

2008 AMH External Quality Review Compliance Results

AMH Follow-Up Activities and MHO Current Status

Overview

- From early 2008 to April 2009, Acumentra Health reviewed the nine MHOs for their compliance with federal and state requirements.
- Acumentra Health followed up on the MHOs' 2005 compliance.



Summary of Results

The 2008 EQR results reflect the **progress** made by the MHOs in meeting federal and state requirements.



Major Strengths

MHOs were especially strong in the following areas:

- enrollee rights**
- provider networks** were expanded to include Intensive Service Array providers
- mechanisms were implemented to identify children with **special healthcare needs**
- quality assessment and performance improvement**
- utilization management**
- cultural competence**



Response to Previous EQR Findings

The MHOs improved greatly since 2005. They developed or updated their policies, procedures, and member materials. As a group, they made notable improvements in the following areas:

- **Enrollee rights** – MHOs improved their informational materials for enrollees, including member handbooks, and policies and procedures that were incomplete or outdated in many areas.



Response to Previous EQR Findings

- **Coverage and Authorization**– Several MHOs have adopted level of care criteria and utilization management plans.
- **Credentialing** – instituted monitoring of provider credentialing and recredentialing, still needs work
- **Delegation** – made progress, still needs work
- **Encounter data** – The MHOs improved their processes for obtaining accurate, timely encounter data and also analyzing the data. Several also validate providers' encounter data.

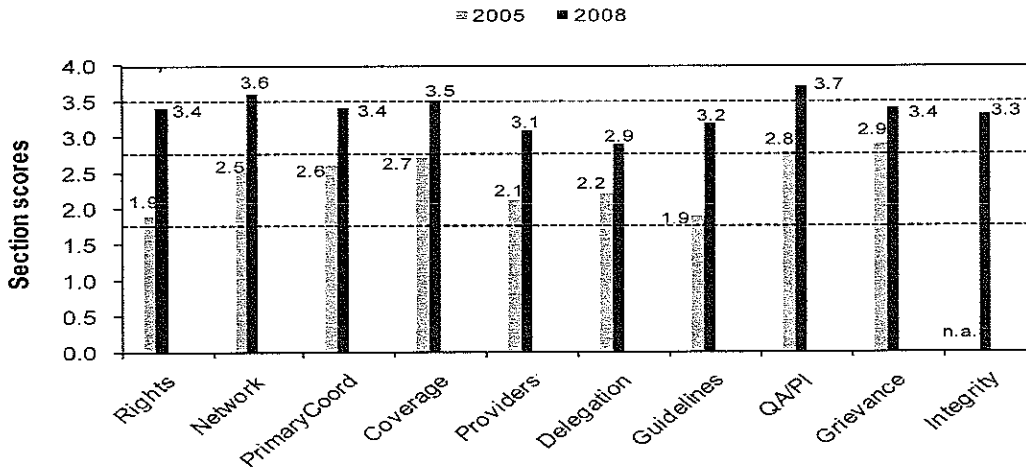
Major Areas for Improvement

- Below are the main areas that the MHOs have improved in since 2005, but still need further improvement to meet all standards:
 - **Practice guidelines** – develop more guidelines, incorporate evidence based practices and establish monitoring processes
 - **Delegation** – further monitoring of all delegated parties
 - **Credentialing and recredentialing** – monitor agencies' credentialing practices and own staff credentials

Major Areas for Improvement

- **Care coordination** – increase for adults with multiple special healthcare needs, expand lessons learned from CSCI to adults
- **Program Integrity** --Major recommendations from the new compliance and program integrity section related to fraud and abuse:
 - need to include processes for preventing and detecting fraud and abuse into compliance plans
 - train compliance officers in fraud and abuse prevention

