

Addiction and Mental Health Division
Mental Health Organization Managed Care
Contract Monitoring Activities
February 4, 2009

Activity	Comments
Access-Regular, Urgent, Emergent/Continuity of Care	MHOs are required to establish methods to monitor access to their services, depending upon the level of need. AMH reviews these methods during periodic site reviews.
Client Notices/Exhibit N	See attached list
Practice Guidelines	MHOs are required to adopt and disseminate practice guidelines. The guidelines must be based on valid and reliable clinical evidence or a consensus of mental health professionals. These practice guidelines must consider the needs of OHP Members, be adopted in Consultation with Contractor's Participating Providers, and be reviewed and updated periodically as appropriate. Contractor shall disseminate the practice guidelines to all affected Providers and, upon request, to OHP Member or OHP Member Representative. Decisions for Utilization Management, Enrollee education, coverage of Services, or other areas to which the guidelines apply, should be consistent with the adopted practice guidelines. AMH monitors for this during periodic sight visits.
Utilization Management	MHOs are required to annually submit the Utilization Management (UM) policy and procedure for AMH review and approval . Once the policy and procedure is approved, the plan should submit an attestation for subsequent years, stating that the policy and procedure has not changed.
Needs Assessment	The MHO Contract requires the MHO to maintain and monitor a network of appropriate providers that is supported by written agreements and is sufficient to provide adequate access to all services covered under the contract. AMH reviews Contractor subcontracts, monitors an MHO's ongoing needs assessment during site reviews, incorporation into the Quality Assessment and Performance Improvement work plan and year-end report, grievance logs for trends, and other evidence of the use of this information.
Components of the Delivery System -	
Coordination with Allied Agencies	At the time of site visits, evidence is requested of MHO Contractors, i.e., contracts, verbal narratives, etc.
Acute Inpatient Hospital Psychiatric Care	MHO subcontracts with hospitals are required at a rate of 95%, percentage as set by AMH. AMH requests proof of such subcontracts from Contractors. MHOs with some

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	subcontracts missing have 60 days to have a contract in place. Monthly status reports are required of the MHOs until the subcontract is in place.
Integrated Service Array	
The Child and Adolescent Service Intensity Instrument (CASII)	Data sent to AMH within 60 days of the end of each calendar quarter. Schedule 4-Level of Need Determination
Advisory Council- Consisting of Consumers, Family Members and Child and Family Advocates with half (51%) of the membership consisting OHP Members who are child and adolescent consumers	The Children's Treatment System Unit of AMH, specifically the AMH Family Partnership Specialist, monitors the composition of the Advisory council.
ISA Progress Review Report and Schedule 7	See attached list
Level of Need Determination	Policy and Procedure Review and Approval –See attached list. Review or affirmation completed annually by the Children's Treatment Team, MH Program Analyst.
Local Mental Health Authority/Community Mental Health Program	These relationships are monitored at the time of on-site visits, asking for explanations of these relationships and any available documentation.
Quality Assessment/Performance Improvement (QA/PI) Requirements	See attached list
QA/PI Monitoring	MHOs are required to annually submit a QAPI work plan and work plan report from the previous year. AMH reviews the QAPI work plan and approves or does not approve the plan. The MHO has 30 more days to resubmit a QAPI plan for re-review and approval.
External Quality Review (EQR) Activities	The Centers for Medicare and Medicaid Services (CMS) requires the state to contract with an external quality review organization (EQRO) to conduct mandatory activities.
Compliance Reviews	Every three years, AMH contracts with an EQRO to conduct an extensive compliance review to monitor compliance with the state and federal regulations and the MHO Contract.
Performance Improvement Validation	Annually, AMH contracts with an EQRO to conduct a validation of the reliability and validity of the required

