

State of Colorado



Department of Health Care Policy & Financing
Office of Medical Assistance
Quality Improvement Section

**FY 06 Final Site Review Findings for
Rocky Mountain Health Plans (RMHP)**

May 2006

I. History, Purpose and Origin of Medicaid Managed Care Entity Site Review

As part of the Colorado Department of Health Care Policy and Financing's (the Department's) overall effort and commitment to ensure equitable and appropriate access, quality outcomes and timely care and services for Medicaid members, the Department developed and implemented an annual site review process in 1999. The Balanced Budget Act of 1997 specified additional requirements for managed care entities (MCEs). These requirements were incorporated into all FY03-04 MCE contracts. The Department began monitoring MCEs for the new requirements in addition to the existing requirements during the FY03-04 site review schedule. The objective of the site review is to evaluate all contracted MCEs for contractual and regulatory compliance.

II. Site Review Process

In FY03-04, the Department adopted the Centers for Medicare and Medicaid Services (CMS) protocol "Monitoring Medicaid Managed Care Organizations and Prepaid Inpatient Health Plans" (Final Version 1.0, February 11, 2003) as a guideline for the site review process. The site review process consists of a desk audit and a visit to the MCE's administrative offices.

A monitoring tool is used as a guide to assess contractual and regulatory compliance. Monitoring tool content is based on the MCE contract provisions, Colorado Regulations 10 CCR 2505-10, 8.000 *et seq* and 42 C.F.R. Section 438. *et seq*. Each provision is segmented into easy-to-measure elements, usually a sentence or sub-section of the contract or regulation. Each year the tool is updated with any changes and distributed to the MCEs for comment. The Department then considers the MCE comments and modifies the tool as necessary. Once approved, the tool is tailored to each MCE by removing some provisions scored as "Met" during the previous year's site review. The final monitoring tool is then used in the site reviews and a site review schedule is determined in conjunction with the MCEs.

After the monitoring tool is finalized, the desk audit begins. The desk audit consists of a document request, document submission and subsequent document review. A list of documents related to each provision is developed and requested from the MCE. The MCE is given thirty days to assemble and produce the requested documents. Department staff then read each document for compliance with the applicable provision. Questions are noted for MCE staff interviews, which are conducted during the MCE office visit. Interview questions clarify desk audit material and assess process and procedure compliance. Interviews also provide an opportunity to explore any issues that were not fully addressed in documents and provide a better understanding of the MCE's performance.

The site review team then conducts a visit, usually two days in length, to the MCE's administrative offices. MCE staff meet with the site review team, explain related processes and procedures, and answer any questions the team may have. The team also reviews a record sample to assess compliance in the areas of Credentialing/Recredentialing, Encounters,

Colorado Department of Health Care Policy and Financing
FY 06 Rocky Mountain Health Plan Final Site Review Report

Continuity of Care and Grievances and Appeals. Results of the record reviews are reflected in the rating assigned to the respective provision or element.

The site review team rates each monitoring tool element as “Met”, “Partially Met”, “Not Met” or “Not Applicable”. Any element receiving a rating of “Partially Met” or “Not Met” will require a MCE corrective action. These ratings form the basis of the preliminary site review score.

Thirty days after the visit, a written Preliminary Site Review Report is sent to the MCE for their review and comment on any inaccuracies found in the initial report. The MCE has thirty days to respond to the Report. The Department reviews comments from the MCE and may make corrections based on those comments. The Final Site Review Report indicates areas of compliance and areas that require some type of action to achieve compliance. The MCE must submit its action plan to the Department for approval within thirty days of receiving the final report. The Department reviews and approves the corrective actions and related documents when completed until compliance is demonstrated.

III. FY06 Site Review Summary

This site review evaluated RMHP’s compliance with 10 of 18 contractual and/or regulatory provisions. The 10 provisions reviewed this year included five provisions that received a score of “Partially Met” during the FY05 site review and five additional provisions related to quality, access and timeliness. CMS requires an annual review of the quality, timeliness and access to the services covered under each MCO contract (42 C.F.R. Section 438.204(d).

RMHP received a high total score of 96% out of 100%. RMHP demonstrated strength in the care coordination process during this site review. RMHP works with a variety of agencies to provide continuity of care which is augmented by the use of several care coordination referral points. This collaborative model includes subcontracts and agreements with county health departments to meet the needs of members with special health care needs.

There are four corrective actions required as a result of this review, one related to providing members brand name drug information, one regarding monitoring access to care, one regarding cultural sensitivity policies, procedures and training and one regarding advance directives policy and procedure compliance.

RMHP has not yet completed a corrective action from the FY05 site visit regarding cultural sensitivity training for providers. This provision received a “Partially Met” score in FY06, as well as FY05. All other contract provisions and elements rated “Partially Met” differed between FY05 and FY06, therefore there were no other trends identified.

IV. FY06 Site Review Scoring

RMHP’s compliance with 10 contractual and regulatory provisions was assessed during this year’s site review. The provisions were derived from the FY06 contract between the Department and RMHP, Colorado Regulations 10 CCR 2505-10, 8.000 *et seq.* and the

Colorado Department of Health Care Policy and Financing
FY 06 Rocky Mountain Health Plan Final Site Review Report

requirements at 42 C.F.R. Section 438 *et seq.* The site review team rated RMHP’s performance for each regulatory/contractual element and tallied the ratings for each provision. RMHP’s overall score for this site review is 96%, computed by dividing the total number of provisions met by the total number of provisions rated.

Regulatory/Contractual Topics	# Provisions	# Provisions Met	Provisions Not Applicable	# Provisions Partially Met	# Provisions Not Met	Page
2. Covered Services	9	7	1	1	0	7
3. Access and Availability	11	10	0	0	1	12
4. Continuity of Care	19	19	0	0	0	20
5. Member Rights and Responsibilities	12	10	1	1	0	33
6. Grievance and Appeal	21	21	0	0	0	45
10. Provider Issues	10	10	0	0	0	54
11. Certifications and Program Integrity	3	3	0	0	0	61
12. Advance Directives	2	1	0	1	0	64
15. Compliance and Monitoring	4	4	0	0	0	66
17. Quality Assessment and Performance Improvement	18	17	1	0	0	69
Total	109	102	3	3	1	

Details regarding RMHP’s compliance with the provisions, including ratings for each element, can be found in Section V of this report. A score of “Met” was assigned for 102 provisions, three provisions were deemed “Partially Met” and one provision was scored “Not Met”.

Required Corrective Actions for “Partially Met” or “Not Met” provisions:

The Contractor shall submit a corrective action plan to be approved by the Department prior to implementation. The plan shall include the steps and timeframes to implement the following corrective action(s):

Regulatory/Contractual Provision 2.8—Covered Services:

RMHP shall demonstrate that they inform members of their right to request a brand name drug in place of its generic equivalent if the member is willing to pay the price difference.

Regulatory/Contractual Provision 3.8 – Access and Availability of Services

RMHP shall develop and implement a routine monitoring mechanism to ensure that participating providers provide access to a qualified health care practitioner via live telephone coverage either on-site, call-sharing, or answering service; and, practitioner backs up covering all specialties.

Regulatory/Contractual Provision 5.12 – Member Rights and Responsibilities

- a. RMHP shall develop and implement policies and mechanisms to reach out to specific cultural and ethnic members for prevention, health education and treatment for diseases prevalent in these groups.

Colorado Department of Health Care Policy and Financing
FY 06 Rocky Mountain Health Plan Final Site Review Report

- b. RMHP shall provide evidence that the CFMC provider training has been conducted.
- c. RMHP shall provide evidence that RMHP staff have received cultural sensitivity training.

Regulatory/Contractual Provision 12.1 – Advance Directives

RMHP shall provide documentation that demonstrates compliance with their policy and procedure regarding community education on advance directives.

Colorado Department of Health Care Policy and Financing
 FY 06 Rocky Mountain Health Plan Final Site Review Report

Section V. Compliance with Provisions

Provision 2: Covered Services		
Regulatory/Contractual Provision	Elements	Site Review Results
<p>2.1 The Contractor shall ensure that Members within the Service Area shall have access to Emergency Services on a 24 Hour, seven day-a-week basis.</p> <p>MCE Contract II.D.4.a.1 (page 15)</p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A	<p>Compliance demonstrated by desk audit materials and HEDIS Measures submitted for CY 04</p>
<p>2.2 The Contractor shall not require prior authorization for Emergency Services or Urgently Needed Services.</p> <p>II.D.4.a.3</p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A	<p>Compliance demonstrated by Policy and Procedures (P&P) UM 11.1.05 and UM 4.1.1.05</p>
<p>2.3 The Contractor may not deny payment for Emergency Services if a non-contracted Provider provides the Emergency Services or when a representative of the Contractor instructs the Enrollee to seek Emergency Services.</p> <p>II.D.4.a.4</p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A	<p>Met by claims related processing documentation</p>
<p>2.4 The attending emergency Physician, or the Provider actually treating the Member, is responsible for determining when the member is sufficiently stabilized for transfer or discharge, and that determination is binding on the Contractor as responsible for coverage and payment.</p> <p>II.D.4.a.5</p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A	<p>Compliance demonstrated by P&P UM 11.1.05</p>

Colorado Department of Health Care Policy and Financing
 FY 06 Rocky Mountain Health Plan Final Site Review Report

Provision 2: Covered Services		
Regulatory/Contractual Provision	Elements	Site Review Results
<p>2.5 The Contractor may require that all claims for Emergency Services be accompanied by sufficient documentation to verify nature of the services. The Contractor shall not deny benefits for conditions which a prudent lay person would perceive as Emergency Medical Conditions and shall not limit what constitutes an Emergency Medical Condition on the basis of lists of diagnoses or symptoms.</p> <p>II.D.4.c.</p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A	<p>Compliance demonstrated by record review, P&P UM 11.1.05 and submitted desk audit materials</p>
<p>2.6 New prescription drugs shall be a Covered Service subject to the Contractor’s formulary.</p> <p>The Contractor may submit a written request to the Department, requesting the Department to review the appropriateness of including a prescription drug as a Covered Service. The Department reserves the right to make the final decision.</p> <p>II.D.4.e.1 & 2 (page 16)</p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A	<p>Provision met by discussion at site audit, RMHP Formulary, RMHP Pharmacy List, and P&P 2.6, Drug Formulary Status</p>
<p>2.7 The Contractor shall provide for prescription drugs approved for use and reimbursed by the Medicaid Program, including those products that require prior authorization by the Medicaid Program. Such Covered Drugs shall be prescribed and dispensed within the Contractor’s parameters for pharmaceuticals, and as follows:</p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A	<p>Compliance demonstrated by submitted desk audit materials</p>

Colorado Department of Health Care Policy and Financing
 FY 06 Rocky Mountain Health Plan Final Site Review Report

Provision 2: Covered Services		
Regulatory/Contractual Provision	Elements	Site Review Results
<p>2.7 <i>continued</i></p> <p>The Contractor may establish a drug formulary, for all Medically Necessary Covered Drugs with its own prior authorization criteria provided the Contractor includes each therapeutic drug category in the Medicaid program.</p> <p>The Contractor shall provide a Covered Drug if there is a Medical Necessity which is unmet by the Contractor's formulary product.</p> <p>The Contractor may authorize at least a seventy-two (72) hour supply of an outpatient Covered Drugs in an Emergency situation when the prior authorization request is incomplete or additional information is needed. Emergency prior authorization may be given retroactively if the drug had to be dispensed immediately for the Member's well being.</p> <p>II.D.4.f. 1.a-c</p>		

Colorado Department of Health Care Policy and Financing
 FY 06 Rocky Mountain Health Plan Final Site Review Report

Provision 2: Covered Services		
Regulatory/Contractual Provision	Elements	Site Review Results
<p>2.8 If a Member requests a brand name for a prescription that is included on the Contractor’s drug formulary in generic form, the member may pay the cost difference between the generic and brand name. The Member shall sign the prescription stating that he/she is willing to pay the difference to the pharmacy.</p> <p>II.D.4.f.2</p>	<input type="checkbox"/> Met <input checked="" type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A	<p>RMHP was not able to provide documentation that they inform members of their right to request a brand name drug in place of its generic equivalent if the client is willing to pay the price difference.</p>
<p>2.9 The Contractor shall be financially responsible for all Covered Services associated with a Member’s outpatient Hospital Services Covered Services, including all psychiatric, medical and facility Covered Services, if:</p> <p style="padding-left: 40px;">The procedure(s) is billed on a UB-92/ANSI 8371 claim form; and,</p> <p style="padding-left: 40px;">The principal diagnosis is a medical diagnosis.</p> <p>OR</p> <p style="padding-left: 40px;">The procedure(s) is billed on a HCFA-1500/ANSI 837P claim form; and,</p> <p>The Covered Services are not listed as a required Behavioral Health Organization (BHO) Covered Service as defined in 10 C.C.R. 2505-10, Section 8.212.05. Diagnoses and procedures covered by the BHOs are listed in Exhibit H.</p> <p>II.D.4.g.3</p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A	<p>Met through P&P UM 11.1.05 and desk audit materials</p>

Colorado Department of Health Care Policy and Financing
FY 06 Rocky Mountain Health Plan Final Site Review Report

Results for Provision 2	
# provisions scored as “Met”	9
# provisions scored as “Partially Met”	1
# provisions scored as “Not Met”	0
# provisions scored as “N/A”	0

Corrective Action Required

The Contractor shall submit a corrective action plan to be approved by the Department. The plan shall include the steps and timeframes to implement the following corrective action(s):

Provision 2.8

RMHP shall demonstrate that they inform members of their right to request a brand name drug in place of its generic equivalent if the member is willing to pay the price difference.

