Appendix A. RSN Profiles

The profiles in this appendix summarize each RSN's overall performance in measures of access, timeliness, and quality, and in meeting regulatory and contractual standards, including those for PIPs. Components of the access, timeliness, and quality measures were abstracted from individual EQR reports delivered to DBHR throughout the year.

RSN scores, strengths, and opportunities for improvement were based on Acumentra Health's compliance review of each RSN.

Chelan-Douglas RSN A-3
Clark County RSN A-5
Grays Harbor RSN A-7
Greater Columbia Behavioral Health A-9
King County RSN A-11
North Central Washington RSN A-13
North Sound Mental Health Administration A-15
OptumHealth Pierce RSN A-17
Peninsula RSN A-19
Southwest RSN A-21
Spokane County RSN A-23
Thurston-Mason RSN A-25
Timberlands RSN A-27

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Chelan-Douglas Regional Support Network (CDRSN)

Activity			
Regulatory and Contractual Standards			
Enrollee Rights	**94%**	**Grievance Systems**	**100%**
Enrollee rights: General	100%	Grievance system: General	100%
Information requirements	100%	General requirements and filing requirements	100%
Notification timing	60%	Language and format of notice of action	100%
Notification content	80%	Content of notice of action	100%
Information on grievances	100%	Timing of notice of action	100%
Respect and dignity	100%	Handling of grievances and appeals	100%
Treatment options	100%	Expedited resolution of grievances and appeals	100%
Advance directives	100%	Format and content of notices of appeal resolution	100%
Seclusion and restraint	100%	Action following denial of request for expedited resolution	100%
Compliance with state and federal laws	100%	Information to providers and subcontractors	100%
		Record keeping and reporting requirements	100%
		Continuation of benefits	100%
		Effectuation of reversed appeal resolutions	100%

Strengths	Opportunities for Improvement
Enrollee Rights	
• CDRSN's policies and procedures are comprehensive and consistent with the philosophy of the Recovery Model, based on increasing enrollees' participation in care and treatment. • CDRSN has a strong peer-support program, and attributes a decrease in the RSN's hospitalization rate to peer involvement with crisis teams. • CDRSN conducts annual administrative monitoring of provider agencies' policies and procedures, as well as onsite audits. • In addition to using the state's *Benefits Booklet for People Enrolled in Medicai*d, CDRSN publishes its own consumer booklet informing enrollees of their rights. • CDRSN's informative website can translate content into more than 40 different languages. • CDRSN has focused on implementing mental health advance directives through consumer-based groups using the Wellness and Recovery Action Plan.	• **Finding:** CDRSN does not notify enrollees at least once a year of their right to request and obtain names, locations, specialties, telephone numbers of, and all non-English languages spoken by current network mental health professionals in the enrollee's service area. • **Finding:** CDRSN does not provide information that defines post-hospitalization follow-up services according to the criteria included in the state waiver.
Grievance Systems	
• Each quarter, CDRSN analyzes trends in grievances and appeals and forwards this information to its Quality Management Oversight Committee for use in evaluating improvements.	

CDRSN, headquartered in East Wenatchee, contracts with providers to deliver managed mental health services to enrollees throughout Chelan and Douglas counties. The RSN's governing board, comprising six local elected officials, makes recommendations to the Douglas County Board of Commissioners, which acts as the legal authority. As of December 2010, CDRSN had about 23,139 enrollees in its service area.

Data source: Chelan-Douglas RSN 2011 External Quality Review Report (Acumentra Health).

Chelan-Douglas Regional Support Network (continued)

Activity	
Performance Improvement Projects (PIPs)	
Strengths	**Opportunities for Improvement**
Clinical—Metabolic Syndrome Screening and Intervention: Substantially Met (55 out of 80)	
CDRSN has done a good job of justifying its topic selection and of defining and documenting the study question, indicator, and population.	CDRSN needs to fill in some missing details on its data collection and validation procedures and explain its intervention more fully. After implementing the intervention, the RSN needs to collect its remeasurement data and report its analysis of any changes in the study indicators.
Nonclinical—Improved Delivery of Non-Crisis Outpatient Appointments After a Psychiatric Hospitalization: Substantially Met (56 out of 80)	
CDRSN has done a good job of justifying its topic selection and of defining and documenting the study questions, indicators, population, and data collection procedures (Standards 1–5).	CDRSN needs to explain its intervention more fully. After implementing the intervention, the RSN needs to collect its remeasurement data and report its analysis of any changes in the study indicators.
Information Systems Capabilities Assessment (ISCA)	
Strengths	**Opportunities for Improvement**
Information Systems—Fully Met (3 out of 3)	
• CDRSN effectively monitors and oversees activities contracted to NetSmart, the RSN's application service provider.	
Staffing—Fully Met (3 out of 3)	
• CDRSN meets all elements of this standard.	
Hardware Systems—Fully Met (2.8 out of 3)	
• CDRSN's and NetSmart's data center facilities and hardware systems are well designed and maintained.	• CDRSN needs to plan immediately for server replacement in the near future.
Security—Fully Met (2.8 out of 3)	
• NetSmart employs an outside vendor to perform annual penetration testing of its network to ensure that proper security measures and safeguards are in place.	• CDRSN needs to implement a formal review period (at least annual) and audit and testing process for its Disaster Recovery Plan. The RSN should conduct table-top audits and onsite practice drills periodically to determine the plan's effectiveness and identify any needed changes.
Administrative Data—Fully Met (3 out of 3)	
• CDRSN meets all elements of this standard.	
Enrollment Systems—Fully Met (3 out of 3)	
• CDRSN meets all elements of this standard.	
Vendor Data Integrity—Fully Met (3 out of 3)	
• CDRSN meets all elements of this standard.	
Provider Data—Fully Met (2.6 out of 3)	
• CDRSN conducts onsite review of all provider agencies twice a year, including an encounter data validation.	• CDRSN needs to develop and maintain an accessible repository of provider profile information.

Clark County Regional Support Network (CCRSN)

Activity			
Regulatory and Contractual Standards			
Enrollee Rights	**96%**	**Grievance Systems**	**100%**
Enrollee rights: General	100%	Grievance system: General	100%
Information requirements	100%	General requirements and filing requirements	100%
Notification timing	60%	Language and format of notice of action	100%
Notification content	100%	Content of notice of action	100%
Information on grievances	100%	Timing of notice of action	100%
Respect and dignity	100%	Handling of grievances and appeals	100%
Treatment options	100%	Expedited resolution of grievances and appeals	100%
Advance directives	100%	Format and content of notices of appeal resolution	100%
Seclusion and restraint	100%	Action following denial of request for expedited resolution	100%
Compliance with state and federal laws	100%	Information to providers and subcontractors	100%
		Record keeping and reporting requirements	100%
		Continuation of benefits	100%
		Effectuation of reversed appeal resolutions	100%

Strengths	Opportunities for Improvement
Enrollee Rights	
• In addition to using the state's *Benefits Booklet for People Enrolled in Medicaid*, CCRSN publishes its own consumer booklet informing enrollees of their rights. At intake, enrollees acknowledge receipt and understanding of their rights. • CCRSN conducts administrative reviews annually to ensure that providers have in place policies regarding enrollee rights. • CCRSN's consumer booklet and other consumer materials are well written and easily understandable. • CCRSN conducts clinical record reviews to ensure that consumer voice is represented in treatment plans, crisis plans, clinician notes, and intakes.	• **Finding:** CCRSN does not notify enrollees at least once a year of their right to request and obtain names, locations, specialties, telephone numbers of, and all non-English languages spoken by current network mental health professionals in the enrollee's service area.
Grievance Systems	
• The RSN's medical director reviews all authorizations and denials for inpatient admissions for children, and makes all denial decisions for adult inpatient stays. • CCRSN analyzes trends in grievances and appeals quarterly. The Quality Management Committee uses this information to evaluate potential system improvements. System changes are implemented through staff training and monitored by provider audits.	

CCRSN coordinates public mental health services in Clark County as a prepaid mental health plan, under governance of the Board of Clark County Commissioners. An appointed Mental Health Advisory Board, including consumer and family representatives, meets regularly and advises the commissioners on policy matters related to mental health issues. As of December 2010, CCRSN had about 70,496 enrollees in its service area.

Data source: Clark County RSN 2011 External Quality Review Report (Acumentra Health).

Clark County Regional Support Network (continued)

Activity	
Performance Improvement Projects (PIPs)	
Strengths	**Opportunities for Improvement**
Clinical—Employment Outcomes for Adult Consumers: Fully Met (91 out of 100)	
CCRSN has collected multiple remeasurement data over two years, implemented interventions successfully, and documented sound methodology in collecting and validating the study data. These factors inspire high confidence in the study results.	CCRSN needs to discuss more fully whether it has modified the intervention strategies or other aspects of the PIP on the basis of barriers identified or lessons learned and whether this PIP has achieved sustained improvement.
Nonclinical—Improved Delivery of Non-Crisis Outpatient Appointments After a Psychiatric Hospitalization: Partially Met (44 out of 80)	
CCRSN has done a good job of demonstrating the relevance and priority of the PIP topic; defining the study question, indicator, and population; and describing a sound data collection process and analysis plan.	At the time of the PIP evaluation, CCRSN had yet to identify and implement an intervention strategy.
Information Systems Capabilities Assessment (ISCA)	
Strengths	**Opportunities for Improvement**
Information Systems—Fully Met (3 out of 3)	
• CCRSN effectively monitors and oversees activities contracted to NetSmart, the RSN's application service provider. • CCRSN uses well-documented process to verify that all reports produce the desired data, formats, and distribution.	
Staffing—Fully Met (3 out of 3)	
• CCRSN meets all elements of this standard.	
Hardware Systems—Fully Met (3 out of 3)	
• CCRSN meets all elements of this standard.	
Security—Partially Met (2.5 out of 3)	
• NetSmart employs an outside vendor to perform penetration testing of its network to ensure that proper security measures and safeguards are in place.	• **Finding:** During 2010, Clark County's data center did not encrypt backup tapes before sending them offsite. • CCRSN needs to work with its providers to create processes for recording access to the rooms that house computer systems, and for ensuring that paper medical records are stored securely.
Administrative Data—Fully Met (3 out of 3)	
• CCRSN meets all elements of this standard.	
Enrollment Systems—Partially Met (2.5 out of 3)	
• CCRSN transmits all encounter data to DBHR in the HIPAA-compliant 837 format.	• CCRSN needs to verify client eligibility before sending encounters to DBHR. Some checks in billing and reconciliation processes may identify issues after submission.
Vendor Data Integrity—Fully Met (3 out of 3)	
• CCRSN meets all elements of this standard.	
Provider Data—Fully Met (3 out of 3)	
• CCRSN meets all elements of this standard.	

Grays Harbor Regional Support Network (GHRSN)

Activity			
Regulatory and Contractual Standards			
Enrollee Rights	**90%**	**Grievance Systems**	**92%**
Enrollee rights: General	100%	Grievance system: General	100%
Information requirements	80%	General requirements and filing requirements	80%
Notification timing	60%	Language and format of notice of action	100%
Notification content	80%	Content of notice of action	100%
Information on grievances	100%	Timing of notice of action	100%
Respect and dignity	100%	Handling of grievances and appeals	80%
Treatment options	100%	Expedited resolution of grievances and appeals	80%
Advance directives	80%	Format and content of notices of appeal resolution	100%
Seclusion and restraint	100%	Action following denial of request for expedited resolution	80%
Compliance with state and federal laws	100%	Information to providers and subcontractors	80%
		Record keeping and reporting requirements	100%
		Continuation of benefits	100%
		Effectuation of reversed appeal resolutions	100%

Strengths	Opportunities for Improvement
Enrollee Rights	
• GHRSN conducts clinical record reviews to ensure that consumer voice is represented in treatment plans, crisis plans, clinician notes, and intakes.	• **Finding:** GHRSN has no process in place to monitor or track enrollees' use of translation or interpreter services. • **Finding:** GHRSN does not notify enrollees at least once a year of their right to request and obtain names, locations, telephone numbers of, and all non-English languages spoken by network mental health professionals in the enrollee's service area. • **Finding:** GHRSN lacks a mechanism for informing enrollees or their families/surrogates that complaints about noncompliance with advance directives may be filed with the State Survey and Certification agency.
Grievance Systems	
• GHRSN is effective in informing enrollees about grievance, appeal, and fair hearing procedures and time frames. • GHRSN tracks all consumer grievances filed with the RSN through its grievance and appeal log, including complaints about privacy, dignity, and respect. • GHRSN incorporates information from grievances and appeals into its quality management program and uses it to identify system-wide opportunities for improvement.	• **Finding**: GHRSN does not monitor the grievance process that it delegates to provider agencies.

GHRSN, headquartered in Aberdeen, authorizes all Medicaid-funded mental health services provided in Grays Harbor County. The RSN contracts with two regional providers—Seattle-based Sea Mar Community Health Center and Olympia-based Behavioral Health Resources (BHR)—to provide outpatient mental health services. BHR operates a crisis clinic in Hoquiam. As of December 2010, GHRSN had about 15,954 enrollees in its service area.

Data source: Grays Harbor RSN 2011 External Quality Review Report (Acumentra Health).

Grays Harbor Regional Support Network (continued)

Activity	
Performance Improvement Projects (PIPs)	
Strengths	**Opportunities for Improvement**
Clinical—Improving Treatment Outcomes for Adults Diagnosed with a New Episode of Major Depressive Disorder: Fully Met (98 out of 100)	
GHRSN achieved a statistically significant reduction in depressive symptomology at the first remeasurement. Results of the second remeasurement suggested ongoing improvement, though not at a statistically significant level.	GHRSN needs to elaborate on how it prioritized the study topic, and explain how it verified Medicaid eligibility and why it believes it achieved clinically significant improvement at the second remeasurement.
Nonclinical—Improved Delivery of Non-Crisis Outpatient Appointments After a Psychiatric Hospitalization: Fully Met (97 out of 100)	
GHRSN fully met 8 of the 10 standards and substantially met the other 2. GHRSN collected data for three remeasurement periods, demonstrating improvement at the first remeasurement and again at the third after bolstering the intervention.	GHRSN needs to describe in more detail a specific aspect of its strategy and discuss how it monitored each aspect of the intervention.
Information Systems Capabilities Assessment (ISCA)	
Strengths	**Opportunities for Improvement**
Information Systems—Fully Met (2.9 out of 3)	
• GHRSN effectively monitors and oversees activities contracted to NetSmart, the RSN's application service provider.	• GHRSN needs to develop review processes to ensure that reports are developed accurately and that business requirements are met before reports are implemented. • GHRSN should put in place a formal agreement and/or contract to provide backup IS services.
Staffing—Fully Met (2.9 out of 3)	
• NetSmart provides new software programmers with formal training that includes mentoring by senior programmers.	• GHRSN should look for ways to provide staffing support while the current staff gains experience—e.g., mentoring with other organizations, training, oversight, and supervision.
Hardware Systems—Partially Met (2.5 out of 3)	
• NetSmart's data center facilities and hardware systems are well designed and maintained.	• GHRSN needs to determine an appropriate solution for supporting the SFTP server for provider agencies. • GHRSN needs to enhance its Disaster Recovery Plan by adding necessary information and procedures for recovery scenarios, priorities, recovery locations, annual review, and testing.
Security—Fully Met (3 out of 3)	
• GHRSN meets all elements of this standard.	
Administrative Data—Fully Met (3 out of 3)	
• GHRSN meets all elements of this standard.	
Enrollment Systems—Partially Met (2.5 out of 3)	
• GHRSN transmits all encounter data to DBHR in the HIPAA-compliant 837 format.	• GHRSN needs to verify enrollee eligibility before sending encounters to DBHR. Some checks in billing and reconciliation processes may identify issues after submission
Vendor Data Integrity—Fully Met (3 out of 3)	
• GHRSN meets all elements of this standard.	
Provider Data—Fully Met (2.8 out of 3)	
• GHRSN conducts onsite review of all provider agencies every year, including an encounter data validation.	• GHRSN needs to develop and maintain an accessible repository of provider profile information.

