

DIVISION OF MENTAL HEALTH, DEVELOPMENTAL DISABILITIES, AND SUBSTANCE ABUSE SERVICES



Working Together to Ensure Quality,
Positive Outcomes and Accountability in
Serving and Supporting Individuals and
Families

Provider Monitoring Collaboration Workgroup

September, 2014





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THE **Status**



UPDATE



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Provider Monitoring

- **Provider monitoring under the 1915(b)(c) waiver has been a process of continuous quality improvement, and prompted by Session Law 2009-451 (SB 202), which directed DHHS to explore and implement procedures to reduce the administrative burden on LME-MCOs and providers in assessing and demonstrating compliance to state requirements.**



Provider Monitoring

- It also became evident that there was a need for a more simplified process:The logo for 'Simplified' features the word 'Simplified' in a grey sans-serif font. The letter 'i' is replaced by a blue icon of a human head with a brain inside, symbolizing simplification or intelligence.
- a reduction in the number of items to be reviewed, and
- a consolidation of the number of tools used.
- This has led to a more efficient method of review.



Routine Provider Monitoring



- To this end, and with representation from LME-MCOs, service providers, and DHHS staff – there has been a collaborative restructuring of the monitoring process and how the LME-MCOs carry out their monitoring responsibilities.
- New process for routine monitoring began on March 1, 2014.