Colorado Department of Health Care Policy and Financing
 FY 06 Rocky Mountain Health Plan Final Site Review Report

Provision 3: Access and Availability		
Regulatory/Contractual Provision	Elements	Site Review Results
<p>3.1 The Contractor shall comply with Section 10-16-704 C.R.S. (2004) access requirements. In establishing and maintaining the Provider network, the Contractor shall consider including both Essential Community Providers as designated at 10 C.C.R. 2505-10, Section 8.205.5.A and other Providers.</p> <p>MCE Contract I.I.E.1.a.1 (page 19)</p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A	<p>RMHP has considered and contracts with most of the ECPs in their service area.</p>
<p>3.2 The Contractor shall maintain and monitor a network of appropriate Providers that is supported by written agreements with those Providers and is sufficient to provide adequate access to all Covered Services. The Contractor shall ensure a Provider to Member caseload ratio as follows:</p> <p style="padding-left: 40px;">1:2000 Primary Care Physician to Member ratio. Primary Care Physician includes Physicians designated to practice Family Medicine and General Medicine.</p> <p style="padding-left: 40px;">1:2000 Physician specialist to Member ratio. Physician specialist includes all specialist Physicians designated to practice Cardiology, Otolaryngology/ENT, Endocrinology, Gastroenterology, Neurology, Orthopedics, Pulmonary Medicine, General Surgery, Ophthalmology and Urology.</p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A	<p>Network adequacy reports are submitted by RMHP on a quarterly basis. The reports indicate the number of providers and their location in relation to members within the service area meets standards.</p>

Colorado Department of Health Care Policy and Financing
 FY 06 Rocky Mountain Health Plan Final Site Review Report

Provision 3: Access and Availability		
Regulatory/Contractual Provision	Elements	Site Review Results
<p>3.2-continued Physician specialists designated to practice Gerontology, Internal Medicine, OB/GYN and Pediatrics shall be counted as either a Primary Care Physician or Physician specialist, but not both.</p> <p>II.E.1.a.2</p>		
<p>3.3 The Contractor shall consider the following when establishing and maintaining the Provider network:</p> <p style="padding-left: 40px;">The anticipated Medicaid Enrollment;</p> <p style="padding-left: 40px;">The expected utilization of Covered Services;</p> <p style="padding-left: 40px;">The numbers and types of Providers required to furnish the Covered Services;</p> <p style="padding-left: 40px;">The number of network Providers who are not accepting new Medicaid patients; and</p> <p style="padding-left: 40px;">The geographic location of Providers and Members considering distance, travel time, the means of transportation ordinarily used by Members and whether the location provides physical access to Members with Disabilities.</p> <p>II.E.1.a.3</p>	<p><input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A</p>	<p>The Network Adequacy Strategic plan and policies and procedures provided indicates the listed criteria are used in establishing and maintaining the provider network.</p>

Colorado Department of Health Care Policy and Financing
 FY 06 Rocky Mountain Health Plan Final Site Review Report

Provision 3: Access and Availability		
Regulatory/Contractual Provision	Elements	Site Review Results
<p>3.4 The Contractor shall provide female Members with direct access to a women’s health specialist within the network for Covered Services necessary to provide women’s routine and preventive health care services. This is in addition to the Member’s designated Primary Care Physician if that source is not a women’s health specialist.</p> <p>II.E.1.a.4 (page 20)</p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A	<p>RMHP members can self-refer and therefore obtain an appointment with a women’s health specialist when desired. This information is provided to members.</p>
<p>3.5 The Contractor shall provide for a second opinion from a qualified health care professional within the network or arrange for the Member to obtain one outside the network at no cost to the Member.</p> <p>II.E.1.a.5</p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A	<p>RHMP provides a second opinion for 19.95 per 1,000 members.</p>
<p>3.6 If the Contractor is unable to provide Covered Services to a particular Member, the Contractor shall adequately and timely provide the Covered Services out of network at no cost to the Member.</p> <p>The Contractor shall ensure that cost to the Member is not greater than it would be if the Covered Services were furnished within the Contractor’s network. The Contractor shall coordinate with the out-of-network Provider with respect to payment.</p> <p>II.E.1.b</p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A	<p>RMHP monitors the number and types of out of network services which, according to P&Ps, is provided at no cost to the member.</p>

Colorado Department of Health Care Policy and Financing
 FY 06 Rocky Mountain Health Plan Final Site Review Report

Provision 3: Access and Availability		
Regulatory/Contractual Provision	Elements	Site Review Results
<p>3.7 The Contractor shall ensure that Members, including Members with Disabilities, have a point of access to appropriate services available on a 24-hour per day basis and have written policies and procedures for how this will be achieved.</p> <p>II.E.1.d</p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A	<p>Policies and procedures specify the point of access available to appropriate services on a 24-hour a day basis for members. Members are provided this information in the member handbook.</p>
<p>3.8 The Contractor shall communicate this information (<i>regarding 24 Hour availability of services- previous Regulatory/Contractual Provision</i>) to Participating Providers and Members, and have a routine monitoring mechanism to ensure that Participating Providers promote and comply with these policies and procedures. These policies and procedures shall address the following requirements:</p> <p>Emergency Services shall be available 24 hours per day, 7 days per week;</p> <p>The Contractor shall have a comprehensive plan for Triage of requests for services on a 24 hour 7 day per week basis, including:</p> <p style="padding-left: 40px;">Immediate Medical Screening Exam by the Primary Care Physician or Hospital emergency room;</p>	<p>Communicate information to Participating Providers and Members</p> <input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A	<p>Members and providers are made aware of 24-hour availability of services through the member handbook and provider manual.</p>
	<p>Monitoring Mechanism</p> <input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input checked="" type="checkbox"/> Not Met <input type="checkbox"/> N/A	<p>RMHP does not currently monitor providers (as contractually required) to ensure members have access to a qualified health care practitioner via live telephone coverage through either on-site, call sharing, or answering service; and practitioner back up covering all specialties.</p> <p>Policies and procedures specify the providers' responsibilities including 24 hour availability of services.</p>

Colorado Department of Health Care Policy and Financing
 FY 06 Rocky Mountain Health Plan Final Site Review Report

Provision 3: Access and Availability		
Regulatory/Contractual Provision	Elements	Site Review Results
<p>3.8 <i>continued</i></p> <p>Access to a qualified health care practitioner via live telephone coverage either on-site, call-sharing, or answering service; and,</p> <p>Practitioner back up covering all specialties.</p> <p>II.E.1.d (page 21)</p>	<p>Polices and Procedures address contractual requirements</p> <p><input checked="" type="checkbox"/> Met</p> <p><input type="checkbox"/> Partially Met</p> <p><input type="checkbox"/> Not Met</p> <p><input type="checkbox"/> N/A</p>	

Colorado Department of Health Care Policy and Financing
 FY 06 Rocky Mountain Health Plan Final Site Review Report

Provision 3: Access and Availability		
Regulatory/Contractual Provision	Elements	Site Review Results
<p>3.9 The Contractor shall establish clinically appropriate scheduling guidelines for various types of appointments necessary for the provision of primary and specialty care including but not limited to: routine physicals, diagnosis and treatment of acute pain or injury, and follow-up appointments for chronic conditions. The Contractor shall communicate its guidelines in writing to Participating Providers in the Contractor’s network. The Contractor shall have an effective organizational process for monitoring, scheduling and wait times, identifying excessive practices, and taking appropriate corrective action. The Contractor shall ensure that the following minimum standards are met including:</p> <p style="padding-left: 40px;">Non-urgent health care, is scheduled within 2 weeks;</p> <p style="padding-left: 40px;">Adult, non-symptomatic well care physical examinations scheduled within 4 months; and,</p> <p style="padding-left: 40px;">Urgently Needed Services provided within 48 hours of notification of the Primary Care Physician or Contractor.</p> <p>II.E.1.e</p>	<p>Establish scheduling guidelines <input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A</p> <p>Communicate scheduling guidelines <input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A</p> <p>Monitor scheduling guidelines <input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A</p> <p>Minimum scheduling standards included <input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A</p>	<p>RMHP has established scheduling guidelines. These guidelines are specified in the member handbook and provider manual. Scheduling guidelines are monitored through a secret shopper survey.</p>

Colorado Department of Health Care Policy and Financing
FY 06 Rocky Mountain Health Plan Final Site Review Report

Provision 3: Access and Availability		
Regulatory/Contractual Provision	Elements	Site Review Results
<p>3.10 The Contractor shall allow, to the extent possible and appropriate, each Member to choose a Primary Care Physician.</p> <p>II.E.3.a</p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A	Members are informed of their ability to select a PCP through the member handbook.
<p>3.11 If a Member does not select a Primary Care Physician, the Contractor shall assign the Member to a Primary Care Physician and notify the Member, by telephone or in writing, of his/her Primary Care Physician's name, location, and office telephone number.</p> <p>II.E.3.b</p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A	The template letter used to inform the member that a PCP was selected by RMHP was provided.
<p>3.12 The Contractor shall ensure that all Members have appropriate access to certified nurse practitioners (NP) and certified nurse midwives (CNM), as set forth at 42 C.F.R. 438.102(a), as amended, and Section 26-4-202(1)(j), C.R.S., as amended, through either Provider agreements or Referrals.</p> <p>This provision shall in no way be interpreted as requiring the Contractor to provide any services that are not Covered Services under this contract.</p> <p>II.G.5.d (page 37)</p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A	There are 10 CNMs and 42 NPs at 28 locations throughout the service area. The number and geographic distribution was deemed acceptable.

Results for PROVISION 3	
# provisions scored as "Met"	11
# provisions scored as "Partially Met"	0
# provisions scored as "Not Met"	1
# provisions scored as "N/A"	0

Colorado Department of Health Care Policy and Financing
FY 06 Rocky Mountain Health Plan Final Site Review Report

Corrective Action Required

The Contractor shall submit a corrective action plan to be approved by the Department. The plan shall include the steps and timeframes to implement the following corrective action(s):

Provision 3.8

RMHP shall develop and implement a routine monitoring mechanism to ensure that participating providers provide access to a qualified health care practitioner via live telephone coverage either on-site, call-sharing, or answering service; and, practitioner back up covering all specialties.