Greater Columbia Behavioral Health (GCBH)

Activity			
Regulatory and Contractual Standards			
Enrollee Rights	**90%**	**Grievance Systems**	**100%**
Enrollee rights: General	100%	Grievance system: General	100%
Information requirements	80%	General requirements and filing requirements	100%
Notification timing	60%	Language and format of notice of action	100%
Notification content	100%	Content of notice of action	100%
Information on grievances	100%	Timing of notice of action	100%
Respect and dignity	100%	Handling of grievances and appeals	100%
Treatment options	100%	Expedited resolution of grievances and appeals	100%
Advance directives	100%	Format and content of notices of appeal resolution	100%
Seclusion and restraint	60%	Action following denial of request for expedited resolution	100%
Compliance with state and federal laws	100%	Information to providers and subcontractors	100%
		Record keeping and reporting requirements	100%
		Continuation of benefits	100%
		Effectuation of reversed appeal resolutions	100%

Strengths	Opportunities for Improvement
Enrollee Rights	
• GCBH delivers training for provider agency staff on enrollee rights, customer services, and federal and state regulations. • GCBH sponsors community forums that are open to the public. The RSN has made presentations to enrollee clubhouses and National Alliance for the Mentally Ill groups across its region. • GCBH places a high value on educating consumers, with an emphasis on recovery and self-empowerment. • GCBH's information services staff takes part in administrative reviews of providers, focusing on HIPAA rules for safekeeping of enrollee records and for ensuring the confidentiality of medical records and the privacy of electronic data.	• **Finding:** GCBH does not consistently monitor and track requests for translation or interpreter services and for written information in alternative formats at the provider agency level • **Finding:** GCBH does not notify enrollees at least yearlyof their right to request and obtain names, locations, telephone numbers of, and all non-English languages spoken by current network providers in the enrollee's service area. • **Finding:** GCBH lacks a process to ensure that its contracted agencies and facilities have policies and procedures in place regarding seclusion and restraint. GCBH does not review providers' use of seclusion and restraint during credentialing and recredentialing.
Grievance Systems	
• GCBH has an "open door" policy for enrollees to submit questions or complaints. • GCBH has a well-defined process to ensure that enrollees receive an opportunity to complete advance directives for mental health services. The RSN's informational materials discuss both medical and mental health directives, with guidance on where to file complaints if the provider fails to comply with requirements.	

GCBH, headquartered in Kennewick, is a 12-member government consortium providing public mental health services for 11 counties and the Yakama Nation in south central Washington. A citizen's advisory board advises the GCBH board of directors, reviews and provides comments and/or recommendations on plans and policies, and serves on workgroups and committees of GCBH. As of December 2010, GCBH had about 158,620 enrollees in its service area.

Data source: Greater Columbia Behavioral Health 2011 External Quality Review Report (Acumentra Health).

Greater Columbia Behavioral Health (continued)

Activity	
Performance Improvement Projects (PIPs)	
Strengths	**Opportunities for Improvement**
Clinical—Impact of Implementing the PACT Model on the Use of Inpatient Treatment: Fully Met (95 out of 100)	
GCBH collected hospitalization data pre- and post-PACT participation and observed statistically significant reductions in hospital utilization over three measurement periods. GCBH fully met Standards 1–6, establishing a solid study framework, data collection methodology, and intervention.	GCBH provided no information on the operations, challenges, and improvements experienced by the PACT team. GCBH needs to expand its discussion of program success, including any challenges or modifications to the PACT program, and track enrollees who did not complete the program.
Nonclinical—Improving Early Engagement in Outpatient Services: Partially Met (48 out of 80)	
To increase enrollee engagement, GCBH implemented a walk-in intake model at one of its provider agencies. The RSN identified a control group, matched by age and gender, to compare enrollees who did and did not receive the intervention. GCBH fully or substantially met Standards 1–5.	GCBH did not fully describe its intervention strategy, the rationale for selecting it, or how the RSN will monitor the implementation of the intervention. GCBH did not present data for the intervention or the control group, though data collection ended three months prior to the PIP review.
Information Systems Capabilities Assessment (ISCA)	
Strengths	**Opportunities for Improvement**
Information Systems—Fully Met (2.8 out of 3)	
• GCBH's IT governance provides effective strategic direction and decision making for IS-related projects.	• GCBH needs to implement a written QA process for Medicaid encounter data processing, data analysis, and reporting.
Staffing—Fully Met (2.7 out of 3)	
• Data processing and IS staff adhere to established productivity standards for meeting DBHR's reporting requirements.	• GCBH needs to identify a backup administrator for its custom Medicaid enrollment database, and implement a process to monitor programmers' performance.
Hardware Systems—Fully Met (3 out of 3)	
• GCBH meets all elements of this standard.	
Security—Partially Met (2.5 out of 3)	
• GCBH and its contracted provider agencies maintain current Disaster Recovery Plans.	• GCBH needs to work with its provider agencies to ensure that backups are stored safely offsite, and that that backups are encrypted when they are moved offsite.
Administrative Data—Fully Met (2.9 out of 3)	
• GCBH's provider agencies submit encounter data electronically, passing through stringent screening to verify data accuracy and validity.	• GCBH needs to finish analyzing the 2010 performance monitoring data for its provider agencies and continue to perform appropriate monitoring.
Enrollment Systems—Fully Met (3 out of 3)	
• GCBH meets all elements of this standard.	
Vendor Data Integrity—Fully Met (3 out of 3)	
• GCBH meets all elements of this standard.	
Provider Data— Fully Met (3 out of 3)	
• GCBH maintains up-to-date provider-level profile information in an accessible repository, from which the RSN can generate reports enabling the member services staff to help enrollees make informed decisions about access to providers that can meet their special care needs upon request.	

King County Regional Support Network (KCRSN)

Activity

Regulatory and Contractual Standards

Enrollee Rights	**94%**	**Grievance Systems**	**100%**
Enrollee rights: General	100%	Grievance system: General	100%
Information requirements	100%	General requirements and filing requirements	100%
Notification timing	60%	Language and format of notice of action	100%
Notification content	80%	Content of notice of action	100%
Information on grievances	100%	Timing of notice of action	100%
Respect and dignity	100%	Handling of grievances and appeals	100%
Treatment options	100%	Expedited resolution of grievances and appeals	100%
Advance directives	100%	Format and content of notices of appeal resolution	100%
Seclusion and restraint	100%	Action following denial of request for expedited resolution	100%
Compliance with state and federal laws	100%	Information to providers and subcontractors	100%
		Record keeping and reporting requirements	100%
		Continuation of benefits	100%
		Effectuation of reversed appeal resolutions	100%

Strengths	Opportunities for Improvement
Enrollee Rights	
• KCRSN's performance incentive program for providers encourages better performance on specific quality measures. The program incorporates forensic training for providers on how to interact with the criminal justice system when assisting enrollees within five days of release from jail. • KCRSN conducts cross-agency systems training covering enrollee rights. KCRSN has developed useful educational materials, including DVDs and CDs. • KCRSN has expanded Crisis Intervention Training to include a children's component. • KCRSN received a five-year grant from the U.S. Substance Abuse and Mental Health Administration to implement trauma-informed care, incorporating "Essence of Being Real" and "Risk and Connection." • KCRSN's website presents a matrix to inform enrollees about how to protect their rights. The website clearly informs enrollees about how to recognize when someone is in crisis, how to obtain crisis services, and the difference between voluntary and involuntary hospital stays.	• **Finding:** During 2010, KCRSN had no process in place to notify enrollees of their right to request and obtain names, locations, telephone numbers of, and all non-English languages spoken by current network mental health professionals in the enrollee's service area. • **Finding:** During 2010, KCRSN failed to provide information defining post-hospitalization follow-up services according to the criteria included in the state waiver.
Grievance Systems	
KCRSN fully meets all standards in this section.	

KCRSN, managed by the county's Mental Health, Chemical Abuse and Dependency Services Division, provides services and supports for adults with chronic mental illness and for severely emotionally disturbed children living in the county. The RSN administers services provided by a certified vendor pool of community mental health centers. A citizen advisory board provides policy direction, prioritizes and advocates for service needs, and oversees evaluation of services. As of December 2010, KCRSN had about 225,138 enrollees in its service area.

Data source: King County RSN 2011 External Quality Review Report (Acumentra Health).

King County Regional Support Network (continued)

Activity	
Performance Improvement Projects (PIPs)	
Strengths	**Opportunities for Improvement**
Clinical—Metabolic Syndrome Screening and Intervention: Partially Met (53 out of 80)	
KCRSN provided a solid justification for the study topic and defined clear study questions. The RSN delegated data collection, validation, and development of intervention strategies to its 13 provider agencies, generating increased buy-in for the project.	KCRSN did not describe how its providers collected or validated the data used to calculate the study indicators, nor did it define how it will aggregate data to form RSN-wide indicators. KCRSN needs to track the implementation of each agency's intervention.
Nonclinical—Improved Delivery of Non-Crisis Outpatient Appointments After a Psychiatric Hospitalization: Substantially Met (65 out of 80)	
KCRSN fully met Standards 1–6, defining a solid study framework and intervention strategy. The RSN noted that stakeholders feel that the process of forming a cross-system diversion team (the intervention) has been valuable.	At the time of review, KCRSN had collected only six months of remeasurement data. After four years focusing on this topic, the RSN has yet to observe clinical improvement related to timely outpatient follow-up after hospitalization.
Information Systems Capabilities Assessment (ISCA)	
Strengths	**Opportunities for Improvement**
Information Systems—Fully Met (3 out of 3)	
• KCRSN meets all elements of this standard.	
Staffing—Fully Met (3 out of 3)	
• KCRSN meets all elements of this standard.	
Hardware Systems—Fully Met (2.8 out of 3)	
• KCRSN takes advantage of redundant software and hardware designs.	• KCRSN needs to develop a plan for replacing its servers before the manufacturer discontinues support for them. • KCRSN and county IT staff need to update documentation so that Medicaid servers can be physically located.
Security—Fully Met (2.9 out of 3)	
• KCRSN performs quarterly penetration testing of its network to ensure that proper security measures and safeguards are in place.	• KCRSN needs to work with its provider agencies to address the storage of patient health information on unencrypted removable media and/or personal hardware.
Administrative Data—Fully Met (2.8 out of 3)	
• Automated pre- and post-adjudication edits and verification checks ensure completeness and correctness of submitted encounter data. • KCRSN performs regular audits of encounter claims to ensure data integrity and validity.	• KCRSN needs to develop an aging report for pended encounter data claims to reduce submission lag time and liability.
Enrollment Systems—Fully Met (3 out of 3)	
• KCRSN meets all elements of this standard.	
Vendor Data Integrity—Fully Met (3 out of 3)	
• KCRSN meets all elements of this standard.	
Provider Data—Fully Met (3 out of 3)	
• KCRSN meets all elements of this standard.	

North Central Washington Regional Support Network (NCWRSN)

Activity			
Regulatory and Contractual Standards			
Enrollee Rights	**88%**	**Grievance Systems**	**95%**
Enrollee rights: General	80%	Grievance system: General	100%
Information requirements	80%	General requirements and filing requirements	100%
Notification timing	60%	Language and format of notice of action	100%
Notification content	80%	Content of notice of action	100%
Information on grievances	100%	Timing of notice of action	100%
Respect and dignity	100%	Handling of grievances and appeals	80%
Treatment options	100%	Expedited resolution of grievances and appeals	80%
Advance directives	80%	Format and content of notices of appeal resolution	100%
Seclusion and restraint	100%	Action following denial of request for expedited resolution	100%
Compliance with state and federal laws	100%	Information to providers and subcontractors	100%
		Record keeping and reporting requirements	80%
		Continuation of benefits	100%
		Effectuation of reversed appeal resolutions	100%

Strengths	Opportunities for Improvement
Enrollee Rights	
• NCWRSN's enrollee handbook is well written and easily understandable. • NCWRSN has a well-defined process to ensure that enrollees receive an opportunity to complete advance directives for mental health services.	• **Finding:** NCWRSN does not monitor or track requests for translation or interpretive services and for written information in alternative formats. • **Finding:** During 2010, NCWRSN did not ensure that enrollees were notified of their right to request and obtain names, locations, specialties, telephone numbers of, and all non-English languages spoken by current network mental health professionals in the enrollee's service area. • NCWRSN needs to routinely review, update, and follow RSN policies and procedures on enrollee rights.
Grievance Systems	
• NCWRSN's website presents a well-written training program for providers regarding grievances and appeals.	• **Finding:** NCWRSN does not adequately analyze information on grievances and complaints as part of its quality management program. • NCWRSN needs to ensure that all provider agencies report information about grievances and appeals to the RSN, including grievances that may have been resolved at the local agency.

Activity	
Performance Improvement Projects (PIPs)	
Strengths	**Opportunities for Improvement**
Clinical—Follow-up Appointment Within Seven Days of Discharge from Eastern State Hospital: Minimally Met (25 out of 80)	
Following an intervention in mid-2010, NCWRSN reported that the percentage of enrollees discharged from Eastern State Hospital who were seen within seven days rose from 77% in early 2010 to 86% at remeasurement.	**Finding:** NCWRSN's data analysis indicated that "the time frame for post-discharge follow-up was not a problem" in either the baseline or remeasurement period—calling into question the legitimacy of the PIP topic. NCWRSN omitted important details about the study design and intervention.
Nonclinical—Reauthorization Timelines: Not Met (7 out of 80)	
The first remeasurement showed that the portion of authorization requests "not timely and accurate" fell from 69% at baseline to 49% after the intervention.	**Finding:** The nonclinical PIP documentation appears to reflect standard RSN procedures required by DBHR's managed care contract, rather than a formal improvement project. The study design and documentation contain numerous deficiencies that call the reported results into question.

North Central Washington Regional Support Network (continued)

Information Systems Capabilities Assessment (ISCA)	
Strengths	**Opportunities for Improvement**
Information Systems—Partially Met (2.5 out of 3)	
	• **Finding:** NCWRSN does not use authorization data when adjudicating encounters, and needs to implement a formal, written QA process for Medicaid data processing, analysis and reporting. • Needs to conduct effective oversight and monitoring of sub-contracted activities. • Needs to use version control management software for its SQL server database, The RSN administrator or deputy administrator should certify the submission of data to DBHR.
Staffing—Fully Met (3 out of 3)	
• NCWRSN meets all elements of this standard.	
Hardware Systems—Partially Met (2.2 out of 3)	
• NCWRSN is migrating the current application server to a new RAID 5 server. Medicaid servers are housed in a locked cabinet.	• Needs to maintain vendor service contracts for all hardware. • Needs to document a failover strategy.
Security—Partially Met (2.3 out of 3)	
• NCWRSN performs nightly incremental data backups and weekly full backups to a tape backup system. Backup tapes are transported and stored offsite daily. • NCWRSN maintains a Disaster Recovery Plan that is audited annually to ensure that information systems can be maintained, resumed, and/or recovered as intended. • NCWRSN maintains up-to-date antivirus protection on all computers and servers.	• **Finding:** NCWRSN transports unencrypted backup tapes to an offsite location for storage. One provider agency does not encrypt backup tapes before offsite transportation. • Needs to develop written policies and procedures for information security, and adopt an IT control framework to help build control structure and ensure a sustainable security compliance program. • Needs to perform regular network scanning for potential vulnerabilities due to poor or improper system configuration.
Administrative Data—Fully Met (2.8 out of 3)	
• NCWRSN's contracted agencies submit encounter data electronically. Most pass encounters through a stringent screening process to verify accuracy and validity. • NCWRSN conducts an onsite audit of all provider agencies every year that includes encounter data validation.	• Needs to develop and document formal procedures for rectifying encounter data with missing, incomplete, or invalid fields and notify agencies when encounter data submitted to the state need to be corrected and resubmitted. • Needs to ensure that all provider agencies can submit encounter data in a HIPAA-compliant format that meets DBHR standards and audit encounter claims to ensure data integrity and validity. .
Enrollment Systems—Fully Met (2.9 out of 3)	
• NCWRSN provides timely determination of enrollee eligibility to provider agencies.	• Needs to audit DBHR's eligibility enrollment files to ensure that they are free of anomalies.
Vendor Data Integrity—Fully Met (3 out of 3)	
• NCWRSN meets all elements of this standard.	
Provider Data—Fully Met (3 out of 3)	
• NCWRSN meets all elements of this standard.	
NCWRSN administers local mental health systems in Adams, Ferry, Grant, Lincoln, Okanogan, Pend Oreille, and Stevens counties. NCWRSN's mission is to ensure that people of all ages with mental illness can better manage their illness, achieve their personal goals, and live, work, and participate in their community. As of December 2010, NCWRSN had about 57,568 enrollees in its service area.	
Data source: North Central Washington RSN 2011 External Quality Review Report (Acumentra Health).	

North Sound Mental Health Administration (NSMHA)

Activity

Regulatory and Contractual Standards

Enrollee Rights	**94%**	**Grievance Systems**	**100%**
Enrollee rights: General	100%	Grievance system: General	100%
Information requirements	80%	General requirements and filing requirements	100%
Notification timing	100%	Language and format of notice of action	100%
Notification content	100%	Content of notice of action	100%
Information on grievances	100%	Timing of notice of action	100%
Respect and dignity	100%	Handling of grievances and appeals	100%
Treatment options	100%	Expedited resolution of grievances and appeals	100%
Advance directives	100%	Format and content of notices of appeal resolution	100%
Seclusion and restraint	60%	Action following denial of request for expedited resolution	100%
Compliance with state and federal laws	100%	Information to providers and subcontractors	100%
		Record keeping and reporting requirements	100%
		Continuation of benefits	100%
		Effectuation of reversed appeal resolutions	100%

Strengths	Opportunities for Improvement
Enrollee Rights	
• NSMHA monitors enrollee rights by reviewing complaints and grievances, auditing clinical records to ensure that enrollees receive information on their rights at intake, and visiting agencies to ensure that enrollee rights are posted. • NSMHA publishes its own enrollee brochure in nine languages and makes it available on the RSN's website. • NSMHA initiated a Dignity and Respect Committee and a local awareness campaign on this issue. Feedback has been very positive. NSMHA requires all provider agencies to take part in the committee. Since undertaking this initiative, NSMHA has seen a decrease in complaints related to dignity and respect. • NSMHA's detailed clinical record reviews audit for enrollee voice in the treatment plan and informing enrollees about treatment options and alternatives.	• **Finding:** NSMHA does not track or monitor requests for interpreter services and for written information in other formats. • **Finding:** NSMHA does not ensure that all contracted providers have policies and procedures related to the use of seclusion and restraint. • NSMHA's policy on seclusion and restraint, though well written, addresses only the use of seclusion and restraint at E&T facilities. The policy needs to specify that outpatient providers will not use seclusion and restraint as a means of coercion, discipline, convenience, or retaliation. NSMHA needs to monitor all contracted providers' policies and procedures in this area.
Grievance Systems	
• NSMHA promotes a "no-blame" culture in which consumer complaints point to opportunities for improvement in a recovery-based system. • NSMHA has formed an internal Grievance Committee to make decisions on consumer grievances. • NSMHA's written responses to grievances and complaints were detailed, well written, and addressed each concern expressed by the enrollee.	