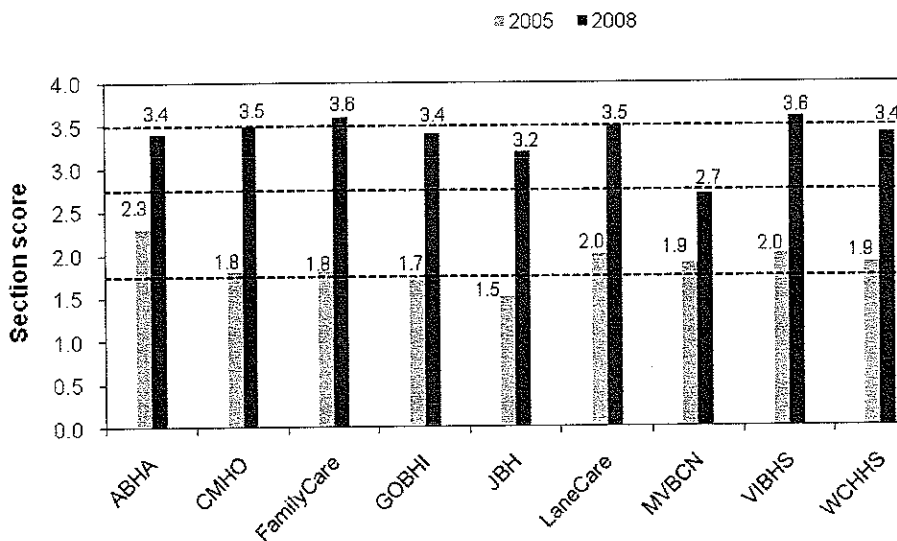
Average MHO Scores



As a group, the MHOs substantially complied with contractual and regulatory standards in all review sections.

NOTE: The 2005 compliance review used a 5-point scale. As directed by AMH, Acumentra Health revised the scoring methodology for the 2008 compliance review to a 4-point scale. For comparison purposes, the 2005 compliance scores have been converted to the 4-point scale.

Enrollee Rights – MHO Scores

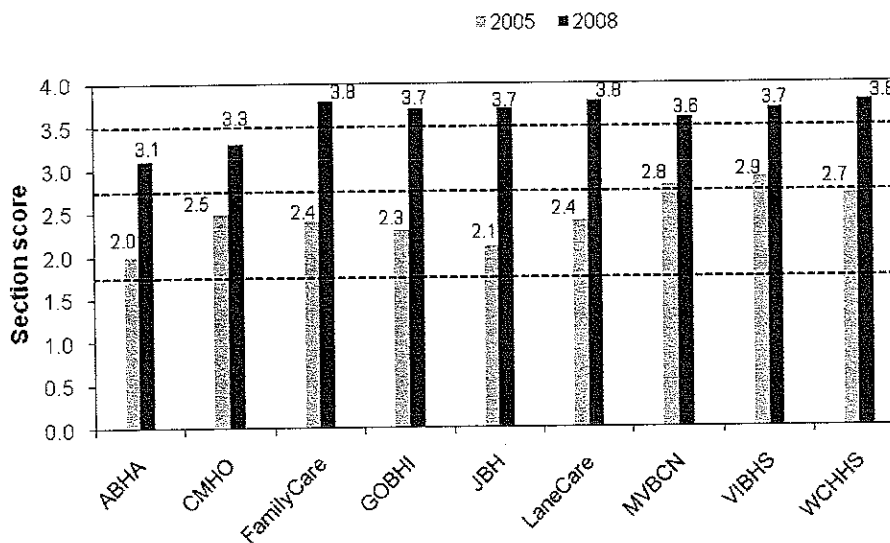


Enrollee Rights - Summary

The MHOs improvement from 2005 was the greatest for this standard. Policies and member materials were created, updated, or further developed. Overall, the MHOs policies and procedures and members materials are well written and include most of the required elements.

- Common areas for improvement:
 - Post-Stabilization explanation in Handbook
 - That detailed provider information is available upon request
 - Ensuring all providers had S&R P&Ps
 - Advance Directives education