Colorado Department of Health Care Policy and Financing
 FY 06 Rocky Mountain Health Plan Final Site Review Report

Provision 4: Continuity of Care		
Regulatory/Contractual Provision	Elements	Site Review Results
<p>4.1 The Contractor shall have written policies and procedures to ensure timely coordination of the provision of Covered Services to its Members to promote and assure service accessibility, attention to individual needs, continuity of care, maintenance of health, and Independent Living. The policies and procedures shall also address the coordination and provision of Covered Services in conjunction with other medical and behavioral health plans that may be providing services to the Member and ensure that, in the process of coordinating care, each Member’s privacy is protected consistent with the confidentiality requirements in 45 C.F.R. Parts 160 and 164.</p> <p>MCE Contract II.E.4.a (page 23)</p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A	<p>Policies and procedures met the regulations; there have been some policy updates since the last site review. Ten records were reviewed on site addressing continuity of care; all were consistent with the policies and procedures. Discussion at the site review included description of meeting the needs of members in rural and smaller communities through case management and care coordination. Additionally, the case management department identifies needs of members through collaboration with county health departments, hospital inpatient utilization review, provider and family referral. Member handbook includes information about accessing case management services.</p>
<p>4.2 The Contractor shall coordinate with the Member’s mental health Providers to facilitate the delivery of mental health services, as appropriate.</p> <p>II.E.4.b</p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A	<p>Five charts were reviewed; all demonstrated coordination of services with mental health needs. Practices are consistent with policy.</p>
<p>4.3 In addition to efforts made as part of the Contractor’s internal quality assessment and improvement program, the Contractor shall have an effective <u>Care Coordination system</u> that includes but is not limited to:</p> <p style="padding-left: 40px;">Procedures and capacity to implement the provision of the individual <u>needs</u> assessment after Enrollment and at any</p>	<p>1.Care Coordination System</p> <input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A	<p>Policies and procedures include referral, stratification, coordination and record keeping (UM 17.1.05, 17.2.05, 17.3.05, 17.6.05, and 5.5.08). Chart review demonstrated compliance with policies. Care coordination includes disease management and case management. For children with special needs, RMHP subcontracts with Mesa County Public Health to provide case management services in Mesa county; these records were also reviewed during the site review.</p>

Colorado Department of Health Care Policy and Financing
FY 06 Rocky Mountain Health Plan Final Site Review Report

Provision 4: Continuity of Care		
Regulatory/Contractual Provision	Elements	Site Review Results
<p>4.3 <i>continued</i> other necessary time, including the <u>screening for Special Health Care Needs</u> (e.g. mental health, high risk health problems, functional problems, language or comprehension barriers; and other complex health problems); the <u>development</u> of an <u>individual treatment plan</u> as necessary based on the needs assessment; the establishment of treatment objectives, treatment follow-up, the monitoring of outcomes, and a process to insure that treatment plans are revised as necessary. These <u>procedures</u> shall be designed to accommodate the specific <u>cultural and linguistic needs</u> of the Contractor’s Members and shall allow Members with Special Health Care Needs <u>direct access</u> to a specialist as appropriate for the Member’s condition and medical needs;</p> <p>Procedures designed to address those Members who may require services from multiple Providers, facilities and agencies and require complex coordination of benefits and services, and members who require complex coordination of benefits and services, and Members who require ancillary services, including social services and other community resources;</p>	<p>2.Needs Assessment <input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A</p> <p>3.Screening SHCNs <input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A</p> <p>4. Development of Treatment Plan <input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A</p> <p>5. Procedures Address Cultural & Linguistic Needs <input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A</p>	<p>Needs assessment process was evident in the chart review and was consistent with the policies and procedures.</p> <p>RMHP has several methods to screen for SHCN including utilization review, inpatient review and welcome calls. During the welcome calls clients are provided the opportunity and encouragement to provide information about individual special needs. In 2005, 72 new members were added to case management services based on welcome calls.</p> <p>Demonstrated in record review, records included children, adults and members from through out the service area.</p> <p>Welcome calls and program literature is available in English and Spanish; Spanish interpreters are available on staff. There is access to other languages through an outside line. During the site review, the staff indicated that they had not had request for other languages. Currently, RMHP is developing procedures to support various cultural and language needs (please see Standard 5).</p>

Colorado Department of Health Care Policy and Financing
 FY 06 Rocky Mountain Health Plan Final Site Review Report

Provision 4: Continuity of Care		
Regulatory/Contractual Provision	Elements	Site Review Results
<p>4.3 continued A strategy to ensure that all Members and/or authorized family members or guardians are involved in <u>treatment planning</u> and consent to the medical treatment; and</p> <p><u>Procedures and criteria for making Referrals and coordinating care</u> by specialist, subspecialists, and community-based organizations that will promote continuity as well as cost-effectiveness of care.</p> <p><u>Procedures to provide continuity of care for newly Enrolled Members</u> to prevent disruption in the provision of Medically Necessary services that include but are not limited to: appropriate Care Coordination staff trained to evaluate and handle individual case transition and care planning; assessment for appropriate technology and equipment; procedures for evaluating adequacy of Participating Providers; and clearly written criteria and procedures that are made available to all Participating Providers, staff and Members regarding how to initiate case planning.</p> <p>II.E.4.c</p>	<p>6. Direct Access for Members with Special Health Care Needs <input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A</p> <p>7. Appropriate Parties Involved in Treatment Planning <input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A</p> <p>8. Referral & Care Coordination Procedures/Criteria <input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A</p>	<p>Demonstrated in record review and discussed during site review. Member handbook reflects this policy.</p> <p>Provider manual includes description of care coordination program, additionally collaboration demonstrated in record review.</p>

Colorado Department of Health Care Policy and Financing
 FY 06 Rocky Mountain Health Plan Final Site Review Report

Provision 4: Continuity of Care		
Regulatory/Contractual Provision	Elements	Site Review Results
<p>4.3 <i>continued</i></p>	<p>9. Procedures regarding continuity of care for new members <input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A</p> <p>10. P&P regarding case planning <input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A</p>	<p>The script for the welcome calls includes questions related to continuity of care for new members. If the client is not reached by welcome call a letter is sent.</p>
<p>4.4 The Contractor shall inform a new Member who is a Person with Special Health Care Needs, as defined in 8.205.9 that the Member may continue to receive Medically Necessary Covered Services from his or her Provider for sixty (60) calendar days from the date of Enrollment in the Contractor’s Plan, if the Member is in an ongoing course of treatment with the previous Provider and only if the previous Provider agrees specified in 26-4-117 (1) (g), C.R.S. (2004).</p> <p>II.E.4.d (page 24)</p>	<p><input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A</p>	<p>Demonstrated in policies and procedures and discussed with customer service and case management representatives during the site review.</p>

Colorado Department of Health Care Policy and Financing
 FY 06 Rocky Mountain Health Plan Final Site Review Report

Provision 4: Continuity of Care		
Regulatory/Contractual Provision	Elements	Site Review Results
<p>4.5 The Contractor shall inform a new Member with Special Health Care Needs that the Member may continue to receive Medically Necessary Covered Services from ancillary Providers at the level of care received prior to Enrollment in the Contractor’s Plan, for a period of seventy-five (75) calendar days, as specified in 26-4-117 (1)(g), C.R.S. (2004).</p> <p>II.E.4.e</p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A	<p>As noted in 4.4, additionally, documentation was available on site. New members with special needs who are identified during welcome calls are referred to case management.</p>
<p>4.6 The Contractor shall inform a new Member who is in her second or third trimester of pregnancy, that she may continue to see her Provider until the completion of post-partum care directly related to the delivery, as specified in 26-4-117 (1)(g), C.R.S. (2004).</p> <p>II.E.4.f</p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A	<p>Demonstrated in policies and procedures, member and provider handbook. Additionally, RMHP works with the county health departments to promote early prenatal care and post partum follow up.</p>
<p>4.7 The Contractor shall have sufficient experienced Providers with the ability to meet the unique needs of Persons with Special Health Care Needs (SHCNs). If necessary primary or specialty care cannot be provided within the network, the Contractor shall make arrangements for Members to access these Providers outside the network. The Contractor shall implement procedures to share with other Providers serving the Member with Special Health Care Needs, the results of its identification and assessment of that Member’s needs to prevent duplication of those activities.</p> <p>II.E.5.a</p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A	<p>Record review available on site and discussion during site review demonstrated completion of this provision.</p>

Colorado Department of Health Care Policy and Financing
 FY 06 Rocky Mountain Health Plan Final Site Review Report

Provision 4: Continuity of Care		
Regulatory/Contractual Provision	Elements	Site Review Results
<p>4.8 The Contractor shall implement mechanisms to assess each Medicaid Member identified as having Special Health Care Needs in order to identify any ongoing special conditions of the Member that require a course of treatment or regular care monitoring. The assessment mechanism shall use appropriate health care professionals.</p> <p>II.E.5.b</p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A	<p>As noted in 4.3. Mechanisms to assist members with special health care needs in smaller communities include telephonic disease and care management, coordination with county and home health agencies.</p>
<p>4.9 The Contractor shall allow Persons with Special Health Care Needs who use specialists frequently for their health care to maintain these types of specialists as PCPs or be allowed direct access/standing referral to specialists for the needed care.</p> <p>II.E.5.c</p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A	<p>Documented in network adequacy lists, member and provider handbook. CAHPS score for use of specialists in the top percentile nationally.</p>
<p>4.10 The Contractor shall establish and maintain <u>procedures and policies</u> to coordinate health care services for Children with Special Health Care Needs with other agencies (e.g., mental health and substance abuse, public health, transportation, home and community based care, Developmental Disabilities, local school districts, child welfare, IDEA programs, Title V, families, caregivers and advocates)</p> <p>II.E.5.d (page 25)</p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A	<p>Policies and procedures are available. RMHP collaborates with Mesa, Gunnison and Ouray public health departments to facilitate care for children with special needs.</p>

Colorado Department of Health Care Policy and Financing
 FY 06 Rocky Mountain Health Plan Final Site Review Report

Provision 4: Continuity of Care		
Regulatory/Contractual Provision	Elements	Site Review Results
<p>4.11 The Contractor shall promote accessibility and availability of Medically Necessary Covered Services, either directly or through subcontracts, to ensure that appropriate services and accommodations are made available to Members with a Disability or any Members with Special Health Care Needs. Covered Services for Members with Disabilities or Special Health Care Needs shall be provided in such a manner that will promote Independent Living and Member participation in the community at large.</p> <p>II.E.6.a</p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A	<p>Policies and procedures are complete and address maintaining independent living. Resources in rural and smaller communities are identified and accessed through the case management department. Phone number for RMHP customer service available in the member handbook.</p>
<p>4.12 The Contractor shall:</p> <p style="padding-left: 40px;">Respond within twenty-four (24) hours, after written or oral notice to the Contractor by the Member, the Member’s parents, guardian or Designated Client Representative, to any diminishment of the capacity of a Member with a Disability to live independently (e.g., a broken wheelchair), and,</p> <p style="padding-left: 40px;">Deliver Medically Necessary Covered Services that will restore the Member’s ability to live independently (e.g., an appropriate wheelchair) with the greatest possible expedience.</p> <p>II.E.6.b</p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A	<p>Documentation on site via chart review. Access to equipment and repair may be impacted by availability of services in the area. RMHP facilitates meeting this need through DME and home health companies and with the clinics provided through the county health and social service departments.</p>

Colorado Department of Health Care Policy and Financing
 FY 06 Rocky Mountain Health Plan Final Site Review Report

Provision 4: Continuity of Care		
Regulatory/Contractual Provision	Elements	Site Review Results
<p>4.13 The Contractor shall establish and maintain a comprehensive program of preventive health services for Members. The Contractor shall assure that Members with a Disability have the same access as other Members to preventive health services. The program shall include written <u>policies and procedures</u>, involve Participating Providers and Members in their development and ongoing evaluation, and are a part of the Contractor’s comprehensive quality assurance program as specified in Section II.I. of this contract.</p> <p>The Contractor’s program of preventive health services shall include, but is not limited to:</p> <p>Risk assessment by a Member’s Primary Care Provider or other qualified professionals specializing in risk prevention who are part of the Contractor’s Participating Providers or under contract to provide such services, to identify Members with chronic/high risk illnesses, a Disability, or the potential for such conditions;</p> <p>Health education and promotion of wellness programs, including the development of appropriate preventive services for Members with a Disability to prevent further deterioration.</p>	<p>1.Members with a Disability have access to Preventive Health Services <input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A</p> <p>2.Policies & Procedures regarding Preventive Health Services <input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A</p> <p>3.Provider and Members involved in Development and Evaluation of Preventive Health Services <input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A</p>	<p>Provision 4.13 was met through desk audit including QI Annual Report and Plan, the Member Handbook, Provider mailings, QIC minutes and policies such as UM17.2.05. On site review discussed programs that are being implemented including encouraging postpartum care and smoking cessation. RMHP is an active participant in the state MQIC and developed interventions to address access to preventive services for members with disabilities as part of a state focused study as well as other studies.</p> <p>Policy and procedure: UM 17.2.05</p> <p>All elements demonstrated in minutes of QIC meetings, QI plan, member handbook and provider manual as well as onsite discussion</p>

