

# **PRSN Subdelegation Plan for Authorization of Services To CommCare FY 2008- 2009**

Reference: 42 CFR 438.230, 230; PIHP Contract 8.2

The Peninsula Regional Support Network (PRSN) provides a full range of mental health services to individuals within the service delivery geographical area, providing the required covered services for the Medicaid and state only contracts. The PRSN oversees and maintains ultimate responsibility for the authorization functions delegated to CommCare. The PRSN began subcontracting the authorization of services function in FY 2006 (December 1, 2005).

## Subcontractor:

Community Network for Behavioral Healthcare, Inc. (CommCare)  
106 W. 14<sup>th</sup> Street, Suite 1300  
Kansas City, MO 64105

## PRSN Specific Contracted Services:

The PRSN has contracted with Community Network for Behavioral Healthcare, Inc. (CommCare) to authorize PRSN services according to the PRSN contract, Levels of Care (LOC), and various authorization policies.

CommCare is responsible for providing service authorization determinations for direct services provided by the PRSN provider network requiring prior authorization for Medicaid and state funded services. These standard prior-authorization services include:

- Outpatient: Admission, continued stay, and discharge from outpatient services for Medicaid and non-Medicaid individuals, to include peer review as necessary. Admission authorization decisions are based on the Access to Care standards and PRSN Levels of Care. All continuing stay and discharge authorization decisions are based on the medical necessity as outlined in the PRSN Levels of Care.
- Inpatient: Admission and continuing stay certification for voluntary and involuntary inpatient services for Medicaid and non-Medicaid individuals, to include peer reviews as necessary. All certification decisions are based on the Mental Health Division RSN Community Psychiatric Inpatient Instructions and Requirements (implemented August 1, 2007) and medical necessity as outlined in the PRSN Levels of Care.
- Residential: Admission and continuing stay for brief and intensive residential services for Medicaid and non-Medicaid individuals. All authorization decisions are based on the medical necessity as outlined in the PRSN Levels of Care.

In addition to the above standard authorization functions CommCare is contracted to provide:

- Monthly authorization reports to PRSN office ( UM reports, late PRAT reports, and Inpatient Retro-requests reports)
- Mail written Notice of Action (Medicaid) letters on behalf of the PRSN, and "Do not qualify for services according to the Access To Care standards criteria" letters to Medicaid and non-Medicaid individuals. Copies of each letter are mailed to PRSN office for 100% review.
- Conduct Appeals for Medicaid individuals, only
- Participate in monthly regional UMC meetings

CommCare is accredited by the Utilization Review Accreditation Commission (URAC) is reviewed and accredited annually for behavioral health/mental health services. It is mandated per PRSN contract that CommCare must maintain their URAC accreditation through the current contract period for FY 2008.

The PRSN has on file a current copy of CommCare's URAC accreditation, the limited Liability insurance verification, and signed HIPPA Business Associate Agreement.

#### PRSN Compensation Arrangement

The PRSN contract with CommCare identifies the flat services fee the PRSN has agreed to pay CommCare for the subdelegated functions for FY 2008 - 2009. The Medicaid rate is based on a per member per month rate and the non-Medicaid rate is a flat rate (referenced in the contract) per individual authorized.

#### PRSN Monitoring and Revoking of Delegated Functions

The PRSN contract with CommCare includes language for monitoring, revoking delegation, imposing corrective action, and other remedial actions if the managed care company fails to comply with the terms of the subcontract.