Phase I

Development of a Streamlined Process and Tools for Routine Provider Monitoring



Streamlining Provider Monitoring





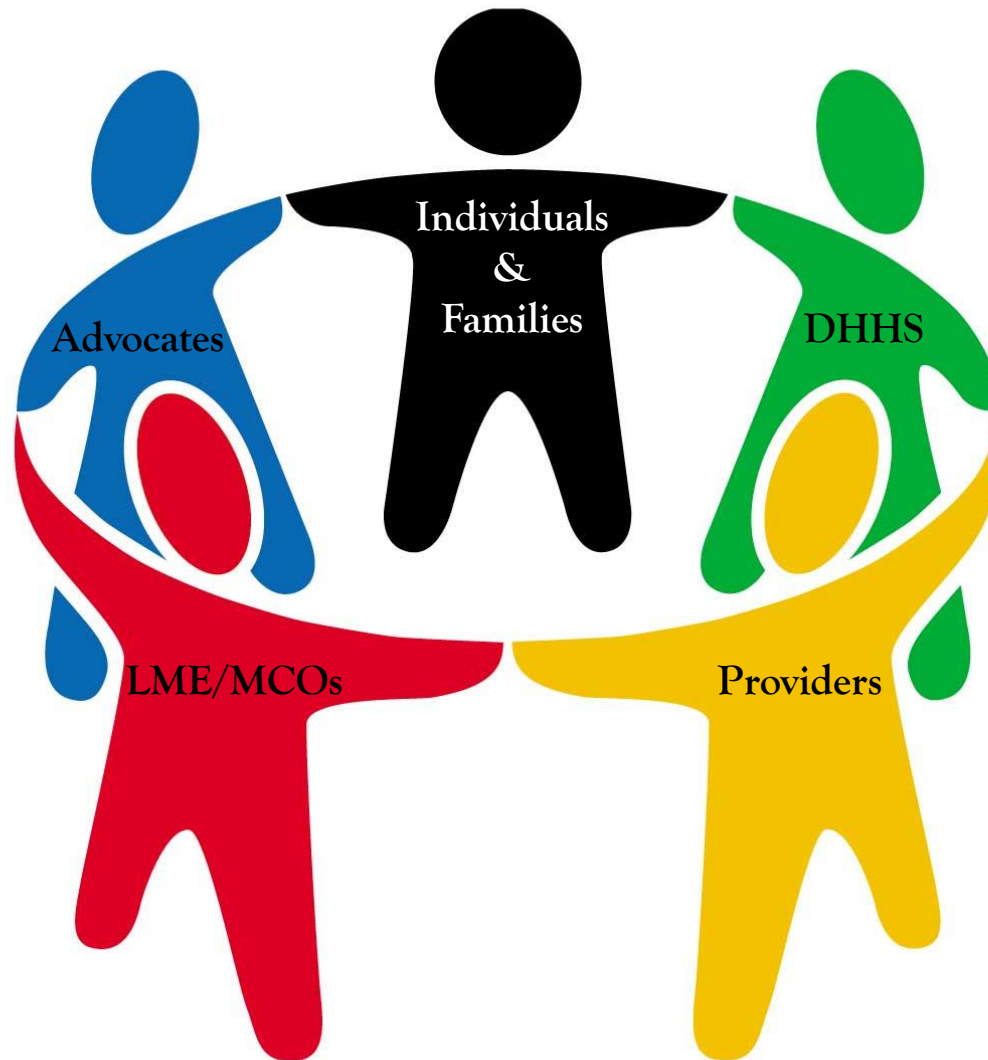
Phase I

- **Compliance with rule-based requirements in areas that are important to the individuals and families we serve:**

• Protection of Rights	• Service Availability
• Coordination of Care	• Reporting & Following Up on Incidents
• Handling Complaints	• Protection of Property
• Medication Administration	• Use of Restrictive Interventions
• Records & Documentation	• Integrity of Billing



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Provider Monitoring Collaboration Workgroup

- **DHHS**



- **Division of Health Service Regulation [DHSR]**
- **Division of Medical Assistance [DMA]**
- **Division of Mental Health, Developmental Disabilities, and Substance Abuse Services [DMH/DD/SAS]**
- **NC Council on Developmental Disabilities [DD Council]**



Provider Monitoring Collaboration Workgroup

- **Stakeholders**

- **Benchmarks**
- **National Alliance on Mental Illness [NAMI]**
- **NC Association of Rehabilitation Facilities [NCARF]**
- **NC Council of Community Programs**
- **NC Mental Health Consumers' Organization**





Provider Monitoring Collaboration Workgroup

- **Stakeholders**

- **NC Providers Council [NCPC]**
- **Professional Association Council [PAC]**
- **Provider-LME-Leadership Forum [PLLF]**
- **Regional Consumer & Family Advisory Committee Representatives [CFACs]**





Provider Monitoring Collaboration Workgroup



Professional Association Council	(PAC)
• Addiction Professionals of NC	• NC Counseling Association
• Licensed Professional Counselors of NC	• NC Nurses Association
• National Association of Social Workers – NC Chapter	• NC Psychiatric Association
• NC Association for Marriage and Family Therapy	• NC Psychological Association
	• NC Society for Clinical Social Work



Individuals, Families & Advocates

- Bring an invaluable and unique perspective
- Voice of the people that we support and serve
- Lived Experience is vital and important to bring forward to workgroup
- Imperative for improvements in our system
- Evaluate outcomes





Individuals, Families & Advocates

- **Bring information from experience and from others-**
 - What have you heard?
 - What would be good measures to indicate quality services?
 - Ways/methods to encourage individual & family participation in treatment planning and service implementation





Providers

- **Ensure monitoring readiness.**
- **Ensure on-going communication with LME-MCO staff, throughout the monitoring review, to ensure the integrity of the process.**
- **Provide feedback through the established mechanism.**



LME-MCOs

- Ensure consistency among internal LME-MCO staff and other LME-MCOs with regard to process and flow in implementing the monitoring tools and protocols.
- Identify ways to reduce duplicative provider monitoring requirements.
- Ensure compliance with LME-MCO accrediting body.
- Ensure that monitoring activities are not in conflict with LME-MCO/Provider Contracts.



DHHS

- **Clarification and interpretation of rules, statutes, and policies**
- **Ensure compliance with federal and state requirements and contract provisions**
- **Evaluate the need for rule revisions**
- **Assurance of health and safety of licensed facilities and compliance with MH/IDD/SA rules**



DHHS

- Oversight of LME-MCOs and providers
- Submission of State Medicaid Plan
- Technical support – research; data analysis; tool construction, design, automation and revision
- Logistical support
- Maintain Provider Monitoring web page
- Provide guidance



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Now Everyone's at the Table.....

with contributions and ideas to share!





