaluating and selecting licensed independent practitioners to provide care to its members. | Documents Submitted/Location Within Documents: <ol style="list-style-type: none"> 1. NBHP Credentialing and Recredentialing Delegation Policy. 2. N101 Overview of National Networks Policy – Entire policy. 3. N201 Practitioner Credentialing Process – Entire policy. 4. N203 Facility Provider Credentialing Process – Entire policy. 5. N501 Practitioner Recredentialing Process – Entire policy. 6. N502 Facility Program Clinic Recredentialing Process – Entire policy. | <input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable |
| <p>Findings: The NBHP Credentialing and Recredentialing Delegation policy described NBHP’s delegation of credentialing and recredentialing activities to VO. The NBHP Credentialing and Recredentialing Delegation policy also described NBHP’s oversight of VO’s credentialing and recredentialing program, which included verifying that VO maintained a well-defined credentialing and recredentialing process for evaluating contracting with licensed practitioners to provide services to members. The VO Practitioner Credentialing Process and Facility Provider Credentialing Process policies described VO’s credentialing process for evaluating and selecting providers to participate in the network and provide services to members. VO’s process for credentialing practitioners included the use of an application and attestation from the practitioner, primary source verification, and recommendations to the medical director to approve credentialing of practitioners who completed the credentialing process and whose files were considered “clean,” without any information that would deny credentialing to the practitioner. The VO Facility Provider Credentialing Process policy described VO’s credentialing process for facilities and stated that all facilities must complete the credentialing process and be approved by the VO NCC prior to the execution of an agreement with VO. NBHP and VO staff stated that the Colorado Local Credentialing Committee (CLCC) reviewed and made recommendations for approval or denial of credentialing files to the VO NCC prior to the VO NCC’s review of credentialing files.</p> <p>The VO Practitioner Recredentialing Process and Facility Program Clinic Recredentialing Process policies described VO’s process for recredentialing providers who participate in the network and provide services to members. VO’s process for recredentialing practitioners included the use of an application completed by the practitioner, attestation from the practitioner, primary source</p> | | | |

| Standard VIII—Credentialing and Recredentialing | | | |
|---|--|---|--|
| References | Requirement | Evidence Submitted by the BHO | Score |
| | verification, and recommendations to the medical director to recredential practitioners whose files were considered “clean,” without any information that would deny recredentialing to the practitioner. The VO Facility Program Clinic Recredentialing Process policy described VO’s recredentialing process for facilities and stated that all facilities must complete the recredentialing process and be approved by the VO NCC. NBHP and VO staff stated that the CLCC reviewed and made recommendations for approval or denial of recredentialing files to the VO NCC prior to the VO NCC’s review of recredentialing files. | | |
| | Required Actions: None | | |
| NCQA CR1— Element A Element B NCQA CR9— Element A NCQA CR10— Element A Element B Element C 42CFR438.214(a) NCQA CR1— Element A and B NCQA CR9 CR10-Element A and C | <p>2. The Contractor has (and there is evidence that the Contractor implements) written policies and procedures for the selection and retention of providers that specify:</p> <p>2.A. The types of practitioners to credential and recredential. This includes all physicians and nonphysician practitioners who have an independent relationship with the Contractor. (Examples include psychiatrists, psychologists, clinical social workers, psychiatric nurse specialist, and or licensed professional counselors.</p> | <p>Documents Submitted/Location Within Documents:</p> <ol style="list-style-type: none"> NBHP Credentialing and Recredentialing Delegation Policy. N205 Discipline Specific Credentialing Criteria for Practitioners. N301 Development of Credentialing Criteria. N410 Acceptable State Licensure for Practitioner Participation. N410A State Licensure Grid. N410B Advanced Practice Nurse (APN) Standards. Provider Credentialing Criteria Checklist. | <input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable |
| | <p>Findings: The VO Discipline Specific Credentialing Criteria for Practitioners policy specified the types of practitioners that VO credentialed and recredentialed, including all physicians and nonphysician practitioners, such as clinical social workers and licensed professional counselors who had an independent relationship with VO. The VO Applicable State Licensure Grid detailed the applicable state licenses for all physician and nonphysician providers by state, which included Colorado. The VO Provider Credentialing Criteria Checklist contained the specific criteria and checklist, by provider specialty, of documents and information that must be sent to VO prior to processing a credentialing application for each practitioner. The VO Provider Data Sheet, which was generated from the VO NetworkConnect online provider credentialing and recredentialing database, contained evidence of the types of practitioners that were to be credentialed or recredentialed.</p> | | |
| | Required Actions: None | | |

| Standard VIII—Credentialing and Recredentialing | | | |
|---|---|--|--|
| References | Requirement | Evidence Submitted by the BHO | Score |
| | 2.B. The verification sources used | Documents Submitted/Location Within Documents: 1. NBHP Credentialing and Recredentialing Delegation Policy. 2. N401 Primary Source Verification Policy – Entire policy. 3. N401A Primary Source Verification Report. | <input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable |
| <p>Findings: The VO Primary Source Verification policy detailed VO’s process for verifying with the primary source a provider’s credentials, license, and applicable education and experience as part of the credentialing and recredentialing processes. The policy listed the types of primary source databases used—such as the National Practitioners Data Bank (NPDB), OIG reports, and National Student Clearinghouse—to verify any Medicare or Medicaid sanctions, other federal sanctions, or a provider’s involvement with terrorists or terrorist activities.</p> <p>Required Actions: None</p> | | | |
| | 2.C. The criteria for credentialing and recredentialing | Documents Submitted/Location Within Documents: 1. NBHP Credentialing and Recredentialing Delegation Policy. 2. N201 Practitioner Credentialing Process – Entire policy. 3. N203 Facility Provider Credentialing Process – Entire policy. 4. N401 Primary Source Verification Policy – Entire policy. 5. N205 Discipline Specific Credentialing Criteria for Practitioners. 6. N206 Credentialing Criteria for Facility Organizational Providers. 7. N501 Practitioner Recredentialing Process – Entire policy. 8. N502 Facility Program Clinic Recredentialing Process – Entire policy. | <input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable |

| Standard VIII—Credentialing and Recredentialing | | | |
|--|---|--|--|
| References | Requirement | Evidence Submitted by the BHO | Score |
| | <p>Findings: The VO Practitioner Credentialing Process and Facility Provider Credentialing Process policies described VO’s credentialing criteria for evaluating and selecting providers to participate in the network and provide services to members. VO’s criteria for credentialing practitioners included the provision that practitioners submit a completed application and attestation form so VO may complete primary source verification of all licenses; certifications; educational and employment experience; clinical privileges, if applicable; malpractice history; evidence that the applicant was not excluded from participation in federally funded programs, including Medicare and Medicaid; and any criminal background or criminal record. The VO Primary Source Verification policy detailed VO’s process for verifying with the primary source a provider’s credentials, license, and applicable education and experience. The policy listed the types of primary source databases used to verify any Medicare or Medicaid sanctions, other federal sanctions, or a providers’ involvement with terrorists or terrorist activities.</p> <p>The VO Facility Provider Credentialing Process policy described VO’s credentialing criteria for facilities and stated that all facilities must complete the credentialing process and be approved by the VO NCC prior to the execution of an agreement with VO. NBHP and VO staff stated that the CLCC reviewed and made recommendations for approval or denial of credentialing files to the VO NCC prior to the VO NCC’s review of credentialing files. The VO Credentialing Criteria for Facility/Organizational Provider policy detailed the program-specific criteria that must be met for VO to approve credentialing of a facility.</p> <p>The VO Practitioner Recredentialing Process and Facility Provider Recredentialing Process policies described VO’s criteria for recredentialing providers who participated in the network and provided services to members. VO’s criteria for recredentialing practitioners included the requirement that practitioners submit a completed application and attestation form. The VO Primary Source Verification policy detailed VO’s process for verifying with the primary source a provider’s credentials, licenses, and applicable education and experience as part of the recredentialing process. The VO Facility Provider Recredentialing Process policy described VO’s recredentialing criteria for facilities and stated that all facilities must complete the recredentialing process and be approved by the VO NCC. NBHP and VO staff stated that the CLCC reviewed and made recommendations for approval or denial of recredentialing files to the VO NCC prior to the VO NCC’s review of recredentialing files.</p> <p>Required Actions: None</p> | | |
| | 2.D. The process for making credentialing and recredentialing decisions | <p>Documents Submitted/Location Within Documents:</p> <ol style="list-style-type: none"> NBHP Credentialing and Recredentialing Delegation Policy. N101 Overview of National Networks Policy – Entire policy. N201 Practitioner Credentialing Process – Entire policy. | <input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable |

| Standard VIII—Credentialing and Recredentialing | | | |
|---|-------------|--|-------|
| References | Requirement | Evidence Submitted by the BHO | Score |
| | | 4. N501 Practitioner Recredentialing Process - Entire policy. 5. N203 Facility Provider Credentialing Process – Entire policy. 6. N502 Facility Program Clinic Recredentialing Process – Entire policy. 7. N601 Role of National Credentialing Committee – Entire policy. 8. N604 Role of Local Credentialing Committee – Entire policy. | |
| <p>Findings: The VO Practitioner Credentialing Process and Facility Provider Credentialing Process policies described VO’s process for making credentialing decisions and selecting providers to participate in the network. VO’s process for credentialing practitioners included the use of an application completed by the practitioner, attestation from the practitioner, and primary source verification. The policies described the process by which “clean” files with recommendations for approval were forwarded to the VO medical director, who acted on behalf of the VO NCC, to approve clean credentialing files. The NBHP Role of Colorado Local Credentialing Committee policy detailed the roles and responsibilities of the CLCC for reviewing and rendering credentialing and recredentialing decisions. NBHP and VO staff stated that the CLCC reviewed and made recommendations for approval or denial of credentialing files to the VO NCC prior to the VO NCC’s review of credentialing files. Recommendations to deny credentialing applications were forwarded to the VO NCC for review and determination of network participation.</p> <p>The VO Practitioner Recredentialing Process and Facility Provider Recredentialing Process policies described VO’s criteria for recredentialing providers who participated in the network and provided services to members. VO’s criteria for recredentialing practitioners included the requirement that practitioners submit a completed application and attestation form. The VO Primary Source Verification policy detailed VO’s process for verifying with the primary source a provider’s credentials, license, and applicable education and experience. NBHP and VO staff stated that the CLCC reviewed and made recommendations for approval or denial of recredentialing files to the VO NCC prior to the VO NCC’s review of recredentialing files. The VO Facility Provider Recredentialing Process policy described VO’s recredentialing criteria for facilities and stated that all facilities must complete the recredentialing process and be approved by the VO NCC.</p> | | | |
| <p>Required Actions: None</p> | | | |