#### PRSN maintains the Utilization and Resource Management functions:

The PRSN maintains the Utilization and Resource Management PIHP functions. The PRSN provides the direct resource management of all resources covered and required by the PRSN, including the utilization management activities conducted by CommCare. At a minimum the PRSN:

- Writes, reviews, and conducts of review of provider application of the PRSN LOC documents,
- Facilitates the Over and Under utilization projects for QUIC review
- Provides an annual provider directory, conducts ancillary surveys, meets with local Tribes and child servicing agencies during quarterly meetings to assess the availability of age appropriate and culturally competent mental health services throughout the catchment area
- Gathers the authorization data and monthly provider performance reports
- Analyzes and reviews the data and various utilization reports
- Prepares a briefing and analysis for the monthly PRSN UMC meetings

### **CommCare Organizational Capacity**

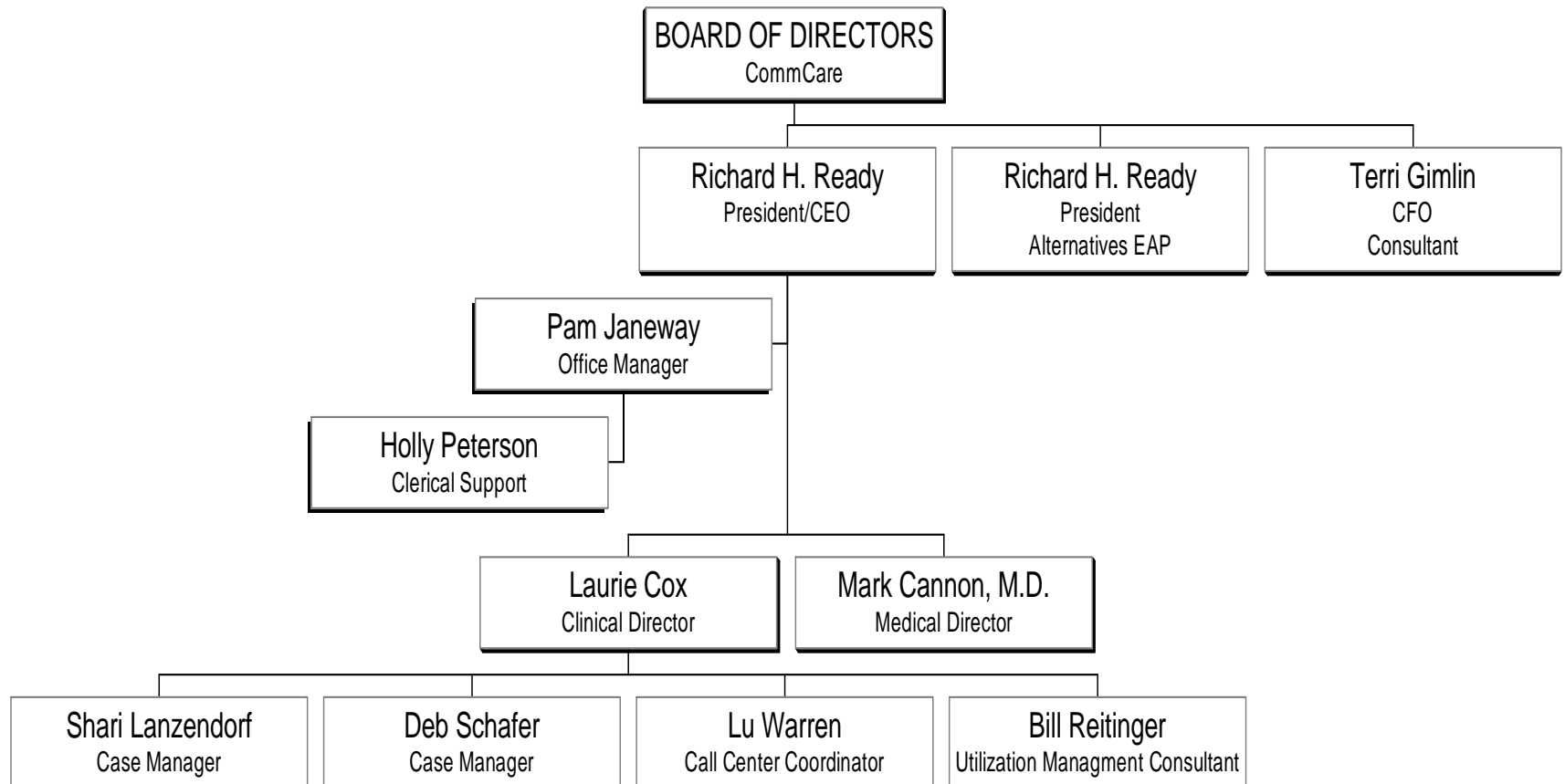
The CommCare Utilization Management (UM) program operates in a clearly defined organizational structure. Care Management functions are supported by multi-disciplinary and highly experienced clinical staff, with access to additional resources which effectively manage the services provided.