NSMHA, headquartered in Mount Vernon, serves public mental health enrollees in Island, San Juan, Skagit, Snohomish, and Whatcom counties. A nine-member board of directors drawn from each county's executive and legislative branches of government sets the RSN's policy direction, and a citizen advisory board provides independent advice to the board and feedback to local jurisdictions and service providers. As of December 2010, NSMHA had about 152,765 enrollees in its service area.

Data source: North Sound Mental Health Administration 2011 External Quality Review Report (Acumentra Health).

North Sound Mental Health Administration (continued)

Activity	
Performance Improvement Projects (PIPs)	
Strengths	**Opportunities for Improvement**
Clinical—Decrease in the Days to First Prescriber Appointment After Request for Service: Substantially Met (69 out of 80)	
NSMHA developed a decision tree as an intervention at the first outpatient appointment following intake to help clinicians make timely referrals to medication evaluations. NSMHA fully or substantially met Standards 1–6, demonstrating a solid study framework, data collection procedures, and intervention strategy.	Partial remeasurement data showed that the interval from service request to medication evaluation actually rose from an average of 69.9 days at baseline to 72.8 days at remeasurement. NSMHA needs to present complete remeasurement data and strengthen the study design before embarking on a new intervention in 2012.
Nonclinical—Improved Delivery of Non-Crisis Outpatient Appointments After Psychiatric Hospitalization: Substantially Met (70 out of 100)	
NSMHA developed a third intervention involving a marketing strategy to inform hospital staff and enrollees about RSN services. Although no change was observed from previous years, the original increase from baseline was sustained. NSMHA fully met Standards 1–4 and substantially met Standard 5.	In 2011, only one of seven hospitals agreed to participate in the intervention. Thus, NSMHA could not attribute any improvements in the study indicator to its intervention. The RSN needs to elaborate on the current intervention strategy, clearly present complete remeasurement data, and evaluate the results.
Information Systems Capabilities Assessment (ISCA)	
Strengths	**Opportunities for Improvement**
Information Systems—Fully Met (2.9 out of 3)	
• Raintree, the RSN's application service provider, employs highly trained and experienced IT staff.	• NSMHA needs to implement a formal change management process to support version control for reports and any in-house developed software or databases.
Staffing—Fully Met (3 out of 3)	
• NSMHA maintains low staff turnover, a good indicator of effective management and employee satisfaction.	
Hardware Systems—Fully Met (2.7 out of 3)	
• NSMHA maintains current premium-level hardware, software, and network vendor service contracts.	• NSMHA needs to perform an annual review of its Disaster Recovery Plan and data recoverability policy to ensure that all procedures are current and valid.
Security—Fully Met (2.6 out of 3)	
• NSMHA and Raintree perform regular network scanning for potential vulnerabilities that may result from poor or improper system configuration.	• NSMHA needs to implement offsite backups on at least a weekly schedule, as opposed to the current monthly schedule.
Administrative Data—Fully Met (2.9 out of 3)	
• NSMHA performs regular audits of providers' encounter claims to ensure data integrity and validity.	• NSMHA's regular encounter audits need to use data from the state's database, rather than from Raintree.
Enrollment Systems—Fully Met (2.9 out of 3)	
•	• NSMHA needs verify client eligibility on the date of service before submitting encounter data to DBHR.
Vendor Data Integrity—Fully Met (3 out of 3)	
• NSMHA meets all elements of this standard.	
Provider Data—Fully Met (2.8 out of 3)	
• NSMHA conducts onsite review of all provider agencies every year, including an encounter data validation.	• GHRSN needs to develop and maintain an accessible repository of provider profile information.

OptumHealth Pierce Regional Support Network (OPRSN)

Activity

Regulatory and Contractual Standards

Enrollee Rights	92%	Grievance Systems	98%
Enrollee rights: General	100%	Grievance system: General	100%
Information requirements	80%	General requirements and filing requirements	100%
Notification timing	80%	Language and format of notice of action	100%
Notification content	100%	Content of notice of action	100%
Information on grievances	100%	Timing of notice of action	100%
Respect and dignity	100%	Handling of grievances and appeals	100%
Treatment options	100%	Expedited resolution of grievances and appeals	100%
Advance directives	100%	Format and content of notices of appeal resolution	100%
Seclusion and restraint	60%	Action following denial of request for expedited resolution	100%
Compliance with state and federal laws	100%	Information to providers and subcontractors	100%
		Record keeping and reporting requirements	80%
		Continuation of benefits	100%
		Effectuation of reversed appeal resolutions	100%

Strengths / Opportunities for Improvement

Enrollee Rights

Strengths

- OPRSN's respect for and inclusion of consumers in everyday RSN operations is commendable. Consumers make up more than 30% of OPRSN's staff. The RSN collects input on enrollee rights from consumers involved in numerous RSN committees.
- OPRSN publishes its own consumer handbook in eight languages. The handbook, available for download on the RSN website, was developed by the Recovery and Resiliency Committee, whose members are consumers.
- During annual onsite reviews, OPRSN monitors provider facilities to ensure that enrollees have adequate privacy in lobbies and treatment rooms.
- OPRSN has developed a pocket-sized booklet to help enrollees with decision making in times of stress or crisis. Peer counselors provide training on the booklet for all contracted providers and for consumer groups.

Opportunities for Improvement

- **Finding:** OPRSN does not consistently monitor and track requests at the provider agencies for translation or interpreter services and for written information in alternative formats.
- **Finding:** In 2010, OPRSN did not notify enrollees of their right to request and obtain names, locations, telephone numbers of, and all non-English languages spoken by current network practitioners in the enrollee's service area.
- OPRSN does not assess at the time of credentialing and recredentialing the use of seclusion and restraint at all contracted provider agencies. OPRSN does not require all contracted providers to have in place policies and procedures on the use of seclusion and restraint.

Grievance Systems

Strengths

- OPRSN's notice-of-action letter is well written and mentions the services of the Ombuds and other supports.
- OPRSN's Utilization Management Committee monitors all service denials monthly and presents reports to the QA/PI Committee for review quarterly.

Opportunities for Improvement

- Although OPRSN tracks and analyzes all consumer grievances and complaints, the RSN has no process for breaking down the individual issues that might be included in each complaint. To better analyze information for quality improvement, OPRSN should record each issue when multiple issues are expressed in a single complaint or grievance filed by the enrollee.

OptumHealth, a subsidiary of UnitedHealth Group, began operating the Pierce County RSN in 2009, headquartered in Tacoma. A Mental Health Advisory Board, approved by the seven-member Governing Board, meets monthly to review issues of concern and relevance to mental health consumers and their families. OPRSN has more than 5 million public-sector members nationwide, including about 129,258 Medicaid enrollees in Pierce County at the end of 2010.

Data source: OptumHealth Pierce RSN 2011 External Quality Review Report (Acumentra Health).

OptumHealth Pierce Regional Support Network (continued)

Activity	
Performance Improvement Projects (PIPs)	
Strengths	**Opportunities for Improvement**
Clinical—Consumer Partnership in Treatment Planning: Substantially Met (57 out of 80)	
Through discussions with stakeholders, OPRSN identified barriers to including enrollees in treatment planning, and hired experts to train clinical staff to overcome these barriers. OPRSN fully or substantially met Standards 1–6.	The PIP documentation had minor deficiencies related to identifying the appropriate sample size for the study population and documenting data validation procedures. As of the review date, OPRSN had yet to collect its remeasurement data and analyze the study results.
Nonclinical—Resident Satisfaction in Transfer to Integrated Permanent Housing: Not Met (24 out of 80)	
OPRSN clearly explained the importance of the study topic and outlined a solid study question.	Many details of the project remain unclear, including details of the study indicator, inclusion criteria for the study population, and specific community housing options available to enrollees.
Information Systems Capabilities Assessment (ISCA)	
Strengths	**Opportunities for Improvement**
Information Systems—Fully Met (3 out of 3)	
• OPRSN uses a peer review QA process to verify that all reports produce the desired data, formats, and distribution.	
Staffing—Fully Met (2.8 out of 3)	
• OPRSN employs personnel with considerable industry experience in their areas of expertise.	• OPRSN needs to continue to monitor turnover rates for care managers and identify any issues that may need to be addressed to minimize turnover.
Hardware Systems—Fully Met (2.9 out of 3)	
• OPRSN's IT governance provides adequate strategic direction and decision making for IS-related projects, including replacements and upgrades to hardware systems.	• OPRSN needs to verify that provider agencies are following their policies regarding hardware replacement, and that server rooms have sufficient heating and cooling systems to maintain servers in the appropriate temperature range.
Security—Fully Met (2.9 out of 3)	
• OPRSN's onsite data are backed up regularly to a secure offsite location.	• OPRSN needs to work with its provider agencies to ensure that all laptops are encrypted, and that all provider agencies maintain at least a monthly offsite backup of key systems and data.
Administrative Data—Fully Met (2.9 out of 3)	
• OPRSN performs annual audits of encounter claims to ensure data integrity and validity.	• OPRSN needs to audit a sample of completed authorizations routinely—at least monthly—to ensure that policies and procedures are followed correctly and accurately.
Enrollment Systems—Fully Met (2.9 out of 3)	
• OPRSN provides timely determination of enrollee eligibility to provider agencies.	• OPRSN needs to continue development of an enrollment system that supports the calculation of continuous enrollment.
Vendor Data Integrity—(3 out of 3)	
• OPRSN meets all elements of this standard.	
Provider Data—(3 out of 3)	
• OPRSN maintains up-to-date provider profile information to help Medicaid enrollees make informed decisions about access to providers that can meet their special care needs, such as non-English languages or clinical specialties.	

Peninsula Regional Support Network (PRSN)

Activity			
Regulatory and Contractual Standards			
Enrollee Rights	**98%**	**Grievance Systems**	**100%**
Enrollee rights: General	100%	Grievance system: General	100%
Information requirements	80%	General requirements and filing requirements	100%
Notification timing	100%	Language and format of notice of action	100%
Notification content	100%	Content of notice of action	100%
Information on grievances	100%	Timing of notice of action	100%
Respect and dignity	100%	Handling of grievances and appeals	100%
Treatment options	100%	Expedited resolution of grievances and appeals	100%
Advance directives	100%	Format and content of notices of appeal resolution	100%
Seclusion and restraint	100%	Action following denial of request for expedited resolution	100%
Compliance with state and federal laws	100%	Information to providers and subcontractors	100%
		Record keeping and reporting requirements	100%
		Continuation of benefits	100%
		Effectuation of reversed appeal resolutions	100%

Strengths	Opportunities for Improvement
Enrollee Rights	
• PRSN requires providers and subcontractors to post information for enrollees, including legal notices, hours of operation, services and service locations, benefit opportunities, complaint and grievance procedures, and special population rights. • PRSN's annual administrative review of each contracted provider includes a facility walkthrough to ensure that enrollee rights are posted, the member handbook is readily available, and guidelines for enrollee privacy are met. • PRSN's member handbook, given to each enrollee at intake and when care is reauthorized, notifies enrollees of their right to request and obtain names, locations, telephone numbers of, and all non-English languages spoken by current network mental health professionals in the enrollee's service area. • PRSN's advance directive brochure informs the enrollee that complaints about noncompliance with directives may be filed with the State Survey and Certification agency.	• PRSN needs to develop policies and formalize a process to track and monitor requests for interpreter and translation services, and for written information in alternative formats.
Grievance Systems	
• Annually, PRSN analyzes trends in grievances and appeals and forwards the results to its Quality Improvement Committee, which uses this information to evaluate potential improvements. System changes are implemented through staff training and monitored by provider audits. • PRSN's consumer booklet and the Ombuds brochure inform enrollees about how to obtain assistance in completing forms and/or taking procedural steps to file grievances and appeals.	

PRSN, headquartered in Port Orchard, is a consortium of the mental health programs of Clallam, Jefferson, and Kitsap counties, administered by Kitsap County. The executive board, comprising nine county commissioners, sets policy and has oversight responsibilities. As of December 2010, PRSN had about 45,896 enrollees in its service area.

Data source: Peninsula RSN 2011 External Quality Review Report (Acumentra Health).

Peninsula Regional Support Network (continued)

Activity	
Performance Improvement Projects (PIPs)	
Strengths	**Opportunities for Improvement**
Clinical—Metabolic Syndrome Screening and Intervention: Fully Met (98 out of 100)	
PRSN fully met all but one standard. The RSN conducted a thorough barrier analysis to identify possible reasons for lack of clinical improvement and discussed confounding factors that affected the study results.	PRSN needs to supply more details about how the interventions were implemented and tracked. Should the RSN pursue this topic next year, it should identify ways to reduce the complexity of the study design, beginning by standardizing its interventions.
Nonclinical—Improved Delivery of Non-Crisis Outpatient Appointments After Psychiatric Hospitalization: Fully Met (80 out of 80)	
PRSN fully met all standards reviewed. The RSN has done a good job of evaluating the statistical and clinical significance of the study results, and discussing barriers to improvement and confounding factors.	Data for the first remeasurement period showed a statistically significant *decrease* in the rate of timely follow-up care for enrollees discharged from community hospitals.
Information Systems Capabilities Assessment (ISCA)	
Strengths	**Opportunities for Improvement**
Information Systems—Fully Met (2.9 out of 3)	
• Kitsap Mental Health Services (KMHS) has created support documentation for the new Pro-Filer system. KMHS has a documented QA process as part of its development life cycle.	• KMHS needs to implement version control software. • KMHS needs to establish a training budget for IS staff. • KMHS needs to provide PRSN with additional management reporting tools to ensure ongoing security.
Staffing—Fully Met (3 out of 3)	
• PRSN meets all elements of this standard.	
Hardware Systems—Fully Met (2.7 out of 3)	
• KMHS has upgraded all hardware to supported versions as part of the Pro-Filer upgrade. The new implementation includes hardware redundancy and secure hardware location.	• KMHS and PRSN need to develop a Disaster Recovery Plan with a formal process for auditing and testing. The entities should conduct periodic table-top audits and onsite practice drills to determine the plan's effectiveness and identify needed changes.
Security—Fully Met (2.8 out of 3)	
• Kitsap County performs daily incremental backups to a tape-based storage system and transports the backup data to a secure offsite location once a week. The county's backup and restoration processes are well documented and tested.	• PRSN should work with provider agencies, through policies and procedures or technical controls, to address the use of protected health information on unencrypted and/or personal hardware.
Administrative Data—Fully Met (2.9 out of 3)	
• Contracted providers submit encounter data electronically, passing through a stringent screening process.	• PRSN should submit encounter data to DBHR more often to ease the examination of error reports and files.
Enrollment Systems—Fully Met (3 out 0f 3)	
• PRSN meets all elements of this standard.	
Vendor Data Integrity—Fully Met (3 out of 3)	
• PRSN meets all elements of this standard.	
Provider Data—Fully Met (2.6 out of 3)	
• PRSN conducts onsite review of all provider agencies every year, including an encounter data validation.	• PRSN needs to develop and maintain an accessible repository of provider profile information.

Southwest Regional Support Network (SWRSN)

Activity			
Regulatory and Contractual Standards			
Enrollee Rights	**98%**	**Grievance Systems**	**100%**
Enrollee rights: General	100%	Grievance system: General	100%
Information requirements	100%	General requirements and filing requirements	100%
Notification timing	80%	Language and format of notice of action	100%
Notification content	100%	Content of notice of action	100%
Information on grievances	100%	Timing of notice of action	100%
Respect and dignity	100%	Handling of grievances and appeals	100%
Treatment options	100%	Expedited resolution of grievances and appeals	100%
Advance directives	100%	Format and content of notices of appeal resolution	100%
Seclusion and restraint	100%	Action following denial of request for expedited resolution	100%
Compliance with state and federal laws	100%	Information to providers and subcontractors	100%
		Record keeping and reporting requirements	100%
		Continuation of benefits	100%
		Effectuation of reversed appeal resolutions	100%

Strengths	Opportunities for Improvement
Enrollee Rights	
• In addition to using the state's *Benefits Booklet for People Enrolled in Medicaid*, SWRSN publishes its own consumer booklet informing enrollees of their rights. • SWRSN enrollees acknowledge receipt and understanding of their rights during intake. • SWRSN's HIPAA compliance officer trains staff on policies and performs an annual audit as required by RSN policy. All new RSN employees must sign a confidentiality statement. • SWRSN has a well-defined process to ensure that enrollees have an opportunity to complete advance directives for mental health services. This process includes monitoring clinical records for evidence that enrollees were asked about advance mental health directives.	• **Finding:** SWRSN does not notifies enrollees at least once a year of their right to request and obtain names, specialties, locations, telephone numbers of, and all non-English languages spoken by current network mental health professionals in the RSN's service area.
Grievance Systems	
• SWRSN has integrated compliance and grievance procedures into its quality management system. Complaints and compliance reports are standing agenda items for Quality Management Committee meetings. • Quarterly, SWRSN monitors and reviews tracking spreadsheets to identify problems with the timing of authorizations and notices. SWRSN has identified timely denial notices as a regional performance measure and has issued system-wide action to ensure that this information is entered in a timely manner.	