| Standard VIII—Credentialing and Recredentialing | | | |
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| References | Requirement | Evidence Submitted by the BHO | Score |
| | 2.E. The process for managing credentialing/recredentialing files that meet the Contractor’s established criteria | Documents Submitted/Location Within Documents: 1. NBHP Credentialing and Recredentialing Delegation Policy. 2. N202 Organization of Practitioner Credentialing & Recredentialing File – Entire policy. | <input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable |
| <p>Findings: The VO Organization of Practitioner Credentialing & Recredentialing File policy described VO’s use of a proprietary electronic database for storing and managing credentialing and recredentialing files for practitioners and facilities. According to the criteria established by policy, the credentialing database stored the following: provider agreements, applications, compliance documents, correspondence, credentialing/recredentialing information, disenrollment, education, foreign network documentation, invalid documents, legal documents, licensure, malpractice insurance, primary source verification documents and results, resumes, and other documents.</p> <p>Required Actions: None</p> | | | |
| | 2.F. The process for delegating credentialing or recredentialing (if applicable) | Documents Submitted/Location Within Documents: 1. NBHP Credentialing and Recredentialing Delegation Policy. 2. N201 Practitioner Credentialing Process – Entire policy. 3. N501 Practitioner Recredentialing Process - Entire policy. 4. N203 Facility Provider Credentialing Process – Entire policy. 5. N502 Facility Program Clinic Recredentialing Process – Entire policy. | <input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable |
| <p>Findings: The NBHP Credentialing and Recredentialing Delegation policy described NBHP’s delegation of credentialing and recredentialing activities to VO. The NBHP Credentialing and Recredentialing Delegation policy described NBHP’s oversight of VO’s credentialing and recredentialing program, which included verifying that VO maintained a well-defined credentialing and recredentialing process for evaluating contracting with licensed practitioners to provide services to members.</p> <p>Required Actions: None</p> | | | |

| Standard VIII—Credentialing and Recredentialing | | | |
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| References | Requirement | Evidence Submitted by the BHO | Score |
| | 2.G. The process for ensuring that credentialing and recredentialing are conducted in a non-discriminatory manner, (i.e., must describe the steps the Contractor takes to ensure that it does not make credentialing and recredentialing decisions based solely on an applicant’s race, ethnic/national identity, gender, age, sexual orientation, or the types of procedures or patients in which the practitioner specializes) | Documents Submitted/Location Within Documents: 1. NBHP Credentialing and Recredentialing Delegation Policy. 2. N101 Overview of National Networks Policy. 3. N201 Practitioner Credentialing Process – Page 2, Section IV.D. | <input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable |
| <p>Findings: The VO Practitioner Credentialing policy described VO’s process for credentialing providers who sought to participate in the network. The policy contained VO’s nondiscriminatory clause that VO did not make credentialing decisions based on an applicant’s race, ethnic/national identity, gender, age, or sexual orientation, or based on the type of procedure or patient in which the practitioner specialized. The VO Practitioner Recredentialing Process policy described VO’s process for recredentialing providers who participated in the network. The policy contained VO’s nondiscriminatory clause that VO did not make recredentialing decisions based on an applicant’s race, ethnic/national identity, gender, age, or sexual orientation, or based on the type of procedure or patient in which the practitioner specialized.</p> <p>The VO Overview of National Networks policy contained the provision that the VO NCC was made up of a diverse peer group whose members were required to sign statements of nondiscrimination to participate on the panel. The policy described the steps the VO NCC took to ensure that credentialing and recredentialing activities occurred in a nondiscriminatory manner. Examples of steps taken included an annual evaluation of network policies and a biannual audit of 15 practitioner files. The biannual audit report for July through December 2009 contained evidence of VO’s review of credentialing files to determine that discrimination did not occur during the credentialing and recredentialing process. The VO Overview of National Networks policy also described the process by which the credentialing director reviewed quarterly reports that captured any documented telephone calls or letters from providers alleging discrimination.</p> | | | |
| <p>Required Actions: None</p> | | | |

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| References | Requirement | Evidence Submitted by the BHO | Score |
| | <p>2.H. The process for notifying practitioners if information obtained during the Contractor’s credentialing/recredentialing process varies substantially from the information they provided to the Contractor</p> | <p>Documents Submitted/Location Within Documents:</p> <ol style="list-style-type: none"> NBHP Credentialing and Recredentialing Delegation Policy. N207 Practitioner Rights and Notification Policy – Page 3, Section V.B.1-2. | <input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable |
| <p>Findings: The VO Practitioner Rights and Notification policy described VO’s process for notifying practitioners if information obtained during the credentialing and recredentialing process varied from the information provided to VO by the practitioner.</p> <p>The policy stated that VO credentialing staff notified the practitioner within five business days if there was a discrepancy between the information presented by the practitioner and what was discovered during the primary source verification process. NBHP and VO staff stated that if information reported by the practitioner on the application differed from the information obtained from primary source verification, VO used the phone, e-mail, or fax to notify the practitioner of the differing information prior to issuing the formal letter. The VO Practitioner Rights and Notification policy further stated that the applicant had 10 business days to submit clarification and/or provide supporting documentation to resolve the conflict and continue the review process. The policy included provisions in the event practitioners did not respond to the request for clarification, at which time the credentialing administrator forwarded the file to the VO NCC with a recommendation to deny initial credentialing or disenroll the practitioner from the network.</p> <p>NBHP staff stated that during the transition process at the start of the fiscal year, no existing practitioners were denied credentialing. VO and NBHP staff stated that some of the low-volume practitioners were issued single-case agreements instead of undergoing credentialing and participating as a network provider.</p> | | | |
| <p>Required Actions: None</p> | | | |
| | <p>2.I. The process for ensuring that practitioners are notified of the credentialing/recredentialing decision within 60 calendar days of the committee’s decision</p> | <p>Documents Submitted/Location Within Documents:</p> <ol style="list-style-type: none"> NBHP Credentialing and Recredentialing Delegation Policy. N201 Practitioner Credentialing Process – Page 1, Section III.D.5. N601 Role of National Credentialing Committee – Page 1, Section III.B. | <input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable |

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| References | Requirement | Evidence Submitted by the BHO | Score |
| | <p>Findings: The VO Role of National Credentialing Committee policy included the provision that practitioners and providers were notified of all favorable network participation/retention decisions within 60 calendar days, and all decisions for denial or disenrollment within 5 business days, of the VO NCC’s decision. NBHP and VO staff stated that no practitioners who were existing contractors and part of the transition process were denied credentialing, although some low-volume practitioners had single-case agreements and were not included in the network.</p> | | |
| | <p>Required Actions: None</p> | | |
| | <p>2.J. The medical director or other designated physician’s direct responsibility and participation in the credentialing/recredentialing program</p> | <p>Documents Submitted/Location Within Documents:</p> <ol style="list-style-type: none"> NBHP Credentialing and Recredentialing Delegation Policy. N601 Role of National Credentialing Committee – Page 1, Section III.C; Page 2, Section IV, Section V.A. and V.F.2. N604 Role of Local Credentialing Committee – Page 2, Section V.B. | <input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable |
| | <p>Findings: The VO Role of National Credentialing Committee policy detailed the roles and responsibilities of the committee. The NBHP Role of Colorado Local Credentialing Committee policy detailed the roles and responsibilities of the committee. The VO Role of National Credentialing Committee policy described the leadership of the committee, which consisted of two cochairpersons, the chief medical officer or designated medical director, and the credentialing representative within the national provider network. The NBHP Role of Colorado Local Credentialing Committee policy described the leadership of the committee, which consisted of the local medical director or designee, who served as the chairperson, and participating practitioner representatives from clinical disciplines, including psychiatry, psychology, nursing, social work, and counseling. The NBHP Role of Colorado Local Credentialing Committee policy stated that committee membership also included representatives from related local departments, including network management, quality management, provider relations, and clinical services. The November 2009 National Credentialing Committee minutes provided evidence of the designated medical director’s participation on the committee.</p> | | |
| | <p>Required Actions: None</p> | | |

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| References | Requirement | Evidence Submitted by the BHO | Score |
| | 2.K. The process for ensuring the confidentiality of all information obtained in the credentialing/recredentialing process, except as otherwise provided by law | Documents Submitted/Location Within Documents: 1. NBHP Credentialing and Recredentialing Delegation Policy. 2. N409 Confidentiality of Provider Other Credentialing Information – Page 1, Section III.B. | <input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable |
| <p>Findings: The VO Confidentiality of Provider Other Credentialing Information policy described VO’s provision for maintaining the confidentiality of practitioner information obtained for credentialing. The policy detailed the process for ensuring the confidentiality of information, which included: maintaining a secure electronic format or physically secure file cabinet that contains confidential information, requiring credentialing staff to sign a confidentiality and nondisclosure agreement, confirming the practitioner’s identity prior to disclosing confidential information telephonically, ensuring that VO NCC participants sign a confidentiality and non-disclosure agreement on an annual basis, and ensuring that information is not released without prior explicit consent from providers.</p> | | | |
| <p>Required Actions: None</p> | | | |
| | 2.L. The process for ensuring that listings in provider directories and other materials for members are consistent with credentialing data, including education, training, certification, and specialty | Documents Submitted/Location Within Documents: 1. NBHP Credentialing and Recredentialing Delegation Policy. 2. N412 Provider Directory & Other Enrollee Information – Page 1, Section III. | <input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable |
| <p>Findings: The VO Provider Directory & Other Enrollee Information policy provided evidence of VO’s process to ensure that listings in provider directories and other materials for members are consistent with credentialing data, including education, training, certification, and specialty. Information listed in the provider directory is derived from the credentialing database, which could not be changed unless authorized by the provider.</p> | | | |
| <p>Required Actions: None</p> | | | |

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| References | Requirement | Evidence Submitted by the BHO | Score |
| | 2.M. The right of practitioners to review information submitted to support their credentialing/recredentialing application | Documents Submitted/Location Within Documents: 1. NBHP Credentialing and Recredentialing Delegation Policy. 2. N207 Practitioner Rights and Notification Policy – Page 1, Section III.1. | <input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable |
| <p>Findings: The Practitioner Rights and Notification policy detailed VO’s provision for allowing practitioners to review information submitted to support their credentialing and recredentialing applications. VO staff stated that providers were notified of their right to review information submitted to support their credentialing application. The VO Credentialing Application Cover Letter provided evidence that practitioners were notified of their right to review information in their credentialing file and to call VO if they had questions.</p> | | | |
| <p>Required Actions: None</p> | | | |
| | 2.N. The right of practitioners to correct erroneous information | Documents Submitted/Location Within Documents: 1. NBHP Credentialing and Recredentialing Delegation Policy. 2. N207 Practitioner Rights and Notification Policy – Page 1, Section III.3. | <input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable |
| <p>Findings: The VO Practitioner Rights and Notification policy described VO’s process for notifying practitioners if information obtained during the credentialing and recredentialing process varied from the information provided to VO by the practitioner. The policy stated that applicants had the opportunity to submit clarification and/or provide supporting documentation to resolve the conflicting or erroneous information.</p> | | | |
| <p>Required Actions: None</p> | | | |

