

## **PRSN Subdelegation Plan for Authorization of Services For CommCare FY 2011- 2012**

Reference: 42 CFR 438.230, 230; PIHP Contract 9.3

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)  
1627 Main Street, Suite 1100  
Kansas City, MO 64108

### 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, Inpatient Retro Requests & Denials reports, and Inpatient Discharge and LOS reports.)
- Mail written Notice of Determination and Notice of Action (Medicaid) letters on behalf of the PRSN 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 contracted to maintain their Utilization Review Accreditation Commission (URAC) for behavioral health/mental health case management services.

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 2011-2012.. 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 monitors implementation of the PRSN LOC documents,
- Facilitates the Over and Under utilization projects for QUIC review
- Provides an annual provider directories, 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

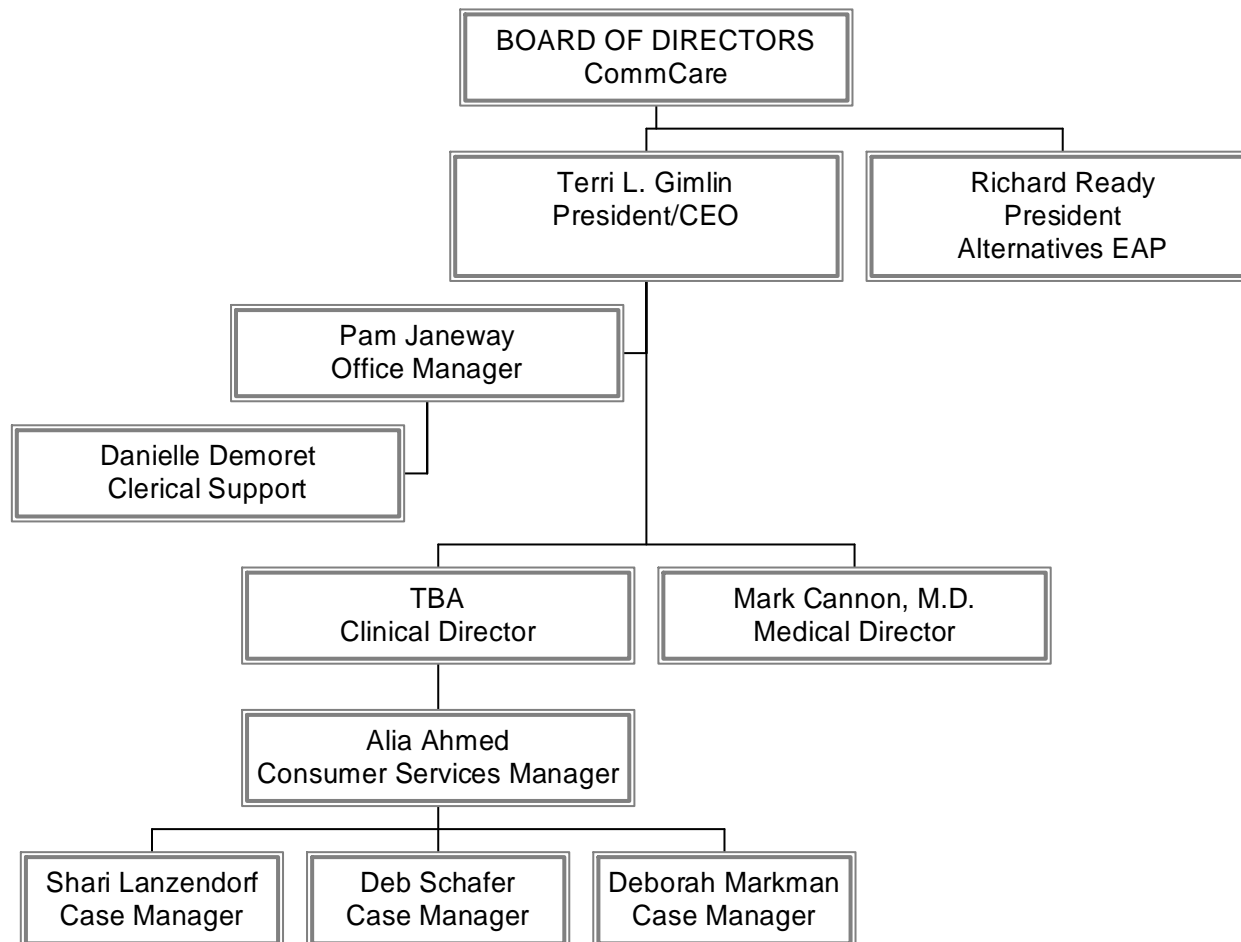
### CommCare Organizational Capacity

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), as well as verify they do not employ excluded providers.