Colorado Department of Health Care Policy and Financing
 FY 06 Rocky Mountain Health Plan Final Site Review Report

Provision 4: Continuity of Care		
Regulatory/Contractual Provision	Elements	Site Review Results
<p>4.13 <i>continued</i> The Contractor’s responsibility shall also include the distribution of information to Members to encourage Member responsibility for following guidelines for preventive health;</p> <p>Evaluation of the effectiveness of health preventive services, including monitoring and evaluation of the use of select preventive health services by at-risk Members; Procedures to identify priorities and develop guidelines for appropriate preventive services;</p> <p>Integration of preventive health programs into the Contractor’s quality assurance program and describing specific preventive care priorities, services, accomplishments, and goals as part of required reporting in the Quality Improvement Plan, Program Impact Analysis and annual report; and,</p> <p>Processes to inform and educate Participating Providers about preventive services, involve Participating Providers in the development of programs, evaluate the effectiveness of Participating Providers in providing such services.</p> <p>II.E.6.d. (Page 28)</p>	<p>4.Risk Assessment provided to Members <input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A</p> <p>5.Development of Health Education & Wellness Programs <input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A</p> <p>6.Monitoring and Evaluation of Preventive Health Services <input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A</p> <p>7.Preventive Health Services Priorities Identified and Guidelines Developed</p>	<p>Priorities are identified through claims data, demographics and QI reviews.</p>

Colorado Department of Health Care Policy and Financing
 FY 06 Rocky Mountain Health Plan Final Site Review Report

Provision 4: Continuity of Care		
Regulatory/Contractual Provision	Elements	Site Review Results
4.13 <i>continued</i>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A	
<p>4.14 The Contractor shall ensure that appropriate staff participates in periodic training programs sponsored by the Department designed to provide technical assistance to the Contractor with policy interpretation and coordination of services to maximize compliance with requirements.</p> <p>The Contractor shall be responsible for training Participating Providers and any Subcontractors.</p> <p>II.E.6.f (page 28)</p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A	Copies of sign in sheets with course title was available during site review.
<p>4.15 The Contractor may offer to Members additional benefits and services beyond Covered Services. These benefits and services shall be identified in the Member handbook and a written description provided to the Department in a format and on a schedule to be determined in consultation with the Contractor. The Contractor shall submit written notification to the Department at least thirty (30) calendar days prior to the targeted effective date for offering the additional benefits and services.</p> <p>II.D.4.h (Page 18)</p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A	Diabetes self-management is offered in Mesa county through funding from the Mesa IPA. There are no other additional benefits.

Colorado Department of Health Care Policy and Financing
 FY 06 Rocky Mountain Health Plan Final Site Review Report

Provision 4: Continuity of Care		
Regulatory/Contractual Provision	Elements	Site Review Results
<p>4.16 The Contractor shall communicate to its Participating Providers and Members information about Medicaid Wrap Around Benefits, which are not Covered Services under this contract but are available to Members under Medicaid fee-for service (FFS).</p> <p>II.D.4.i.1</p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A	<p>Description of wrap around benefits is located in the member and provider handbooks.</p>
<p>4.17 The Contractor shall instruct its Participating Providers on how to refer a Member for such services. The Contractor shall advise Participating Providers of EPSDT support services that are available through local public health departments. The Contractor shall also advise post partum or breast-feeding or pregnant women of the special supplemental food program (WIC), state’s special assistance program for substance abusing pregnant women, and enhanced prenatal care services.</p> <p>II.D.4.i.2</p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A	<p>Demonstrated in the member handbook. During the site visit there was discussion about programs to direct pregnant women to programs such as WIC. RMHP is also working with the county health departments to reduce smoking during and after pregnancy.</p>

Colorado Department of Health Care Policy and Financing
 FY 06 Rocky Mountain Health Plan Final Site Review Report

Provision 4: Continuity of Care		
Regulatory/Contractual Provision	Elements	Site Review Results
<p>4.18 The Contractor shall inform its Home Health Services Providers and Members that Home Health Services after the 60 consecutive calendar days are not Covered Services but are available to Members under FFS and require prior authorization. If Home Health Services after 60 consecutive calendar days are anticipated, the Contractor shall ensure that, at least 30 days prior to the 60th day of Home Health Services, its Home Health Services Providers coordinate prior authorization with the Single Entry Point Agency for adult Members and with the Medicaid Fiscal Agent for children.</p> <p>II.D.4.i.3</p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A	<p>A client record was available for review; the record was complete and did meet the outlined provision.</p>
<p>4.19 The Contractor shall comply with all requirements of EPSDT regulations at 42 C.F.R. 441.50 through 441.62, as amended to assure Members’ access to EPSDT benefits.</p> <p>The Contractor must inform all of its Members through age 20 that EPSDT services are available including such benefits which are not Covered Services pursuant to this contract.</p> <p>The Contractor shall provide or arrange for the provision of all of the required screening, diagnostic and treatment components according to state and federal EPSDT standards and periodicity schedule, as contained in this contract, as described in Exhibit A. The</p>	<p>Procedures regarding EPSDT Benefits</p> <input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A	<p>RMHP has policies and procedures direct to EPDST, additionally, they have an internal committee with a variety of interdisciplinary staff who meet and analyze data, report and recommend changes. The provider manual and member handbook provide information about EPSDT. The QI staff was involved in the 2005 focused study addressing EPSDT. RMHP also works collaboratively with the counties to implement EPSDT and to coordinate wrap around benefits.</p> <p>Listed in member manual.</p>
	<p>Member Notification regarding EPSDT Benefits</p> <input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A	

Colorado Department of Health Care Policy and Financing
 FY 06 Rocky Mountain Health Plan Final Site Review Report

Provision 4: Continuity of Care		
Regulatory/Contractual Provision	Elements	Site Review Results
<p>4.19 <i>continued</i> Contractor may offer additional preventive services beyond these required standards;</p> <p>The Contractor shall complete and submit the annual EPSDT report, resulting from the preventive screenings, to the Department's EPSDT program administrator, on Form CMS-416, no later than February 1st, for the October 1st through September 30th period within the previous contract year.</p> <p>MCE Contract II.E.6.e (page 28); and 10 CCR 2505-10, Section 8.280</p>	<p>Screening/Exam requirement regarding Periodicity Schedule <input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A</p> <p>Screening/Exam Components <input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A</p> <p>Documentation regarding results of Screening/Exam <input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A</p> <p>Diagnosis & Treatment Guidelines <input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A</p>	<p>In member manual and provider handbook.</p> <p>CMS 416 submitted to the Department as required.</p> <p>In provider manual.</p>

Colorado Department of Health Care Policy and Financing
 FY 06 Rocky Mountain Health Plan Final Site Review Report

Provision 4: Continuity of Care		
Regulatory/Contractual Provision	Elements	Site Review Results
4.19 <i>continued</i>	EPSDT Outreach & Case Management <input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A EPSDT Expanded Services <input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A	Coordinates with county health and social service departments.

Results for PROVISION 4	
# provisions scored as “Met”	19
# provisions scored as “Partially Met”	0
# provisions scored as “Not Met”	0
# provisions scored as “N/A”	0

Colorado Department of Health Care Policy and Financing
 FY 06 Rocky Mountain Health Plan Final Site Review Report

Provision 5: Member Rights and Responsibilities		
Regulatory/Contractual Provision	Elements	Site Review Results
<p>5.1 The Contractor shall establish and maintain written policies and procedures for treating all Members in a manner that is consistent with all the following rights:</p> <p style="padding-left: 40px;">To be treated with respect and with due consideration for his/her dignity and privacy.</p> <p style="padding-left: 40px;">To receive information on available treatment options and alternatives, presented in a manner appropriate to the Member's condition and ability to understand.</p> <p style="padding-left: 40px;">To participate in decisions regarding his/her health care, including the right to refuse treatment.</p> <p style="padding-left: 40px;">To be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience or retaliation.</p> <p style="padding-left: 40px;">To obtain family planning services directly from any Provider duly licensed or certified to provide such services without Referral.</p> <p style="padding-left: 40px;">To request and receive a copy of his/her medical records and to request that they be amended or corrected, as specified in 45 C.F.R. Part 164.</p>	<p><input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A</p>	<p>Met by Member Rights P&Ps</p>

Colorado Department of Health Care Policy and Financing
 FY 06 Rocky Mountain Health Plan Final Site Review Report

Provision 5: Member Rights and Responsibilities		
Regulatory/Contractual Provision	Elements	Site Review Results
<p>5.1 <i>continued</i> To exercise his/her rights without any adverse effect on the way he/she is treated.</p> <p>MCE Contract II.F.1.a (page 29)</p>		
<p>5.2 The Contractor shall establish and maintain written requirements for Member participation and the responsibilities of Members in receiving Covered Services that are consistent with all responsibilities enumerated in 10 C.C.R. 2505-10, Section 8.205.2 and any amendments thereto.</p> <p>II.F.1.b</p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A	Met by Member Handbook
<p>5.3 The Contractor shall establish and maintain written policies and procedures regarding the rights and responsibilities of Members that incorporate the rights and responsibilities identified by the Department in this contract. These policies and procedures shall include the components described in this section and address the elements listed in Exhibit D, Member handbook requirements.</p> <p>II.F.1.c (page 30)</p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A	Met by P&P Member Rights, UM 17.2.05, UM 19.2.05 and UM 20.1.05

Colorado Department of Health Care Policy and Financing
 FY 06 Rocky Mountain Health Plan Final Site Review Report

Provision 5: Member Rights and Responsibilities		
Regulatory/Contractual Provision	Elements	Site Review Results
<p>5.4 The Contractor shall provide to all Members, including new Members, a Member handbook that shall include general information about services offered by the Contractor and complete statements concerning Member rights and responsibilities as listed in this section within a reasonable time after the Contractor is notified of the Enrollment. Minimum requirements for information to be included in the Member handbook are listed in Exhibit D, and shall be available for review by the Department.</p> <p>II.F.1.d.1</p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A	<p>Met by Member Handbook</p>
<p>5.5 Written information provided to Members shall be written, to the extent possible, at the sixth (6th) grade level, unless otherwise directed by the Department, translated into other non-English languages prevalent in the Service Area, and provided in alternative formats as required in the contract. Members shall be informed that oral interpretation services are available for any language that written information is available in prevalent languages and how to access interpretation services.</p> <p>II.F.1.d.2</p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A	<p>At the time of site audit, the Contractor was in the process of revising the Member Handbook. The Contractor agreed to rework the reading grade level of some pages that were found to be above 6th grade reading level during the revision.</p>

Colorado Department of Health Care Policy and Financing
 FY 06 Rocky Mountain Health Plan Final Site Review Report

Provision 5: Member Rights and Responsibilities		
Regulatory/Contractual Provision	Elements	Site Review Results
<p>5.6 The Contractor may provide Members with similar information, in the form of newsletters, etc., as is provided to private/commercial enrollees, but shall also provide Members with additional information as appropriate to promote compliance with this contract.</p> <p>II.F.1.d.4</p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A	<p>Contractor demonstrated compliance during interview and through documents presented during the site audit and by desk audit materials</p>
<p>5.7 The Contractor shall provide periodic updates to the Member handbook when needed to explain changes to the above policies. Prior to printing, the Contractor shall submit the updates to the Department for review and approval, at least thirty (30) calendar days prior to the targeted printing date.</p> <p>II.F.1.d.5</p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A	<p>Met by P&P Handbook Process & Approval GO 5.7</p>
<p>5.8 The Contractor shall provide a copy of the policies on Members' rights and responsibilities to all Participating Providers and ensure that Participating Providers are aware of information being provided to Members.</p> <p>II.F.1.d.6</p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A	<p>Met by Provider Manual</p>
<p>5.9 The Contractor and its representatives shall not knowingly provide untrue or misleading information, as defined at 10-16-413 (1) (a)-(c), C.R.S. (2004), regarding the Contractor's Plan or Medicaid eligibility, to Clients or Members.</p> <p>II.F.1.d.7 (page 31)</p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A	<p>Met by Employee Handbook</p>