The CommCare staff involved in providing the PRSN subdelegated functions (listed above) must be registered nurses, masters-prepared clinicians, or psychologists in possession of an unrestricted license to practice in their area of specialty. CommCare's credentialing department verifies that all staff involved in care management decision-making are licensed and in good standing with the state(s) in which they hold an active unrestricted license(s).

Under the general supervision of the utilization management director and medical director, the care managers are responsible for reviewing requests received from facilities and providers, using approved PRSN criteria. Care managers approve all requests that meet medical necessity as defined in the PRSN LOC. In addition, the care managers are responsible for meeting the contractually required authorization timeframes required by the PRSN. The PRSN monitors these authorization timeframes through the region wide IS system, monthly UM reports, monthly Utilization Management Committee (UMC) meetings and random review of clinical charts.

# COMMCARE

## *Organizational Chart* *FY 2008- 2009*



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## PRSN SUBCONTRACTOR DELEGATION AND ASSESSMENT FY 2008 - 2009

Delegated Contractor: CommCare

Document Request Date: June 26, 2008

Annual Review Completed: September 3, 2008

The Peninsula Regional Support Network (PRSN) is accountable for any functions and responsibilities that it delegates through a subcontract. The PRSN conducts a subcontractor delegation review of potential subcontractors and current subcontractors to assess satisfactory performance of contracted PRSN/PIHP functions. This tool may be used in conjunction with the External Quality Review Organizations (EQRO) annual findings, as they relate to the contracted functions.

Delegated PIHP functions:

- The PRSN contracts with an independent utilization management organization to conduct the inpatient, outpatient, and residential authorization determinations.
- The subdelegated contractor has the responsibility of proving authorization determinations for PRSN contracted outpatient, inpatient, and residential services and the service denial notifications, including Notice of Action letters to Medicaid individuals when an adverse action occurs.
- The contractor must also provide the Appeals Review, on behalf of the PRSN.
- The subdelegated contractor must maintain adequate number of staff to ensure compliance with contract including utilization care managers, clinical staff with expertise, and a Board certified Medical Director to meet the contracted federal and state authorization timeframes set before the PRSN as a PIHP.
- The subdelegated contractor must use the PRSN medical necessity definition, Level of Care standards, authorization forms and procedures, and adhere to the PRSN Utilization Management Plan.
- The subdelegate will supply, requested reports, data or information needed by the PRSN to assure and maintain compliance with all federal and state reporting requirements and accreditation standards.
- The PRSN requires a formalized Delegation Agreement that is part of the contract with the utilization management organization. See CommCare contract, Exhibit A Statement of Work
- Sufficiently pass the PRSN evaluation of the contractor's ability to perform the activities to be delegated. This is done in three areas: organizational capacity, clinical capacity, quality improvement, and contracting requirements.