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| References | Requirement | Evidence Submitted by the BHO | Score |
| | 2.O. The right of practitioners, upon request, to receive the status of their application | Documents Submitted/Location Within Documents: 1. NBHP Credentialing and Recredentialing Delegation Policy. 2. N207 Practitioner Rights and Notification Policy – Page 1. | <input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable |
| Findings: The VO Practitioner Rights and Notification policy described the right of practitioners to request information regarding the status of their credentialing and recredentialing applications and be provided that information by credentialing staff. The policy stated that practitioners could request the status of their credentialing or recredentialing application by calling the National Networks Provider Line or the credentialing administrator directly, or by written communication. | | | |
| Required Actions: None | | | |
| | 2.P. The right of the applicant to receive notification of their rights under the credentialing program | Documents Submitted/Location Within Documents: 1. NBHP Credentialing and Recredentialing Delegation Policy. 2. N207 Practitioner Rights and Notification Policy – Page 1, Section III.3. | <input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable |
| Findings: The VO Practitioner Rights and Notification policy provided evidence of VO’s provision for credentialing and recredentialing applicants to receive notification of their rights under the credentialing program, such as the right to review information in their credentialing application, correct erroneous information, and request information about the status of their application. The VO Credentialing Application Cover Letter, which was sent to providers who requested a credentialing application, provided evidence that practitioners were notified of their rights under the credentialing program when applying for credentialing and inclusion in the network. | | | |
| Required Actions: None | | | |

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| References | Requirement | Evidence Submitted by the BHO | Score |
| | <p>2.Q. How the Contractor accomplishes ongoing monitoring of practitioner sanctions, complaints and quality issues between recredentialing cycles including:</p> <ul style="list-style-type: none"> ◆ Collecting and reviewing Medicare and Medicaid sanctions ◆ Collecting and reviewing sanctions or limitations on licensure ◆ Collecting and reviewing complaints ◆ Collecting and reviewing information from identified adverse events ◆ Implementing appropriate interventions when it identified instances of poor quality, when appropriate | <p>Documents Submitted/Location Within Documents:</p> <ol style="list-style-type: none"> 1. NBHP Credentialing and Recredentialing Delegation Policy. 2. N710 Ongoing Monitoring of Provider Sanctions – Page 1, Section III. 3. N710A State Sanctions Log. 4. N710C Office of Inspector General Log. 5. N703 Involuntary Suspension Quality of Care – Page 1. 6. 309 Quality of Care Issues and Outlier Practice Patterns – Entire policy. 7. 308 Critical Adverse Incidents Policy – Entire policy. | <input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable |
| <p>Findings: The VO Ongoing Monitoring of Provider Sanctions policy detailed VO’s provision for continually monitoring practitioner sanctions, complaints, and quality issues between recredentialing cycles. The policy stated that it was the responsibility of the credentialing administrator to review disciplinary action/sanction reports to identify any VO-credentialed practitioners or organizational providers sanctioned by Medicare/Medicaid, federal or state agencies, or licensure or certification boards. The review also consisted of identifying any practitioners who were excluded from or opted out of the Medicare program. The policy contained the provision that disciplinary action reports must be reviewed within 30 days of their release date by the reporting entity. For any VO provider who was identified on the disciplinary action/sanction report, the credentialing administrator queried NPDB to obtain additional information on the sanction or disciplinary action. The policy also specified the provision for the credentialing administrator to forward complaints, quality issues, sanctions, or other adverse events to the VO NCC with the recommendation to review the information and make a decision regarding the practitioner’s participation in the network.</p> | | | |
| <p>Required Actions: None</p> | | | |

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| References | Requirement | Evidence Submitted by the BHO | Score |
| | 2.R. The range of actions available to the Contractor if the provider does not meet the Contractor’s standards of quality | Documents Submitted/Location Within Documents: 1. NBHP Credentialing and Recredentialing Delegation Policy. 2. N701 Practitioner and Provider Compliance – Pages 3, Section V.B.8.1-2, C, D and Page 4, Section V.E. 3. N703 Involuntary Suspension Quality of Care – Pages 1, Section III and Page 3, Section V.B. 4. N705 Practitioner Disenrollments | <input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable |
| Findings: The VO Practitioner and Provider Compliance policy, the VO Involuntary Suspension Quality of Care policy, and the VO Practitioner Disenrollments policy provided evidence of VO’s provision to provide a written warning or suspend or terminate a practitioner’s involvement in the provider network if the provider did not meet VO’s standards of quality. | | | |
| Required Actions: None | | | |
| | 2.S. If the Contractor has taken action against a practitioner for quality reasons, the Contractor reports the action to the appropriate authorities | Documents Submitted/Location Within Documents: 1. NBHP Credentialing and Recredentialing Delegation Policy. 2. N701 Practitioner and Provider Compliance – Pages 3, Section V.B-E. 3. N703 Involuntary Suspension Quality of Care – Page 3, Section V.E.2. 4. N705 Practitioner Disenrollments – Entire policy | <input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable |
| Findings: The VO Involuntary Suspension Quality of Care policy described the process by which VO notifies the appropriate authorities such as the NPDB and appropriate licensing board when VO takes action against a practitioner for quality reasons. | | | |
| Required Actions: None | | | |

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| References | Requirement | Evidence Submitted by the BHO | Score |
| | 2.T. A well defined appeal process for instances in which the Contractor chooses to alter the conditions of a practitioner’s participation based on issues of quality of care or service | Documents Submitted/Location Within Documents: 1. NBHP Credentialing and Recredentialing Delegation Policy. 2. N606 Provider Appeal Process – Entire policy. 3. N607 Fair Hearing Process – Entire policy. 4. ValueOptions Practitioner Agreement– Page 4, Section 2.9 and Page 7, Section 6.2. | <input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable |
| Findings: The VO Provider Appeal Process policy detailed the process by which providers may file an appeal based on issues of quality of care or service. The policy stated that provider appeals are reviewed by the Provider Appeals Committee. The policy specified that the provider may file an appeal with VO or the State agency if the provider disagrees with the findings from the Provider Appeal Committee. The VO Practitioner Agreement and the Provider Handbook provided evidence that the provider appeal process was communicated to providers upon enrollment. | | | |
| Required Actions: None | | | |
| | 2.U. How the Contractor makes the appeal process known to practitioners | Documents Submitted/Location Within Documents: 1. NBHP Credentialing and Recredentialing Delegation Policy. 2. Provider Handbook Network Credentialing – Page 37-38 of 110. 3. ValueOptions Practitioner Agreement– Page 4, Section 2.9. | <input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable |
| Findings: The VO Practitioner Agreement and Provider Handbook provided evidence that the provider appeal process was communicated to providers upon enrollment. | | | |
| Required Actions: None | | | |

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| References | Requirement | Evidence Submitted by the BHO | Score |
| NCQA CR2— Element A | 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. | Documents Submitted/Location Within Documents: 1. NBHP Credentialing and Recredentialing Delegation Policy. 2. N601 Role of National Credentialing Committee (NCC) – Page 1, Section III.A. 3. N604 Role of Local Credentialing Committee (LCC) – Entire policy. 4. National Credentialing Committee Minutes November 2009 5. Local Credentialing Committee Minutes November 2009 | <input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable |
| | Findings: The VO Role of National Credentialing Committee policy detailed the roles and responsibilities of the committee and defined the committee as a standing subcommittee of the Quality Council. The policy also stated that the VO NCC used a peer review process to make decisions. The NBHP Role of Colorado Local Credentialing Committee policy detailed the roles and responsibilities of the CLCC for reviewing and rendering credentialing and recredentialing decisions. NBHP and VO staff stated that the CLCC reviewed and made recommendations for approval or denial of recredentialing files to the VO NCC prior to the VO NCC’s review of recredentialing files. The November 2009 VO NCC meeting minutes provided evidence of the range of representation of individuals participating in the committee, such as psychiatrists, psychologists, licensed clinical social workers, and counselors. | | |
| | Required Actions: None | | |



Appendix A. Colorado Department of Health Care Policy & Financing
FY 2009–2010 Compliance Monitoring Tool
for Northeast Behavioral Health Partnership, LLC

| Standard VIII—Credentialing and Recredentialing | | | |
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| References | Requirement | Evidence Submitted by the BHO | Score |
| NCQA CR2— Element B | 4. The Contractor provides evidence of the following: <ul style="list-style-type: none"> ◆ Credentialing committee review of credentials for practitioner who do not meet established thresholds ◆ Medical director or equally qualified individual review and approval of clean files | Documents Submitted/Location Within Documents: <ol style="list-style-type: none"> 1. NBHP Credentialing and Recredentialing Delegation Policy. 2. National Credentialing Committee Meeting Minutes November 2009 3. Local Credentialing Committee Meeting Minutes November 2009 | <input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable |
| | Findings: The VO Practitioner Credentialing Process and Facility Provider Credentialing Process policies described VO’s process for making credentialing decisions and selecting providers to participate in the network. VO’s process for credentialing practitioners included the use of an application and attestation signed by the practitioner and primary source verification. The policies described the process by which “clean” files with recommendations for approval were forwarded to the VO medical director, who acted on behalf of the VO NCC to approve these files. NBHP and VO staff stated that the CLCC reviewed and made recommendations for approval or denial of recredentialing files to the VO NCC prior to the VO NCC’s review of recredentialing files. The November 2009 VO NCC meeting minutes provided evidence of the committee’s review of provider credentials who did not meet minimum thresholds. The meeting minutes also provided evidence of the medical director’s review and approval of “clean” practitioner credentialing files. | | |
| | Required Actions: None | | |