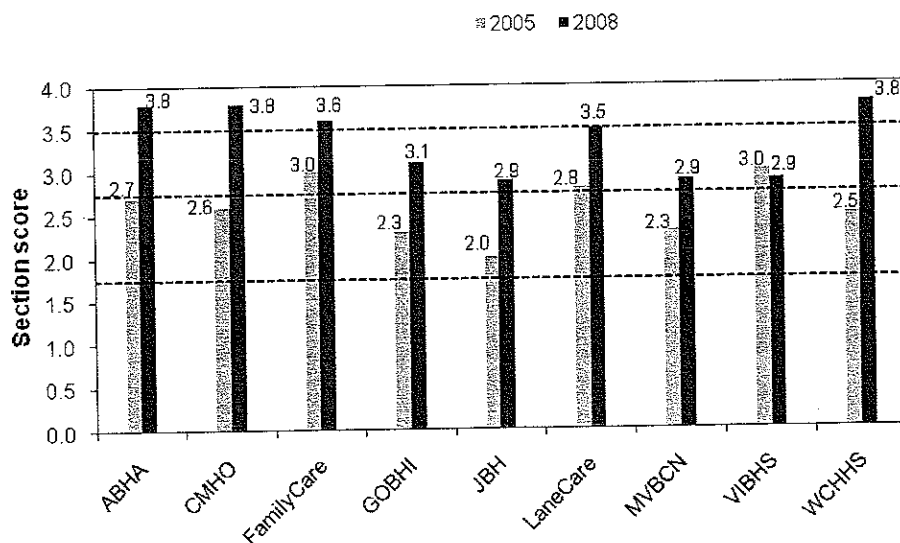
Delivery Network



Delivery Network - Summary

- Provider networks provide adequate access
- Assessing their population of members' needs
- Access monitoring activities
- Common areas for improvement:
 - Some MHOs did not receive reliable access data from their providers.
 - Several MHOs did not monitor second opinions within provider agencies.

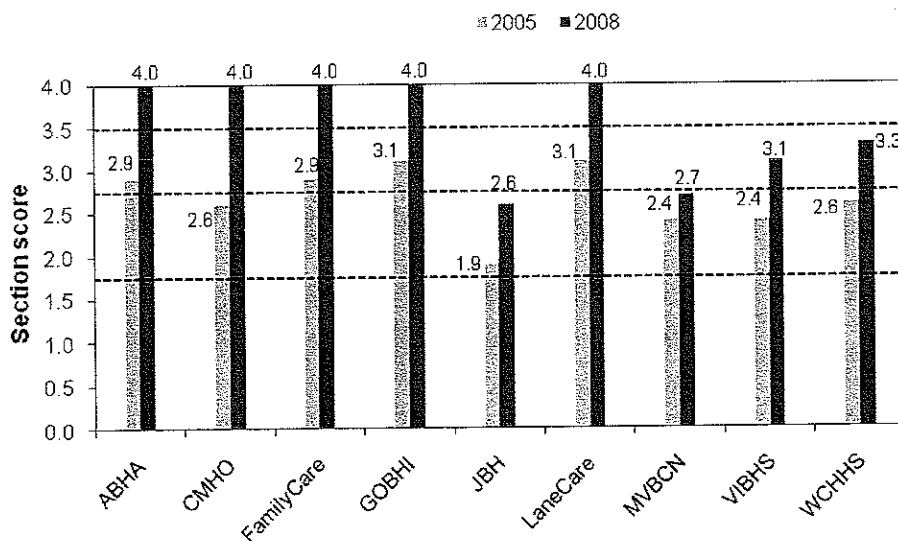
Primary Care and Coordination of Services



Primary Care and Coordination of Services - Summary

- Most MHOs met the standards for coordinating care, and most actively identify children with special healthcare needs.
- Common areas for improvement:
 - Some records did not show member participation in treatment planning
 - Some MHOs lacked a mechanism for monitoring the timeliness of direct access to specialist