Colorado Department of Health Care Policy and Financing
 FY 06 Rocky Mountain Health Plan Final Site Review Report

Provision 5: Member Rights and Responsibilities		
Regulatory/Contractual Provision	Elements	Site Review Results
<p>5.10 The Contractor shall notify all Members of their right to request and obtain the information listed in Exhibit D at least once a year.</p> <p>II.F.1.d.8</p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A	<p>Met by Member Letter and Member Handbook</p>
<p>5.11 Members shall also be notified of any significant changes in the following information at least thirty (30) days prior to the effective date of the change:</p> <p style="padding-left: 40px;">The amount, duration and scope of Covered Services available in sufficient detail to ensure that Members understand the benefits to which they are entitled.</p> <p style="padding-left: 40px;">Procedures for obtaining Covered Services, including authorization requirements.</p> <p style="padding-left: 40px;">The extent to which, and how, Members may obtain benefits, including family planning services, from out-of-network Providers.</p> <p style="padding-left: 40px;">The extent to which, and how, after-hours and Emergency Services are provided including:</p> <p style="padding-left: 80px;">What constitutes an Emergency Medical Condition, Emergency Services and Post-Stabilization Care Services.</p>	<p>Notice 30 Days Prior</p> <input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input checked="" type="checkbox"/> N/A <p>Description of Covered Services</p> <input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input checked="" type="checkbox"/> N/A <p>Description of Obtaining Covered Services</p> <input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input checked="" type="checkbox"/> N/A	<p>There were no significant changes during the previous year for the items listed under Provision 5.11.</p>

Colorado Department of Health Care Policy and Financing
 FY 06 Rocky Mountain Health Plan Final Site Review Report

Provision 5: Member Rights and Responsibilities		
Regulatory/Contractual Provision	Elements	Site Review Results
<p>5.11 <i>continued</i></p> <p>The fact that prior authorization is not required for an Emergency Services.</p> <p>The process and procedures for obtaining Emergency Services, including use of the 911 telephone system or its local Equivalent.</p> <p>The locations of any emergency settings and other locations at which Providers and Hospitals furnish Emergency Services and Post-Stabilization Care Services covered under the contract.</p> <p>The fact that, subject to the provisions of this section, the Member has the right to use any Hospital or other setting for Emergency Services.</p> <p>Policy on Referrals for specialty care and for other benefits not furnished by the Member's Primary Care Physician.</p> <p>Cost sharing, if any.</p> <p>How and where to access Wrap Around Benefits, including any cost sharing and how transportation is provided. For a counseling or Referral service that the Contractor does</p>	<p>Description of Family Planning Services</p> <p><input type="checkbox"/> Met</p> <p><input type="checkbox"/> Partially Met</p> <p><input type="checkbox"/> Not Met</p> <p><input checked="" type="checkbox"/> N/A</p> <p>Description of Emergency Services</p> <p><input type="checkbox"/> Met</p> <p><input type="checkbox"/> Partially Met</p> <p><input type="checkbox"/> Not Met</p> <p><input checked="" type="checkbox"/> N/A</p> <p>Policy on Referrals for Specialty Care</p> <p><input type="checkbox"/> Met</p> <p><input type="checkbox"/> Partially Met</p> <p><input type="checkbox"/> Not Met</p> <p><input checked="" type="checkbox"/> N/A</p> <p>Cost Sharing</p> <p><input type="checkbox"/> Met</p> <p><input type="checkbox"/> Partially Met</p> <p><input type="checkbox"/> Not Met</p> <p><input checked="" type="checkbox"/> N/A</p>	

Colorado Department of Health Care Policy and Financing
 FY 06 Rocky Mountain Health Plan Final Site Review Report

Provision 5: Member Rights and Responsibilities		
Regulatory/Contractual Provision	Elements	Site Review Results
<p>5.11-continued not cover because of moral or religious objections, the Contractor need not furnish information on how and where to obtain the service.</p> <p>II.F.1.d.8 (Page 32)</p>	<p>Wrap Around Benefits</p> <p><input type="checkbox"/> Met</p> <p><input type="checkbox"/> Partially Met</p> <p><input type="checkbox"/> Not Met</p> <p><input checked="" type="checkbox"/> N/A</p>	
<p>5.12 The Contractor shall facilitate culturally and linguistically appropriate care, by implementing the following requirements:</p> <p>Establish and maintain <u>policies</u> to reach out to specific cultural and ethnic Members for <u>prevention, health education and treatment for diseases</u> prevalent in those groups;</p> <p>Maintain <u>policies</u> to provide health care services that respect individual health care attitudes, beliefs, customs and practices of Members related to <u>cultural affiliation</u>;</p> <p>Make a reasonable effort to <u>identify Members</u> whose <u>cultural norms and practices</u> may affect their access to health care. Such efforts may include inquiries conducted by the Contractor of the language proficiency of Members during the Contractor’s orientation calls or being served by Participating Providers, or improving access to health care through community outreach and Contractor publications;</p>	<p>1. Policies that address Prevention, Health Education and Treatment of Diseases</p> <p><input type="checkbox"/> Met</p> <p><input checked="" type="checkbox"/> Partially Met</p> <p><input type="checkbox"/> Not Met</p> <p><input type="checkbox"/> N/A</p> <p>2. Policies that consider Cultural Affiliations</p> <p><input checked="" type="checkbox"/> Met</p> <p><input type="checkbox"/> Partially Met</p> <p><input type="checkbox"/> Not Met</p> <p><input type="checkbox"/> N/A</p>	<p>RMHP presented its policies and procedures related to promoting culturally sensitive care, although the interview process revealed that some of these policies have not yet been implemented.</p> <p>Standard 5.12 and RMHP’s P&P Case Management Protocols, Section H, require that RMHP implement cultural competency training as needed for network Providers and other RHMP staff specifically in the following areas:</p> <ol style="list-style-type: none"> 1. “The medical risks associated with the Client’s population’s racial, ethnic and socioeconomic conditions.” 2. “Health care attitudes, values, customs, and beliefs that affect access to and benefit from health care services.” <p>RMHP has set a June 2006 date for the first provider training session. There was no evidence of training provided or anticipated for RMHP staff. There was no evidence of an assessment of the need for such training.</p>

Colorado Department of Health Care Policy and Financing
 FY 06 Rocky Mountain Health Plan Final Site Review Report

Provision 5: Member Rights and Responsibilities		
Regulatory/Contractual Provision	Elements	Site Review Results
<p>5.12-continued</p> <p>Develop and/or <u>provide cultural competency training</u> programs, as needed, to the network Providers and Contractor staff regarding (a) health care attitudes, values, customs, and beliefs that affect access to and benefit from health care services, and (b) the medical risks associated with the Client population's racial, ethnic and socioeconomic conditions;</p> <p>Make available <u>written translation of Contractor materials</u>, including Member handbook, correspondence and newsletters. Written Member information and correspondence shall be made available in languages spoken by <u>prevalent non-English speaking Member populations</u> within the Contractor's Service Area. Prevalent populations shall consist of 500 or more Members speaking each language;</p> <p>Develop <u>policies and procedures</u>, as needed, on how the Contractor shall respond to requests from Participating Providers for <u>interpreter services</u> by a Qualified Interpreter. This shall occur particularly in Service Areas where language may pose a barrier so that Participating Providers can: (a) conduct</p>	<p>3. Identify Members Cultural Norms and Practices</p> <p><input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A</p> <p>4. Provide Cultural Competency Training</p> <p><input type="checkbox"/> Met <input checked="" type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A</p> <p>5. Written Translation of Contractor Materials Available</p> <p><input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A</p>	

Colorado Department of Health Care Policy and Financing
 FY 06 Rocky Mountain Health Plan Final Site Review Report

Provision 5: Member Rights and Responsibilities		
Regulatory/Contractual Provision	Elements	Site Review Results
<p>5.12-continued the appropriate assessment and treatment of non-English speaking Members (including Members with a Communication Disability) and (b) promote accessibility and availability of Covered Services, at no cost to Members;</p> <p>Develop policies and procedures on how the Contractor will respond to <u>requests from Members for interpretive services</u> by a Qualified Interpreter or publications in alternative formats;</p> <p>Make a reasonable effort, when appropriate, to <u>develop and implement a strategy</u> to recruit and retain qualified, diverse and culturally competent clinical Providers that represent the racial and ethnic communities being served; and,</p> <p>Provide <u>access to interpretative services</u> by a Qualified Interpreter for Members with a hearing impairment in such a way that it shall promote accessibility and availability of Covered Services.</p> <p>Develop and maintain written policies and procedures to ensure compliance with requirements of the Americans with Disabilities Act of 1990 and Section 504 of the Rehabilitation Act of 1973;</p>	<p>6. Written Materials available for prevalent non-English Speaking Members <input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A</p> <p>7. Policies & Procedures regarding Interpretive Services <input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A</p> <p>8. Strategy regarding Cultural Competent Clinical Providers <input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A</p>	

Colorado Department of Health Care Policy and Financing
 FY 06 Rocky Mountain Health Plan Final Site Review Report

Provision 5: Member Rights and Responsibilities		
Regulatory/Contractual Provision	Elements	Site Review Results
<p>5.12-continued</p> <p><u>Arrange for Covered Services to be provided through agreements with non-Participating Providers</u> when the Contractor does not have the direct capacity to provide Medically Necessary Covered Services in an appropriate manner, consistent with Independent Living, to Members with Disabilities;</p> <p>Provide <u>access</u> to TDD or other equivalent methods <u>for Members with a hearing impairment</u> in such a way that it will promote accessibility and availability of Covered Services; and,</p> <p>Make <u>Member information available upon request for Members with visual impairments</u>, including, but not limited to, Braille, large print, or audiotapes. For Members who cannot read, member information shall be available on audiotape.</p> <p>II.E.6.c (page 27)</p>	<p>9. Access to Interpretative Services</p> <p><input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A</p> <p>10. Policies and Procedures regarding ADA and Section 504</p> <p><input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A</p> <p>11. Arrangement of Services through Provider Agreements</p> <p><input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A</p>	

Colorado Department of Health Care Policy and Financing
 FY 06 Rocky Mountain Health Plan Final Site Review Report

Provision 5: Member Rights and Responsibilities		
Regulatory/Contractual Provision	Elements	Site Review Results
	<p>12. Access to Services for Members with Hearing Impairment <input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A</p> <p>13. Member Information Available for Members with visual impairments <input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A</p>	

Results for PROVISION 5	
# provisions scored as “Met”	12
# provisions scored as “Partially Met”	2
# provisions scored as “Not Met”	0
# provisions scored as “N/A”	1

Corrective Action Required:

The Contractor shall submit a corrective action plan to be approved by the Department. The plan shall include the steps and timeframes to implement the following corrective action(s):

Colorado Department of Health Care Policy and Financing
FY 06 Rocky Mountain Health Plan Final Site Review Report

Provision 5.12:

- a. RMHP shall develop and implement policies and mechanisms to reach out to specific cultural and ethnic members for prevention, health education and treatment for diseases prevalent in these groups.
- b. RMHP shall provide evidence that the CFMC provider training has been conducted.
- c. RMHP shall provide evidence that RMHP staff have received cultural sensitivity training.