**Audit Instructions:** The tool can be completed through a combination of the following activities:

- Review of delegated organization's policies and procedures, organizational charts, accreditations, and related tools to meet audit requirements
- On-site review of delegated organization's facility
- Interview delegated organization's staff

Scoring Range: 1= absent, 2= partially developed, 3= evidence of compliance

#	ITEM	SCORE	PRSN COMMENTS
<b>1. Organizational Capacity</b>			
a	Maintains licensing as required by the state or accreditation as required by contract (URAC/ NCQA for UM subcontractor) Measure- Verify current licenses/ accreditations	3	CommCare provided a copy of the current URAC accreditation via the URAC on-line directory. Current accreditation due to expire October 1, 2008.
b	Maintains a toll free phone number and provides access 24 hours a day, 7 days a week to providers seeking authorization of services. Measure- Verify toll free number and review phone system tracking for average speed of answered calls vs. abandoned calls.	3	CommCare provides a toll free phone number and fax number available to the network. Call volumes and call abandonment rates are tracked/ review monthly by the PRSN UMC. CommCare produced an updated organizational chart demonstrating adequate staffing.
c	Maintains policies and procedures covering the adherence to PRSN contract and relevant regulations Measure- Review P&P for contract/ regulation requirements for completeness and how they are internally monitored.	3	CommCare produced the following documents that adhere to the PRSN contract: <ul style="list-style-type: none"> <li>➤ P&amp;Ps 101: ITA Authorizations</li> <li>102: OP Authorizations</li> <li>103: Voluntary Inpt Authorizations</li> <li>104: Retro Inpt Reviews</li> <li>105: Appeal Process</li> <li>➤ Monthly UM tracking reports (authorizations, call stats, late PRATs, InPt Retro- requests, and Authorization/ Appeal logs)</li> <li>➤ CommCare Training Program for PRSN case managers</li> <li>➤ CommCare Team meeting notes</li> </ul>
d	Maintains an adequate data system for required reporting, such as : <ul style="list-style-type: none"> <li>▪ Service authorizations (OP, InPt, and Residential)</li> <li>▪ Inpatient certifications (ITA &amp; Voluntary, includes E&amp;Ts)</li> <li>▪ Provision of data for PRSN quality management needs (authorization trends)</li> <li>▪ System management data to monitor on-going performance of delegated duties</li> </ul>	3	CommCare produces the following monthly reports that demonstrate an adequate data system and staffing: <ul style="list-style-type: none"> <li>➤ Monthly UM tracking reports (authorizations)</li> <li>➤ Late PRATs by CMHA</li> <li>➤ InPt Retro- requests by CMHA and community hospital</li> <li>➤ Authorization and Appeal logs</li> <li>➤ PRSN random requests for individual case review/ tracking</li> <li>➤ PRSN random review of all NOA and letters of determination mailed on behalf of PRSN</li> </ul>

#	ITEM	SCORE	PRSN COMMENTS
e	<p>Maintains an internal quality management/quality improvement process</p> <p>Measure- Review documentation, such as meeting minutes</p>	3	<p>CommCare provided the following documents as evidence to their QA processes:</p> <ul style="list-style-type: none"> <li>➤ Quality Improvement Program Plans,</li> <li>➤ QA/ staffing meeting notes</li> <li>➤ Policy related to PRSN authorization protocols</li> </ul>
f	<p>Timely communication with PRSN regarding delegated decisions;</p> <p>Measure- Monitor responsiveness time with regards to scheduled reports, returned PRSN phone calls, and demonstrated proactive communication</p>	3	<p>CommCare staff have consistently responded to PRSN requests for additional information and questions, with same day response. Staff have demonstrated a thorough understanding of the PRSN LOC, contract requirements, authorization processes, as well as hands-on knowledge of individual cases. Standard monthly reports are routinely received on time.</p>
<b>2. Clinical/Staffing Capacity</b>			
a	<p>Has sufficient availability of qualified staff to assume delegated functions, including:</p> <ul style="list-style-type: none"> <li>▪ Care management staff with case management experience treating the Medicaid population.</li> <li>▪ Board certified psychiatrist, Medical Director</li> <li>▪ Mental health professionals with clinical expertise in treating children and adults,</li> <li>▪ Sufficient number of staff (mental health specialists and/ or IS program analysts) to fulfill the contract requirements and response time.</li> </ul> <p>Measure- Analyze staffing sufficiency and require PRSN notification with significant reduction/ changes to staffing patterns.</p> <p>- Analyze average call wait and authorization time for CY 2007</p>	3	<p>CommCare provided an updated FY 2009 organizational chart, listing key staff qualifications. There appears to be significant staffing changes from FY 2008- 2009, however the number of staff to manage the delegated duties has remained consistent.</p> <ul style="list-style-type: none"> <li>• Average call wait time for CY 07: 1335 calls answered in under 1 ring</li> <li>• Average OP authorization time for CY 07: 5201 total requests, admission and review PRATs conducted in under 2 days</li> <li>• Average InPt authorization time for CY 07: 734 total requests, conducted same day as received</li> <li>• Average Residential authorization time for CY 07: 313 total requests, conducted same day as received</li> </ul>
b	<p>Staff must show an understanding of State Access to Care, PRSN Levels of Care, and InPt certification process.</p> <p>Measure- Review staff training file and track utilization rates</p>	3	<p>CommCare uses the PRSN Levels of Care (LOC) guidelines that include the State Access To Care Standards for OP and revised statewide Community InPt Instructions (CPI) for InPt determinations. The PRSN does not expect a thorough understanding, but working knowledge of the documents because the provider network carries the majority of the assessment burden for authorization.</p>