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| References | Requirement | Evidence Submitted by the BHO | Score |
| NCQA CR3— Element A Element B | <p>5. The Contractor conducts timely verification (using primary sources) of information to ensure that practitioners have the legal authority and relevant training and experience to provide quality care. Verification includes:</p> <ul style="list-style-type: none"> ◆ A current, valid license to practice ◆ A valid DEA or CDS certificate ◆ Education and training, including board certification, if applicably ◆ Work history ◆ A history of professional liability claims that resulted in settlements or judgments paid on behalf of the practitioner | <p>Documents Submitted/Location Within Documents:</p> <ol style="list-style-type: none"> 1. NBHP Credentialing and Recredentialing Delegation Policy. 2. N401 Primary Source Verification Policy – Page 1-2, Section III.A, Page 3, Section V.D.1, Page 4, Section V.D.10, 11 and 14. 3. N401A Primary Source Verification Report. 4. Provider Credentialing Criteria Checklist | <input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable |
| <p>Findings: The VO Primary Source Verification policy detailed VO’s process for verifying with the primary source a provider’s current, valid license to practice; valid U.S. Drug Enforcement Administration (DEA) or Controlled Dangerous Substance (CDS) certificate; education and training, including board certification, if applicable; work history; and a history of professional liability claims that resulted in settlements or judgments paid on behalf of the practitioner. The policy listed the types of primary source databases used to verify any Medicare or Medicaid sanctions or other federal sanctions, or a provider’s involvement with terrorists or terrorist activities.</p> | | | |
| <p>Required Actions: None</p> | | | |

| Standard VIII—Credentialing and Recredentialing | | | |
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| References | Requirement | Evidence Submitted by the BHO | Score |
| NCQA CR4— Element A NCQA CR7— Element C | <p>6. Practitioners complete an application for network participation (at initial credentialing and recredentialing) that includes a current and signed attestation and addresses the following:</p> <ul style="list-style-type: none"> ◆ Reasons for inability to perform the essential functions of the position, with or without accommodation ◆ Lack of present illegal drug use ◆ History of loss of license and felony convictions ◆ History of loss or limitation of privileges or disciplinary activity ◆ Current malpractice insurance coverage (minimums= physician—.5mil/1.5mil; facility—.5mil/3mil) ◆ The correctness and completeness of the application | <p>Documents Submitted/Location Within Documents:</p> <ol style="list-style-type: none"> 1. NBHP Credentialing and Recredentialing Delegation Policy. 2. N201 Practitioner Credentialing Process – Page 1, Section III.A, Page 3, Section V.D.1-6. | <input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable |
| | <p>Findings: The VO Practitioner Credentialing Process policy detailed VO’s credentialing process, which included the procedure for practitioners to complete and submit an application and attestation statement that addressed the following: reasons for a practitioner’s 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 activity; current malpractice insurance coverage; and the correctness and completeness of the application.</p> | | |
| | <p>Required Actions: None</p> | | |

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| References | Requirement | Evidence Submitted by the BHO | Score |
| NCQA CR5— Element A | 7. The Contractor receives information on practitioner sanction before making a credentialing decision, including <ul style="list-style-type: none"> ◆ State sanctions, restrictions on licensure or limitations on scope of practice ◆ Medicare and Medicaid sanctions | Documents Submitted/Location Within Documents: <ol style="list-style-type: none"> 1. NBHP Credentialing and Recredentialing Delegation Policy. 2. N401 Primary Source Verification Policy – Pages 1-2, Section III.A.1-11, Page 3, Section V.D.1 and Page 4, Section V.D.10, 11 and 14. 3. N401H Sanction Notification Letter | <input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable |
| | Findings: The VO Primary Source Verification policy detailed VO’s process for verifying at the primary source providers’ current, valid license to practice; valid DEA or CDS certificate; education and training, including board certification, if applicable; work history; and a history of professional liability claims that resulted in settlements or judgments paid on behalf of the practitioner. The policy listed the types of primary source databases used to verify any Medicare or Medicaid sanctions, other federal sanctions, or involvement with terrorists or terrorist activities. The VO Practitioner Credentialing Process policy described the process by which the network coordinator forwarded clean credentialing files to the medical director, who had the authority to approve clean files on behalf of the VO NCC or forward recommendations for denial to the VO NCC for review and determination. Only complete credentialing files with all primary source verification documents enclosed were forwarded to the medical director or VO NCC for review and determination. | | |
| | Required Actions: None | | |

| Standard VIII—Credentialing and Recredentialing | | | |
|--|---|---|--|
| References | Requirement | Evidence Submitted by the BHO | Score |
| NCQA CR6— Element A | 8. The Contractor has a process to ensure that the offices of all practitioners meet its office-site standards. The organization sets standards for <ul style="list-style-type: none"> ◆ Office site criteria <ul style="list-style-type: none"> ▪ Physical accessibility ▪ Physical appearance ▪ Adequacy of waiting and examining room space ▪ Availability of appointments ◆ Medical/treatment record criteria <ul style="list-style-type: none"> ▪ Secure/confidential filing system ▪ Legible file markers ▪ Records are easily located | Documents Submitted/Location Within Documents: <ol style="list-style-type: none"> 1. NBHP Credentialing and Recredentialing Delegation Policy. 2. N406A Practitioner Site Visit – Entire policy. 3. N406AA Data Definitions for the Environmental Site Review Tool for Practitioners. 4. N406AC Practitioner Environmental Site Review. 5. N406B Facility Organization Site Visit – Entire policy. 6. N406BA Data Definitions for the Organization Facility Environmental Site Review. 7. N406BB Organization Facility Environmental Site Review. | <input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable |
| | Findings: The VO Practitioner Environmental Site Review form and the VO Organization Facility Environmental Site Review form provided evidence that VO maintained a process to ensure that the offices of all practitioners met office-site standards. The completed Organization Facility Environmental Site Review tools for Mile High Council, Jacob Family Services Main Street, and Jacob Family Services Remington Street provided evidence that VO conducted the site visits and assessed the following criteria: physical accessibility and Americans with Disabilities Act (ADA) compliance, physical appearance, adequacy of waiting and examining room space, availability of appointments, medical/treatment record criteria, secure/confidential filing system, legible file markers, and records that were easily located. | | |
| | Required Actions: None | | |

| Standard VIII—Credentialing and Recredentialing | | | |
|--|---|--|--|
| References | Requirement | Evidence Submitted by the BHO | Score |
| NCQA CR6— Element B | 9. The Contractor implements appropriate interventions by: <ul style="list-style-type: none"> ◆ Conducting site visits of offices about which it has received member complaints ◆ Instituting actions to improve offices that do not meet thresholds ◆ Evaluating effectiveness of the actions at least every six months, until deficient offices meet the thresholds ◆ Monitoring member complaints for all practitioner sites at least every six months ◆ Documenting follow-up visits for offices that had subsequent deficiencies | Documents Submitted/Location Within Documents: <ol style="list-style-type: none"> 1. NBHP Credentialing and Recredentialing Delegation Policy. 2. N406A Practitioner Site Visit - Pages 1, Section III, Page 3, Section V.E-H, and Page 4, Section V.K. 3. N406B Facility Organization Site Visit – Entire policy. | <input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable |
| | <p>Findings: The Practitioner Site Visit policy described VO’s provision for conducting a structured site visit review for all practitioners’ offices with two or more documented member complaints in a six-month time frame. A site visit review was conducted when complaints related to physical accessibility, physical appearance, the adequacy of waiting/examining room space, the availability of appointments, and/or the adequacy of treatment record-keeping; when a quality-of-care issue indicated that a site visit may assist in resolving the identified quality-of-care issue; and/or when contractually obligated. The policy detailed VO’s procedure for requiring a corrective action plan for office site visits that did not meet the minimum performance thresholds. The policy also stated that VO would conduct a follow-up visit every six months to evaluate the effectiveness of the interventions detailed in the facility’s corrective action plan and to determine if the facility met the minimum performance threshold. The policy detailed the provisions by which VO documented the site visits and forwarded the information to the VO NCC.</p> | | |
| | <p>Required Actions: None</p> | | |

| Standard VIII—Credentialing and Recredentialing | | | |
|--|--|--|--|
| References | Requirement | Evidence Submitted by the BHO | Score |
| NCQA CR7— Element A Element B Element D NCQA CR8 | 10. The organization formally recredentials its practitioners (at least every 36 months) through information verified from primary sources. The information includes: <ul style="list-style-type: none"> ◆ A current, valid license to practice ◆ A valid DEA or CDS certificate ◆ Board certification ◆ A history of professional liability claims that resulted in settlements or judgments paid on behalf of the practitioner ◆ State sanctions, restrictions on licensure, or limitations on scope of practice ◆ Medicare and Medicaid sanctions | Documents Submitted/Location Within Documents: <ol style="list-style-type: none"> 1. NBHP Credentialing and Recredentialing Delegation Policy. 2. N501 Practitioner Recredentialing Process – Page 1, Section III and Page 2, Section IV.C. 3. N502 Facility Program Clinic Recredentialing Process – Page 1, Section IV.A, Page 2, Section V.D-E and Page 3, Section V.G. | <input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable |
| <p>Findings: The Practitioner Recredentialing Process policy described VO’s process for recredentialing practitioners, which included primary source verification of identified credentialing elements at least every 36 months. The VO Primary Source Verification policy detailed VO’s process for verifying at the primary source providers’ current, valid license to practice; valid DEA or CDS certificate; education and training, including board certification, if applicable; work history; and a history of professional liability claims that resulted in settlements or judgments paid on behalf of the practitioner. The policy also listed the types of primary source databases used to verify any Medicare or Medicaid sanctions, other federal sanctions, or involvement with terrorists or terrorist activities.</p> | | | |
| <p>Required Actions: None</p> | | | |

| Standard VIII—Credentialing and Recredentialing | | | |
|--|---|---|--|
| References | Requirement | Evidence Submitted by the BHO | Score |
| NCQA CR11— Element A | <p>11. The Contractor has (and implements) written policies and procedures for the initial and ongoing assessment of (organizational) providers with which it contracts, which include:</p> <p>11.A. The Contractor confirms that the provider is in good standing with state and federal regulatory bodies.</p> | <p>Documents Submitted/Location Within Documents:</p> <ol style="list-style-type: none"> 1. NBHP Credentialing and Recredentialing Delegation Policy. 2. N203 Facility Provider Credentialing Process – Pages 2-3, Section V.G. 3. N203A Facility Provider Credentialing Workflow 4. N206 Credentialing Criteria for Facility Organizational Providers – Page 1, Section III, Page 2, Section IV.A.1 and IV.A.6. | <input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable |
| | <p>Findings: The VO Facility Provider Credentialing Process policy detailed VO’s provision for credentialing organizational providers. The policy stated that eligibility was determined by the extent to which applicants met VO credentialing criteria. The VO Credentialing Criteria for Facility Organizational Providers policy listed the facility/organizational criteria applicable to all providers and the program-specific criteria for specialized providers, such as inpatient psychiatric facilities. The VO Facility Provider Credentialing Process policy described the process by which VO staff verified that providers were in good standing with state and federal regulatory bodies.</p> <p>Required Actions: None</p> | | |
| | <p>11.B. The Contractor confirms whether the provider has been reviewed and approved by an accrediting body.</p> | <p>Documents Submitted/Location Within Documents:</p> <ol style="list-style-type: none"> 1. N206 Credentialing Criteria for Facility Organizational Providers – Page 2 Section IV.4. | <input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable |
| <p>Findings: The VO Facility Provider Credentialing Process policy detailed VO’s provision for credentialing organizational providers. The policy stated that eligibility was determined by the extent to which applicants met VO credentialing criteria. The VO Facility Provider Credentialing Process policy described the process by which the credentialing verification specialist verified the facility/organizational provider’s accreditation status from the accrediting body to determine that accreditation was current at the time of the credentialing decision.</p> <p>Required Actions: None</p> | | | |