Colorado Department of Health Care Policy and Financing
 FY 06 Rocky Mountain Health Plan Final Site Review Report

Provision 6: Grievance and Appeal		
Regulatory/Contractual Provision	Elements	Site Review Results
<p>6.1 The Contractor shall provide a Department approved description of the grievance, appeal and fair hearing procedures and timeframes to all providers and subcontractors at the time the provider or subcontractor enters into a contract with the Contractor. The description shall include:</p> <p>The member’s right to a State fair hearing for appeals.</p> <p>The method to obtain a hearing, and</p> <p>The rules that govern representation at the hearing.</p> <p>The member’s right to file grievances and appeals.</p> <p>The requirements and timeframes for filing grievances and appeals.</p> <p>The availability of assistance in the filing process.</p> <p>The toll-free numbers that the member can use to file a grievance or an appeal by telephone.</p> <p>The fact that, when requested by a member:</p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A	<p>RMHP’s description of the grievance, appeal and fair hearings procedure and timeframes has been approved by the Department and is provided to all providers and subcontractors. The description includes the items specified in 6.1. RMHP’s P&P’s/description restates 10 C.C.R. 2505-10 8.209</p>

Colorado Department of Health Care Policy and Financing
 FY 06 Rocky Mountain Health Plan Final Site Review Report

Provision 6: Grievance and Appeal		
Regulatory/Contractual Provision	Elements	Site Review Results
<p>6.1 <i>continued</i></p> <p>Benefits will continue if the member files an appeal or a request for State fair hearing within the timeframes specified for filing; and</p> <p>The member may be required to pay the cost of services furnished while the appeal is pending in the final decision is adverse to the member.</p> <p>Exhibit I. 10 CCR 2505-10, Section 8.209.3.B</p>		
<p>6.2 The Contractor shall give members reasonable assistance in completing any forms required by the Contractor, putting oral requests for a State fair hearing into writing and taking other procedural steps, including, but not limited to, providing interpretive services and toll-free numbers that have adequate TTY/TTD and interpreter capability.</p> <p>Exhibit I. Section 8.209.4.C.</p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A	<p>The assistance provided to the member by RMHP is specified in the member handbook and various policies and procedures submitted. The assistance provided meets provisions.</p>
<p>6.3 The Contractor shall send the member written acknowledgement of each appeal within two (2) working days of receipt, unless the member or designated client representative requests an expedited resolution.</p> <p>Exhibit I. Section 8.209.4.D.</p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A	<p>A description of RMHP’s appeal process and the appeal acknowledgement letter sent to the member was provided. An acknowledgement letter was sent within the required timeframe for all of the appeal records reviewed.</p>

Colorado Department of Health Care Policy and Financing
 FY 06 Rocky Mountain Health Plan Final Site Review Report

Provision 6: Grievance and Appeal		
Regulatory/Contractual Provision	Elements	Site Review Results
<p>6.4 The Contractor shall ensure that the individuals who make decisions on appeals are individuals who were not involved in any previous level of review or decision-making and who have the appropriate clinical expertise in treating the member’s condition or disease if deciding any of the following: an appeal of a denial that is based on lack of medical necessity, a grievance regarding denial of expedited resolution of an appeal, or a grievance or appeals that involves clinical issues.</p> <p>Exhibit I. Section 8.209.4.E.</p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A	<p>Policy and procedure describing RMHP’s process regarding the appeal decision making was provided and meets provisions.</p>
<p>6.5 The Contractor shall accept appeals orally or in writing.</p> <p>Exhibit I. Section 8.209.4.F.</p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A	<p>Policy and procedure indicates a member can communicate an appeal orally or in writing.</p>
<p>6.6 The Contractor shall provide the member a reasonable opportunity to present evidence, and allegations of fact or law, in person as well as in writing. The Contractor shall inform the member of the limited time available in the case of expedited resolution.</p> <p>Exhibit I. Section 8.209.4.G.</p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A	<p>Policy and procedure illustrates opportunities for a member to present evidence. Template letter regarding expedited appeal included and meets all provisions.</p>

Colorado Department of Health Care Policy and Financing
 FY 06 Rocky Mountain Health Plan Final Site Review Report

Provision 6: Grievance and Appeal		
Regulatory/Contractual Provision	Elements	Site Review Results
<p>6.7 The Contractor shall provide the member and the designated client representative opportunity, before and during the appeal process, to examine the member’s case file, including medical records and any other documents and records considered during the appeal process.</p> <p>Exhibit I . Section 8.209.4.H.</p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A	<p>Policy and procedure illustrate opportunities for a member to present evidence. Template letter regarding expedited appeal included.</p>
<p>6.8 The Contractor shall include as parties to the appeal, the member and the designated client representative or the legal representative of a deceased member’s estate.</p> <p>Exhibit I. Section 8.209.4.I.</p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A	<p>Policies and procedures identify designated member representative and legal representative as parties that may be involved in the appeal process. The members are made aware of this through the member handbook.</p>
<p>6.9 The Contractor shall resolve each appeal, and provide notice as expeditiously as the member’s health condition requires, not to exceed the following:</p> <p style="padding-left: 40px;">For standard resolution of an appeal and notice to the affected parties, ten (10) working days from the day the Contractor receives the appeal.</p> <p style="padding-left: 40px;">For expedited resolution of an appeal and notice to affected parties, three (3) working days after the Contractor receives the appeal.</p> <p>Exhibit I. Section 8.209.4.J.</p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A	<p>Software is used by RMHP in appeals process in order to track resolution of appeals. Polices and procedures adhere to notification and timeframe requirements. A resolution letter was sent within the required timeframe for all of the appeal records reviewed.</p>

Colorado Department of Health Care Policy and Financing
 FY 06 Rocky Mountain Health Plan Final Site Review Report

Provision 6: Grievance and Appeal		
Regulatory/Contractual Provision	Elements	Site Review Results
<p>6.10 The Contractor may extend timeframes for the resolution of appeals by up to fourteen (14) calendar days:</p> <p style="padding-left: 40px;">If the member requests the extension; or</p> <p style="padding-left: 40px;">The Contractor shows that there is a need for additional information and that the delay is in the member's best interest.</p> <p>Exhibit I. Section 8.209.4.K.</p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A	<p>RMHP had no appeals extensions during previous fiscal year provided. The template letter used by RMHP when requesting extensions was provided.</p>
<p>6.11 Member's need not exhaust the Contractor level appeal process before requesting a State fair hearing. The member shall request a State fair hearing within twenty (20) calendars days from the date of the Contractor's notice of action.</p> <p>Exhibit I. Section 8.209.4.N.</p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A	<p>Information provided to member indicates ability of member to request a state fair hearing.</p>
<p>6.12 The Contractor shall establish and maintain an expedited review process for appeals when the Contractor determines, or the provider indicates, that taking the time for a standard resolution could seriously jeopardize the member's life or health or ability to attain, maintain or regain maximum function.</p> <p>Exhibit I. Section 8.209.4.O.</p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A	<p>Documentation outlines expedited review process for appeals may be utilized. The documentation reiterates the provision.</p>

Colorado Department of Health Care Policy and Financing
 FY 06 Rocky Mountain Health Plan Final Site Review Report

Provision 6: Grievance and Appeal		
Regulatory/Contractual Provision	Elements	Site Review Results
<p>6.13 The Contractor shall ensure that punitive action is not taken against a provider who requests an expedited resolution or supports a member's appeal.</p> <p>Exhibit I. Section 8.209.4.P.</p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A	<p>RMHP informs providers that punitive action will not be taken against them when requesting an expedited resolution or supporting a member's appeal.</p>
<p>6.14 If the Contractor denies a request for expedited resolution, it shall transfer the appeal in the timeframe for standard resolution, make reasonable effort to give the member prompt oral notice of the denial and send a written notice of the denial for an expedited resolution within two (2) calendar days.</p> <p>Exhibit I. Section 8.209.4.Q.</p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A	<p>Policies and procedures and the notice to members specify that if a request for an expedited resolution is denied, the timeframe for a standard resolution apply.</p>
<p>6.15 The Contractor shall provide for the continuation of benefits while the Contractor level appeal and the State fair hearing are pending if the member files the appeal timely, the appeal involves the termination, suspension or reduction of a previously authorized course of treatment, the services were ordered by an authorized provider, the original period covered by the original authorization has not expired and the member requests extension of benefits.</p> <p>Exhibit I. Section 8.209.4.R.</p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A	<p>Documentation provided informs members and providers that benefits will continue while the appeal and state fair hearing are pending.</p>

Colorado Department of Health Care Policy and Financing
 FY 06 Rocky Mountain Health Plan Final Site Review Report

Provision 6: Grievance and Appeal		
Regulatory/Contractual Provision	Elements	Site Review Results
<p>6.16 If at the member’s request, the Contractor continues or reinstates the member’s benefits while the appeal is pending, the benefits shall be continued until the member withdraws the appeal, ten (10) days pass after the Contractor mails the notice providing the resolution of the appeal against the member, a State fair hearing office issues a final agency decision adverse to the member, or the time period or service limits of a previously authorized service has been met.</p> <p>Exhibit I. Section 8.209.4.S.</p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A	<p>Documentation provided restates the requirements as outlined in 6.16.</p>
<p>6.17 If the Contractor or State fair hearing officer reverses a final agency decision to deny, limit or delay services that were not furnished while the appeal was pending, the Contractor shall authorize or provide the disputed services promptly and as expeditiously as the member’s health condition requires.</p> <p>Exhibit I. Section 8.209.4.U.</p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A	<p>RMHP provided five examples of when disputed services were received after a service denial decision was reversed.</p>
<p>6.18 If the Contractor or State fair hearing officer reverses a final agency decision to deny authorization of services and the member received the services while the appeal was pending, the Contractor must pay for those services.</p> <p>Exhibit I. Section 8.209.4.V.</p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A	<p>RMHP provided an example of a service denial decision that was reversed and the member continued to receive services while the appeal was pending.</p>

Colorado Department of Health Care Policy and Financing
 FY 06 Rocky Mountain Health Plan Final Site Review Report

Provision 6: Grievance and Appeal		
Regulatory/Contractual Provision	Elements	Site Review Results
<p>6.19 The Contractor shall ensure that the individuals who make decisions on grievances are individuals who were not involved in any previous level of review or decision-making and who have the appropriate clinical expertise in treating the member’s condition or disease if deciding a grievance that involves clinical issues.</p> <p>Exhibit I. Section 8.209.5.C.</p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A	<p>Policy and procedure describing RMHP’s process for grievance decision making was provided and meets the provision.</p>
<p>6.20 The Contractor shall accept grievances orally or in writing.</p> <p>The Contractor shall dispose of each grievance and provide notice as expeditiously as the member’s health condition requires, not to exceed fifteen (15) working days from the day the Contractor receives the grievance.</p> <p>Exhibit I. Section 8.209.5.D.</p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A	<p>Policy and procedure indicates a member can communicate a grievance orally or in writing. Records reviewed onsite demonstrated compliance with timeframes.</p>

Colorado Department of Health Care Policy and Financing
 FY 06 Rocky Mountain Health Plan Final Site Review Report

Provision 6: Grievance and Appeal		
Regulatory/Contractual Provision	Elements	Site Review Results
<p>6.21 The Contractor may extend timeframes for the disposition of grievances by up to fourteen (14) calendar days:</p> <p style="padding-left: 40px;">If the member requests the extension; or</p> <p style="padding-left: 40px;">The Contractor shows that there is a need for additional information and that the delay is in the member’s best interest. The Contractor shall give the member prior written notice of the reason for delay if the timeframe is extended.</p> <p><small>Exhibit I. Section 8.209.5.E.</small></p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A	<p>RMHP provided information regarding the number of grievances extended by RMHP and the member during FY 05. Records reviewed onsite demonstrated compliance with requirements and timeframes.</p>

Results for PROVISION 7	
# provisions scored as “Met”	21
# provisions scored as “Partially Met”	0
# provisions scored as “Not Met”	0
# provisions scored as “N/A”	0

Colorado Department of Health Care Policy and Financing
 FY 06 Rocky Mountain Health Plan Final Site Review Report

Provision 10: Provider Issues		
Regulatory/Contractual Provision	Elements	Site Review Results
<p>10.1 The Contractor shall ensure that Participating Providers comply with all applicable local, state and federal insurance requirements necessary in the performance of this contract. Minimum insurance requirements shall include, but not be limited to the following:</p> <p>Physicians participating in the Contractor’s Plan shall be insured for malpractice, in an amount equal to a minimum of \$0.5 million per incident and \$1.5 million in aggregate per year.</p> <p>Facilities participating in the Contractor’s Plan shall be insured for malpractice, in an amount equal to a minimum of \$0.5 million per incident and \$3.0 million in aggregate per year.</p> <p>Provision (1) and (2) of this section above shall not apply to Physicians and facilities in the Contractor's network which:</p> <p style="padding-left: 40px;">Are public entities or employees pursuant to the Colorado Governmental Immunity Act, 24-10-103, C.R.S., as amended; or,</p> <p style="padding-left: 40px;">Maintain any other security acceptable to the Colorado Commissioner of Insurance, which may include approved plan of self-insurance, pursuant to 13-64-301, C.R.S., as amended.</p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A	<p>Insurance amounts for providers and facilities met the requirements.</p> <p>A total of twenty credentialing and recertifying records were reviewed from a variety of primary care providers including family practice, OB-GYN and pediatrics. All charts were fully compliant with NCQA and Departmental expectations.</p>