SWRSN, based in Longview, is a division of the Cowlitz County Human Services Department. A citizen advisory board appointed by the county board of commissioners reviews and provides recommendations on policies and programs. As of December 2010, SWRSN had about 22,636 enrollees in its service area.

Data source: Southwest RSN 2011 External Quality Review Report (Acumentra Health).

Southwest Regional Support Network (continued)

Activity	
Performance Improvement Projects (PIPs)	
Strengths	**Opportunities for Improvement**
Clinical—Using Dialectical Behavioral Therapy to Decrease Inpatient Psychiatric Admissions: Substantially Met (66 out of 80)	
SWRSN documented a sound study question and substantially met standards related to the study population, data collection methods, and intervention strategy.	**Finding:** From 2007 to 2010, this PIP focused on reducing psychiatric hospitalizations. In 2011, SWRSN continued the same topic with a new intervention. SWRSN needs to identify a new clinical topic, using a systematic selection process, and address diverse aspects of enrollee care and services.
Nonclinical—Increasing Incident Reporting Compliance: Substantially Met (66 out of 80)	
Remeasurement data showed that compliance rose from 82% in 2009 to 93% in 2010, though not a statistically significant increase. SWRSN substantially met the requirements for defining its study question, indicator, population, and data collection and analysis plan.	SWRSN needs to explain why this topic is important for its local Medicaid population and how the PIP will improve outcomes. The RSN should provide details on its intervention, including how many staff received training and whether baseline data were contaminated, since the intervention overlapped with baseline.
Information Systems Capabilities Assessment (ISCA)	
Strengths	**Opportunities for Improvement**
Information Systems—Fully Met (2.9 out of 3)	
• SWRSN effectively monitors and oversees activities contracted to NetSmart, the RSN's application service provider.	• SWRSN needs to develop documentation for all mission-critical databases, and should develop review processes to ensure that reports are accurately developed and business requirements are met before reports are implemented.
Staffing—Fully Met (2.8 out of 3)	
• SWRSN provides new IS employees with formal and refresher training in encounter data processing. NetSmart's training for new programmers includes mentoring by senior programmers.	• SWRSN needs to develop written policies and procedures for processing and tracking errors in encounter data submission, and for staff productivity standards, to ensure timely and accurate processing of encounter data.
Hardware Systems—Fully Met (3 out of 3)	
• SWRSN meets all elements of this standard.	
Security—Fully Met (2.7 out of 3)	
• NetSmart employs an outside vendor to perform network penetration testing to ensure that proper security measures are in place.	• SWRSN needs to develop a Disaster Recovery Plan with a formal process for auditing and testing. The RSN should conduct periodic table-top audits and onsite practice drills to determine the plan's effectiveness and identify needed changes.
Administrative Data—Fully Met (2.9 out of 3)	
• SWRSN performs regular audits to ensure data integrity and validity.	• Needs to develop an aging report for pended authorizations to reduce lag time and liability for outstanding encounter claims.
Enrollment Systems—Partially Met (2.5 out of 3)	
• SWRSN performs frequent audits of DBHR's eligibility enrollment files to ensure that they are free of anomalies.	• SWRSN needs to verify enrollee eligibility before sending encounters to DBHR. Some checks in billing and reconciliation processes may identify issues after submission.
Vendor Data Integrity—Fully Met (3 out of 3)	
• SWRSN meets all elements of this standard.	
Provider Data—Fully Met (3 out of 3)	
• SWRSN meets all elements of this standard.	

Spokane County Regional Support Network (SCRSN)

Activity			
Regulatory and Contractual Standards			
Enrollee Rights	**92%**	**Grievance Systems**	**92%**
Enrollee rights: General	100%	Grievance system: General	100%
Information requirements	80%	General requirements and filing requirements	80%
Notification timing	60%	Language and format of notice of action	100%
Notification content	100%	Content of notice of action	100%
Information on grievances	100%	Timing of notice of action	100%
Respect and dignity	100%	Handling of grievances and appeals	100%
Treatment options	100%	Expedited resolution of grievances and appeals	80%
Advance directives	80%	Format and content of notices of appeal resolution	100%
Seclusion and restraint	100%	Action following denial of request for expedited resolution	80%
Compliance with state and federal laws	100%	Information to providers and subcontractors	80%
		Record keeping and reporting requirements	80%
		Continuation of benefits	100%
		Effectuation of reversed appeal resolutions	100%

Strengths	Opportunities for Improvement
Enrollee Rights	
• SCRSN conducts administrative reviews annually to ensure that providers have in place policies regarding enrollee rights. • SCRSN conducts clinical record reviews to ensure the presence of consumer voice throughout clinical records, treatment plans, crisis plans, clinician notes, and intakes. • SCRSN produces a poster about rights and responsibilities in eight languages, and requires all providers to post it in their waiting areas. SCRSN monitors to ensure that the poster is visible in agency facilities.	• **Finding:** SCRSN does not monitor and track requests for translation or interpretive services and for written information in alternative formats. • **Finding:** SCRSN does not notify enrollees at least once a year of their right to request and obtain names, locations, telephone numbers of, and all non-English languages spoken by network mental health professionals in the enrollee's service area. • **Finding:** SCRSN has no mechanism in place for informing enrollees, or their families or surrogates, that they may file complaints with the State Survey and Certification agency about noncompliance with advance directives.
Grievance Systems	
• SCRSN has very explicit policies and procedures for grievances, standard appeals, and expedited appeals.	• **Finding:** SCRSN did not have a mechanism in place in 2010 to monitor grievance processes delegated to its provider agencies.

SCRSN is housed within Spokane County's Community Services Division, which administers public mental health dollars for the county and reports to the Board of County Commissioners. SCRSN contracts with several dozen providers of community support, adult residential, and inpatient mental health services for Medicaid enrollees. As of December 2010, SCRSN had about 88,199 enrollees in its service area.

Data source: Spokane County RSN 2011 External Quality Review Report (Acumentra Health).

Spokane County Regional Support Network (continued)

Activity	
Performance Improvement Projects (PIPs)	
Strengths	**Opportunities for Improvement**
Clinical—Improved Access to Children's Long-Term Inpatient Care: Substantially Met (64 out of 80)	
SCRSN reported an increase in the CLIP discharge rate after the first remeasurement. The RSN substantially met six of the eight standards reviewed.	SCRSN did not demonstrate a significant reduction in wait time for access to CLIP. The documentation had minor information gaps, primarily in defining the study indicators, study population, and approach to data collection and analysis.
Nonclinical—Improved Access to Community-Based Least Restrictive Care for Children with Intensive Needs: Partially Met (49 out of 80)	
SCRSN assessed the monthly rate of CLIP admissions before and after the intervention strategy and reported a statistically significant decline in admissions. The RSN clearly presented its study results and identified barriers to improvement.	SCRSN needs to show that the topic was prioritized based on an analysis of current system performance and identified barriers. The RSN needs to clearly define the study framework, including the study question, indicator, and target population.
Information Systems Capabilities Assessment (ISCA)	
Strengths	**Opportunities for Improvement**
Information Systems—Fully Met (3 out of 3)	
• SCRSN meets all elements of this standard.	
Staffing—Fully Met (3 out of 3)	
• SCRSN meets all elements of this standard.	
Hardware Systems—Fully Met (3 out of 3)	
• SCRSN meets all elements of this standard.	
Security—Fully Met (2.6 out of 3)	
• Spokane County's ISD, Raintree, and BHO perform regular network scanning for potential vulnerabilities that may result from poor or improper system configuration. • Spokane County's, Raintree's, and BHO's backup and restoration processes are well documented and tested.	• Spokane County, provider agencies, and contracted organizations need to encrypt their backup tapes before transporting them to offsite locations. • Spokane County needs to formally audit and test its Disaster Recovery Plan to ensure that information systems will be maintained, resumed, and/or recovered as intended. • SCRSN needs to ensure that visitors log in and out when entering and exiting the data center, and document the purpose of each visit.
Administrative Data—Fully Met (3 out of 3)	
• SCRSN meets all elements of this standard.	
Enrollment Systems—Fully Met (3 out of 3)	
• SCRSN meets all elements of this standard.	
Vendor Data Integrity—Fully Met (3 out of 3)	
• SCRSN meets all elements of this standard.	
Provider Data—Fully Met (3 out of 3)	
• SCRSN conducts onsite review of all provider agencies every year, including an encounter data validation.	

Thurston-Mason Regional Support Network (TMRSN)

Activity			
Regulatory and Contractual Standards			
Enrollee Rights	**94%**	**Grievance Systems**	**100%**
Enrollee rights: General	100%	Grievance system: General	100%
Information requirements	100%	General requirements and filing requirements	100%
Notification timing	80%	Language and format of notice of action	100%
Notification content	100%	Content of notice of action	100%
Information on grievances	100%	Timing of notice of action	100%
Respect and dignity	80%	Handling of grievances and appeals	100%
Treatment options	100%	Expedited resolution of grievances and appeals	100%
Advance directives	80%	Format and content of notices of appeal resolution	100%
Seclusion and restraint	100%	Action following denial of request for expedited resolution	100%
Compliance with state and federal laws	100%	Information to providers and subcontractors	100%
		Record keeping and reporting requirements	100%
		Continuation of benefits	100%
		Effectuation of reversed appeal resolutions	100%

Strengths	Opportunities for Improvement
Enrollee Rights	
• TMRSN's administrative and clinical monitoring focuses on the implementation of enrollee rights provisions. The RSN also monitors for compliance with enrollee rights by reviewing enrollee surveys, complaints, and grievances. • TMRSN's consumer handbook and other information materials are available in English and Spanish. The brochure on enrollee rights and responsibilities is available in English and five other languages. • TMRSN's Advisory Council, QRT, and Ombuds work together to ensure that enrollee rights materials are user-friendly. • TMRSN has a well-defined process to ensure that enrollees receive an opportunity to complete advance directives for mental health services. This process includes monitoring clinical records for documentation that enrollees were asked about completing mental health advance directives. • The Ombuds meets monthly with enrollees at the clubhouse and is available to assist enrollees with developing mental health advance directives.	• **Finding:** TMRSN does not notify enrollees at least once a year of their right to request and obtain names, locations, specialties, telephone numbers of, and all non-English languages spoken by individual mental health professionals in the enrollee's service area. • TMRSN does not inform enrollees or their families or surrogates that complaints about noncompliance with advance directives may be filed with the State Survey and Certification agency.
Grievance Systems	
• TMRSN informs enrollees through a variety of written materials of their right to use the grievance and appeal process and the state fair hearing system.	

TMRSN, headquartered in Olympia, administers public mental health services for Thurston and Mason counties. The RSN contracts with Olympia-based Behavioral Health Resources (BHR) and Seattle-based Sea Mar Community Health Centers to provide outpatient, crisis, residential, and inpatient services, and with Providence St. Peter Hospital for geropsychiatric services. As of December 2010, TMRSN had about 44,265 enrollees in its service area.

Data source: Thurston-Mason RSN 2011 External Quality Review Report (Acumentra Health).

Thurston-Mason Regional Support Network (continued)

Activity	
Performance Improvement Projects (PIPs)	
Strengths	**Opportunities for Improvement**
Clinical—Multisystemic Therapy: Fully Met (100 out of 100)	
TMRSN fully met all 10 standards and observed statistical and clinical improvement across four indicators for 111 youth served by multiple systems—school attendance, substance abuse, suicide attempts, and arrests.	No deficiencies were noted for this PIP.
Nonclinical—Improving Percentage of Medicaid Clients Who Receive Intake Service Within 14 Days of Service Request: Substantially Met (61 out of 80)	
TMRSN fully met Standards 1–5 and substantially met Standard 6, demonstrating the importance of this topic for enrollees, defining an appropriate study question and indicator, and designing a sound process for collecting valid and reliable data.	At the time of review, TMRSN had yet to collect remeasurement data, conduct a statistical or barrier analysis, and evaluate whether the results represent improvement. The RSN should also report on the implementation of its study intervention.
Information Systems Capabilities Assessment (ISCA)	
Strengths	**Opportunities for Improvement**
Information Systems—Fully Met (2.9 out of 3)	
• TMRSN's practice management system is secure, robust, and scalable, giving programmers the flexibility to develop sophisticated data processing methods.	• TMRSN needs to complete its training manual and/or operating procedures to guide new employees and ensure that encounter data processing procedures are followed as intended.
Staffing—Fully Met (3 out of 3)	
• TMRSN meets all elements of this standard.	
Hardware Systems—Partially Met (2.4 out of 3)	
• Servers are housed in a secure location away from personnel who are not authorized to have physical access to them.	• TMRSN needs to evaluate carefully whether the time needed to replace or repair a failed server is acceptable, given the organization's business needs. If not, TMRSN should strongly consider having redundant server hardware on hand.
Security—Fully Met (2.7 out of 3)	
• Thurston County and TMRSN perform daily backups to a tape-based storage system, and transport encrypted backup tapes in a locked container to an offsite location once a week.	• TMRSN needs to test its Disaster Recovery Plan. • TMRSN should strongly consider requiring provider agencies to change their SFTP user passwords every 60 days. • TMRSN needs to routinely schedule running patches on its AIX server.
Administrative Data—Fully Met (2.9 out of 3)	
• Contracted providers submit encounter data electronically, passing through a stringent screening process.	• TMRSN needs to ensure that each diagnosis treated at the time of service is submitted along with the service encounter.
Enrollment Systems—Fully Met (3 out of 3)	
• TMRSN meets all elements of this standard.	
Vendor Data Integrity—Fully Met (3 out of 3)	
• TMRSN meets all elements of this standard.	
Provider Data—Fully Met (3 out of 3)	
• TMRSN conducts onsite review of all provider agencies every year, including an encounter data validation.	

Timberlands Regional Support Network (TRSN)

Activity			
Regulatory and Contractual Standards			
Enrollee Rights	**92%**	**Grievance Systems**	**100%**
Enrollee rights: General	100%	Grievance system: General	100%
Information requirements	80%	General requirements and filing requirements	100%
Notification timing	60%	Language and format of notice of action	100%
Notification content	80%	Content of notice of action	100%
Information on grievances	100%	Timing of notice of action	100%
Respect and dignity	100%	Handling of grievances and appeals	100%
Treatment options	100%	Expedited resolution of grievances and appeals	100%
Advance directives	100%	Format and content of notices of appeal resolution	100%
Seclusion and restraint	100%	Action following denial of request for expedited resolution	100%
Compliance with state and federal laws	100%	Information to providers and subcontractors	100%
		Record keeping and reporting requirements	100%
		Continuation of benefits	100%
		Effectuation of reversed appeal resolutions	100%

Strengths	Opportunities for Improvement
Enrollee Rights	
• TRSN has a well-written policy on enrollee rights, requiring providers to explain the enrollee's rights and responsibilities at intake or by the second visit. • TRSN's provider contract requires the agencies to maintain policies and procedures protecting enrollee rights, including the right to be free of seclusion and restraint. TRSN monitors this requirement as part of its administrative review of agencies. • During 2010, the Ombuds provided trainings on advance directives for agency staff and enrollees, covering medical and mental health advance directives and how to register directives with the state.	• **Finding:** TRSN does not notify enrollees at least yearly of their right to request and obtain names, locations, specialties, telephone numbers of, and all non-English languages spoken by current network mental health professionals in the enrollee's service area. • **Finding:** TRSN does not provide enrollees with information that defines post-hospitalization follow-up services according to the criteria included in the state waiver. • TRSN needs to develop and implement a formal process to monitor and track requests for translation or interpretive services, and requests for written information in alternative formats.
Grievance Systems	
• TRSN provides enrollees with information about grievances, appeals, and fair hearings in easily understood language and format, and in alternative formats for those with special needs such as visual impairment or limited reading proficiency. • TRSN attaches its grievance and appeal policies and procedures to the provider contract, and reviews them with providers at the time of contracting and when the RSN revises its policies. • Quarterly, TRSN analyzes trends in grievances and appeals and forwards this information to its Quality Management Committee for use in evaluating system improvements.	

TRSN, headquartered in Cathlamet, administers mental health services for Medicaid enrollees in Lewis, Pacific, and Wahkiakum counties. As of December 2010, TRSN had about 21,196 enrollees in its service area.