#	ITEM	SCORE	PRSN COMMENTS
c	Staff is responsive to feedback from PRSN, network providers, allied providers and service recipients Measure- Demonstrate(d) or offer references from entities that provided system improvement feedback, gather MHD IS feedback	3	CommCare staff have been consistently receptive to feedback at monthly UM meetings, in assisting a CMHA with reconciling overdue authorizations (IS system related), working with allied hospitals and E&T through CPI system changes and LOC authorization guideline changes. Open communication with network is evident.
d	Training and supervision with staff that reflect PRSN's mission and goals, as well as adherence with contract and regulations. Measure- Review organizational chart and training files	3	New CommCare staff receive a standardized orientation to the PRSN system. Each case manager is given a thorough review of the PRSN process and has received a copy of the PRSN procedure manual. There is an on-going staff training program/ plan. Adequate number of staff and experience, with licensed social worker credentials (equivalent to MHP credentials in Washington state).
e	Hiring for clinical staff includes verification of licensure of certification, background checks, review of any loss of licensure or felony convictions, and federal exclusions. Measure- Review personnel files for credential verification, organizational chart for sufficient number of practioners for UM decisions.	3	Personnel documentation included examples of staff credentials, back ground checks, and Federal Exclusion verifications.
<b>3. Quality Improvement Process</b>			
a	Implements and document an internal quality management/quality improvement process that compliments the PRSN QMP. Measure- Review QA plan and documented activities	3	Received and reviewed CommCare QI activities for the organization. The activities are not PRSN specific, but speak to the overall services/ functions the organization provides.
b	Adheres to the PRSN's Complaint/ Grievances/ Appeal P&P <ul style="list-style-type: none"> <li>▪ This includes providing relevant information to enrollees at entry to services and actively participating in the resolution of enrollee disputes/ appeals.</li> </ul> Measure- Review PRSN Appeal records and CommCare's Appeal logs	3	There was one appeal conducted on behalf of the PRSN (last extension on 6/2007) in FY 2008. This appeal <b>did</b> follow the standard PRSN Appeal protocol with timeframes and physician review process. However, the required documentation was absent (such as appeal request acknowledgement letter and written letter with final determination). CommCare kept open lines of communication with PRSN staff at all stages of the appeal.