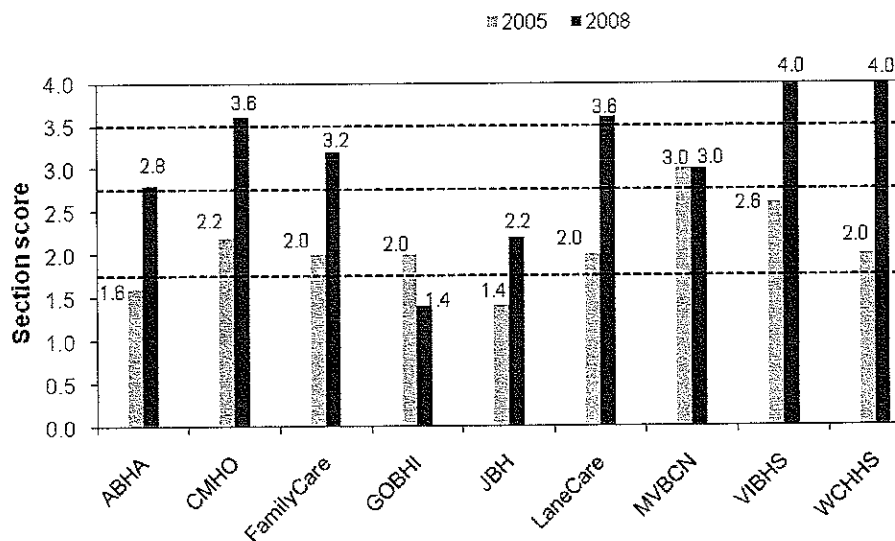
Coverage and Authorization of Services



Coverage and Authorization of Services - Summary

- Overall, the MHOs did very well in this section. Five fully met all criteria for this section.
- Most have good utilization management plans; some have adopted level of care criteria.
- Several MHOs track inappropriate ED use and follow up on overutilization.
- Common areas for improvement:
 - A few MHOs lacked a mechanism to provide timely written notification to the requesting enrollee/provider of an adverse action.
 - A few MHOs lack a mechanism for tracking timeliness of standard and expedited authorizations.

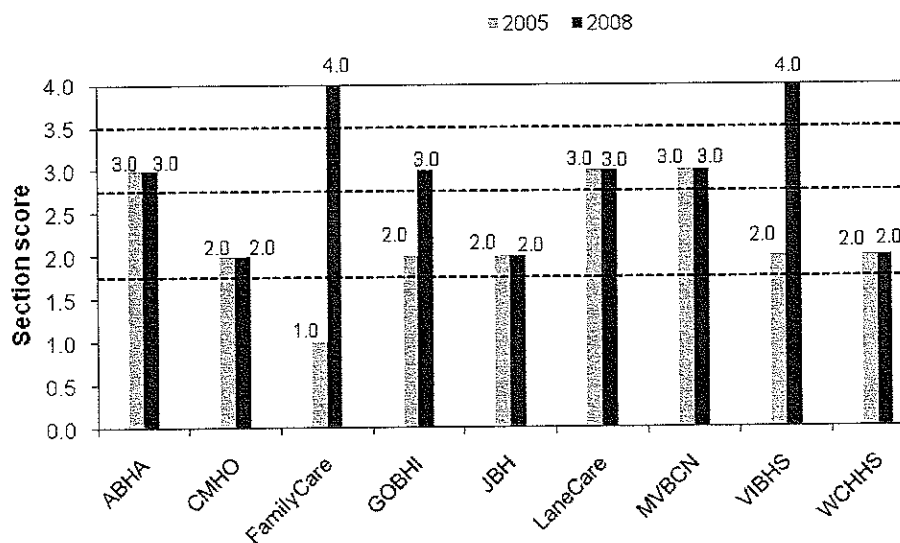
Provider Selection



Provider Selection - Summary

- Most MHOs have
 - thorough credentialing and recredentialing policies and periodically recredential their contracted providers
 - policies and procedures to ensure a nondiscriminatory process for selecting and compensating providers
 - processes for determining whether practitioners are excluded from participating in federal healthcare programs
- Common areas for improvement:
 - A few MHOs did not apply the same credentialing procedures for their licensed staff members that they require providers to follow.
 - Some MHOs did not monitor to ensure that their own staff and board members are not excluded from federal healthcare programs.

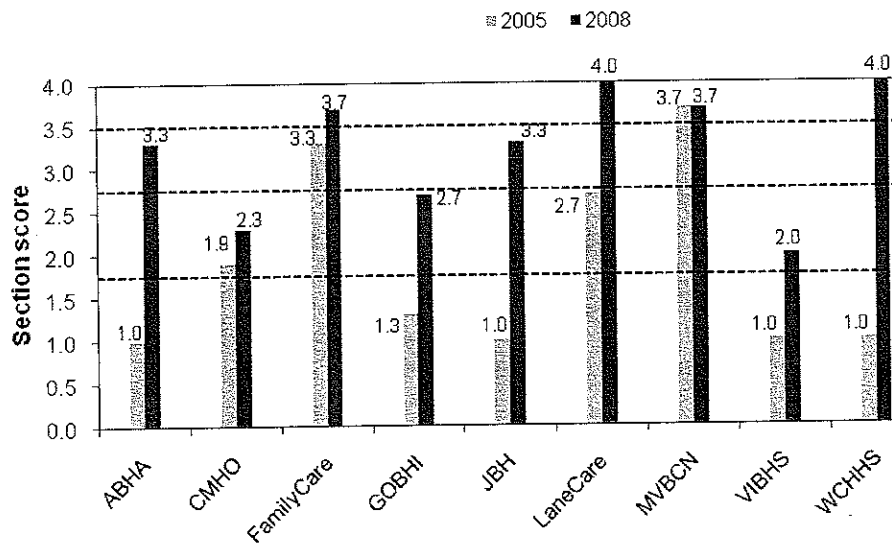
Subcontractual Relationships and Delegation



Subcontractual Relationships and Delegation

- Several MHOs perform good oversight of delegated activities.
- Common areas for improvement:
 - Some MHOs did not fully define all their delegated functions.
 - A few MHOs did not perform oversight of all providers.