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	Performance Improvement projects (PIPs), one of which is required to be collaborative with physical health.
Optional Survey Activity	Annually, AMH contracts with an EQRO to administer surveys for children and adults that have received services. The surveys are sampled such that MHOs are able to be compared in various domains.
Informational Materials and Education of OHP Members	See attached list
Credentialing	Prepaid Health Plans (PHP) shall ensure that participating providers delivering OHP covered services shall be credentialed on initial contract with the PHP and re-credentialed no less frequently than every three years thereafter. The same criteria applies to AMH for our own internal credentialing requirements.
Grievance System - Ex. N	See attached list
Record Keeping	Periodic site visits and on-sight trainings re: documentation
Contractually Required Reports, Policies and Procedures	See attached list
AMH Compliance Review and Quality Assessment Monitoring	AMH will conduct Contract compliance and QAPI monitoring related to the MHO contract. AMH is to provide Contractor thirty (30) days written notice of any Contract compliance and QAPI monitoring activity requiring any action or cooperation of Contractor. Contractor shall cooperate with AMH in the development of a corrective action plan to bring Contractor performance into compliance with contract, state and federal laws, rules and regulations.
Ownership	Contractor is to notify AMH of any changes in the ownership of Contractor and provide AMH with full and complete information of each person or corporation with an ownership or control interest (which equals or exceeds 5 %) in the managed care plan, or any Subcontractor in which Contractor has an ownership interest that equals or exceeds 5 percent. Upon enrollment as a provider with OHP, managed care plans are to submit a completed form with their enrollment packet outlining ownership.
Access to Records and Facilities	Contractor shall provide, and shall require its Subcontractors to provide, the timely and unrestricted right of access to its facilities and to its books,

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	documents, papers, plans, writings, financial and Clinical Records and all accompanying billing records that are directly pertinent to this Contract in order to make audits, data collection, evaluations, monitoring activities, examinations, excerpts, transcripts and copies of such documents to: AMH; DHS; U.S. Centers for Medicare and Medicaid Services; the Comptroller General of the United States; the Oregon Secretary of State; the Oregon Department of Justice Medicaid Fraud Control Unit; and all of their duly authorized representatives.
Information Privacy/Security/Access	Every two years AMH contracts with an external quality review organization to perform an information system capabilities assessment. Included in their report for each MHO are recommendations for improvements and findings, which AMH follows up on.
Subcontracting	Each Contractor must over see and is accountable for any functions and responsibility that it delegates to any Subcontractor. Evidence of the oversight is reviewed for compliance by AMH during site visits and review of actual subcontracts currently in use.
Prevention and Detection of Fraud and Abuse and Exhibit J	See attached list – There have also been some trainings done by AMH and Office of Payment Accuracy and Recovery jointly for MHOs and local providers in multiple counties throughout the state.
Debarment, Suspension and Terminated Providers	Upon receipt of a new OHP provider application, the Provider Enrollment Unit of DMAP reviews the Office of Inspector General List of Exclusions for those applicants that have been debarred, suspended or terminated by their licensing board. OHP also reviews this list monthly for any changes or reinstatements. OHP and MCOs collaborate on this information as well.
Conflict of Interest Safeguards	Contractors shall not recruit, promise future employment, or hire any DHS employee (or their relative or member of their household) who has participated personally and substantially in the procurement or administration of this Contract as a DHS employee Contractor shall no offer to and DHS employee any gift with an aggregate value in excess of \$50 during a calendar year or any gift of payment of expenses for entertainment. Contractor shall not retain a former DHS employee to make any communication with or appearance before DHS on behalf of Contractor in connection with this Contract if that person participates personally and