Under the general supervision of the utilization management director and medical director, the care managers are responsible for reviewing requests received from facilities and network 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 and entering the determinations into Profiler, as well as Provider 1. 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.

**PENINSULA REGIONAL SUPPORT NETWORK  
Contracted Authorization and Utilization Management  
FY 2011-2012 CommCare Organizational Chart**



Credentials for CommCare Staff

TBA – Clinical Director  
Alia Ahmed, LCSW  
Shari Lanzendorf, LCSW  
Deb Schafer, LCSW  
Deborah Markman, RN

## **PRSN SUBCONTRACTOR DELEGATION AND ASSESSMENT FY 2011-2012**

Delegated Contractor: CommCare

Date: July 15- August 15, 2011

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 satisfactorily 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 maintain URAC accreditation.
- 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 (Statement of Work) that is part of the contract with the utilization management organization. See CommCare contract, Exhibit A Statement of Work

### **Audit Instructions**

The tool was completed through a combination of the following activities:

- Review of delegated organization's policies and procedures, organizational charts, accreditations, personnel files and related tools to meet audit requirements
- Requested feedback from regional Utilization Management Committee, network provider agencies, or others

### **Scoring Range:**

1= absent, 2= partially developed, 3= evidence of compliance, 4= exceeds minimum requirements, 5= regional model

#	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 agency accreditations	3	Evidenced by current URAC accreditation for health Utilization Management, dated 1/1/2011 to 1/1/2014.
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 maintains a toll free phone number and fax number available to the network. Call volumes and call abandonment rates are tracked/ reviewed 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.	4	CommCare produced the following documents that adhere to the PRSN contract: <ul style="list-style-type: none"> <li>➤ Relevant agency policy and procedures</li> <li>➤ Monthly UMC reports (UM monthly stats, Late PRATs, InPt Retro Requests &amp; Denials, InPt Discharge &amp; LOS, and Authorization/ Appeal logs)</li> <li>➤ CommCare Orientation and Training Program for PRSN case managers</li> <li>➤ CommCare Compliance Plan</li> <li>➤ QM documents</li> <li>➤ URAC Accreditation</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> Measure- Review monthly UM tracking reports	4	CommCare produces the following monthly reports that demonstrate a robust data system: <ul style="list-style-type: none"> <li>➤ Monthly UM tracking reports (authorizations)</li> <li>➤ Late PRATs by CMHA</li> <li>➤ InPt Retro and Denial - by CMHA and community hospital</li> <li>➤ InPt Discharge and LOS</li> <li>➤ Authorization and Appeal logs</li> <li>➤ PRSN random requests for specific case reviews</li> <li>➤ PRSN review of all NOA and NOD letters mailed on behalf of PRSN</li> <li>➤ PRSN random review of P1 authorizations</li> </ul>

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e	<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>	4	<p>CommCare staff provides consistent and routinely same day response to network requests and correspondence. CommCare staff demonstrate a professional and respectful communication style with our network (PRSN and network agency staff).</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 at least four (4) years 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. Analyze average call wait and authorization time for CY 2010</p>	4	<p>CommCare staff demonstrates a professional and respectful communication style with our network (PRSN and network agency staff).</p> <p>CommCare provided an updated FY 2011 organizational chart, listing key staff qualifications. There has been change to the Clinical Director and Care Manager positions, since the last review.</p> <ul style="list-style-type: none"> <li>• Average call wait time for CY 10: 1710 calls answered in 1-2 rings</li> <li>• Average OP authorization time for CY 10: 4952 total requests, average authorization time less than a day.</li> <li>• Average InPt authorization time for CY 10: 813 total requests, average authorization time less than a day</li> <li>• Average Residential authorization time for CY 10: 316 total requests, average authorization time less than a day</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>	4	<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.</p> <p>CommCare implements a strong training program. Staff have demonstrated working knowledge of the PRSN protocols and processes. When special circumstances arise, staff seek clarification. As a result of consistent attendance to the PRSN UMC meetings, on-going communication and exchange of information is easily obtained.</p>