Colorado Department of Health Care Policy and Financing
 FY 06 Rocky Mountain Health Plan Final Site Review Report

Provision 10: Provider Issues		
Regulatory/Contractual Provision	Elements	Site Review Results
<p>10.1 <i>continued</i> The Contractor shall, upon request, provide the Department with acceptable evidence that such insurance is in effect. In the event of cancellation of any such coverage, the Contractor shall, within two (2) business days, notify the Department of such cancellation.</p> <p>MCE Contract II.G.2 (page 35)</p>		
<p>10.2 No specific payment can be made directly or indirectly under a Provider incentive plan to a Provider as an inducement to reduce or limit Medically Necessary services furnished to a Member.</p> <p>The Contractor shall disclose to the Department or any Member or Member’s Designated Client Representative, at the Department’s request, information on any Provider incentive plan.</p> <p>The Contractor shall ensure that subcontracts containing Physician incentives comply with 42 C.F.R. 438.6, as described in Exhibit E of this contract.</p> <p>II.G.3</p>	<p><input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A</p>	<p>The only incentive plan is in Mesa county and is administered through the Mesa County IPA. This plan includes incentive language related to emergency use, chronic care and hospital days. RMHP does not provide any incentive programs.</p>

Colorado Department of Health Care Policy and Financing
 FY 06 Rocky Mountain Health Plan Final Site Review Report

Provision 10: Provider Issues		
Regulatory/Contractual Provision	Elements	Site Review Results
<p>10.3 For alleged quality of care concerns involving Physician Providers, the Contractor may use the process of its professional review committee, as set forth in 12-36.5-104, C.R.S., (2004) when a quality of care concern is brought to its attention.</p> <p>Notwithstanding any other provision in this contract, the Contractor is not required to disclose any information that is confidential by law.</p> <p>II.G.4 (page 36)</p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A	<p>RMHP does use a process for professional review of quality concerns. All potential quality concerns are monitored, those that are identified as actual concerns are referred to the Medical Practice Review Committee. Annually, RMHP analyzes results to identify trends or areas in need of further action or change.</p>
<p>10.4 The Contractor shall provide or enter into subcontracts with qualified pharmacy Providers for the provision of Covered Drugs as required, and in the manner specified, by Department regulations at 10 C.C.R. 2505-10, Section 8.205.8. All subcontracts with pharmacy Providers shall be subject to all standards set forth in this contract.</p> <p>II.G.6</p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A	<p>Documentation was provided in the desk audit that meets this provision.</p>
<p>10.5 The Contractor shall promptly pay claims submitted by Providers, consistent with the claims payment procedures as required by Section 10-16-106.5, C.R.S. (2004), as amended.</p> <p>II.G.8 (page 38)</p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A	<p>A copy of the internal benchmark form was submitted and this demonstrated compliance with this provision.</p>

Colorado Department of Health Care Policy and Financing
 FY 06 Rocky Mountain Health Plan Final Site Review Report

Provision 10: Provider Issues		
Regulatory/Contractual Provision	Elements	Site Review Results
<p>10.6 The Contractor shall notify the Department, in writing, of its decision to terminate any existing Participating Provider agreement where such termination will cause the delivery of Covered Services to be inadequate in a given area.</p> <p>The written notice shall be provided to the Department at least sixty (60) calendar days prior to termination of the services unless the termination is based upon quality or performance issues.</p> <p>The notice to the Department shall include a description of how the Contractor will replace the provision of Covered Services at issue. In the event that the Contractor is unable to adequately replace the affected services to the extent that accessibility will be inadequate in a given area, the Department may impose limitations on Enrollment in the area or eliminate the area from the Contractor's Service Area.</p> <p>II.G.9.a.</p>	<p>Subcontract termination notification</p> <p><input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A</p> <p>Notification 60 days prior</p> <p><input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A</p> <p>Notification includes description</p> <p><input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A</p>	<p>The primary reason for terminations at RMHP has been retirements. RMHP has been compliant with notifying the department.</p>
<p>10.7 The Contractor shall make a reasonable effort to provide written notice of termination of Participating Provider agreements to Members.</p> <p>This shall occur within fifteen (15) calendar days after receipt, issuance of, or notice of such termination to all Members receiving Covered</p>	<p>Written notice</p> <p><input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A</p>	<p>Examples of the termination letter sent to members was provided in the desk audit.</p>

Colorado Department of Health Care Policy and Financing
 FY 06 Rocky Mountain Health Plan Final Site Review Report

Provision 10: Provider Issues		
Regulatory/Contractual Provision	Elements	Site Review Results
<p>10.7 continued Services on a regular basis from or through a Provider whose agreement is terminating with the Contractor, regardless of whether the termination is for cause or without cause.</p> <p>Where a termination involves a Primary Care Physician, all Members that receive Covered Services through that Primary Care Physician shall also be notified.</p> <p>Such notice shall describe how services provided by the Participating Provider will be replaced, and inform the Members of Disenrollment procedures.</p> <p>The Contractor shall allow Members to continue receiving care for sixty (60) calendar days from the date a Participating Provider is terminated without cause when proper notice as specified in this section has not been provided to the Members.</p> <p>II.G.9.b.</p>	<p>15 day timeframe <input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A</p> <p>Members notified regarding PCP <input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A</p> <p>Notification includes description <input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A</p> <p>60 day continuation <input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A</p>	

Colorado Department of Health Care Policy and Financing
 FY 06 Rocky Mountain Health Plan Final Site Review Report

Provision 10: Provider Issues		
Regulatory/Contractual Provision	Elements	Site Review Results
<p>10.8 The Contractor and Participating Providers are prohibited from providing material incentives unrelated to the provision of service as an inducement to the Members to Enroll or Disenroll in the Contractor’s Plan or to use the services of a particular Provider.</p> <p>II.G.10 (page 38)</p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A	<p>Documented in the provider contract.</p>
<p>10.9 The Contractor shall not discriminate with regards to the participation, reimbursement or indemnification of any provider who is acting within the scope of his/her license or certification under applicable state law, solely on the basis of that license or certification. If the Contractor declines to include an individual Provider or group of Providers in its network, it shall give the affected Provider/s written notice of the reasons for its decision.</p> <p>II.G.11 (page 39)</p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A	<p>Documented in the provider contract.</p>

Colorado Department of Health Care Policy and Financing
 FY 06 Rocky Mountain Health Plan Final Site Review Report

Provision 10: Provider Issues		
Regulatory/Contractual Provision	Elements	Site Review Results
<p>10.10 The Contractor shall in no way prohibit or restrict a Participating Provider, who is acting within the lawful scope of practice, from advising a Member about any aspect of his or her health status or medical care, advocating on behalf of a Member, advising about alternative treatments that may be self administered, including the risks, benefits and consequences of treatment or non-treatment so that the Member receives the information needed to decide among all available treatment options and can make decisions regarding his/her health care, regardless of whether such care is a Covered Service under this contract.</p> <p>II.E.3.c (page 22)</p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A	<p>Documented in the provider contract</p>

Results for PROVISION 10	
# provisions scored as “Met”	10
# provisions scored as “Partially Met”	0
# provisions scored as “Not Met”	0
# provisions scored as “N/A”	0

Colorado Department of Health Care Policy and Financing
 FY 06 Rocky Mountain Health Plan Final Site Review Report

Provision 11: Certifications and Program Integrity		
Regulatory/Contractual Provision	Elements	Site Review Results
<p>11.1 The Contractor shall have a mandatory compliance plan and administrative and management arrangements or procedures that are designed to guard against fraud and abuse. The following shall be included:</p> <p>Written policies, procedures and standards of conduct that articulate the Contractor’s commitment to comply with all applicable federal and state requirements.</p> <p style="padding-left: 40px;">Designation of a compliance officer and compliance committee that are accountable to senior management.</p> <p style="padding-left: 40px;">Effective training and education for the compliance officer and the Contractor’s employees.</p> <p style="padding-left: 40px;">Effective lines of communication between the compliance officer and the Contractor’s employees for reporting violations.</p> <p style="padding-left: 40px;">Enforcement of standards through well-publicized disciplinary guidelines.</p> <p style="padding-left: 40px;">Provision for internal monitoring and auditing;</p>	<p>Policies and Procedures <input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A</p> <p>Compliance Officer Designation <input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A</p> <p>Training and Education <input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A</p> <p>Lines of Communication <input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A</p>	<p>Policies and procedures specified business conduct standards and corporate compliance program education and training regarding applicable federal and state requirements.</p> <p>A description of the role and relationship of the compliance officer and compliance committee to senior management was provided. The compliance officer is accountable to senior management.</p> <p>Fraud and abuse materials specify the training and education provided to new and existing employees.</p> <p>Information provided describes the lines of communication available to report fraud and abuse and how this information is conveyed to employees, providers and members.</p>

Colorado Department of Health Care Policy and Financing
 FY 06 Rocky Mountain Health Plan Final Site Review Report

Provision 11: Certifications and Program Integrity		
Regulatory/Contractual Provision	Elements	Site Review Results
<p>11.1 <i>continued.</i> Provisions for prompt response to detected offenses and for development of corrective action initiatives.</p> <p>MCE Contract II.G.5.a (page 36)</p>	<p>Enforcement of Standards <input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A</p> <p>Prompt Response Provision <input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A</p>	<p>A description regarding the enforcement of standards and a provision outlining how RMHP will detect offenses and develop corrective actions was also included. The description outlined routine internal monitoring and auditing conducted.</p> <p>RMHP policies state that possible instances of Medicaid fraud shall be reported to the Department within ten (10) business days of receipt of information. Therefore, they do have a provision for prompt response detected offenses and for development of corrective action initiatives.</p>
<p>11.2 The Contractor shall report possible instances of Medicaid fraud to the Department within ten (10) business days of receipt of information. The Referrals shall include specific background information, the name of the Provider, and a description of how the Contractor became knowledgeable about the occurrence.</p> <p>II.G.5.b</p>	<p><input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A</p>	<p>RMHP policies and procedures regarding reporting possible instances of fraud specify RMHP's contractual responsibilities.</p>

Colorado Department of Health Care Policy and Financing
 FY 06 Rocky Mountain Health Plan Final Site Review Report

Provision 11: Certifications and Program Integrity		
Regulatory/Contractual Provision	Elements	Site Review Results
<p>11.3 The Contractor shall not knowingly have a relationship with the following:</p> <p style="padding-left: 40px;">An individual who is debarred, suspended or otherwise excluded from participating in procurement activities under the Federal Acquisition Regulation or from participating in non-procurement activities under regulations issued under federal Executive Order No. 12.</p> <p style="padding-left: 40px;">An individual who is an affiliate, as defined in the Federal Acquisition Regulation, of a person described in paragraph “a” above.</p> <p>The Contractor shall not employ or contract with Providers excluded from participation in federal health care programs under either section 1128 or section 1128a of the Social Security Act.</p> <p>II.G.5.c (Page 37)</p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A	<p>A description of the process used to ensure RMHMO does not knowingly have a relationship with an individual specified in 11.3 was provided.</p>

Results for PROVISION 11	
# provisions scored as “Met”	3
# provisions scored as “Partially Met”	0
# provisions scored as “Not Met”	0
# provisions scored as “N/A”	0

Colorado Department of Health Care Policy and Financing
 FY 06 Rocky Mountain Health Plan Final Site Review Report

Provision 12: Advance Directives		
Regulatory/Contractual Provision	Elements	Site Review Results
<p>12.1 Contractor shall maintain written policies and procedures concerning advance directives with respect to all adult individuals receiving medical care by or through the contractor, as provided in 42 C.F.R. Section 489.</p> <p>MCE Contract II.G.7.b. (page 37)</p>	<input type="checkbox"/> Met <input checked="" type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A	<p>Number VI of RMHP’s P&P states that RMHP provides community education regarding advance directives. RMHP was not able to demonstrate compliance with this P&P.</p>
<p>12.2 The Contractor shall provide written information to those individuals with respect to the following:</p> <p>Their rights under the law of the state.</p> <p>The Contractor’s policies respecting the implementation of those rights, including a statement of any limitation regarding the implementation of advance directives as a matter of conscience.</p> <p>Contractor must inform individuals that complaints concerning noncompliance with advance directive requirements may be filed with the State survey and certification agency.</p> <p>II.G.7.c.</p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A	<p>This provision was met through information in the Member Handbook.</p>

Results for PROVISION 12	
# provisions scored as “Met”	1
# provisions scored as “Partially Met”	1
# provisions scored as “Not Met”	0
# provisions scored as “N/A”	0

Colorado Department of Health Care Policy and Financing
FY 06 Rocky Mountain Health Plan Final Site Review Report

Corrective Action Required

The Contractor shall submit a corrective action plan to be approved by the Department. The plan shall include the steps and timeframes to implement the following corrective action(s):

- a. RMHP shall provide documentation to demonstrate compliance with their policy and procedure regarding community education on advance directives.