| Standard VIII—Credentialing and Recredentialing | | | |
|---|--|---|--|
| References | Requirement | Evidence Submitted by the BHO | Score |
| | 11.C. If there is no accreditation status, the Contractor conducts an on-site quality assessment. | Documents Submitted/Location Within Documents: 1. NBHP Credentialing and Recredentialing Delegation Policy. 2. N206 Credentialing Criteria for Facility Organizational Providers – Page 2, Section IV.4. | <input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable |
| Findings: The VO Facility Provider Credentialing Process policy described the process by which the credentialing verification specialist requests that a structured site visit be scheduled and completed for applicants that meet established credentialing criteria, but are not accredited. The completed Facility Site Review report for Mile High Council provided evidence that VO conducted an on-site quality assessment. | | | |
| Required Actions: None | | | |
| | 11.D. At least every three years, the Contractor confirms that the organizational provider continues to be in good standing with state and federal regulatory bodies, and if applicable, is reviewed and approved by an accrediting body. The Contractor conducts a site visit every three years if the organizational provider is not reviewed and approved by an accrediting body. | Documents Submitted/Location Within Documents: 1. NBHP Credentialing and Recredentialing Delegation Policy. 2. N502 Facility Program Clinic Recredentialing Process – Pages 1-2, Section IV.A. | <input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable |
| Findings: The VO Facility Program Clinic Recredentialing Process policy described VO’s recredentialing process, which included a review of organizational providers to determine if they remained in good standing. The VO Facility Provider Credentialing Process policy described the process by which the credentialing verification specialist requests that a structured site visit be scheduled and completed for applicants that meet established credentialing criteria, but are not accredited, prior to recredentialing decisions and within 36 months from the initial or previous recredentialing decision. The completed Facility Site Review report for Mile High Council provided evidence that VO conducted an initial site visit of the provider. NBHP and VO staff stated that facilities will undergo another site visit within 36 months if the facility is not reviewed or approved by an accrediting body. | | | |
| Required Actions: None | | | |

| Standard VIII—Credentialing and Recredentialing | | | |
|--|---|---|--|
| References | Requirement | Evidence Submitted by the BHO | Score |
| | 11.E. The selection process and assessment criteria for each type of nonaccredited organizational provider with which the Contractor contracts. | Documents Submitted/Location Within Documents: 1. NBHP Credentialing and Recredentialing Delegation Policy. 2. N206 Credentialing Criteria for Facility Organizational Providers – Entire policy. | <input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable |
| Findings: The VO Credentialing Criteria for Facility Organizational Providers policy detailed VO’s selection process and assessment criteria for each type of nonaccredited organizational providers with which it contracts. | | | |
| Required Actions: None | | | |
| NCQA CR11— Element A | 12. Site visits for nonaccredited facilities include a process for ensuring that the provider credentials its practitioners. | Documents Submitted/Location Within Documents: 1. NBHP Credentialing and Recredentialing Delegation Policy. 2. N206 Credentialing Criteria for Facility Organizational Providers – Page 8, Section V.C.16.c. 3. N406AC Practitioner Environmental Site Review | <input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable |
| Findings: The VO Facility Environmental Site Review audit form provided evidence that VO maintained a process for ensuring that the facility credentialed its practitioners. The completed Facility Site Review report for Mile High Council provided evidence that VO verified that the organization credentialed its practitioners. | | | |
| Required Actions: None | | | |

| Standard VIII—Credentialing and Recredentialing | | | | |
|--|--|---|--|--|
| References | Requirement | Evidence Submitted by the BHO | Score | |
| NCQA CR11— Element B | 13. The Contractor’s organizational provider assessment policies and process includes at least: <ul style="list-style-type: none"> ◆ Inpatient facilities ◆ Residential facilities ◆ Ambulatory facilities | Documents Submitted/Location Within Documents: <ol style="list-style-type: none"> 1. NBHP Credentialing and Recredentialing Delegation Policy. 2. N206 Credentialing Criteria for Facility Organizational Providers – Entire policy. 3. N406AC Practitioner Environmental Site Review | <input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable | |
| | Findings: The VO Credentialing Criteria for Facility Organizational Providers policy described the process for credentialing facilities and organizational providers. The policy detailed the program-specific criteria for the following provider types: inpatient psychiatric, inpatient detoxification, inpatient substance abuse rehabilitation, residential, partial hospitalization, 23-hour observation, ambulatory detoxification, intensive outpatient, day treatment, a halfway house, methadone maintenance program, treatment group home, therapeutic foster care, home health, respite care, an outpatient mental health and/or substance abuse clinic, eating disorders, dual diagnosis, pathological gambling, crisis intervention, crisis stabilization, psychiatric residency training programs, therapeutic nursery programs, employee assistance program services, and a child placement agency. | | | |
| | Required Actions: None | | | |
| NCQA CR11— Element D | 14. The Contractor has documentation that organizational providers have been assessed. | Documents Submitted/Location Within Documents: <ol style="list-style-type: none"> 1. NBHP Credentialing and Recredentialing Delegation Policy. 2. N206 Credentialing Criteria for Facility Organizational Providers – Entire policy. 3. N406AC Practitioner Environmental Site Review 4. Facility Site Review Mile High Council 5. Facility Site Review Jacob Family Services Main Street 6. Facility Site Review Jacob Family Services Remington Street | <input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable | |
| | Findings: The VO Facility Site Review reports provided evidence that VO conducted a site visit and assessed the following organizational providers: Mile High Council, Jacob Family Services Main Street, and Jacob Family Services Remington Street. | | | |
| | Required Actions: None | | | |

| Standard VIII—Credentialing and Recredentialing | | | |
|---|---|---|--|
| References | Requirement | Evidence Submitted by the BHO | Score |
| NCQA CR12— Element A—H | <p>15. If the Contractor delegates any credentialing activities, the Contractor:</p> <ul style="list-style-type: none"> ◆ Has a written delegation document with the delegate ◆ Retains the right to approve, suspend, and terminate individual practitioners, providers, and sites. This right is reflected in the delegation agreement ◆ Audits credentialing files annually against NCQA standards ◆ Performs an annual substantive evaluation of delegated activities against NCQA standards and organization expectations ◆ Evaluates regular reports ◆ The organization identifies and follows up on opportunities for improvement, if applicable | <p>Documents Submitted/Location Within Documents:</p> <ol style="list-style-type: none"> 1. NBHP Credentialing and Recredentialing Delegation Policy. 2. ValueOptions Delegation Agreement | <input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable |
| | <p>Findings: The NBHP Credentialing and Recredentialing Delegation policy detailed NBHP’s provisions for delegating credentialing to VO. The NBHP Delegation Agreement and Delegation Oversight policy detailed the requirements of the delegation, which specified the following: NBHP’s right to approve, suspend, and terminate individual practitioners, providers, and sites; NBHP’s policy to audit credentialing files annually against NCQA standards; NBHP’s annual evaluation of delegated activities against NCQA standards and organization expectations; NBHP review and evaluation of reports on an ongoing basis; and VO’s follow-up on opportunities for improvement, if applicable.</p> | | |
| | <p>Required Actions: None</p> | | |



Appendix A. Colorado Department of Health Care Policy & Financing
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for Northeast Behavioral Health Partnership, LLC

| Results for Standard VIII—Credentialing and Recredentialing | | | | | |
|--|----------------|---|-----------|--------------------|------------------|
| Total | Met | = | <u>39</u> | X | 1.00 = <u>39</u> |
| | Partially Met | = | <u>0</u> | X | .00 = <u>0</u> |
| | Not Met | = | <u>0</u> | X | .00 = <u>0</u> |
| | Not Applicable | = | <u>0</u> | X | NA = <u>0</u> |
| Total Applicable | | = | <u>39</u> | Total Score | = <u>39</u> |

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



Appendix A. Colorado Department of Health Care Policy & Financing
FY 2009–2010 Compliance Monitoring Tool
for Northeast Behavioral Health Partnership, LLC

| Standard IX—Subcontracts and Delegation | | | |
|--|--|---|--|
| References | Requirement | Evidence Submitted by the BHO | Score |
| 42CFR438.230(a)(1) Contract: II.H.1 | 1. The Contractor oversees, and is accountable for any functions and responsibilities that it delegates to any subcontractor. | Documents Submitted/Location Within Documents: 1. ValueOptions Delegation Agreement 2. ValueOptions Management Services Agreement 3. NBHP Delegation Policy 4. All NBHP Delegation Policy and Procedures- Claims, Credentialing/Recredentialing, Information Technology-Health Information Systems, Grievances, Member and Family Affairs, Provider Network, Quality Management and Utilization Management 5. ValueOptions Pre-delegation Evaluation 6. Mental Health Center Delegation Agreements- Centennial Mental Health Center, Larimer Center for Mental Health, and North Range Behavioral Health | <input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable |
| | Findings: NBHP delegated several managed care functions to VO, including claims, credentialing, information technology/health information systems, grievances, member and family affairs, provider network, quality management, and utilization management. The terms and conditions of the delegation, including a list of delegated responsibilities and reporting requirements, were detailed in both the VO Delegation Agreement and in the Management Services Agreement between VO and the BHO. A description of NBHP’s ongoing monitoring of functions delegated to VO was included in several NBHP delegation policies. Information regarding NBHP’s ongoing monitoring activities for care coordination and the appointment and supervision of member/parent/family advocates was also included in NBHP’s delegation agreement with each of its CMHCs. | | |
| | Required Actions: None | | |

| Standard IX—Subcontracts and Delegation | | | |
|--|---|--|--|
| References | Requirement | Evidence Submitted by the BHO | Score |
| 42CFR438.230(b)(1) Contract: II.H.1 | 2. Before any delegation, the Contractor evaluates a prospective subcontractor’s ability to perform the activities to be delegated. | Documents Submitted/Location Within Documents: 1. ValueOptions Pre-delegation Evaluation | <input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable |
| | Findings: NBHP provided a copy of an August 12, 2009, predelegation assessment of VO’s capabilities to meet obligations addressed in the VO Delegation Agreement and the Management Services Agreement between the two parties. The assessment included interviews with key VO staff, a review of relevant policies and procedures, and a discussion of services to be performed. Findings from the assessment were that VO’s technology systems would significantly enhance NBHP’s ability to monitor the quality of care provided to members and that the overall experience of VO staff would be an asset to the BHO. | | |
| | Required Actions: None | | |
| 42CFR438.230(b)(2) Contract: II.H.2 NCQA CR 12— Element D | 3. There is a written agreement with each delegate. | Documents Submitted/Location Within Documents: 1. ValueOptions Delegation Agreement 2. Mental Health Center Delegation Agreements- Centennial Mental Health Center, Larimer Center for Mental Health, and North Range Behavioral Health | <input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable |
| | Findings: NBHP maintained the VO Delegation Agreement and the Management Services Agreement with VO that defined all delegated functions and identified delegate reporting requirements. NBHP also provided copies of the delegation agreements with each of its CMHCs. | | |
| | Required Actions: None | | |