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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	4	CommCare staff have been consistently receptive to feedback at monthly UMC meetings. Mutually respectful and on-going communication throughout 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, training process, personnel training files	3	Adequate number of staff and experience, with licensed social worker or registered nurse credentials (equivalent to MHP credentials in Washington state). New CommCare staff receive a standardized orientation to the PRSN system (see submitted PRSN Training policy and program documents). New care managers are provided 1:1 training with Shari (PRSN staff expert), given a thorough review of the PRSN process and oriented to required documents. Peer reviews and formal monthly staff team meetings allow information to be easily conveyed to staff.
e	Hiring for clinical staff includes verification of licensure or 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 (including Medical Director).	3	Evidenced by AD 140 Excluded Provider policy, monthly attestation letters and checklists were reviewed. Credentialing documentation from two recently hired staff were reviewed (includes licensing credentials and initial Federal Exclusion verifications).
<b>3. Quality Improvement Process</b>			
a	Maintains an internal quality management/quality improvement process that compliments the PRSN QMP. Measure- Review documentation, such as project summary or meeting minutes	4	As evidenced by documentation reviewed which included the Quality Improvement/Compliance Committee Charter, the Quality Improvement Program 2009 rev, summary of Quality Improvement projects; and participation on the QIC Committee. The scope of the plan is thorough and includes stakeholder input and a focus on measureable goals and systematic improvement processes. Several quality improvement projects specific to the PRSN have been completed.

#	ITEM	SCORE	PRSN COMMENTS
<b>4. HIPAA and Medicaid Compliance Reporting</b>			
a	Comply with PRSN Compliance Plan, Fraud and Abuse Plan, and HIPAA standards. Measure- Review current agency Compliance Plan, review agency updated (from last review period) P&P for HIPAA and Medicaid Fraud/ Abuse reporting standards, review staff training records.	3	<u>Compliance standards:</u> Evidence of strong Compliance practices and monthly Excluded Providers attestation/ reviews. <u>HIPAA standards:</u> Evidenced by multiple policies including security, privacy, IS, disaster plan and compliance focused policies. Policies are complete and Comply with applicable CFRs
b	Signed HIPAA Business Associates Agreement with PRSN. Measure- Review PRSN files for signed HIPAA Agreement.	3	As evidenced by the signed Business Associate Agreement on file at PRSN.
c	Demonstrates effective medical records practices Measure- Review record keeping P&P	3	All policies reviewed pertaining to record keeping are in compliance with HIPAA statutes.
<b>5. Authorization for Services and Utilization Management Functions</b>			
a	Adheres to the PRSN's Complaint/ Grievances/ Appeal P&P <ul style="list-style-type: none"> <li>▪ This includes providing relevant information to enrollees/ requesting providers 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*	Reviewed the CommCare PRSN Appeal Process Policy (P105, revised 8/11) that includes P1 entry information. <ul style="list-style-type: none"> <li>• <i>Recommendation: It is believed document P105 PRSN Appeal Process (page 1, #1) a typo of "10" needs to be corrected to "1".</i></li> </ul>
b	Ensures the PRSN Appeals process is followed according to contract for standard and expedited appeals. Measure- Review requested appeals in FY 2010 & 2011	4	CommCare followed the PRSN Appeal notification procedures. There were no requested appeals in FY 2010-2011.

#	ITEM	SCORE	PRSN COMMENTS
c	Ensures Notice of Action information is sent to Medicaid individuals when requested services are denied or reduced Measure- Review NOA file	4	CommCare consistently mailed Medicaid enrollees Notice of Action (NOAs) and Notice of Determinations (NODs) notices when flagged by a network CMHA. Copies of all NOA and NODs were mailed to the PRSN office for 100% review. Reviewed monthly- no concerns.
d	Ensure all actions for inpatient services resulting from a clinical determination are review by a board certified psychiatrist Measure- Review denial/ appeal log for FY 2010 & 2011	3	Organizational chart verifies one board certified psychiatrist review on staff. Denials were reviewed/ authorized by psychiatrist, no appeals requested in FY 2010 or 2011.
e	Reviews all requests for services and denials for Medicaid and non-Medicaid individuals. Ensures client services have not been arbitrarily reduced or denied based on diagnosis or enrollee's condition. Measure- PRSN receives a copy of all determination letters sent by CommCare, random file review of ineligible/ denied individuals via annual CMHA Administrative Reviews	3	The PRSN received 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. <ul style="list-style-type: none"> <li>• There was 1 denial in FY 2010 and 1 in FY 2011. These were InPt denial determinations.</li> <li>• There were no requested appeals in FY 2010 and 2011.</li> </ul> Majority of NOAs are due to client moving out of catchment area. InPt "denials" are closely monitored by PRSN at the time of the determination.
f	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 continue to feel CommCare is an asset to our network and to the services provided in our communities.

In FY 2011 there were dramatic changes to the funding and authorization process to PRSN non-Medicaid services. The major reduction in state funding resulted in a required change to the standard PRSN authorization determination process. Due to the collegial and respectful relationship demonstrated over the past years, as a network, we were able to craft an authorization process during a stressful time period for our provider network.

Our common philosophical values continue to promote active problem solving and positive outcomes, even in the most difficult situations.