Data source: Timberlands RSN 2011 External Quality Review Report (Acumentra Health).

Timberlands Regional Support Network (continued)

Activity	
Performance Improvement Projects (PIPs)	
Strengths	**Opportunities for Improvement**
Clinical—Improving Treatment Outcomes for Adults Diagnosed With a New Episode of Major Depressive Disorder: Partially Met (49 out of 80)	
TRSN fully met Standard 6, defining its intervention strategy, and substantially met four other standards, indicating a solid description of the study topic, question, population, and data collection and analysis plan.	TRSN needs to fill gaps in the PIP documentation related its prioritization process, how indicators are defined, the data sources and validation procedures for identifying the eligible study population, and the data analysis plan.
Nonclinical—Improving Coordination of Care and Outcomes: Partially Met (50 out of 80)	
TRSN fully met Standards 1–4, clearly defining the study topic, question, indicator, and population, and providing a solid study framework. The RSN identified potential barriers to improvement.	TRSN needs to supply additional details about data collection and how the indicator is calculated. The RSN should significantly expand its discussion of the study intervention and gather baseline data from a period that predates the intervention.
Information Systems Capabilities Assessment (ISCA)	
Strengths	**Opportunities for Improvement**
Information Systems—Fully Met (2.9 out of 3)	
• TRSN effectively monitors and oversees activities contracted to NetSmart, the RSN's application service provider.	• TRSN needs to develop external quality checks of data analysis and reporting of Medicaid data—e.g., through the WSC User Group or by contracting with a programmer.
Staffing—Fully Met (3 out of 3)	
• TRSN meets all elements of this standard.	
Hardware Systems—Fully Met (2.7 out of 3)	
• NetSmart's IT governance provides adequate strategic direction and decision making.	• TRSN needs to implement its hardware replacement plan in the near future.
Security—Fully Met (2.7 out of 3)	
• NetSmart's secure architecture makes it difficult for unauthorized users to gain access to data and other network resources.	• **Finding:** During 2010, one of TRSN's provider agencies did not encrypt its data backup tapes. The loss, theft, or misplacement of an unencrypted tape containing identifiable health information would trigger breach notification laws, and could require notification of news media and of all enrollees whose records were exposed.
Administrative Data—Fully Met (2.9 out of 3)	
• Automated pre- and post-adjudication edits and verification checks ensure completeness and correctness of submitted encounter data.	• TRSN needs to report the diagnosis being treated when service is provided.
Enrollment Systems—Fully Met (3 out of 3)	
• TRSN meets all elements of this standard.	
Vendor Data Integrity—Fully Met (3 out of 3)	
• TRSN meets all elements of this standard.	
Provider Data—Fully Met (3 out of 3)	
• TRSN conducts onsite review of all provider agencies every year, including an encounter data validation.	

Appendix B. MCO Profiles

The profiles in this appendix summarize each MCO's overall performance in measures of access, timeliness, and quality, and in meeting regulatory and contractual standards, including those for PIPs.

MCO scores for compliance with regulatory and contractual standards were calculated from ratings in the TEAMonitor reports, and strengths and opportunities for improvement were derived from the written TEAMonitor reviews. Scores and comments for the Access, Timeliness, and Quality measures were derived from the 2011 Performance Measure Comparative Analysis Report produced by Acumentra Health.

NOTE: TEAMonitor results for Asuris Northwest Health's regulatory/contractual compliance are combined with the results for Regence BlueShield because the two plans share administrative functions and resources.

Asuris Northwest Health B-3
Columbia United Providers B-5
Community Health Plan B-7
Group Health Cooperative B-9
Kaiser Permanente Northwest B-11
Molina Healthcare of Washington B-13
Regence BlueShield B-15

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Asuris Northwest Health (ANH)

Measure	Score		Measure	Score
Access to Care*				
Infant WCC Visits (6 visits)	—			
Child WCC Visits	55.5%	▼		
Adolescent WCC Visits	36.1%			
Timeliness of Care*				
Postpartum Care After 21–56 days	—			
Quality of Care*				
Childhood Immunizations (Combo 2)	—			
Childhood Immunizations (Combo 3)	—			
Diabetes Care (HbA1c test)	—			
Regulatory and Contractual Standards—Percent Met**				
Availability of Services	100%		Emergency and Post-stabilization Services	50%
Furnishing of Services (Timely Access)	100%		Enrollee Rights	73%
Program Integrity	100%		Enrollment and Disenrollment	100%
Claims Payment	0%		Grievance Systems	68%
Primary Care and Coordination	0%		Practice Guidelines	33%
Enrollees with Special Healthcare Needs	100%		Provider Selection (Credentialing)	100%
Patient Review and Coordination	100%		QAPI Program	40%
Coverage and Authorization of Services	75%		Subcontractual Relationships/Delegation	100%
Performance Improvement Projects (PIPs)**				
Clinical			**Nonclinical**	
Improving the Rate of Child Immunizations	Partially Met		Improving Employees' Understanding of Cultural Competency and Health Disparities	Partially Met
Well-Child Visits With a Disparity Aspect Involving the Hispanic Population	Partially Met			

— Sample size was smaller than the minimum required during the reporting year.
▲▼ MCO percentage is significantly higher or lower than state average ($p<0.05$).
*Data source: 2011 Performance Measure Comparative Analysis Report.
**Data source: 2011 TEAMonitor report. Scores include results for both Regence BlueShield and ANH.

Asuris Northwest Health, an "unbranded" subsidiary of Regence BlueShield, was licensed in 2002. ANH provides coverage for Medicaid clients in Spokane County, serving fewer than 1% of Healthy Options enrollees. ANH insures approximately 65,300 lives, about 5% of whom are Medicaid enrollees. Approximately 77% of Medicaid clients are 18 years of age or younger.

A list of plan **strengths** and **opportunities for improvement** appears on the reverse side.

Asuris Northwest Health (continued)

<table>
<tr><th>Strengths</th><th>Opportunities for improvement</th></tr>
<tr><td>Access to Care*</td><td></td></tr>
<tr><td></td><td>Scored significantly below the state average on Child WCC Visits.
Scored below the state average on Adolescent WCC Visits, but not significantly lower.</td></tr>
<tr><td>Timeliness of Care*</td><td></td></tr>
<tr><td></td><td></td></tr>
<tr><td>Quality of Care*</td><td></td></tr>
<tr><td></td><td></td></tr>
<tr><td>Regulatory and Contractual Standards**</td><td></td></tr>
<tr><td>Met 100% of elements for:
Availability of Services
Furnishing of Services (Timely Access)
Program Integrity
Enrollees with Special Healthcare Needs
Patient Review and Coordination
Enrollment and Disenrollment
Provider Selection (Credentialing)
Subcontractual Relationships/Delegation
Met 73–75% of elements for:
Coverage and Authorization of Services
Enrollee Rights</td><td>Met 50–68% of elements for:
Emergency and Post-stabilization Services
Grievance Systems
Met less than 50% of elements for:
Claims Payment
Primary Care and Coordination
Practice Guidelines
QAPI</td></tr>
<tr><td>Performance Improvement Projects (PIPs)**</td><td></td></tr>
<tr><td>TEAMonitor commended RBS/ANH's important work in addressing issues of cultural competency and health disparities through the nonclinical PIP. Progress in these areas can have significant positive impact for many enrollees.
Staff training materials for the nonclinical PIP present interesting and thought-provoking material that should result in more positive interaction with enrollees. Online format makes these materials more accessible to employees and others.</td><td>For the childhood immunization PIP, RBS/ANH reported a statistically significant improvement in Combo 3 rates, but failed to link the results satisfactorily to the PIP interventions.
For the WCC-related PIP, RBS/ANH needs to implement more active interventions to drive future improvement. The rationale for this study is weak; literature citations are outdated and need to be refreshed.</td></tr>
</table>

*Data source: 2011 Performance Measure Comparative Analysis Report.

**Data source: 2011 TEAMonitor report.

Columbia United Providers (CUP)

Measure	Score		Measure	Score
Access to Care*				
Infant WCC Visits (6 visits)	46.5%	▼		
Child WCC Visits	53.5%	▼		
Adolescent WCC Visits	27.7%	▼		
Timeliness of Care*				
Postpartum Care After 21–56 days	52.3%	▼		
Quality of Care*				
Childhood Immunizations (Combo 2)	62.8%	▼		
Childhood Immunizations (Combo 3)	57.7%	▼		
Diabetes Care (HbA1c test)	77.6%	▼		
Regulatory and Contractual Standards—Percent Met**				
Availability of Services	100%		Emergency and Post-stabilization Services	100%
Furnishing of Services (Timely Access)	100%		Enrollee Rights	93%
Program Integrity	100%		Enrollment and Disenrollment	100%
Claims Payment	100%		Grievance Systems	95%
Primary Care and Coordination	0%		Practice Guidelines	100%
Enrollees with Special Healthcare Needs	100%		Provider Selection (Credentialing)	100%
Patient Review and Coordination	100%		QAPI Program	20%
Coverage and Authorization of Services	75%		Subcontractual Relationships/Delegation	50%
Performance Improvement Projects (PIPs)**				
Clinical			**Nonclinical**	
Improving Well-Child Visit Rates	Partially Met		Decreasing Inappropriate Emergency Department Utilization	Partially Met
Improving Childhood Immunization Rates	Partially Met			

▲▼ MCO percentage is significantly higher or lower than state average ($p<0.05$).
*Data source: 2011 Performance Measure Comparative Analysis Report.
**Data source: 2011 TEAMonitor report.

Columbia United Providers was established in 1993 and began providing coverage for Medicaid enrollees in 1994. CUP serves approximately 6.6% of Healthy Options enrollees, including those with CHIP and BH+ coverage in Clark, King, and Pierce counties. CUP insures 61,543 lives, 96% of whom are covered by Medicaid. About 83.5% of Medicaid enrollees are 19 years of age or younger.

A list of plan **strengths** and **opportunities for improvement** appears on the reverse side.

Columbia United Providers (continued)

<table>
<tr><th>Strengths</th><th>Opportunities for improvement</th></tr>
<tr><td>Access to Care*</td><td></td></tr>
<tr><td></td><td>Scored significantly below the state average on Infant, Child, and Adolescent WCC visits.</td></tr>
<tr><td>Timeliness of Care*</td><td></td></tr>
<tr><td></td><td>Scored significantly below the state average on Postpartum Care.</td></tr>
<tr><td>Quality of Care*</td><td></td></tr>
<tr><td></td><td>Scored significantly below the state average on Childhood Immunizations, Combo 2 and Combo 3. Scored significantly below the state average on the Diabetes Care measure.</td></tr>
<tr><td>Regulatory and Contractual Standards**</td><td></td></tr>
<tr><td>Met 100% of elements for:
• Availability of Services
• Furnishing of Services (Timely Access)
• Program Integrity
• Claims Payment
• Enrollees with Special Healthcare Needs
• Patient Review and Coordination
• Emergency and Post-stabilization Services
• Enrollment and Disenrollment
• Practice Guidelines
• Provider Selection (Credentialing)

Met 93–95% of elements for:
• Enrollee Rights
• Grievance Systems</td><td>Met 50–75% of elements for:
• Coverage and Authorization of Services
• Subcontractual RelationshipsDelegation

Met less than 50% of elements for:
• Primary Care and Coordination
• QAPI Program</td></tr>
<tr><td>Performance Improvement Projects (PIPs)**</td><td></td></tr>
<tr><td>• CUP used well-documented methods and sound measurement for both clinical PIPs.
• Data collection methods for the nonclinical PIP appear sound.</td><td>• An ongoing area of weakness for both clinical PIPs is CUP's analysis of the impact of multiple interventions on each HEDIS rate.
• Interventions for the child immunization PIP appear nonspecific, making it difficult to measure their impact.
• CUP needs to reduce the number of interventions for the well-child PIP, then reassess the interventions over time.
• The nonclinical PIP lacks sufficient written analysis regarding the effect of interventions.</td></tr>
</table>

*Data source: 2011 Performance Measure Comparative Analysis Report.
**Data source: 2011 TEAMonitor report.

Community Health Plan (CHP)

Measure	Score		Measure	Score
Access to Care*				
Infant WCC Visits (6 visits)	51.1%			
Child WCC Visits	64.2%			
Adolescent WCC Visits	39.4%			
Timeliness of Care*				
Postpartum Care After 21–56 days	62.8%			
Quality of Care*				
Childhood Immunizations (Combo 2)	78.4%	▲		
Childhood Immunizations (Combo 3)	73.7%	▲		
Diabetes Care (HbA1c test)	87.1%			
Regulatory and Contractual Standards—Percent Met**				
Availability of Services	100%		Emergency and Post-stabilization Services	50%
Furnishing of Services (Timely Access)	100%		Enrollee Rights	80%
Program Integrity	100%		Enrollment and Disenrollment	100%
Claims Payment	0%		Grievance Systems	79%
Primary Care and Coordination	100%		Practice Guidelines	100%
Enrollees with Special Healthcare Needs	100%		Provider Selection (Credentialing)	100%
Patient Review and Coordination	75%		QAPI Program	40%
Coverage and Authorization of Services	75%		Subcontractual Relationships/Delegation	100%
Performance Improvement Projects (PIPs)**				
Clinical			**Nonclinical**	
Well-Child Exams: Improving HEDIS Rates	Partially Met		Improving Mental Health Support Services	Not Met

▲▼ MCO percentage is significantly higher or lower than state average ($p<0.05$).
*Data source: 2011 Performance Measure Comparative Analysis Report.
**Data source: 2011 TEAMonitor report.

Community Health Plan of Washington provides managed care for more than 280,000 individuals and families throughout Washington. CHP is the state's largest insurer of the Basic Health Plan, the second largest plan serving Medicaid enrollees under Healthy Options and S-CHIP, and the only insurer for the Disability Lifeline Program. CHP receives Commendable Accreditation from NCQA in its commercial, Medicaid, and Medicare products. The health plan's delivery system includes more than 540 primary care clinics, 2,365 primary care providers, 13,571 specialists, and 100 hospitals. CHP also features an incentive program that rewards its members for getting the preventive care they and their families need.

A list of plan **strengths** and **opportunities for improvement** appears on the reverse side.

Community Health Plan (continued)

<table>
<tr><th>Strengths</th><th>Opportunities for improvement</th></tr>
<tr><td>Access to Care*</td><td></td></tr>
<tr><td>Scored above the state average on Child and Adolescent WCC Visits, but not significantly higher.</td><td>Scored below the state average on Infant WCC Visits, but not significantly lower.</td></tr>
<tr><td>Timeliness of Care*</td><td></td></tr>
<tr><td></td><td>Scored below the state average on Postpartum Care, but not significantly lower.</td></tr>
<tr><td>Quality of Care*</td><td></td></tr>
<tr><td>Scored significantly higher than the state average on Combo 2 and Combo 3 immunizations. Scored above the state average on the Diabetes Care measure, but not significantly higher.</td><td></td></tr>
<tr><td>Regulatory and Contractual Standards**</td><td></td></tr>
<tr><td>Met 100% of elements for:
• Availability of Services
• Furnishing of Services (Timely Access)
• Program Integrity
• Primary Care and Coordination
• Enrollees with Special Healthcare Needs
• Enrollment and Disenrollment
• Practice Guidelines
• Provider Selection (Credentialing)
• Subcontractual Relationships/Delegation

Met 79–80% of elements for:
• Enrollee Rights
• Grievance Systems</td><td>Met 50–75% of elements for:
• Patient Review and Coordination
• Coverage and Authorization of Services
• Emergency and Post-stabilization Services

Met less than 50% of elements for:
• QAPI
• Claims Payment</td></tr>
<tr><td>Performance Improvement Projects (PIPs)**</td><td></td></tr>
<tr><td>• Clinical PIP has shown consistent execution and strong interventions over time. Additional data from the project are incorporated at the plan and provider levels to improve monitoring of performance.
• CHP used appropriate measurements to assess the impact of its nonclinical PIP.</td><td>• Clinical PIP statistical tests showed no significant improvement in WCC visit rates from the previous year. CHP presented no trend graphs. CHP proposed new interventions, but needs to provide more details about implementation and anticipated effects on rates. CHP received a “Partially Met” score on this PIP after receiving “Met” scores in the previous two years.
• For the nonclinical PIP, CHP needs to clearly identify the high-risk participants and their outcomes.</td></tr>
</table>

*Data source: 2011 Performance Measure Comparative Analysis Report.
**Data source: 2011 TEAMonitor report.