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Accomplishments to Date



Focus on providing assurance that:

- **Individuals' rights are being protected;**
- **Some of the key elements of quality service provision are in place; and**
- **Documentation supports the integrity of billing and reimbursement.**



Accomplishments to Date



- Streamlining the tools took into account the maturity of the provider network by reducing redundancy.
- Elimination of duplication by using existing data such as review of IRIS reports, review of provider policies, submitted reports to profile provider performance across multiple areas of accountability.



Accomplishments to Date



- **Streamlining the Tools**
 - 88% reduction in the # of items on the tool used for the Routine Agency Review
 - 22% reduction in the # of items on the LIP Review Tools [office site review, routine review, post-payment review]
 - 25% reduction on the average # of items on the post-payment reviews for agencies
 - Further reductions and consolidations have resulted from the Inter-Rater Reliability process.



Accomplishments to Date



Workshops, Conference Presentations and Webinars

- PowerPoint presentations of periodic updates on the progress of routine monitoring have been posted on the web.
- These presentations, which cover a variety of topics, provide an opportunity to expound upon important nuances of the routine monitoring process.
- Some of the PowerPoint presentations are available upon request in a webinar format from DMHWebcasts@dhhs.nc.gov.



Accomplishments to Date



Frequently Asked Questions [FAQs]

- Questions from participants at trainings or submissions to the provider monitoring mailbox are posted on the Provider Monitoring web page for dissemination.
- Subject matter experts are consulted for input in responding to some questions to ensure accuracy.





Accomplishments to Date



Provider Monitoring Survey

- A confidential survey tool has been developed to obtain feedback from providers about the monitoring experience.
- The survey is designed to be completed after the provider receives their monitoring report.





Accomplishments to Date



Provider Monitoring Survey

- **LME-MCO Compliance with Guidelines**
- **Professionalism of Review Team**
- **Results of the Review/Provider Performance**





Provider Monitoring Survey

- **Adherence to Notification Timeframes – 94%**
 - **Notification of on-site review was made within the required timeframes**
 - **Within 21-28 calendar days prior to the review**
 - **Records needed for the review no less than 5 business days prior to the review**
 - **Required information (pre-site and on-site) needed to be available for the review was clearly identified**



Provider Monitoring Survey

- Reviewers were knowledgeable or very knowledgeable of the services reviewed - 83%
 - Received more “Mets” from the reviewer who was familiar with the services included in the sample
 - One reviewer was unsure of what to do when Medicare was the primary insurance



Provider Monitoring Survey

- Reviewers followed the guidelines for scoring the items reviewed – 81%
 - A POC was required when the clinical coverage policy stated that Medicare policies should be followed for dually-eligible recipients
 - Idiosyncratic preferences of the reviewer



Provider Monitoring Survey

- **Able to have an open discussion with the review team – 85%**
 - “We appreciated the opportunity to dialogue re: the standards as this was our first audit.”
 - “This is another positive change to the review process. In the past we were never allowed to help the reviewers find what they were looking for in the record nor were we allowed to have any open discussion with the reviewers. This change turned the process into a collaborative effort to ensure the guidelines are met.”



Provider Monitoring Survey

- Review team allowed the opportunity to provide the requested information – 88%
 - Provider was not informed that information was missing. Received a “Not Met.” The report did not explain why item was not met which made it hard to write a POC.



Provider Monitoring Survey

- **Non-compliant findings were shared with provider DURING the monitoring visit with an explanation in specific terms to help provider understand why the requirements were not met. – 68%**
 - **Provider was debriefed following the monitoring but several citations in the final report were not discussed during the exit interview.**



Provider Monitoring Survey

- **81% of the providers had at least one non-compliant finding.**
 - **Rights Notification – 48%**
 - **Post-Payment Reviews – 20%**
 - **Coordination of Care – 12%**



Provider Monitoring Survey

- **Primary Areas of Non-Compliance on Post-Payment Reviews**
 - **Service Plans – 18%**
 - **Clinical Supervision – 10%**
 - **Service Authorization – 10%**
 - **Criminal Background/Record Checks – 8%**