| Standard IX—Subcontracts and Delegation | | | |
|---|---|---|--|
| References | Requirement | Evidence Submitted by the BHO | Score |
| 42CFR438.230(b)(2) Contract: II.H.2 NCQA CR12— Element A Element B Element C | 4. The written delegation agreement: <ul style="list-style-type: none"> ◆ Specifies the activities and reporting responsibilities delegated to the subcontractor ◆ Provides for revoking delegation or imposing other sanctions if the subcontractor’s performance is inadequate For delegation of Credentialing only, the agreement: <ul style="list-style-type: none"> ◆ Is mutually agreed upon ◆ Describes the responsibilities of the Contractor and the delegated entity ◆ Describes the delegated activities ◆ Requires at least semiannual reporting to the Contractor ◆ Describes the process by which the Contractor evaluates the delegated entity’s performance ◆ Describes the remedies available to the Contractor if the delegated entity does not fulfill its obligations, including revocation of the delegation agreement ◆ Includes a list of allowed uses of PHI ◆ Includes a description of delegate safeguards to protect the information (PHI) from inappropriate uses ◆ Includes a stipulation that the delegate will ensure that subdelegates have similar safeguards | Documents Submitted/Location Within Documents: <ol style="list-style-type: none"> 1. ValueOptions Delegation Agreement 2. ValueOptions Management Services Agreement | <input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable |

| Standard IX—Subcontracts and Delegation | | | |
|---|---|-------------------------------|-------|
| References | Requirement | Evidence Submitted by the BHO | Score |
| | <ul style="list-style-type: none"> ◆ Includes a stipulation that the delegate will provide individuals with access to their PHI ◆ Includes a stipulation that the delegate will inform the Contractor if inappropriate use of the information (PHI) occur ◆ Includes a stipulation that the delegate will ensure that PHI is returned, destroyed, or protected if the delegation agreement ends ◆ Includes a stipulation that the Contractor has the right to approve, suspend, and terminate individual practitioners, providers, and sites in situations where it has delegated decision-making | | |
| <p>Findings: The VO Delegation Agreement and the delegation agreements with each of NBHP’s CMHCs specified activities and reporting requirements delegated to the subcontractor. The agreements also included provisions regarding revocation of delegated activities and the use of sanctions to address significant problem performance. All National Committee for Quality Assurance (NCQA) requirements related to the delegation of credentialing were addressed in the VO Delegation Agreement or in Exhibit C of the Management Services Agreement between NBHP and VO.</p> | | | |
| <p>Required Actions: None</p> | | | |



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| Standard IX—Subcontracts and Delegation | | | | |
|--|--|--|--|--|
| References | Requirement | Evidence Submitted by the BHO | Score | |
| 42CFR438.230(b)(3) | 5. The Contractor monitors the delegate’s performance on an ongoing basis. The Contractor subjects subcontractor/delegate to a formal review according to a periodic schedule established by the State, consistent with industry standards or state MCO laws and regulations. | Documents Submitted/Location Within Documents: 1. ValueOptions Delegation Agreement-Pages 9-22 | <input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable | |
| | Findings: NBHP provided a copy of a predelegation assessment of VO conducted August 12, 2009. The VO Delegation Agreement between NBHP and VO required that the BHO monitor delegate performance on an ongoing basis according to a periodic schedule. NBHP’s delegation agreements with its CMHCs included a provision requiring the delegate to submit to an annual formal audit. The delegation agreements also described ongoing monitoring of the CMHCs through NBHP’s Quality Improvement, Compliance, and Executive committees. During the on-site interview, NBHP staff stated that secret shopper activities were used to assess the quality of care provided at the CMHCs. Staff also provided a report from a monitoring visit to the CMHCs conducted in 2009. | | | |
| | Required Actions: None | | | |
| 42CFR438.230(b)(4) | 6. If the Contractor identifies deficiencies or areas for improvement in the subcontractor’s performance, the Contractor and the subcontractor take corrective action. | Documents Submitted/Location Within Documents: 1. ValueOptions Delegation Agreement-Page 4 | <input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable | |
| | Findings: NBHP’s VO Delegation Agreement and its delegation agreements with each of its three CMHCs included language regarding the handling of identified deficiencies and problem performance. The agreements stated that corrective action plans may be requested from the delegate as appropriate. The documents also detailed the process for possible use of sanctions to address ongoing or recurrent performance problems. NBHP staff indicated that none of the delegates had been placed under corrective action for problem performance for the period under review. | | | |
| | Required Actions: None | | | |



Appendix A. Colorado Department of Health Care Policy & Financing
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| Results for Standard IX—Subcontracts and Delegation | | | | | |
|--|----------------|---|----------|--------------------|-----------------|
| Total | Met | = | <u>6</u> | X | 1.00 = <u>6</u> |
| | Partially Met | = | <u>0</u> | X | .00 = <u>0</u> |
| | Not Me | = | <u>0</u> | X | .00 = <u>0</u> |
| | Not Applicable | = | <u>0</u> | X | NA = <u>0</u> |
| Total Applicable | | = | | Total Score | = <u>6</u> |

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

Standard X—Quality Assessment and Performance Improvement

| References | Requirement | Evidence Submitted by the BHO | Score |
|-----------------|---|--|--|
| 42CFR438.240(a) | 1. The Contractor has an ongoing Quality Assessment and Performance Improvement (QAPI) Program. | Documents Submitted/Location Within Documents: 1. NBHP Quality Management Delegation Policy 2. NBHP Annual QI-UM Program Description FY 2010 (November 2009) with signature page. | <input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable |
| | <p>Findings: NBHP delegated quality management functions to VO. VO produced a Quality Improvement and Utilization Management Program Description and Annual Plan for Fiscal Year 2009–2010 on behalf of the BHO that described the structure of the QAPI program as well as program goals and objectives. NBHP also published a Quality Improvement and Utilization Management Program Impact Analysis Annual Report for Fiscal Year 2008–2009 that summarized past-year performance related to a wide range of quality data, including access-to-service indicators, utilization management performance measures, consumer satisfaction survey findings, and PIPs. At the time of the on-site review, NBHP provided copies of Quality Improvement /Utilization Management Committee Meeting minutes illustrating that the BHO actively reported, reviewed, and analyzed QAPI program data.</p> <p>Required Actions: None</p> | | |
| 42CFR438.240(b) | 2. The QAPI Program includes the following basic elements: <ul style="list-style-type: none"> ◆ Performance improvement projects ◆ The submission of performance measurement data | Documents Submitted/Location Within Documents: 1. NBHP Quality Management Delegation Policy 2. NBHP Annual QI-UM Program Description FY 2010 (November 2009) with signature page-Page 61. | <input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable |
| | <p>Findings: NBHP’s QAPI program addressed both the submission of performance data and the completion of PIPs as required by 42 CFR 438. Both VO’s Quality Improvement and Utilization Program Description and Annual Plan for Fiscal Year 2009–2010 and NBHP’s Quality Improvement and Utilization Management Program Impact Analysis Annual Report for Fiscal Year 2008–2009 described the data collection process and requirements for reporting performance indicator data to the Department. The documents also provided information regarding the two PIPs in place during the reporting period. One recently validated PIP involved a review of care coordination between psychiatric providers and physical health providers for members with diagnoses of schizophrenia, schizoaffective disorder, and bipolar disorder. The focus of the second PIP explored the degree to which caregivers were actively involved in outpatient counseling sessions with minor children.</p> <p>Required Actions: None</p> | | |

| Standard X—Quality Assessment and Performance Improvement | | | |
|--|---|--|--|
| References | Requirement | Evidence Submitted by the BHO | Score |
| 42CFR438.240(b)(3) | 3. The Contractor’s QAPI program includes mechanisms to detect both underutilization and overutilization of services. | Documents Submitted/Location Within Documents: 1. NBHP Quality Management Delegation Policy 2. NBHP Annual QI-UM Program Description FY 2010 (November 2009) with signature page- Page 63-64 | <input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable |
| | Findings: The NBHP Quality Improvement and Utilization Management Program Impact Analysis Annual Report for Fiscal Year 2008–2009 summarized the BHO’s findings for various utilization management measures in place to detect underutilization and overutilization of services. Performance indicators included the number of hospital admissions per 1,000, hospital average length of stay, emergency room utilization, and penetration rates by age and ethnicity. During the on-site interview, BHO staff reported that a literature search was under way to develop and implement additional measures to detect possible underutilization of services. | | |
| | Required Actions: None | | |
| 42CFR438.240(b)(4) | 4. The Contractor’s QAPI program includes mechanisms to assess the quality and appropriateness of care furnished to enrollees with special health care needs. | Documents Submitted/Location Within Documents: 1. NBHP Quality Management Delegation Policy 2. NBHP Annual QI-UM Program Description FY 2010 (November 2009) with signature page- Pages 5 & 18. | <input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable |
| | Findings: The NBHP Quality Improvement and Utilization Management Program Impact Analysis Annual Report for Fiscal Year 2008–2009 documented that the BHO conducted a wide range of quality studies and other initiatives to assess the quality and appropriateness of care furnished to members with special health care needs. For example, the BHO conducted a PIP to assess coordination of care between behavioral health service providers and PCPs for adult members with severe and persistent mental illness. At the interview, staff stated that the BHO had plans to implement a quality study to explore clinical outcomes for postpartum women who received follow-up care through their PCP. | | |
| | Required Actions: None | | |

| Standard X—Quality Assessment and Performance Improvement | | | |
|--|---|--|--|
| References | Requirement | Evidence Submitted by the BHO | Score |
| 42CFR438.240(e)(2) | 5. The Contractor has a process for evaluating the impact and effectiveness of the QAPI Program. | Documents Submitted/Location Within Documents: 1. NBHP Quality Management Delegation Policy 2. Northeast Behavioral Health-Program Impact Analysis (FY 2008-2009) | <input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable |
| | Findings: NBHP formally evaluated the impact and effectiveness of the QAPI program through its Quality Improvement and Utilization Management Program Impact Analysis Annual Report for Fiscal Year 2008–2009. The annual report described performance for all quality improvement and utilization management activities completed in the prior fiscal year and included strategies to address any areas needing improvement. During the interview, the NBHP quality improvement director reported that the QAPI program was also informally evaluated through feedback from members and providers through various advisory committees, provider meetings, and community meetings. | | |
| | Required Actions: None | | |
| 42CFR438.236(b) | 6. The Contractor’s QAPI program addresses practice guidelines. The Contractor adopts practice guidelines that meet the following requirements: <ul style="list-style-type: none"> ◆ Are based on valid and reliable clinical evidence or a consensus of health care professionals in the particular field ◆ Considers the needs of the Contractor’s members ◆ Are adopted in consultation with contracting health care professionals ◆ Are reviewed and updated periodically as appropriate | Documents Submitted/Location Within Documents: 1. NBHP Quality Management Delegation Policy 2. NBHP Annual QI-UM Program Description FY 2010 (November 2009) with signature page- Page 59 3. www.nbhpartners.com | <input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable |
| | Findings: General information regarding practice guidelines was included in both the NBHP Quality Improvement and Utilization Management Program Impact Analysis Annual Report for Fiscal Year 2008–2009 and in the VO Quality Improvement and Utilization Management Program Description and Annual Plan for Fiscal Year 2009–2010. A practice guidelines document posted on the NBHP Web site included clinical practice guidelines for attention deficit hyperactivity disorder (ADHD) and mood disorders. The document also stated that practice guidelines were to: (1) be based on valid and reliable clinical evidence, (2) consider the needs | | |