Group Health Cooperative (GHC)

Measure	Score		Measure	Score
Access to Care*				
Infant WCC Visits (6 visits)	55.7%			
Child WCC Visits	59.1%			
Adolescent WCC Visits	39.2%			
Timeliness of Care*				
Postpartum Care After 21–56 days	70.6%	▲		
Quality of Care*				
Childhood Immunizations (Combo 2)	63.0%	▼		
Childhood Immunizations (Combo 3)	61.6%			
Diabetes Care (HbA1c test)	85.3%			
Regulatory and Contractual Standards—Percent Met**				
Availability of Services	100%		Emergency and Post-stabilization Services	50%
Furnishing of Services (Timely Access)	100%		Enrollee Rights	87%
Program Integrity	100%		Enrollment and Disenrollment	100%
Claims Payment	100%		Grievance Systems	89%
Primary Care and Coordination	100%		Practice Guidelines	100%
Enrollees with Special Healthcare Needs	100%		Provider Selection (Credentialing)	100%
Patient Review and Coordination	63%		QAPI Program	80%
Coverage and Authorization of Services	50%		Subcontractual Relationships/Delegation	75%
Performance Improvement Projects (PIPs)**				
Clinical			**Nonclinical**	
Improving Well-Child and Well-Adolescent Visit Rates	Met		Reducing Healthy Options/Basic Health Plus Member Complaints	Partially Met

▲▼ MCO percentage is significantly higher or lower than state average ($p<0.05$).
*Data source: 2011 Performance Measure Comparative Analysis Report.
**Data source: 2011 TEAMonitor report.

Group Health Cooperative, a nonprofit health care system established in 1947, provides coverage for Medicaid clients in six counties in Washington, serving about 3% of Healthy Options enrollees, including those with S-CHIP and BH+ coverage. All of GHC's clients receive care in GHC-owned and operated primary care medical centers. GHC insures more than 663,000 lives, of whom 3% are insured by Medicaid. Approximately 80% of Medicaid clients are 18 years of age or younger.

A list of plan **strengths** and **opportunities for improvement** appears on the reverse side.

Group Health Cooperative (continued)

Strengths	Opportunities for improvement
Access to Care*	
Scored above the state average on Infant and Adolescent WCC Visits, but not significantly higher.	Scored below the state average on Child WCC Visits, but not significantly lower.
Timeliness of Care*	
Scored significantly higher than the state average on Postpartum Care.	
Quality of Care*	
Scored above the state average on Diabetes Care measure, but not significantly higher.	Scored significantly below the state average on Combo 2 immunizations. Scored below the state average on Combo 3 immunizations, but not significantly lower.
Regulatory and Contractual Standards**	
Met 100% of elements for: • Availability of Services • Furnishing of Services (Timely Access) • Program Integrity • Claims Payment • Primary Care and Coordination • Enrollees with Special Healthcare Needs • Enrollment and Disenrollment • Practice Guidelines • Provider Selection (Credentialing) Met 87–89% of elements for: • Enrollee Rights • Grievance Systems	Met 75–80% of elements for: • QAPI Program • Subcontractual Relationships/Delegation Met 50–63% of elements for: • Patient Review and Coordination • Coverage and Authorization of Services • Emergency and Post-stabilization Services
Performance Improvement Projects (PIPs)**	

• GHC's clinical PIP has earned a "Met" score in each of the past three years.
• The clinical PIP demonstrates generally robust and system-oriented interventions to improve care over time. These include a Panel Support Tool instituted in 2010. Data display and tables are of good quality and include trend lines where required.
• The nonclinical PIP shows statistically significant improvement in reducing member complaints. GHC provided sufficient criteria for the topic selection and accurately linked the study question to the outcome.
	• While five-year data for the clinical PIP show significant improvement in WCC visit rates, more recent three-year data show a plateau or downward trend. GHC may need to implement stronger outreach activities to sustain improvement.
	• TEAMonitor cited two major problems with the nonclinical PIP:
	  ○ The design is limited to a quantitative analysis of complaints and does not measure the sources of complaints—e.g. dissatisfaction with PCP, rudeness of office staff, etc.
	  ○ Documentation contains inconsistencies in describing the study population.

*Data source: 2011 Performance Measure Comparative Analysis Report.
**Data source: 2011 TEAMonitor report.

Kaiser Permanente Northwest (KPNW)

Measure	Score		Measure	Score
Access to Care*				
Infant WCC Visits (6 visits)	—			
Child WCC Visits	74.6%	▲		
Adolescent WCC Visits	34.4%			
Timeliness of Care*				
Postpartum Care After 21–56 days	—			
Quality of Care*				
Childhood Immunizations (Combo 2)	—			
Childhood Immunizations (Combo 3)	—			
Diabetes Care (HbA1c test)	—			
Regulatory and Contractual Standards—Percent Met**				
Availability of Services	100%		Emergency and Post-stabilization Services	50%
Furnishing of Services (Timely Access)	100%		Enrollee Rights	86%
Program Integrity	100%		Enrollment and Disenrollment	100%
Claims Payment	100%		Grievance Systems	100%
Primary Care and Coordination	0%		Practice Guidelines	100%
Enrollees with Special Healthcare Needs	100%		Provider Selection (Credentialing)	100%
Patient Review and Coordination	100%		QAPI Program	80%
Coverage and Authorization of Services	75%		Subcontractual Relationships/Delegation	100%
Performance Improvement Projects (PIPs)**				
Clinical			**Nonclinical**	
Improving Well-Child Visit Rates	Met		Regional Appointment Center Call Answer Timeliness	Met

▲▼ MCO percentage is significantly higher or lower than state average ($p<0.05$).
— Sample size was less than the minimum required during the reporting year.
*Data source: 2011 Performance Measure Comparative Analysis Report.
**Data source: 2011 TEAMonitor report.

Kaiser Permanente Northwest, a subsidiary of Kaiser Foundation Health Plan, was established in 1945 and began providing coverage for Medicaid enrollees in two counties in southwestern Washington in 1993. KPNW insures about 480,300 lives, fewer than 1% of whom are insured by Washington Medicaid. About 94% of Medicaid clients are 18 years of age or younger. KPNW's commercial product line has been accredited by NCQA since May 1995.

A list of plan **strengths** and **opportunities for improvement** appears on the reverse side.

Kaiser Permanente Northwest (continued)

<table>
<tr><th>Strengths</th><th>Opportunities for improvement</th></tr>
<tr><td>Access to Care*</td><td></td></tr>
<tr><td>Scored significantly higher than the state average on Child WCC Visits.</td><td>Scored below the state average on Adolescent WCC Visits, but not significantly lower.</td></tr>
<tr><td>Timeliness of Care*</td><td></td></tr>
<tr><td></td><td></td></tr>
<tr><td>Quality of Care*</td><td></td></tr>
<tr><td></td><td></td></tr>
<tr><td>Regulatory and Contractual Standards**</td><td></td></tr>
<tr><td>Met 100% of elements for:
• Availability of Services
• Furnishing of Services (Timely Access)
• Program Integrity
• Claims Payment
• Enrollees with Special Healthcare Needs
• Patient Review and Coordination
• Enrollment and Disenrollment
• Grievance Systems
• Practice Guidelines
• Provider Selection (Credentialing)
• Subcontractual Relationships/Delegation

Met 80–86% of elements for:
• Enrollee Rights
• QAPI Program</td><td>Met 50–75% of elements for:
• Coverage and Authorization of Services
• Emergency and Post-stabilization Services

Met less than 50% of the elements for:
• Primary Care and Coordination</td></tr>
<tr><td>Performance Improvement Projects (PIPs)**</td><td></td></tr>
<tr><td>• The clinical PIP is a well-documented project exhibiting consistent execution over time. Interventions with providers are a best practice and include:
○ A web-based Panel Support Tool that graphically displays “care gaps” on an intranet website
○ bundled incentives for providers to improve WCC measures
○ interactive voice response (IVR) telephone contact in conjunction with a second reminder mailing after missed appointments
• The nonclinical PIP has implemented varied interventions over time in an effort to shorten call-wait times for enrollees.</td><td>• Although the clinical PIP focuses on improving visit rates for adolescents, the documentation does not make clear whether the bundled incentive package applies to care for adolescents. Also, the documentation omits adequate analysis of the IVR intervention related to barriers that were identified. Visit rates for adolescents continue to show need for improvement.
• In the nonclinical PIP, the percentage of calls handled within 30 seconds has reverted back to response times observed in the 2008 baseline year.</td></tr>
</table>

*Data source: 2011 Performance Measure Comparative Analysis Report.
**Data source: 2011 TEAMonitor report.

Molina Healthcare of Washington (MHW)

Measure	Score		Measure	Score
Access to Care*				
Infant WCC Visits (6 visits)	61.3%	▲		
Child WCC Visits	68.8%	▲		
Adolescent WCC Visits	44.0%	▲		
Timeliness of Care*				
Postpartum Care After 21–56 days	65.5%			
Quality of Care*				
Childhood Immunizations (Combo 2)	70.6%			
Childhood Immunizations (Combo 3)	68.3%			
Diabetes Care (HbA1c test)	83.5%			
Regulatory and Contractual Standards—Percent Met**				
Availability of Services	100%		Emergency and Post-stabilization Services	50%
Furnishing of Services (Timely Access)	100%		Enrollee Rights	86%
Program Integrity	100%		Enrollment and Disenrollment	100%
Claims Payment	0%		Grievance Systems	63%
Primary Care and Coordination	100%		Practice Guidelines	67%
Enrollees with Special Healthcare Needs	50%		Provider Selection (Credentialing)	100%
Patient Review and Coordination	12%		QAPI Program	20%
Coverage and Authorization of Services	50%		Subcontractual Relationships/Delegation	100%
Performance Improvement Projects (PIPs)**				
Clinical			**Nonclinical**	
Improving Well-Child Visit Rates	Partially Met		Healthy Options Pharmacy Authorization Turnaround Times	Met

▲▼ MCO percentage is significantly higher or lower than state average ($p<0.05$).
*Data source: 2011 Performance Measure Comparative Analysis Report.
**Data source: 2011 TEAMonitor report.

Established in 1996, Molina Healthcare of Washington provides coverage for Medicaid enrollees in 34 counties across Washington. MHW is the largest Medicaid provider, serving approximately 50% of Healthy Options enrollees, including those covered by S-CHIP and BH+. MHW insures approximately 355,000 lives, 95% of whom are covered by Medicaid. About 81% of Medicaid clients are 18 years of age or younger. MHW is accredited by NCQA for its Medicaid product lines.

A list of plan **strengths** and **opportunities for improvement** appears on the reverse side.

Molina Healthcare of Washington (continued)

Strengths	Opportunities for improvement
Access to Care*	
Scored significantly higher than the state average on Infant, Child, and Adolescent WCC Visits.	
Timeliness of Care*	
Scored above the state average on Postpartum Care, but not significantly higher.	
Quality of Care*	
Scored above the state average on Combo 2 and Combo 3 immunizations, but not significantly higher.	Scored below the state average on the Diabetes Care measure, but not significantly lower.
Regulatory and Contractual Standards**	
Met 100% of elements for: • Availability of Services • Furnishing of Services (Timely Access) • Program Integrity • Primary Care and Coordination • Enrollment and Disenrollment • Provider Selection (Credentialing) • Subcontractual Relationships/Delegation Met 86% of the elements for: • Enrollee Rights	Met 50–67% of elements for: • Grievance Systems • Practice Guidelines • Enrollees with Special Healthcare Needs • Coverage and Authorization of Services • Emergency and Post-stabilization Services Met less than 50% of elements for: • QAPI Program • Claims Payment • Patient Review and Coordination
Performance Improvement Projects (PIPs)**	
• MHW's use of tables and tools in the clinical PIP to document performance, interventions, and barriers over time is a best practice. Strong active interventions include the use of bicycle helmets and video-store cards as incentives for WCC visits. • The nonclinical PIP is well designed and observed significant improvement in turnaround times in 2008 and 2009, with an apparent drop in 2010.	• Ongoing interventions for the clinical PIP are mostly passive, involving educational reminder information sent to PCPs and members. MHW needs to revisit its interventions and consider using more active interventions to achieve and sustain improvement in WCC measures. This PIP received a "Partially Met" score in 2011 after earning "Met" scores in the previous two years. • Since turnaround time is a proxy for member and provider satisfaction, MHW should consider aligning the PIP results with its separate satisfaction measurements. Additional data sources to support the PIP, such as satisfaction surveys, could increase the validity of observed improvements.

*Data source: 2011 Performance Measure Comparative Analysis Report.

**Data source: 2011 TEAMonitor report.

Regence BlueShield (RBS)

Measure	Score	Measure	Score
Access to Care*			
Infant WCC Visits (6 visits)	53.8%		
Child WCC Visits	62.0%		
Adolescent WCC Visits	33.6%		
Timeliness of Care*			
Postpartum Care After 21–56 days	67.9%		
Quality of Care*			
Childhood Immunizations (Combo 2)	71.5%		
Childhood Immunizations (Combo 3)	68.4%		
Diabetes Care (HbA1c test)	80.3%		
Regulatory and Contractual Standards—Percent Met**			
Availability of Services	100%	Emergency and Post-stabilization Services	50%
Furnishing of Services (Timely Access)	100%	Enrollee Rights	73%
Program Integrity	100%	Enrollment and Disenrollment	100%
Claims Payment	0%	Grievance Systems	68%
Primary Care and Coordination	0%	Practice Guidelines	33%
Enrollees with Special Healthcare Needs	100%	Provider Selection (Credentialing)	100%
Patient Review and Coordination	100%	QAPI Program	40%
Coverage and Authorization of Services	75%	Subcontractual Relationships/Delegation	100%
Performance Improvement Projects (PIPs)**			
Clinical		**Nonclinical**	
Well-Child Visits With a Disparity Aspect Involving Hispanic Population	Partially Met	Improving Employees' Understanding of Cultural Competency and Health Disparities	Partially Met
Improving the Rate of Childhood Immunizations	Partially Met		

▲▼ MCO percentage is significantly higher or lower than state average ($p<0.05$).
*Data source: 2011 Performance Measure Comparative Analysis Report.
**Data source: 2011 TEAMonitor report. Scores include results for Asuris Northwest Health.

Regence BlueShield, incorporated in 1997, provides coverage for Medicaid enrollees in nine counties in central and western Washington. RBS serves approximately 6% of Healthy Options enrollees, including those covered by S-CHIP. RBS insures approximately 709,000 lives, 6% of whom are insured by Medicaid. Approximately 82% of Medicaid clients are 18 years of age or younger.

A list of plan **strengths** and **opportunities for improvement** appears on the reverse side.

Regence BlueShield (continued)

<table>
<tr><th>Strengths</th><th>Opportunities for improvement</th></tr>
<tr><td>Access to Care*</td><td></td></tr>
<tr><td>Scored above the state average on Infant and Child WCC Visits, though not significantly higher.</td><td>Scored below the state average on Adolescent WCC Visits, though not significantly lower.</td></tr>
<tr><td>Timeliness of Care*</td><td></td></tr>
<tr><td>Scored above the state average on Postpartum Care, but not significantly higher.</td><td></td></tr>
<tr><td>Quality of Care*</td><td></td></tr>
<tr><td>Scored above the state average on Combo 2 and Combo 3 immunizations, but not significantly higher.</td><td>Scored below the state average on the Diabetes Care measure, but not significantly lower.</td></tr>
<tr><td>Regulatory and Contractual Standards**</td><td></td></tr>
<tr><td>Met 100% of elements for:
Availability of Services
Furnishing of Services (Timely Access)
Program Integrity
Enrollees with Special Healthcare Needs
Patient Review and Coordination
Enrollment and Disenrollment
Provider Selection (Credentialing)
Subcontractual Relationships/Delegation
Met 73–75% of elements for:
Enrollee Rights
Coverage and Authorization of Services</td><td>Met 50–68% of elements for:
Emergency and Post-stabilization Services
Grievance Systems
Met less than 50% of elements for:
Claims Payment
Primary Care and Coordination
Practice Guidelines
QAPI Program</td></tr>
<tr><td>Performance Improvement Projects (PIPs)**</td><td></td></tr>
<tr><td>TEAMonitor commended RBS/ANH’s important work in addressing issues of cultural competency and health disparities through the nonclinical PIP. Progress in these areas can have significant positive impact for many enrollees.
Staff training materials for the nonclinical PIP present interesting and thought-provoking material that should result in more positive interaction with enrollees. Online format makes these materials more accessible to employees and others.</td><td>For the childhood immunization PIP, RBS/ANH reported a statistically significant improvement in Combo 3 rates, but failed to link the results satisfactorily to the PIP interventions.
For the WCC-related PIP, RBS/ANH needs to implement more active interventions to drive future improvement. The rationale for this study is weak; literature citations are outdated and need to be refreshed.</td></tr>
</table>

*Data source: 2011 Performance Measure Comparative Analysis Report.
**Data source: 2011 TEAMonitor report.

Appendix C: Elements of Regulatory and Contractual Standards

The interagency TEAMonitor group reviews MCOs' compliance with elements of access, quality, and timeliness required by federal managed care regulations and Healthy Options contract provisions. Acumentra Health reviews RSNs' compliance with a similar set of regulations and MHD contract provisions that apply to managed mental health care.

Table C-1 itemizes the relevant provisions in the Healthy Options and MHD contracts. Some of the listed provisions apply only to physical or to mental health care. Table C-2 lists the elements of each regulatory standard, with citations from the Code of Federal Regulations (CFR) and a summary description of each element.

Table C-1. Contract provisions related to access, timeliness, and quality.