Provider Monitoring Survey

- **Plan of Correction Required – 49%**
- **Payback Required for Non-Compliant Issues – 85%**
- **Provider plans to appeal non-compliant findings – 11%**



Continuous Quality Improvement: Current Activities



- Evaluation of Routine Tools and Process
- Increasing consistency and inter-rater reliability among reviewers
- Developing strategies for reciprocity across LME-MCOs to reduce duplication, administrative burden and to achieve greater efficiency



Phase II

Assessment of Exemplary Provider Performance

- Develop tools that measure quality and outcomes.
- Develop tools for advanced levels of provider status.





How Things Get Done

- Much of the work is completed via small focus groups.
- Focus groups provide an opportunity to contribute to the goals and mission of the workgroup.
- Focus groups meet between the monthly workgroup meetings.
- Conference calls are available for focus group and workgroup meetings.





Focus Groups

- **Examine a specific issue and propose solutions which are brought back to the workgroup.**
- **Provide an opportunity for brainstorming and creative, collaborative problem-solving.**





Focus Groups

- Meet as often as weekly, mostly via conference calls.
- Requires prep work prior to the focus group meeting.





Focus Groups

- Communications via e-mail are frequent and require a prompt response as time is critical.





Inter-Rater Reliability Focus Group

- Review/Revision of Guidelines:
- Interpretation of rule requirements and clarifying the guidelines and standards for rating each item on the tools to increase consistency among reviewers across the state. This process began in June – weekly meetings via conference call.



Inter-Rater Reliability Focus Group

- Review/Revision of Guidelines (cont.):
- All tool guidelines have been systematically and methodically reviewed once.
- Will do a final review of all guidelines to make sure all requested revisions were made.
- Guidelines will be sent to the PMWG for Discussion at our October meeting.
- The revamped guidelines will be sent to Executive Leadership for approval.



Inter-Rater Reliability Focus Group

- Development of Pre-Test and Post-Test:
- A focus group is working on developing measures.
- Pre-test will give us a baseline to get a sense of how much concordance and disparity there is in the ratings of the reviewers before the new guidelines are released. Pre-test will be administered prior to the review teams being trained on the new guidelines.



Inter-Rater Reliability Focus Group

- Development of Pre-Test and Post-Test (cont.):
- We hope to have a one-day training session for lead monitoring supervisors prior to them training their staff on the new guidelines.
- Post-test will be administered after reviewers have been trained to see the extent to which agreement increases among reviewers.



Reciprocity Focus Group

- Sharing routine monitoring results across LME-MCOs to eliminate duplicative routine and advanced standing monitoring .
- Delineates the process for determining the responsible LME-MCO when a provider contracts with more than one LME-MCO.
- Not a delegation of responsibility but a sharing of information for efficiency across the system.



Reciprocity Focus Group

- A proposal has been drafted and sent to executive leadership who will present the proposal to the LME-MCO Directors Forum.
- The cost savings and benefits outweigh the risks and liability.
- The proposal has been sent to the AG's Office to make sure it does not conflict with GS 122c.



Advanced Standing Focus Group

- **Factors that are being considered:**
 - The presence of quality management systems that enhance the provider's ability to self-monitor
 - Effective implementation of quality improvement strategies and to inculcate
 - A culture and philosophy across the organization that facilitates positive outcomes for the individuals and families we support.



Advanced Standing Focus Group

- **Factors that are being considered:**
 - **Personal, Clinical and Functional Outcomes**
 - **The quality systems and infrastructure within the provider organization**
 - **Age, disability, gender, cultural considerations**
 - **What do “outcomes” and “quality” mean?**



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Best Possible Outcomes for Individuals and Families



Quality Providers → Quality Services





Format of Workgroup Meetings

- Once a Month - Third Tuesday of Month from 10-3
- Working Lunch – BYOL (Buy or Bring)
- Conference Call is available but face-to-face is preferred.





Format of Workgroup Meetings

- Due to the limited time that we have for this large task, we must stay focused.