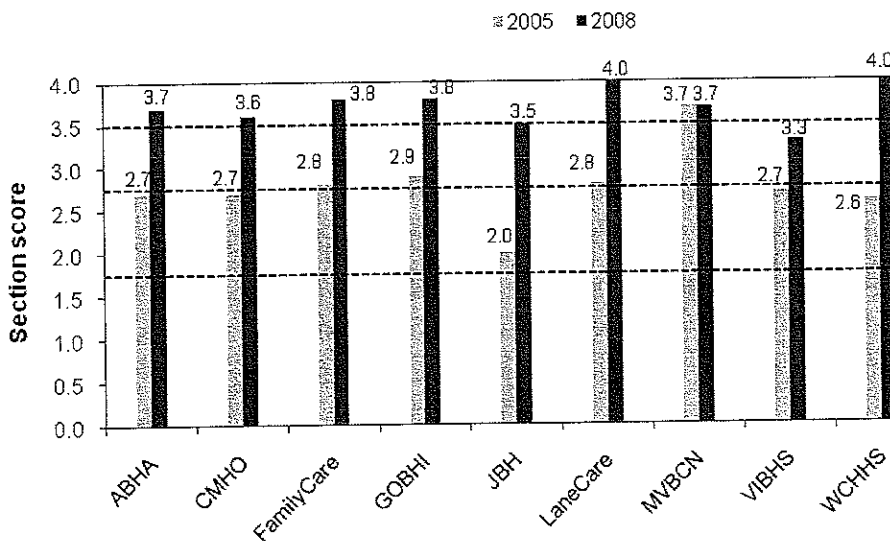
Practice Guidelines



Practice Guidelines - Summary

- In 2005, most MHOs did not have formal practice guidelines or their guidelines were outdated or not fully disseminated to providers.
- Most MHOs have since adopted guidelines or updated existing ones, and they disseminate their guidelines to providers.
- Common area for improvement:
 - Some MHOs did not monitor to ensure that their treatment decisions are consistent with their practice guidelines.

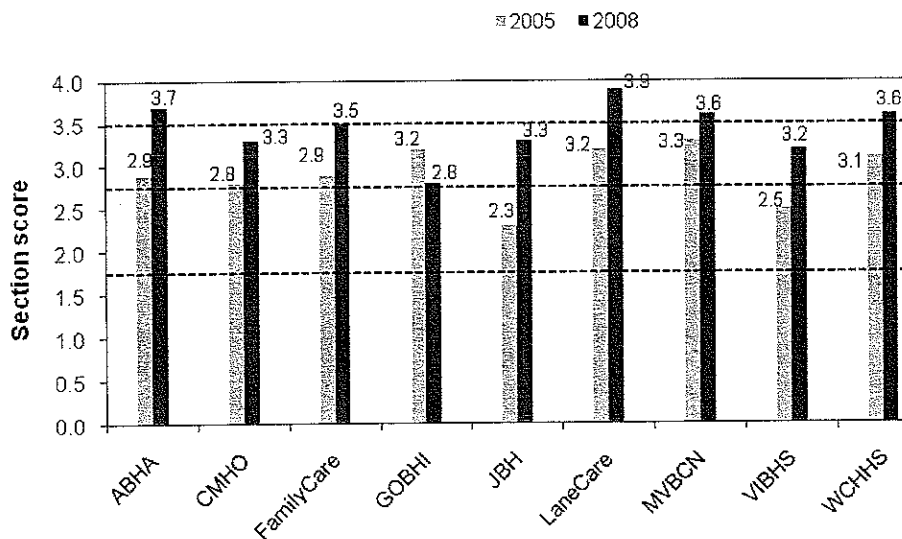
Quality Assessment and Performance Improvement (QA/PI)