Contract provisions	Healthy Options or *RSN* contract section(s)
Access to care	
The MCO/RSN must provide enough information to enable enrollees to make informed decisions about enrollment and to understand benefit coverage and how to obtain care. For physical health care, written information must discuss how to choose and change PCPs, identifying available PCPs by location, languages spoken, qualifications, and practice restrictions, and how to obtain emergency services, hospital care, and services outside the service area. The MCO must provide information on available specialists, informed consent guidelines, advance directives, grievance procedures, covered benefits, well-child care, translation and interpretation services, and how to obtain a second opinion. For mental health care, RSNs must use the DBHR-published benefits booklet to notify enrollees of their benefits, rights, and responsibilities.	5.2; *5.1*
The MCO/RSN must ensure ***equal access*** for enrollees and potential enrollees with communication barriers. For oral communication, the MCO/RSN must provide free interpreter services for those with a primary language other than English. The MCO/RSN must ensure that written materials are available in a form that can be understood by each enrollee and potential enrollee, and must translate generally available written materials into prevalent non-English languages.	5.3; *5.1.1.4–5.1.1.5*
The MCO/RSN must maintain and monitor a ***provider network*** sufficient to serve enrollee needs, including out-of-network services as medically necessary. The MCO/RSN must consider factors such as the expected service utilization by the Medicaid population, the number and types of providers required, the geographic locations of providers and enrollees, and enrollees' cultural, ethnic, racial, and language needs.	7.2–7.3; *7.12*
The MCO/RSN's provider network must meet ***distance standards*** in each service area. For physical health care, two PCPs must be available within 10 miles for 90 percent of enrollees in an urban service area, and one PCP must be available within 10 miles in a rural service area. Similar standards exist for obstetrics, pediatric or family practice, and hospital and pharmacy services. For mental health care, service sites must be available within a 30-minute drive in rural areas, within a 90-minute drive in large rural geographic areas, and within a 90-minute public transportation trip in urban areas.	7.9; *7.13*
Each MCO must provide all medically necessary ***specialty care*** for enrollees in its service area, whether within or outside the provider network. The MCO must help providers obtain timely referrals to specialty care.	7.12
Timeliness of care	
The MCO/RSN must meet state standards for ***timely access*** to care. For physical health care, designated services must be available 24 hours a day, seven days a week by telephone. Preventive care office visits must be available from the enrollee's PCP or another provider within 30 calendar days; routine care visits, within 10 calendar days; urgent, symptomatic visits within 48 hours; and emergency care, 24 hours a day, seven days a week. For mental health care, the RSN must offer a routine intake evaluation appointment within 10 business days of an enrollee's request. Emergent mental health care must occur within 2 hours of a request, and urgent care must occur within 24 hours of a request. The time period from request to first routine services appointment may not exceed 28 calendar days.	7.4–7.7; *7.6*

Contract provisions	Healthy Options or *RSN* contract section(s)
Quality of care	
"Quality" means "the degree to which a Contractor increases the likelihood of desired health outcomes of its enrollees through its structural and operational characteristics and through the provision of health services that are consistent with current professional knowledge (42 CFR 438.320)."	3.52
MCOs must cover ***medically necessary services*** related to preventing, diagnosing, and treating health impairments, achieving age-appropriate growth and development, and attaining, maintaining, or regaining functional ability. RSNs must provide a list of 18 specific services when they are medically necessary. The MCO/RSN must provide covered services in the amount, duration, and scope required by DSHS.	15.1; *13.5*
The MCO/RSN must adopt ***practice guidelines***, disseminate them to providers, and use them in decision making for utilization management, enrollee education, service coverage, and other areas. The guidelines must be evidence-based, consider enrollee needs, be adopted in consultation with contracting professionals, and be reviewed and updated regularly.	8.7; *7.11*
The MCO/RSN must guarantee ***enrollee rights***, including the right to be treated with respect and with consideration for dignity and privacy; to be informed of available treatment options and alternatives; to participate in decisions regarding their health care; to be free from unnecessary restraint or seclusion; and to request and receive copies of their medical records and ask that they be amended. RSN enrollees must have individual service plans, developed with the participation of enrollees and their families. Each RSN must provide an independent mental health ombuds to inform enrollees of their rights and help them resolve complaints and grievances.	11.1; *10.1–10.5*
The MCO/RSN must maintain written policies and procedures for ***advance directives*** that meet state and federal requirements and must provide for staff and community education concerning these policies.	11.3; *10.6*
For physical health care, the MCO must ensure that each enrollee has an ***appropriate source of primary care*** and must allow each new enrollee to choose a PCP, to the extent possible and appropriate. For mental health care, the RSN must offer each enrollee a choice of providers.	11.4; *7.14*
Each MCO must allow ***enrollees with special health care needs*** (SHCN) who use a specialist frequently to retain the specialist as a PCP or to be allowed direct access to specialists for needed care.	11.5
The MCO/RSN must have and maintain a ***utilization management program*** that includes mechanisms for detecting both underutilization and overutilization of services furnished to enrollees.	12.1; *7.10*
The MCO/RSN must meet state and federal requirements for ***service authorization***, including timely notification of providers and enrollees in the event that the contractor denies an authorization request. The notice must explain the reasons for denial and the procedures for filing an appeal or requesting expedited resolution.	12.2; *7.7–7.8*
MCO/RSN ***grievance systems*** must meet standards regarding procedures and time frames for grievances, appeals, and access to the hearing process.	14; *12*
Each MCO must provide female enrollees with ***direct access to a women's health specialist*** within the provider network as needed to provide routine and preventive care. The MCO must ensure that hospital delivery maternity care is provided in accordance with state law.	15.4–15.5

Contract provisions	Healthy Options or *RSN* contract section(s)
For physical health care, each MCO must ensure ***continuity of care*** for enrollees in an active course of treatment for a chronic or acute medical condition and must prevent the interruption of medically necessary care. For mental health care, the RSN must ensure coordination with other service delivery systems responsible for meeting needs identified in the enrollee's individual service plan, including primary medical care and services such as education, child welfare, drug and alcohol, developmental disabilities, aging and adult services, corrections, and juvenile justice.	15.6; *10.3.3*
Each MCO must ensure ***coordination of care*** for enrollees through their PCPs, including initiating and coordinating referrals for specialty care. The MCO must identify enrollees with SHCN and ensure that they receive individualized treatment plans that ensure integration of clinical and nonclinical disciplines and services. Each RSN must help to coordinate mental health care for enrollees admitted for psychiatric inpatient services; provide follow-up care for enrollees treated in an emergency room; facilitate communication between physical and mental health providers about Early Periodic Screening, Diagnosis, and Treatment for enrollees under age 21; and have a plan for coordinating services with chemical dependency and substance abuse, criminal justice, and other allied systems.	15.7–15.8; *13.8–13.11*
Each MCO must maintain a ***Quality Assessment and Performance Improvement*** program that meets federal regulatory requirements. The program must include a Quality Improvement Committee that oversees quality functions, an annual work plan, and an annual program evaluation. Each RSN's quality management program must include an annual review of community mental health agencies within the network.	8.1; *8.1–8.2*
The MCO/RSN must conduct ***performance improvement projects*** (PIPs) designed to achieve significant sustained improvement in areas expected to have a favorable effect on health outcomes and enrollee satisfaction. Each MCO/RSN must conduct and submit to DSHS at least one clinical and one nonclinical PIP. If any of the MCO's HEDIS rates for well-child care fall below 60%, the MCO must implement a clinical PIP designed to increase the rates. If the MCO's HEDIS rates for Combo 2 childhood immunizations fall below 70% in 2008 or below 75% in any subsequent year, the MCO must implement a clinical PIP. The MCO may be required to conduct a CAHPS-related nonclinical PIP and to participate in a yearly statewide PIP. The RSN's PIPs may address topics identified by DBHR for statewide improvement or identified by the RSN for local improvement.	8.2; *8.2.5*
For physical health care, each MCO must report *HEDIS* ***performance measures*** according to NCQA specifications. The contract specifies measures to be submitted each year. Each RSN must show improvement on a set of performance measures specified and calculated by DBHR. If the RSN does not meet DBHR-defined improvement targets on any measure, the RSN must submit a performance improvement plan.	8.3; *8.3*
The MCO must meet state standards for placement of enrollees in the ***Patient Review and Coordination program***. This program is designed to determine and coordinate care for enrollees who have used medical services at a frequency or amount that is not medically necessary. Elements of the standards include guidelines, placement, appeals, and notification.	15.17

Table C-2. Elements of regulatory standards for managed care.

CFR section	Description
438.206 Availability of Services 438.206(b)(1)(i-v) Delivery network 438.206(b)(2) Direct access to a women's health specialist 438.206(b)(3) Provides for a second opinion 438.206(b)(4) Services out of network 438.206(b)(5) Out of network payment	Maintain and monitor a network of providers sufficient to provide adequate access to all services covered under the contract; provide female enrollees with direct access to women's health specialists; provide for second opinions; cover out-of-network services adequately and timely if necessary; meet contract standards.
438.206(c) Furnishing of Services 438.206(c)(1)(i) through (vi) Timely access 438.206(c)(2) Cultural considerations	Meet state standards for timely access to care and services; provide hours of operation for Medicaid enrollees that are no less than the hours for any other patient; make services available 24 hours a day, 7 days a week, when medically necessary; deliver services in a culturally competent manner to all enrollees.
447.46 Timely Claims Payment by MCOs 447.46 Timely claims payment	Meet standards requiring the contractor and any subcontractors to pay or deny 95% of all claims within 60 days of receipt and to pay 99% of "clean" claims within 90 days of receipt.
438.608 Program Integrity Requirements	Maintain administrative and management arrangements or procedures, including a mandatory compliance plan, designed to guard against fraud and abuse.
438.208 Primary Care and Coordination 438.208(b) Primary care and coordination of health care services	Ensure that each enrollee has an ongoing source of appropriate primary care and a person or entity responsible for coordinating healthcare services for the enrollee; ensure that medically necessary care for enrollees is not interrupted; facilitate orderly transfers when necessary; coordinate enrollees' healthcare services with community-based organizations.
438.208(c) Additional Services for Enrollees with Special Health Care Needs 438.208(c)(1) Identification 438.208(c)(2) Assessment 438.208(c)(3) Treatment plans 438.208(c)(4) Direct access to specialists	Implement mechanisms to identify and assess enrollees with special healthcare needs; develop individual treatment plans for these enrollees; provide direct access to specialists as necessary.
438.210 Coverage and Authorization of Services 438.210(b) Authorization of services 438.210(c) Notice of adverse action 438.210(d) Timeframe for decisions 438.210(e) Compensation for UM decisions	Meet requirements for a formal utilization management program, oversight of practitioners, written criteria for clinical decision making, and mechanisms to detect under- and overutilization of services.
438.114 Emergency and Post-stabilization Services	Establish policies and procedures for covering and paying for emergency and post-stabilization care services.

CFR section	Description
438.100 Enrollee Rights ***(a) General rule*** 438.100(a) General rule 438.10(b) Basic rule 438.10(c)(3) Language – non-English 438.10(c)(4) and (5) Language – oral interpretation 438.10(d)(1)(i) Format, easily understood 438.10(d)(1)(ii) and (2) Format, alternative formats 438.10(f) General information 438.10(g) Specific information 438.10(h) Basic rule 438.100(b)(2)(iii) Specific rights 438.100(b)(2)(iv) and (v) Specific rights 438.100(b)(3) Specific rights 438.100(d) Compliance with other federal/state laws	Federal regulations include comprehensive language governing enrollee rights; Healthy Options contract requirements address advance directives, enrollee choice of primary care provider, access to specialty care for enrollees with special healthcare needs, prohibition on charging enrollees for covered services, and affirmation of provider/enrollee right to communicate freely regarding needs and services.
438.226 Enrollment and Disenrollment 438.226 and 438.56(b)(1) - (3) Disenrollment requested by the MCO, PIHP 438.56(c) Disenrollment requested by the enrollee 438.56(d) Procedures for disenrollment 438.56(d)(5) MCO grievance procedures 438.56(e) Timeframe for disenrollment determinations	Establish policies, procedures, and mechanisms to ensure appropriate process for disenrollment.
438.228 Grievance Systems 438.228 Grievance systems 438.402(a) The grievance system 438.402(b)(1) Filing requirements - Authority to file 438.402(b)(2) Filing requirements - Timing 438.402(b)(3) Filing requirements - Procedures 438.404(a) Notice of action - Language and format 438.404(b) Notice of action - Content of notice 438.404(c) Notice of action - Timing of notice 438.406(a) Handling of grievances and appeals - General requirements 438.406(b) Handling of grievances and appeals - Special requirements for appeals 438.408(a) Resolution and notification: Grievances and appeals - Basic rule 438.408(b) and (c) Resolution and notification: Grievances and appeals - specific timeframes and extension of timeframes 438.408 (d) and (e) Resolution and notification: Grievances and appeals- Format of notice and Content of notice of appeal resolution 438.408(f) Resolution and notification: Grievances and appeals-Requirements for State fair hearings 438.410 Expedited resolution of appeals 438.414 Information about the grievance system to providers and subcontractors 438.416 Recordkeeping and reporting requirements 438.420 Continuation of benefits while the MCO or PIHP appeal and the State fair hearing are pending 438.424 Effectuation of reversed appeal resolutions	Meet requirements regarding a defined grievance and appeal process for enrollees, including access to the state Fair Hearing system; policies, procedures, and standard notices to enrollees; acknowledgement of grievances and investigation and resolution of all relevant issues.

CFR section	Description
438.240 Performance Improvement Projects 438.240(b)(1) Basic elements of MCO and PIHP quality assessment and performance improvement programs 438.240(d) Performance improvement projects 438.240(e)(1)(ii) Program review by the state	Design PIPs to achieve, through ongoing measurement and interventions, significant improvement sustained over time, favorable effect on health outcomes and enrollee satisfaction.
438.236 Practice Guidelines 438.236(b)(1-4) Adoption of practice guidelines 438.236(c) Dissemination of [practice] guidelines 438.236(d) Application of [practice] guidelines	Promulgate and maintain practice guidelines based on reliable and valid clinical evidence, and use the guidelines to guide clinical decision making.
438.214 Provider Selection (Credentialing) 438.214(a) General Rules and 438.214(b) Credentialing and recredentialing requirements 438.214(c) and 438.12 Nondiscrimination and provider discrimination prohibited 438.214(d) Excluded providers 438.214(e) State requirements	Adhere to state policies and procedures based on NCQA credentialing standards.
438.240 Quality Assessment and Performance Improvement Program 438.240(a)(1) Quality assessment and performance improvement program - General rules 438.240(b)(2) and (c), and 438.204(c) Performance measurement 438.240(b)(3) Basic elements of MCO and PIHP quality assessment and performance improvement – detect both over and underutilization of services 438.240(b)(4) Basic elements of MCO and PIHP quality assessment and performance improvement – assess care furnished to enrollees with special health care needs 438.240(e) Basic elements of MCO and PIHP quality assessment and performance improvement – evaluating the program	Meet standards for QAPI program structure with written program descriptions, work plan, and evaluation.
438.230 Subcontractual Relationships and Delegation The MCO oversees functions delegated to subcontractor: 438.230 (a) and (b) Subcontractual relationships and delegation	Meet requirements for MCO oversight of delegated entities responsible for providing care and services; subcontract language regarding solvency, provider nondiscrimination, assigned responsibilities, and other provisions consistent with federal regulations in this area, such as reimbursement rates and procedures.

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Appendix D. PIP Review Procedures

TEAMonitor reviews the performance improvement projects (PIPs) conducted by the Healthy Options MCOs, while Acumentra Health reviews the PIPs conducted by RSNs. Although both sets of reviews are based on the federal protocol for validating PIPs, the review procedures differ somewhat (most notably in scoring methods), as outlined below.

TEAMonitor PIP Review Steps

ACTIVITY 1: Assess the Study Methodology
Step 1. Review the Selected Study Topic(s)
1.1. Was the topic selected through data collection and analysis of comprehensive aspects of enrollee needs, care and services?
1.2. Did the PIPs, over time, address a broad spectrum of key aspects of enrollee care and services?
1.3. Did the PIPs, over time, include all enrolled populations; i.e., did not exclude certain enrollees such as those with special healthcare needs?
Step 2: Review the Study Question(s)
2.1. Was/were the study question(s) stated clearly in writing?
Step 3: Review Selected Study Indicator(s)
3.1. Did the study use objective, clearly defined, measurable indicators?
3.2. Did the indicators measure changes in health status, functional status, or enrollee satisfaction, or processes of care with strong associations with improved outcomes?
Step 4: Review the Identified Study Population
4.1. Did the plan clearly define all Medicaid enrollees to whom the study question and indicators are relevant?
4.2. If the plan studied the entire population, did its data collection approach capture all enrollees to whom the study question applied?
Step 5: Review Sampling Methods
5.1. Did the sampling technique consider and specify the true (or estimated) frequency of occurrence of the event, the confidence interval to be used, and the margin of error that will be acceptable?
5.2. Did the sample contain a sufficient number of enrollees?
5.3. Did the plan employ valid sampling techniques that protected against bias?
Step 6: Review Data Collection Procedures
6.1. Did the study design clearly specify the data to be collected?
6.2. Did the study design clearly specify the sources of data?
6.3. Did the study design specify a systematic method of collecting valid and reliable data that represents the entire population to which the study's indicators apply?
6.4. Did the instruments for data collection provide for consistent, accurate data collection over the time periods studied?
6.5. Did the study design prospectively specify a data analysis plan?
6.6. Were qualified staff and personnel used to collect the data?
Step 7: Assess Improvement Strategies
7.1. Were reasonable interventions undertaken to address causes/barriers identified through data analysis and QI processes undertaken?