Appendix A. Colorado Department of Health Care Policy & Financing
FY 2009–2010 Compliance Monitoring Tool
for Northeast Behavioral Health Partnership, LLC

| Standard X—Quality Assessment and Performance Improvement | | | |
|---|--|---|--|
| References | Requirement | Evidence Submitted by the BHO | Score |
| | of members, (3) be adopted in consultation with NBHP providers, and (4) be reviewed and updated periodically as needed. At the interview, staff members indicated that plans were under way to review the set of practice guidelines currently in place and to work with VO on the development and implementation of additional clinical protocols. | | |
| | Required Actions: None | | |
| 42CFR438.236(c) | 7. The Contractor disseminates the guidelines to all affected providers, and upon request, to members and potential members. | Documents Submitted/Location Within Documents: 1. NBHP Quality Management Delegation Policy | <input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable |
| | Findings: NBHP’s clinical practice guidelines were available on the BHO’s Web site. Information on the Web site indicated that hard copies of the guidelines were made available to providers and members upon request. During the interview, NBHP staff stated that members received information regarding practice guidelines through advisory committee meetings and public forums. NBHP staff also reported that providers received copies of the practice guidelines upon entering into a contract with the BHO. | | |
| | Required Actions: None | | |
| 42CFR438.236(d) | 8. Decisions for utilization management, member education, coverage of services, and other areas to which the guidelines apply are consistent with the practice guidelines. | Documents Submitted/Location Within Documents: 1. NBHP Quality Management Delegation Policy 2. NBHP Annual QI-UM Program Description FY 2010 (November 2009) with signature page- Pages 40-41. | <input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable |
| | Findings: The NBHP clinical practice guidelines addressed the array of covered services that may be appropriate for members with ADHD and mood disorders. At the interview, NBHP staff stated that the BHO ensured consistency between its practice guidelines, coverage of services, and utilization management level-of-care criteria through a review by a single committee (the Policy and Guidelines Committee) of all documents related to these three areas. | | |
| | Required Actions: None | | |

| Standard X—Quality Assessment and Performance Improvement | | | |
|---|---|--|--|
| References | Requirement | Evidence Submitted by the BHO | Score |
| 42CFR438.242(a) | 9. The Contractor maintains a health information system that collects, analyzes, integrates, and reports data that is used to support administration of the Contractor’s Program. | Documents Submitted/Location Within Documents: 1. NBHP Information Technology-Health Information Systems Delegation Policy 2. Health Info System Flow 3. 2009_2010 NBHP_Monthly_Report_Oct | <input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable |
| | Findings: NBHP’s Information Technology and Health Information Systems policy stated that the BHO delegated operational responsibility for its health information system to a qualified delegate (VO). VO provided a flow chart that illustrated the flow of eligibility, claims, and encounter data between providers, the Department, the BHO, and VO. NBHP also provided copies of several reports generated in October 2009 that demonstrated the BHO’s ability to collect, analyze, integrate, and report QAPI-related data. The reports included data regarding the average inpatient census and the number of inpatient days by CMHC. | | |
| | Required Actions: None | | |
| 42CFR438.242(a) | 10. The Contractor’s health information system must provide information on areas including, but not limited to, utilization, grievances and appeals, and disenrollments for other than loss of Medicaid eligibility. | Documents Submitted/Location Within Documents: 1. NBHP Information Technology-Health Information Systems Delegation Policy 2. Health Info System Flow 3. 2009_2010 NBHP_Monthly_Report_Oct | <input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable |
| | Findings: VO had systems in place to collect, analyze, and report data in the areas of utilization and grievances and appeals. VO provided copies of several example utilization reports for October 2009, including the average day treatment census by month and inpatient days per 1,000 members. Information provided at the time of the desk review showed that some reports regarding member disenrollment were produced by the Department. VO staff indicated that they also had the ability to report data regarding members who lose their eligibility due to incarceration. During the interview, VO staff members reported that they maintained a Web-based grievances and appeals application that had the capability to produce reports that include summary data regarding the subject of the grievance or appeal and information regarding the resolution status. | | |
| | Required Actions: None | | |

| Standard X—Quality Assessment and Performance Improvement | | | |
|--|--|--|--|
| References | Requirement | Evidence Submitted by the BHO | Score |
| 42CFR438.242(b) | 11. The Contractor collects data on member and provider characteristics and on services furnished to members. | Documents Submitted/Location Within Documents: 1. NBHP Information Technology-Health Information Systems Delegation Policy 2. Health Info System Flow | <input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable |
| | Findings: VO provided example reports for October 2009 demonstrating that it had the capability to collect, analyze, and report member demographic and service utilization data. During the site visit, VO staff also provided a demonstration of the database used to collect information as part of its staff credentialing process. The database included information regarding a wide variety of provider demographics, including languages spoken and areas of clinical expertise. | | |
| | Required Actions: None | | |
| 42CFR438.242(b) | 12. The Contractor ensures that data received from providers is accurate and complete by: <ul style="list-style-type: none"> ◆ Verifying the accuracy and timeliness of reported data ◆ Screening the data for completeness, logic, and consistency ◆ Collecting service information in standardized formats to the extent feasible and appropriate. | Documents Submitted/Location Within Documents: 1. NBHP Information Technology-Health Information Systems Delegation Policy 2. Health Info System Flow | <input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable |
| | Findings: NBHP maintained an Information Technology and Health Information Systems policy that defined the terms of delegation and required the delegate to verify data received from providers to ensure their accuracy and timeliness. The policy also required that VO screen data for completeness, logic, and consistency, and mandated that standardized reporting formats be used as appropriate. At the interview, NBHP staff reported that the BHO monitored the encounter claim file submitted by VO through a monthly Data Report Card to ensure the accuracy and timeliness of reported data. The Data Report Card included information regarding the timeliness of data submission by both providers and VO as well as the percentage of encounters with errors. | | |
| | Required Actions: None | | |



Appendix A. Colorado Department of Health Care Policy & Financing
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for Northeast Behavioral Health Partnership, LLC

Results for Standard X—Quality Assessment and Performance Improvement

| | | | | | | | |
|-------------------------|----------------|---|-----------|--------------------|------|-----------|-----------|
| Total | Met | = | <u>12</u> | X | 1.00 | = | <u>12</u> |
| | Partially Met | = | <u>0</u> | X | .00 | = | <u>0</u> |
| | Not Met | = | <u>0</u> | X | .00 | = | <u>0</u> |
| | Not Applicable | = | <u>0</u> | X | NA | = | <u>0</u> |
| Total Applicable | | = | <u>12</u> | Total Score | = | <u>12</u> | |

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

Appendix B. **Grievance Record Review Tool**
for **Northeast Behavioral Health Partnership, LLC**

The completed grievance record review tool follows this cover page.



*Appendix B. Colorado Department of Health Care Policy & Financing
 FY 2009–2010 Site Review Report
 for Northeast Behavioral Health Partnership, LLC*

| | |
|---|--|
| Plan Name: | Northeast Behavioral Health Partnership, LLC |
| Review Period: | July 1, 2009–December 15, 2009 |
| Date of Review: | January 19, 2010 |
| Reviewer: | Gretchen Thompson |
| Participating Plan Staff Member: | Carol Staples and Haline Grublak |

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 |
|---|-----------|-------------------------|-------------------------------|---|---------------------------------------|---------------------|---|---|---|---|
| File # | Case ID # | Date Grievance Received | Date of Acknowledgment Letter | Acknowledgment Sent in 2 W-days?* | Date of Written Notice of Disposition | # of Days to Notice | Resolved and Notice Sent in 15 W-days?* | Not involved in Previous Level of Review | Appropriate Level of Expertise? | Resolution Letter Includes Required Content |
| 1 | *** | 8/10/09 | 8/10/09 | Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/> | 8/28/09 | 18 | Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/> | Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/> | Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input checked="" type="checkbox"/> | Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/> |
| Comments: Because this was a nonclinical grievance, the appropriate level of expertise was not applicable. | | | | | | | | | | |
| 2 | *** | 8/12/09 | 8/12/09 | Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/> | 8/21/09 | 9 | Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/> | Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/> | Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input checked="" type="checkbox"/> | Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/> |
| Comments: Because this was a nonclinical grievance, the appropriate level of expertise was not applicable. | | | | | | | | | | |
| 3 | *** | 8/31/09 | 8/31/09 | Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/> | 9/23/09 | 23 | Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/> | Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/> | Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/> | Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/> |
| Comments: NBHP requested a 14-day extension to obtain additional information about the grievance, which was in the best interest of the member. NBHP notified the member in writing of the reason for the delay. | | | | | | | | | | |
| 4 | *** | 9/22/09 | 9/24/09 | Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/> | 10/8/09 | 16 | Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/> | Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/> | Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input checked="" type="checkbox"/> | Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/> |
| Comments: Because this was a nonclinical grievance, the appropriate level of expertise was not applicable. | | | | | | | | | | |
| 5 | *** | 9/24/09 | 9/24/09 | Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/> | 9/25/09 | 3 | Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/> | Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/> | Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input checked="" type="checkbox"/> | Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/> |
| Comments: The grievance acknowledgment letter stated that the file date of the grievance was September 22, 2009, which differed from what was recorded in the grievance database. Although the dates differed, the grievance acknowledgment letter was sent within the required time frame. Because this was a nonclinical grievance, the appropriate level of expertise was not applicable. | | | | | | | | | | |
| 6 | *** | 10/16/09 | 10/19/09 | Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/> | 11/2/09 | 17 | Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/> | Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/> | Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input checked="" type="checkbox"/> | Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/> |
| Comments: Because this was a nonclinical grievance, the appropriate level of expertise was not applicable. | | | | | | | | | | |
| 7 | *** | 10/19/09 | 10/19/09 | Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/> | 10/30/09 | 11 | Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/> | Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/> | Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input checked="" type="checkbox"/> | Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/> |
| Comments: The grievance acknowledgment and resolution letters stated that the file date of the grievance was October, 16, 2009, which differed from what was recorded in the grievance database. Although the dates differed, the grievance acknowledgment and resolution letters were sent within the required time frames. Because this was a nonclinical grievance, the appropriate level of expertise was not applicable. | | | | | | | | | | |
| 8 | *** | 11/2/09 | 11/2/09 | Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/> | 11/10/09 | 8 | Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/> | Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/> | Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input checked="" type="checkbox"/> | Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/> |
| Comments: Because this was a nonclinical grievance, the appropriate level of expertise was not applicable. | | | | | | | | | | |
| 9 | *** | 11/4/09 | 11/5/09 | Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/> | 11/24/09 | 19 | Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/> | Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/> | Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input checked="" type="checkbox"/> | Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/> |
| Comments: Because this was a nonclinical grievance, the appropriate level of expertise was not applicable. | | | | | | | | | | |
| 10 | | | | Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/> | | | Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/> | Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/> | Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/> | Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/> |
| Comments: | | | | | | | | | | |