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	<p>substantially in the procurement or administration of the MHO Contrats as a DHS employee. If a former DHS employee authorized or had a significant role in the Contact, Contractor shall not hire such a person in a position having a direct, beneficial, financial interest in the Contract during the two year period following that person's termination from DHS. Contractor shall develop appropriate policies and procedures to avoid actual or potential conflict of interest involving OHP members, DHS employees, and sub-contractors.</p>
<p>Exhibit F - Insurance Requirements</p>	<p>See attached list Professional Liability – Not less than \$1,000,000.00 in the aggregate either through a binder issued by an insurance carrier or by Contractor's self insurance with proof of same provided to AMH upon request. Proof of Insurance – Contractor provides proof of insurance to AMH upon request. Contractor shall maintain acceptable insurance certificates specifying all of the parties who are Additional Insurers. Self-Insurance – Contractor may fulfill its insurance obligations herein through a program of self-insurance, provided that Contractor's self-insurance program complies with all applicable laws, and provides insurance coverage equivalent in both type and level of coverage. Contractor shall furnish an acceptable insurance certificate to DHS for any insurance coverage required by this Contract that is fulfilled through self-insurance.</p>
<p>Exhibit G - Financial Reporting</p>	<p>See attached list- MHO Financial reporting quarterly, semi-annually and annually. Exhibit G, Report G.6 includes <i>Disclosure of Compensation</i> for Executives having administrative or supervisory authority in the Contractor organization.</p>
<p>Exhibit H - Encounter Minimum Data Set Requirements</p>	<p>See attached list – Contractor shall submit accurate and complete Encounter data to DHS pursuant to Exhibit H of the MHO Contract. This is OHP's largest utilization data mechanism.</p>
<p>Exhibit I – Third Party Resources and personal Injury Liens</p>	<p>See attached list</p>
<p>Exhibit K – Mental Health Organization Provider Capacity Assurance Report</p>	<p>Each MHO must annually submit evidence of the appropriate range of preventive, primary care, and specialty services that are adequate for the anticipated number of enrollees for the service area, and of a</p>

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	network of providers that is sufficient in number, mix, and geographic distribution to meet the needs of the anticipated number of enrollees in the services area. AMH reviews the documentation for adequate evidence.
Exhibit L Mental Health Organization (MHO) Grievance Log	Each MHO must submit quarterly grievance logs of formal grievances with resolution dates. Annually, in the quality assessment and performance improvement work plan report, the MHO must incorporate any trends and/or findings based on all grievances (informal & formal) into the following year's quality assessment and performance improvement plan.
Exhibit M – Practitioner Incentive Plans	See attached list
Exhibit N – Grievance System/Notice of Action/ Appeal Form	See attached list – Exhibit N requires annual submission of the MHO Grievance System policy and procedure for AMH review and approval. The MHO may instead submit 5.0 and 5.1 attestations stating that the policy has remained unchanged from the time last approved by AMH.
Exhibit O - Enrollment Reconciliation/Certification	See attached list
Schedule 4 – Level of Need Determination Data	See attached list – Contractor shall use Child and Adolescent Service Intensity Instrument (CASII) as the statewide tool to assist in determination for ISA Service for children age six (6) and older. Contractor shall submit a report to AMH within sixty (60) days after the end of each calendar quarter of the Level of Need Determination screenings completed in that quarter.
Schedule 5 – Signature Authorization Form and 5.1 – Attestation of MHO Revision and Submission of Contractually Required Reporting	This includes Grievance Systems, Notice of Action Boilerplate, Third Party Resource/Personal Injury Lien P&P, Utilization Management P&P, OHP Member Information Materials, Plan Member Handbook, CASII Administration P&P, Level of Need Determination P&P, Policy and Procedure for Prevention/Detection of Fraud and Abuse
Schedule 6 – Key Personnel	See attached list - Contractor shall submit to AMH, upon the effective date of this Contract, and immediately following any changes, the names and contact numbers for the following key personnel: Contract Liaison, QA/PI Liaison, Grievance, Appeals and Hearing Liaison, and Long Term Psychiatric Care Liaison.
ISA Progress Review Report/ Signature Authorization Form	The ISA Progress Review is administered to each child found eligible for ISA services upon admission and discharge to that level of service. A child is reviewed no

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	less than annually, should the child remain in ISA longer than one (1) year.
Schedule 8 – OHP Services Not Covered Due to Moral or Religious Reasons Certification Form	Contractor provides to AMH application at least 30 before the start of the Contract, or implementation of a newly adopted policy. If Contractor has not changed its policy regarding provision of services since the beginning of the preceding contract year, it shall so notify AMH by submission of Schedule 8.