Step 8: Review Data Analysis and Interpretation of Study Results
8.1. Was an analysis of the findings performed according to the data analysis plan?
8.2. Did the plan present numerical PIP results and findings accurately and clearly?
8.3. Did the analysis identify: initial and repeat measurements, statistical significance, factors that influence comparability of initial and repeat measurements, and factors that threaten internal and external validity?
8.4. Did the analysis of study data include an interpretation of the extent to which its PIP was successful and follow-up activities?
Step 9: Assess Whether Improvement Is "Real" Improvement
9.1. Was the same methodology as the baseline measurement used, when measurement was repeated?
9.2. Was there any documented, quantitative improvement in processes or outcomes of care?
9.3. Does the reported improvement in performance have "face" validity; i.e., does the improvement in performance appear to be the result of the planned quality improvement intervention?
9.4. Is there any statistical evidence that any observed performance improvement is true improvement?
Step 10: Assess Sustained Improvement
10.1. Was sustained improvement demonstrated through repeated measurements over comparable time periods?

ACTIVITY 2. Verify Study Findings (Optional)
1. Were the initial study findings verified upon repeat measurement?

ACTIVITY 3. Evaluate Overall Validity and Reliability of Study Results
Check one:
☐ High confidence in reported PIP results
☐ Confidence in reported PIP results
☐ Low confidence in reported PIP results
☐ Reported PIP results not credible
☐ Enough time has not elapsed to assess meaningful change

PIP scoring

TeaMonitor assigned each PIP a score of "Met," "Partially Met," or "Not Met" by using a checklist of elements deemed essential for meeting the standards specified by the Centers for Medicare and Medicaid Services. The checklist appears on the following page.

To achieve a "Met" the PIP must demonstrate <u>all of the following twelve (12) elements</u>:

- ☐ The topic of the PIP must reflect a problem or need for Medicaid enrollees.
- ☐ Study question(s) stated in writing.
- ☐ Relevant quantitative or qualitative measurable indicators documented.
- ☐ Description of the eligible population to whom the study questions and identified indicators apply.
- ☐ A sampling method documented and determined prior to data collection.
- ☐ The study design and data analysis plan proactively defined.
- ☐ Specific interventions undertaken to address causes/barriers identified through data analysis and QI processes (e.g., barrier analysis, focus groups, etc).
- ☐ Numerical results reported, e.g., numerator and denominator data.
- ☐ Interpretation and analysis of the results reported.
- ☐ Consistent measurement methods used over time or if changed, the rationale for the change is documented.
- ☐ Sustained improvement demonstrated through repeat measurements over time (baseline and at least two follow-up measurements required).
- ☐ Linkage or alignment between the following: data analysis documenting need for improvement; study question(s); selected clinical or non-clinical measures or indicators; and results.

To achieve a "Partially Met" the PIP must demonstrate <u>all of the following seven (7) elements</u>:

- ☐ The topic of the PIP must reflect a problem or need for Medicaid enrollees.
- ☐ Study question(s) stated in writing.
- ☐ Relevant quantitative or qualitative measurable indicators documented.
- ☐ A sampling method documented and determined prior to data collection.
- ☐ The study design and data analysis plan proactively defined.
- ☐ Numerical results reported, e.g., numerator and denominator data.
- ☐ Consistent measurement methods used over time or if changed the rationale for the change is documented.

A "Not Met" score results <u>from NOT demonstrating any one (1) of the following</u>:

- ☐ The topic of the PIP does not reflect a problem or need for Medicaid enrollees.
- ☐ Study question(s) not stated in writing.
- ☐ Relevant quantitative or qualitative measurable indicators not documented.
- ☐ A sampling method is not documented and determined prior to data collection.
- ☐ The study design and data analysis plan is not proactively defined.
- ☐ Numerical results, e.g., numerator and denominator data are not reported.
- ☐ Consistent measurement methods are not used over time and no rationale provided for change in measurement methods, as appropriate.

Acumentra Health PIP Review Steps

Acumentra Health's PIP validation procedure consists of the following activities:

Part 1: Assessing the methodology for conducting the PIPs
Part 2: Evaluating the validity and reliability of PIP results

Part 1: Assessing the methodology for conducting PIPs

Assessing the PIP methodology consists of the following 10 steps.

Step 1: Review the study topic
Step 2: Review the study question
Step 3: Review the selected study indicator(s)
Step 4: Review the identified study population and sampling methods
Step 5: Review the data collection procedures
Step 6: Assess the improvement strategy
Step 7: Review the data analysis and interpretation of study results
Step 8: Assess the likelihood that reported improvement is "real" improvement
Step 9: Assess whether the RSN has documented additional interventions or modifications
Step 10: Assess whether the RSN has sustained the documented improvement

Each step addresses the extent to which the PIP complies with a particular standard in the CMS protocol. The specific criteria for assessing compliance with each standard are listed on the following pages.

Step 1. Review the study topic

Criterion 1.1. The topic was based on relevant information.

The topic must reflect the demographics, prevalence of diagnoses, potential risks, or service needs of the RSN's Medicaid population. Examples of relevant information from which the topic may be selected include

- utilization patterns that reflect deficiencies in service
- enrollee or provider input
- data from surveys or from grievance or appeals processes that indicate underlying issues in care or services
- data comparing the RSN's performance in standardized measures with the performance of comparable organizations

Criterion 1.2. The topic was determined through a systematic selection and prioritization process.

The topic must aim to improve care and services for a large portion of the RSN's Medicaid population. Examples of evidence for a systematic selection and prioritization process include

- descriptions of data that support the topic selection
- documentation of opportunities for soliciting enrollee or provider input

Example—clinical: Developing an algorithm to standardize prescribing patterns for specific diagnoses

Example—nonclinical: Assessing and improving the accessibility of specific services; reducing disparities in services provided to minority enrollees as compared with non-minority enrollees; designing processes to improve care coordination

Step 2: Review the study question

Criterion 2.1. The RSN has clearly defined the question the study is designed to answer. The question

- is stated so as to create a framework for data collection, analysis, and interpretation
- can be answered quantitatively or qualitatively by the PIP study

Step 3: Review the selected study indicator(s)

Each project should use at least one quality indicator for tracking performance and improvement.

Criterion 3.1. The indicator is an objective, measurable, clearly defined, unambiguous statement of an aspect of quality to be measured. The indicator statement clearly identifies

- who—the eligible population
- what—the care or service being evaluated
- when—the specific care or service time frame

The indicator description includes

- *definition of the denominator:* the eligible population, identifying inclusions and exclusions (criteria used to determine the eligible population, such as age, gender, and diagnosis and enrollment status)
- *definition of the numerator:* the outcome achieved or service rendered to the eligible population
- dates of service, procedure codes for administrative data, or acceptable medical record data
- the basis for adopting the indicators (e.g., that they are generally used in the industry—these are preferred; or if the RSN developed its own indicators either at the outset of the study or as a means of narrowing the focus for the study, a description of how the indicator was developed)

Criterion 3.2. The indicator can measure enrollee outcomes, enrollee satisfaction, or processes of care strongly associated with improved enrollee outcomes.

- Indicators for clinical care should include at least some measure of change in mental health status or functional status or process-of-care proxies for these outcomes.
- Process measures may be used as proxies for outcomes only if validity has been established in the literature or by expert consensus.

Step 4: Review the identified study population and sampling methods

Criterion 4.1. The study population is clearly defined and includes all RSN enrollees who are eligible for the study. The study population

- represents the RSN's entire Medicaid population that fits the eligibility criteria described by the indicators
- is defined in terms of enrollment time frames

If the study population is an "at risk" subpopulation,

- the RSN has clearly defined the risk and the subpopulation
- the RSN has provided a rationale for selecting the subpopulation

The RSN may use a sample for the study. *If a sample is used,* the RSN must

- provide the rationale for using a sample
- explain the sampling methodology that produced a representative sample of sufficient size (see below)

Criterion 4.2. When the study includes the RSN's entire eligible population, the data collection approach captures all eligible enrollees.

Criterion 4.3. If a sample is used, the RSN has described the method for determining the sample size.

If a clinical or service condition is being studied for first time, the true prevalence or incidence is not likely to be known. Large samples would be needed to establish a valid baseline. The sampling methodology should include the

- rationale for the size of the sample based on the RSN's eligible population
- frequency of the occurrence being studied
- confidence interval and acceptable margin of error

Criterion 4.4. The sampling methodology is valid and protects against bias.

The description establishing validity and bias protection should include

- a description of the sampling type (e.g., probability or nonprobability; stratified random or convenience)
- the rationale for selecting the sampling type

Criterion 4.5. The sample is large enough to allow calculation of statistically meaningful measures.

Step 5: Review the data collection procedures

The data collection process must ensure that the data collected on the indicator(s) are valid and reliable. Validity indicates the accuracy of the data. Reliability indicates the repeatability or reproducibility of a measurement.

Criterion 5.1. The study design clearly specifies the data to be collected.

- Data elements are defined unambiguously.
- Descriptive terms (e.g., "high," "medium," "low") are defined numerically.

Criterion 5.2. The data sources are clearly identified.

- Examples of data sources include medical records, encounter and claim systems, or surveys.
- Time frames for collecting baseline and remeasurement data are specified.

Criterion 5.3. The study design describes a systematic method of collecting valid and reliable data on all enrollees to whom the indicator(s) apply.

- *For administrative data* (claims or encounter data), the data are complete and include all data submitted by providers. If data collection is automated, the RSN has provided the data specifications and algorithms used.
- *For medical record abstraction* or review of other primary sources, the RSN has documented the steps taken to ensure that the data were consistently extracted and recorded.

Criterion 5.4. *For manual data collection*, the data collection instrument produces consistent, accurate data that are appropriate for the study indicator(s) and that can be used over the study time period.

- The data abstraction process is documented, including a data collection instrument with clear guidelines and definitions.
- Reviewer training is documented, including guidelines, definitions, instructions on how to use the instrument, and instructions on how to handle situations not covered in the documentation.
- Methods of ensuring inter-rater reliability are provided.

Criterion 5.5. The study design includes a prospective data analysis plan that specifies

- whether qualitative or quantitative data or both are to be collected
- whether data are to be collected on the entire population or a sample
- whether measures are to be compared to previous results or similar studies; if comparing measures between two or more studies, the appropriate statistical test must be identified
- whether the PIP is to compare to the performance of different sites or clinics; if comparing performance of two or more entities, the statistical design and analysis must reflect the comparisons

Criterion 5.6. *For manual data collection*, the study design includes the rationale and staff qualifications for the data abstraction. The documentation

- indicates that staff received training on the use of the data collection instrument
- indicates the inter-rater reliability of the data collection instrument

Step 6: Assess the improvement strategy

An improvement strategy is defined as an intervention or set of interventions designed to change behavior at an institutional, practitioner, or enrollee level. The effectiveness of the interventions is determined by measuring a change in performance based on the quality indicator(s).

Criterion 6.1. The RSN has reported on at least one intervention undertaken to address causes or barriers identified through the quality improvement process. The interventions were

- systemic—i.e., designed to affect a wide range of participants through long-term system change
- timed to effect change after the baseline measurement and prior to remeasurement
- effective in improving the indicator for the population(s) studied
- reasonably expected to result in measured improvement
- free of major confounding variables that were likely to affect outcomes

Step 7: Review the data analysis and interpretation of study results

The RSN calculated its performance in the indicators by adhering to appropriate statistical analysis techniques as defined in a data analysis plan.

Criterion 7.1. The analysis of the findings adheres to a data analysis plan that used an appropriate statistical methodology.

Criterion 7.2. The study results, including numerical results and findings, are presented in a manner that provides accurate, clear, and easily understood information.

Criterion 7.3. The analysis identifies

- baseline and remeasurement data
- the statistical significance of any differences between these data sets
- any factors that influenced comparability
- any factors that threatened the validity of the findings

Criterion 7.4. The analysis is based on continuous quality improvement and focused on delivery system processes.

- The interpretation of the success of the PIPs included lessons learned and identified barriers to success or presented a hypothesis about less-than-optimal performance.
- Follow-up activities addressed the barriers identified.

Step 8: Assess the likelihood that reported improvement is “real” improvement

The reported improvement represents “real” change and is not due to a short-term event unrelated to the intervention or to chance.

Criterion 8.1. The RSN has used the same methodology for measuring the baseline as for conducting remeasurement, or the RSN has described and justified a change in measurement methodology.

Criterion 8.2. The analysis discussion includes documentation of

- quantitative improvement in processes related to the study question
- improvements in associated outcomes of care

Criterion 8.3. The analysis discussion describes clearly how the interventions relate to the improvement in performance.

Criterion 8.4. The analysis includes an appropriate calculation of statistical significance, with a discussion of the test used to calculate significance. (There is no required level of significance.)

Step 9: Assess whether the RSN has documented ongoing or additional interventions or modifications

The RSN has documented sustained improvement by remeasuring performance on the initial study indicator(s) at regular intervals. (*Note:* Interventions may be modified between remeasurement periods to address barriers or to take advantage of study findings.)

Criterion 9.1. The RSN has documented ongoing or additional interventions or modifications that are based on earlier data analyses.

Step 10: Assess whether the RSN has sustained the documented improvement

Criterion 10.1. Sustained improvement is demonstrated by additional remeasurements conducted over comparable time periods.

PIP scoring

Each compliance standard has a potential score of 100 points for full compliance, with lower scores for lower levels of compliance. The scores for each standard are weighted and combined to determine the overall PIP score, as shown in Table D-1.

Table D-1. Weighting of standard scores in overall PIP score.

Standard	Criterion number(s)	Scoring weight
Demonstrable Improvement		
1 Selected study topic is relevant and prioritized	1.1, 1.2	5%
2 Study question is clearly defined	2.1	5%
3 Study indicator is objective and measurable	3.1, 3.2	15%
4 Study population is clearly defined and, if sample is used, appropriate methodology is used	4.1, 4.2, 4.3, 4.4, 4.5	10%
5 Data collection process ensures that data are valid and reliable	5.1, 5.2, 5.3, 5.4, 5.5, 5.6	10%
6 Improvement strategy is designed to change performance based on the quality indicator	6.1	15%
7 Data are analyzed and results interpreted according to generally accepted methods	7.1, 7.2, 7.3, 7.4	10%
8 Reported improvement represents "real" change	8.1, 8.2, 8.3, 8.4	10%
	Demonstrable Improvement score	**80%**
Sustained Improvement		
9 RSN has documented additional or ongoing interventions or modifications	9.1	5%
10 RSN has sustained the documented improvement	10.1	15%
	Sustained Improvement score	**20%**
	Overall PIP score	**100%**

The overall score is weighted 80 percent for demonstrable improvement in the first year (Standards 1–8) and 20 percent for sustained improvement in later years (Standards 9–10). Thus, for a PIP that has completed one remeasurement, the maximum score is 80 points (80 percent x 100 points for full compliance). If the PIP has progressed to a second remeasurement, enabling reviewers to assess sustained improvement, the maximum score is 100 points. Table D-2 shows a scoring calculation for a PIP with both demonstrable and sustained improvement.

Table D-2. Example scoring worksheet.

Standard	Compliance rating	Assigned points	Weight	Points score
Demonstrable Improvement				
1	Fully met	100	5%	5.00
2	Fully met	100	5%	5.00
3	Partially met	50	15%	7.50
4	Partially met	50	10%	5.00
5	Fully met	100	10%	10.00
6	Minimally met	25	15%	3.75
7	Partially met	50	10%	5.00
8	Partially met	50	10%	5.00
		Demonstrable Improvement Score		**46.25**
Sustained Improvement				
9	Substantially met	75	5%	3.75
10	Partially met	50	15%	7.50
		Sustained Improvement Score		**11.25**
		Overall PIP Score		**57.50**

Part 2: Evaluating the validity and reliability of PIP results

This part of the PIP review aims to establish an overall level of confidence in the validity and reliability of the PIP findings. Levels of confidence are assigned one of the ratings shown below.

High confidence in reported RSN PIP results
Confidence in reported RSN PIP results
Low confidence in reported RSN PIP results
Reported RSN PIP **results not credible**.

This portion of the assessment evaluates whether the PIP used an appropriate study design to address the project's objectives and questions of interest. Since PIPs are observational studies, the influence of bias and confounding factors on the project results must be evaluated. Bias occurs when some systematic error is introduced during study design. Reviewers evaluate the presence of selection and observation biases to assess the accuracy of reported results, as well as the presence of any confounding factors.

The review also assesses *external validity*—the extent to which the study results can be generalized or applied to other populations—and *internal validity*—whether the study measured what it was intended to measure.