Appendix B. Colorado Department of Health Care Policy & Financing
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for **Northeast Behavioral Health Partnership, LLC**

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 |
|-----------------------|-----------|-------------------------|-------------------------------|--|---------------------------------------|---------------------|--|--|--|--|
| File # | Case ID # | Date Grievance Received | Date of Acknowledgment Letter | Acknowledgment Sent in 2 W-days?* | Date of Written Notice of Disposition | # of Days to Notice | Resolved and Notice Sent in 15 W-days?* | Not involved in Previous Level of Review | Appropriate Level of Expertise? | Resolution Letter Includes Required Content |
| 11 | | | | Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/> | | | Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/> | Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/> | Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/> | Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/> |
| Comments: | | | | | | | | | | |
| 12 | | | | Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/> | | | Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/> | Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/> | Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/> | Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/> |
| Comments: | | | | | | | | | | |
| 13 | | | | Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/> | | | Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/> | Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/> | Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/> | Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/> |
| Comments: | | | | | | | | | | |
| 14 | | | | Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/> | | | Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/> | Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/> | Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/> | Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/> |
| Comments: | | | | | | | | | | |
| 15 | | | | Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/> | | | Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/> | Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/> | Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/> | Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/> |
| Comments: | | | | | | | | | | |
| # Applicable Elements | | | | 9 | | | 9 | 9 | 1 | 9 |
| # Compliant Elements | | | | 9 | | | 9 | 9 | 1 | 9 |
| Percent Compliant | | | | 100% | | | 100% | 100% | 100% | 100% |

| | |
|------------------------------|-------------|
| # Applicable Elements | 37 |
| # Compliant Elements | 37 |
| Percent Compliant | 100% |

*W-days = Working days

Appendix C. **Site Review Participants**
for **Northeast Behavioral Health Partnership, LLC**

Table C-1 lists the participants in the FY 2009–2010 site review of **NBHP**.

| Table C-1—HSAG Reviewers and BHO Participants | |
|--|---|
| HSAG Review Team | Title |
| Gretchen Thompson | Executive Director, State & Corporate Services |
| Tom Cummins | Consultant |
| NBHP Participants | Title |
| Annie Adams | Clinical Director, ValueOptions |
| Erica Arnold-Miller | Director of Quality Management, ValueOptions |
| Steve Coen | Clinical Peer Advisor, ValueOptions |
| Michelle Denman | Director of Provider Relations, ValueOptions |
| Haline Grublak | Vice President of Family Affairs, ValueOptions |
| Rhonda Hernandez | Director of Credentialing, ValueOptions |
| Steve Holsenbeck, MD | Medical Director, ValueOptions |
| Christine Jacobson | Quality Management Specialist, ValueOptions |
| Julie Kellaway | Director of Quality Improvement, NBHP |
| LaRue Leffingwell | Executive Assistant, NBHP |
| Carol Staples | Director, Office of Member and Family Affairs, NBHP |
| Karen Thompson | Executive Director, NBHP |
| Maggie Tilley | Contract Compliance Officer, ValueOptions |
| Department Observers | Title |
| Jerry Ware | Quality/Compliance Specialist |
| Beverly Hirsekorn | Health Outcomes and Quality Management Unit Manager |
| Diane Riggs | Contracts Performance Specialist |

Appendix D. Corrective Action Plan Process for FY 2009–2010
for Northeast Behavioral Health Partnership, LLC

NBHP is required to submit to the Department a corrective action plan (CAP) 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 element that requires correction, the health plan should identify the planned interventions to achieve compliance with the requirement(s) and the timeline for completion. 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 per the timeline that was approved.

| Table D-1—Corrective Action Plan Process | |
|--|---|
| Step 1 | Corrective action plans are submitted |
| | <p>Each BHO will submit a CAP to HSAG and the Department within 30 calendar days of receipt of the final external quality review site review report via e-mail or through the file transfer protocol (FTP) site, with an e-mail notification regarding the FTP posting. The BHO will submit the CAP using the template that follows. The Department should be copied on any communication regarding CAPs.</p> <p>For each of the elements receiving a score of <i>Partially Met</i> or <i>Not Met</i>, the CAP must address the planned intervention(s) to complete the required actions and the timeline(s) for the intervention(s).</p> |
| Step 2 | Prior approval for timelines exceeding 30 days |
| | If the BHO is unable to submit the CAP (plan only) within 30 calendar days following receipt of the final report, it must obtain prior approval from the Department in writing. |
| Step 3 | Department approval |
| | <p>The Department will notify the BHO via e-mail whether:</p> <ul style="list-style-type: none"> ◆ The plan has been approved and the BHO should proceed with the interventions as outlined in the plan, or ◆ 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 plan, the BHO should implement all the planned interventions and submit evidence of such interventions to HSAG via e-mail or through the FTP site, with an e-mail notification regarding the FTP 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 require that, based on the nature and seriousness of the noncompliance, the BHO submit regular reports to the Department detailing progress made on one or more open elements in the CAP. |

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

The template for the CAP follows.

Table D-2—FY 2009–2010 Corrective Action Plan *for* NBHP

| Standard and Requirement | Required Actions | Planned Intervention and Person(s)/Committee(s) Responsible | Date Completion Anticipated | Training Required/Monitoring/Follow-up Planned | Documents to be Submitted as Evidence of Completion |
|--------------------------|------------------|---|-----------------------------|--|---|
|--------------------------|------------------|---|-----------------------------|--|---|

There are no corrective actions required by NBHP for FY 2009–2010.

Appendix E. Compliance Monitoring Review Activities for Northeast Behavioral Health Partnership, LLC

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

Table E-1—Compliance Monitoring Review Activities Performed

| For this step, | HSAG completed the following activities: |
|--------------------|--|
| Activity 1: | Planned for Monitoring Activities |
| | <p>Before the compliance monitoring review:</p> <ul style="list-style-type: none"> ◆ HSAG and the Department held teleconferences to determine the content of the review. ◆ HSAG coordinated with the Department and the BHO to set the date of the review. ◆ HSAG coordinated with the Department to determine timelines for the Department's review and approval of the tool and report template, and for other review activities. ◆ HSAG staff members provided an orientation on September 22, 2009, for the BHO and the Department to preview the FY 2009–2010 compliance monitoring review process and to allow the BHO to ask questions about the process. HSAG reviewed the processes related to the request for information, CMS' protocol for monitoring compliance, the components of the review, and the schedule of review activities. ◆ HSAG assigned staff members to the review team. ◆ Prior to the review, HSAG representatives responded to questions from the BHO related to the process and federal managed care regulations to ensure that the BHO was prepared for the compliance monitoring review. HSAG maintained contact with the BHO as needed throughout the process and provided information to the BHO's key management staff members about review activities. Through this telephone and/or e-mail contact, HSAG responded to the BHO's questions about the request for documentation for the desk audit and about the on-site review process. |
| Activity 2: | Obtained Background Information From the Department |
| | <ul style="list-style-type: none"> ◆ Since the BHOs had just completed the RFP/contracting process, with new organization having been formed, HSAG used only the BBA Medicaid managed care regulations to develop HSAG's monitoring tool, desk audit request, on-site agenda, and report template. ◆ HSAG submitted each of the above documents to the Department for its review and approval. |
| Activity 3: | Reviewed Documents |
| | <ul style="list-style-type: none"> ◆ Sixty days prior to the scheduled date of the on-site portion of the review, HSAG notified the BHO in writing of the desk audit request and sent a documentation request form and an on-site agenda. The BHO had 30 days to provide all documentation for the desk audit. The desk audit request included instructions for organizing and preparing the documents related to the review of the standards. ◆ Documents submitted for the desk review and during the on-site document review consisted of policies and procedures, staff training materials, administrative records, reports, minutes of key committee meetings, and member and provider informational materials. ◆ The 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. |

| Table E-1—Compliance Monitoring Review Activities Performed | |
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| For this step, | HSAG completed the following activities: |
| Activity 4: | Conducted Interviews |
| | <ul style="list-style-type: none"> ◆ During the on-site portion of the review, HSAG met with the BHO’s key staff members to obtain a complete picture of the BHO’s compliance with contract requirements, explore any issues not fully addressed in the documents, and increase overall understanding of the BHO’s performance. |
| Activity 5: | Collected Accessory Information |
| | <ul style="list-style-type: none"> ◆ During the on-site portion of the review, HSAG collected additional documents. (HSAG reviewed certain documents on-site due to the nature of the document—i.e., certain original-source documents were of a confidential or proprietary nature.) ◆ HSAG requested and reviewed additional documents it needed and had identified during its desk audit. ◆ HSAG requested and reviewed additional documents it needed and had identified during the on-site interviews. |
| Activity 6: | Analyzed and Compiled Findings |
| | <ul style="list-style-type: none"> ◆ Following the on-site portion of the review, HSAG met with BHO staff members to provide an overview of preliminary findings of the review. ◆ HSAG used the FY 2009–2010 Site Review Report Template to compile the findings and incorporate information from the pre-on-site and on-site review activities. ◆ HSAG analyzed the findings and assigned scores. ◆ HSAG determined opportunities for improvement based on the review findings. ◆ HSAG determined actions to be required of the BHO to achieve full compliance with Medicaid managed care regulations. |
| Activity 7: | Reported Results to the Department |
| | <ul style="list-style-type: none"> ◆ HSAG completed the FY 2009–2010 Site Review Report. ◆ HSAG submitted the site review report to the Department for review and comment. ◆ HSAG coordinated with the Department to incorporate the Department’s comments. ◆ HSAG distributed a second draft report to the BHO for review and comment. ◆ HSAG coordinated with the Department to incorporate the BHO’s comments and finalize the report. ◆ HSAG distributed the final report to the BHO and the Department. |