Colorado Department of Health Care Policy and Financing
 FY 06 Rocky Mountain Health Plan Final Site Review Report

Provision 15: Compliance and Monitoring		
Regulatory/Contractual Provision	Elements	Site Review Results
<p>15.1 The Contractor shall comply with requirements and limitations regarding abortions, hysterectomies and surgical sterilizations and shall maintain certifications and documentation specified in 42 C.F.R. 441, Subpart F. The certifications and documentations, as well as any summary reports, shall be available to the Department within ten (10) business days of the Department's request.</p> <p>MCE Contract II.I.2.c (page 41)</p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A	<p>Met by P&P UM 19.2.05</p>

Colorado Department of Health Care Policy and Financing
 FY 06 Rocky Mountain Health Plan Final Site Review Report

Provision 15: Compliance and Monitoring		
Regulatory/Contractual Provision	Elements	Site Review Results
<p>15.2 The Contractor and all Subcontractors shall maintain a complete file of all records, documents, communications, and other materials which pertain to the operation of the program/project or the delivery of services under this contract sufficient to disclose fully the nature and extent of services/goods provided to each Member. These records shall be maintained according to statutory or general accounting principles and shall be easily separable from other Contractor records. Such files shall be sufficient to properly reflect all direct and indirect costs of labor, materials, equipment, supplies and services, and other costs of whatever nature for which contract payments was made and shall include but are not limited to:</p> <p style="padding-left: 40px;">All Medical Records, service reports, and orders prescribing treatment plans;</p> <p style="padding-left: 40px;">Records of goods, including such things as drugs and medical equipment and supplies, and copies of original invoices for such goods; and,</p> <p style="padding-left: 40px;">Records of all payments received for the provision of such services or goods.</p> <p>II.I.5.b.1 (page 45)</p>	<p><input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A</p>	<p>Compliance demonstrated via RMHP's electronic records system during the administrative site visit and by desk audit materials.</p>

Colorado Department of Health Care Policy and Financing
 FY 06 Rocky Mountain Health Plan Final Site Review Report

Provision 15: Compliance and Monitoring		
Regulatory/Contractual Provision	Elements	Site Review Results
<p>15.3 The Contractor shall maintain records or shall have a system in place to retrieve information sufficient to identify the Physician who delivered services to the patient.</p> <p>II.H.5.b.2</p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A	<p>Met by a demonstration of RMHP’s electronic records system during the administrative site visit.</p>
<p>15.4 All such records, documents, communications, and other materials shall be maintained by the Contractor, for a period of six (6) years from the date of any monthly payment under this contract, or for such further period as may be necessary to resolve any matters which may be pending, or until an audit has been completed with the following qualification: If an audit by or on behalf of the federal and/or state government has begun but is not completed at the end of the six (6) year period, or if audit findings have not been resolved after a six (6) year period, the materials shall be retained until the resolution of the audit finding.</p> <p>II.H.5.b.3</p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A	<p>Compliance demonstrated by P&P UM 18.2.05</p>

Results for PROVISION 15	
# provisions scored as “Met”	4
# provisions scored as “Partially Met”	0
# provisions scored as “Not Met”	0
# provisions scored as “N/A”	0

Colorado Department of Health Care Policy and Financing
 FY 06 Rocky Mountain Health Plan Final Site Review Report

Provision 17: Quality Assessment and Performance Improvement		
Regulatory/Contractual Provision	Elements	Site Review Results
<p>17.1 The Contractor shall conduct performance improvement projects that are designed to achieve, through ongoing measurements and intervention, significant improvement, sustained over time, in clinical care and nonclinical care areas that are expected to have a favorable effect on health outcomes and Member satisfaction.</p> <p>II.J.2.b.1.</p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A	<p>Documented through desk audit materials including MQIC minutes and agenda, site review discussion including updates at the beginning of the site review. Annually participates in HEDIS and CAHPS and other statewide quality initiatives.</p>
<p>17.2 The Contractor shall complete performance improvement projects in a reasonable time period in order to facilitate the integration of project findings and information into the overall quality assessment and improvement program and to produce new information on quality of care each year.</p> <p>II.J.2.b.4</p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A	<p>Performance improvement projects required by CMS have been validated for 2005; both received a met and 100% through the completed 3 steps. Site review discussion included an update of the clinical PIP: Increasing Timeliness of Postpartum Visits and the nonclinical PIP: Increasing Adolescent Well-Child Visits. Additionally, RMHP has developed additional performance improvement projects internally including asthma care and application of the chronic care model for clients with congestive heart failure. The quality department works with other departments and agencies in the development and implementation of quality programs.</p>
<p>17.3 The Contractor shall analyze and respond to results indicated in the HEDIS measures.</p> <p>II.J.2.c.1.b</p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A	<p>Demonstrated in desk audit materials including the Annual QI report. RMHP consistently demonstrates high HEDIS scores.</p>

Colorado Department of Health Care Policy and Financing
 FY 06 Rocky Mountain Health Plan Final Site Review Report

Provision 17: Quality Assessment and Performance Improvement		
Regulatory/Contractual Provision	Elements	Site Review Results
<p>17.4 The Contractor shall monitor Member perceptions of accessibility and adequacy of services provided by the Contractor. Tools shall include the use of Member surveys, anecdotal information, grievance and appeals data and Enrollment and Disenrollment information. The monitoring results shall be included as part of the Contractor’s Program Impact Analysis and Annual Report submission.</p> <p>II.J.2.d.1</p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A	<p>Demonstrated in QI report, CAHPS results and quarterly compliance data.</p>
<p>17.5 The Contractor shall fund an annual Member satisfaction survey, determined by the Department, and administered by a certified survey vendor, according to survey protocols. In lieu of a satisfaction survey conducted by an external entity, the Department, at the Department’s discretion, may conduct the survey. In addition, the Contractor shall report to the Department results of internal satisfaction surveys of Members designed to identify areas of satisfaction and dissatisfaction by June 30th of each fiscal year.</p> <p>II.J.2.d.2 (page 54)</p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A	<p>CAHPS results provided to HCPF. Analysis completed in QI annual report and MQIC minutes.</p>
<p>17.6 The Contractor shall develop a corrective action plan when Members report statistically significant levels of dissatisfaction, when a pattern of complaint is detected, or when a serious complaint is reported.</p> <p>II.J.2.d.3</p>	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input checked="" type="checkbox"/> N/A	<p>Currently not applicable.</p>

Colorado Department of Health Care Policy and Financing
 FY 06 Rocky Mountain Health Plan Final Site Review Report

Provision 17: Quality Assessment and Performance Improvement		
Regulatory/Contractual Provision	Elements	Site Review Results
<p>17.7 The Contractor shall implement and maintain a mechanism to assess the quality and appropriateness of care for Persons with Special Health Care Needs.</p> <p>II.J.2.d.4</p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A	<p>Demonstrated through desk audit materials including case management program descriptions and involvement with state-wide quality studies and interventions.</p>
<p>17.8 The Contractor shall implement and maintain a mechanism to detect over and under utilization of services.</p> <p>II.J.2.e</p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A	<p>Documented through policy and procedure UM 13.1.05.</p>
<p>17.9 The Contractor shall investigate any alleged quality of care concerns, upon request of the Department.</p> <p>II.J.2.f.1</p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A	<p>RMHP does use a process for professional review of quality concerns. All potential quality concerns are monitored, those that are identified as actual concerns are referred to the Medical Practice Review Committee. Annually, RMHP analyzes results to identify trends or areas in need of further action or change.</p>
<p>17.10 The Contractor shall maintain a process for evaluating the impact and effectiveness of the quality assessment and improvement program on at least an annual basis.</p> <p>II.I.2.h.1</p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A	<p>Documented with QI annual report, QI plan and MQIC minutes. MQIC minutes include an annual appraisal of items such as HEDIS, utilization, evidenced based practices and most frequent diagnoses.</p>

Colorado Department of Health Care Policy and Financing
 FY 06 Rocky Mountain Health Plan Final Site Review Report

Provision 17: Quality Assessment and Performance Improvement		
Regulatory/Contractual Provision	Elements	Site Review Results
<p>17.11 The Contractor shall submit an annual report to the Department, detailing the findings of the program impact analysis. The report shall describe techniques used by the Contractor to improve performance, the outcome of each performance improvement project and the overall impact and effectiveness of the quality assessment and improvement program. The report shall be submitted by the last business day of September for the preceding fiscal year's quality activity or at a time the contract has been terminated.</p> <p>II.J.2.h.2</p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A	<p>All reports were reviewed and accepted, all met time requirements</p>
<p>17.12 The Program Impact Analysis and Annual Report shall provide sufficient detail for Department staff to validate the Contractor's performance improvement projects according to 42 C.F.R. parts 433 and 438, External Quality Review of Medicaid Managed Care Organizations.</p> <p>II.J.2.h.3</p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A	<p>PIPs for 2005 were validated successfully by EQRO. Performance measures and audited were provided and compliance reports were submitted to EQRO.</p>
<p>17.13 Upon request, this information shall be made available to Providers and Members at no cost.</p> <p>II.J.2.h.4</p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A	<p>Demonstrated in the member handbook, provider mailings and annually in a QI supplement to the provider manual.</p>

Colorado Department of Health Care Policy and Financing
 FY 06 Rocky Mountain Health Plan Final Site Review Report

Provision 17: Quality Assessment and Performance Improvement		
Regulatory/Contractual Provision	Elements	Site Review Results
<p>17.14 The Contractor shall provide a quality improvement plan, to the Department by the last business day in September. The plan shall delineate current and future quality assessment and performance improvement activities. The plan shall integrate finding and opportunities for improvement identified in focused studies, HEDIS measurements, enrollee satisfaction surveys and other monitoring and quality activities. The plan is subject to the Department's approval.</p> <p>II.J.2.i</p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A	<p>QI plan submitted and approved, all met time requirements.</p>
<p>17.15 The Contractor shall participate in the annual external independent review of quality outcomes, timeliness of, and access to the services covered under this contract. The external review may include but not be limited to all of any of the following: Medical Record review, performance improvement projects and studies, surveys, calculation and audit of quality and utilization indicators, administrative data analyses and review of individual cases.</p> <p>II.J.2.j.1</p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A	<p>RMHP participated in the annual Technical Report submitted to CMS.</p>
<p>17.16 For external review activities involving Medical Record abstraction, the Contractor shall be responsible for obtaining copies of the Medical Records from the sites in which the services reflected in the encounter occurred.</p> <p>II.J.2.j.2 (page 56)</p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A	<p>Successfully demonstrated during the collection of data for 2005 HEDIS. Interview included discussion of HEDIS process and the training and interrater reliability measures used with the medical record abstraction team.</p>

Colorado Department of Health Care Policy and Financing
 FY 06 Rocky Mountain Health Plan Final Site Review Report

<p>17.17 The Contractor shall maintain a health information system that collects, analyzes, integrates and reports data. The system shall provide information on areas including, but not limited to, utilization, grievances and appeals, encounters and Disenrollment.</p> <p>II.J.2.k.1</p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A	<p>Chart provided and discussion of process conducted during the site review.</p>
<p>17.18 The Contractor shall collect data on Member and Provider characteristics and on services furnished to Members.</p> <p>II.J.2.k.2</p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A	<p>Demonstrated through discussion on site, quarterly reports and annual QI report.</p>

Results for PROVISION 17	
# provisions scored as “Met”	17
# provisions scored as “Partially Met”	0
# provisions scored as “Not Met”	0
# provisions scored as “N/A”	1