#	ITEM	SCORE	PRSN COMMENTS
<b>4. HIPAA and Medicaid Compliance Reporting</b>			
a	<p>Comply with PRSN Compliance Plan, Fraud and Abuse Plan, and HIPAA standards.</p> <p>Measure- Review / conduct PRSN Compliance Audit, review agency P&amp;P for HIPAA and Medicaid Fraud/ Abuse reporting standards, review staff training records.</p>	3	<p>In the current CommCare contract, there are assurances to following local, state, and federal laws. This includes the PRSN Fraud and Abuse Plan, Compliance Reporting Plan, HIPPA policies, and state and federal PIHP administrative requirements.</p> <p>All documentation sent to the PRSN from CommCare containing PHI is HIPAA compliant.</p>
b	<p>Signed HIPAA Business Associates Agreement with PRSN.</p> <p>Measure- Review PRSN files for signed HIPAA Agreement.</p>	3	<p>PRSN HIPAA Business Agreement table confirms CommCare signed, 12/05.</p>
c	<p>Demonstrates effective medical records practices</p> <p>Measure- Review record keeping P&amp;P</p>	3	<p>CommCare has demonstrated effective and HIPAA compliant medical records practices.</p> <p>OP authorizations occur via electronic transmissions in CMHC.</p> <p>InPt authorizations are paper fax transmittals, using the state's required forms.</p> <p>Residential authorizations are currently paper fax transmittals, however we anticipate moving this process to an electronic platform with Profiler implementation in FY 09.</p>
<b>5. Authorization for Services and Utilization Management, specific items:</b>			
a	<p>Ensures the PRSN Appeals process is followed according to contract for standard and expedited appeals.</p> <p>Measure- Review requested appeals in FY 2008</p>	2.8	<p>There was one appeal conducted on behalf of the PRSN (last extension on 6/2007) in FY 2008. This appeal <b>did</b> follow the standard PRSN Appeal protocol with timeframes and physician review process. However, the required documentation was absent (such as appeal request acknowledgement letter and written letter with final determination).</p> <p>CommCare PRSN Appeal Process Policy (P105) reviewed - needs to be revised to include communication with PRSN when a denial determination is made, an appeal has been requested, a final determination letter is provided, and copies the appeal documents are sent to the PRSN.</p> <p><i>Corrective Action Plan is required.</i></p>

#	ITEM	SCORE	PRSN COMMENTS
b	Ensures Notice of Action information is sent to Medicaid individuals when requested services are denied or reduced Measure- Review NOA file	3	Provided CommCare with the PRSN NOA letter. CommCare will send copies of all NOA mailed to the PRSN office for 100% review.
c	Ensure all clinical denials for inpatient services and appeals are review by a board certified psychiatrist Measure- Review inpatient denials and appeals	3	Evidence of a board certified psychiatrist review with the one appeal case of FY 08.
d	Reviews denials for request of o/p services (Medicaid and non-Medicaid), ensure client services have not been arbitrarily reduced or denied based on diagnosis or enrollee's condition Measure- Random review of files denied services/ referred.	3	The PRSN receives copies of all the determination notices sent by CommCare. The PRSN conducts random clinical reviews of OP "denials" based on ineligibility (don't meet ACS) on-site during CMHA annual administrative reviews. Majority of NOAs are due to client moving out of catchment area. InPt "denials" are closely monitored by PRSN (at the time), majority are administrative denials.
e	Ensures no inappropriate incentives for authorization determinations. Measure- Review PRSN flat fee contract and ensure relationship between UM contract and service provider contractors maintains independence.	3	Currently no Medicaid incentives, contract is flat fee for Medicaid PMPM and per incident for each non-Medicaid authorization determination. The requests are generated by the provider network.

**Conclusions:**

We feel CommCare is an asset to our network and to the services provided in our communities. There have been numerous comments of appreciation shared by our provider network about the extra-ordinary care and open communication demonstrated by CommCare staff over the years. We appreciate the collegial relationship, responsive customer service, and respect consistently demonstrated by CommCare while partnering with the PRSN.

**Follow-up items:**

Please follow-up with a corrective action plan to address development of a revised PRSN Appeal Process policy within 30 days.