QA/PI Summary

- MHOs performed very well in this section.
- Since the 2005 EQR, most MHOs have improved their encounter data collection procedures and are analyzing encounter data. Several also validate providers' encounter data.
- Overall, the MHOs
 - have good work plans
 - regularly review over- and underutilization
 - assess the quality and appropriateness of care furnished to enrollees with special healthcare needs through chart audits, data analysis, and other means

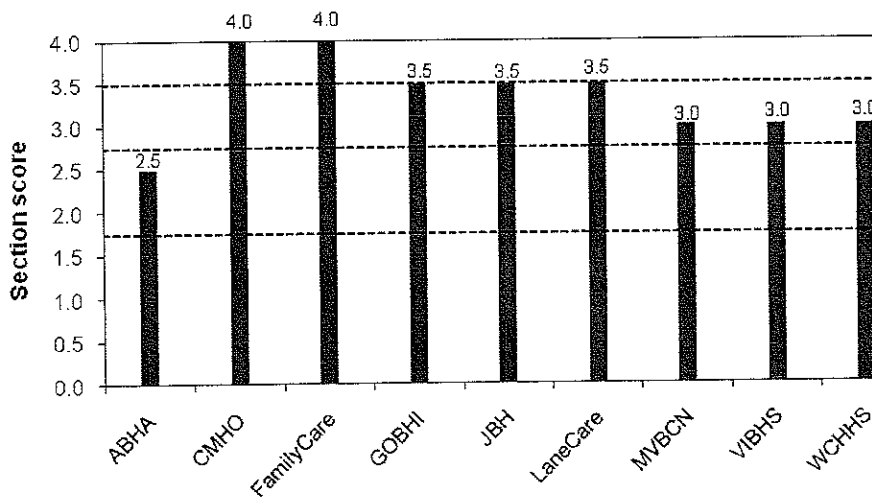
Grievance Systems



Grievance Systems - Summary

- Most MHOs have comprehensive grievance and appeals policies and procedures, and they monitor complaints and grievance appeals monthly to identify trends.
- Common areas for improvement:
 - A few MHOs did not monitor the timing of notices of action and authorizations delegated to contracted agencies.
 - A few did not include exceptions for advance notice in their policies.
 - A few did not provide notices of action in prevalent non-English language(s) of their areas.
 - Several did not inform enrollees that notices are available in alternative formats and non-English languages.

Program Integrity



Program Integrity - Summary

- Most MHOs' administrative infrastructures and management arrangements and procedures are aligned to guard against fraud and abuse.
- The MHOs stated their commitment to federal and state standards in their fraud and abuse policies. Some clearly stated in their compliance plans their commitment to preventing, detecting, and addressing fraud and abuse.
- Common areas for improvement:
 - Some MHOs did not have formal compliance plans, or they had not formally adopted the plans.
 - Some MHOs did not provide their compliance officers with the necessary training in fraud and abuse prevention.

Overall Recommendations for MHOs

- Further define **delegated** functions and monitor delegated parties.
- Include processes for preventing and detecting **fraud and abuse** into compliance plans, and provide training to compliance officers.
- Apply lessons learned from CSCI to improve **care coordination** for adult members with multiple special healthcare needs.
- Monitor **treatment plans** to ensure that they include all required documentation.
- Adopt **evidence-based practices** as practice guidelines.
- Monitor providers' use of and their policies on **seclusion and restraint**.
- Track access to **second opinions** performed within provider agencies.

Recommendations for AMH

- Update the Medicaid Managed Mental Health Care Quality Assessment and Improvement Strategy to reflect new priorities and contract requirements that AMH has established for MHOs since 2006.
- Require MHOs to perform encounter data validation.
- Encourage MHOs to incorporate evidence-based practices into their practice guidelines.
- Clarify expectation about level of detail required for its provider/practitioner listing (i.e., gender, ethnicity, non-English language capabilities, specialties, and office's ADA accessibility).
- Establish how MHOs should address adult members with special healthcare needs who have multiple conditions (co-occurring physical and mental health issues).

Recommendations for AMH

- Provide further training and/or guidance on the following:
 - Delegated functions – needs further definition and MHOs need guidelines for monitoring their delegated activities
 - Training compliance officers – clarify expectations; develop resources for compliance officers
 - MHOs' monitoring of providers' use of seclusion and restraint (what is appropriate use, what is not, etc.)
 - Advance directives – MHOs need further guidance about how to implement Declarations for Mental Health Treatment and advance medical directives