Format of Workgroup Meetings

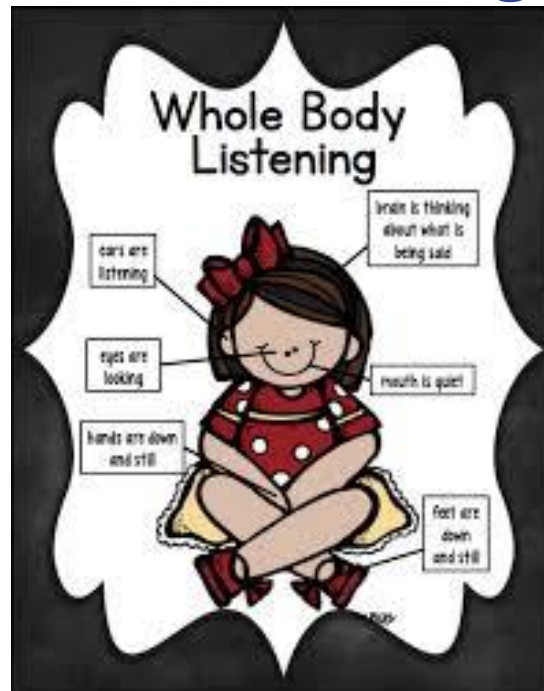
- The perspectives of all members are respectfully shared.
- Sharing of ideas and diversity develop the best ideas.





Format of Workgroup Meetings

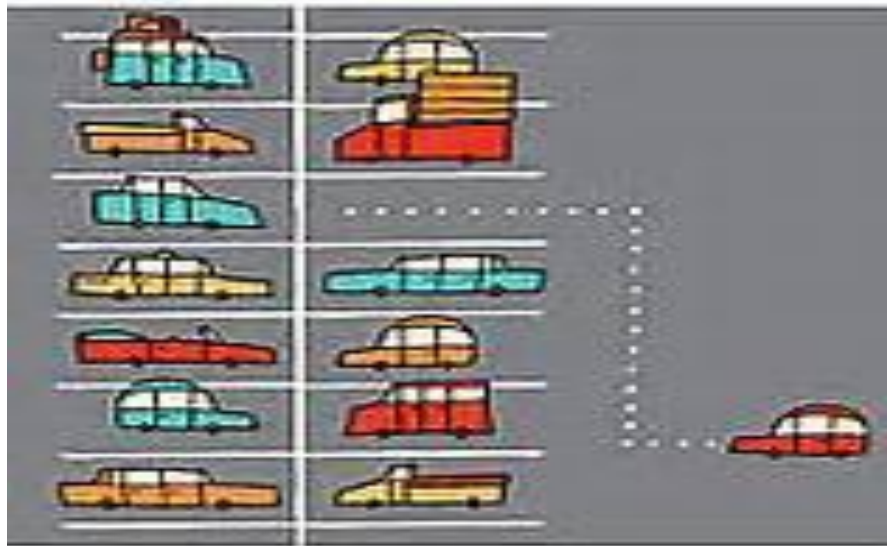
Active Listening





Format of Workgroup Meetings

- Issues/ Topics that require additional research may be tabled or “placed in the parking lot”.





Format of Workgroup Meetings

- **Issues/ Topics that fall outside of our task area will be referred to an appropriate committee or group.**





Workgroup Meetings

- We value and respect the perspectives of each member. A wealth of information, experience and expertise is brought to the table.



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Workgroup Meetings

- **Because we have different perspectives, we don't always agree.**
- **We work toward consensus building.**





Workgroup Meetings

- The integrity and cohesiveness of the Provider Monitoring Collaboration Workgroup is paramount to our overall success in meeting the targeted outcomes.

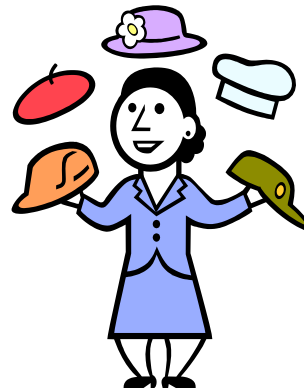




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“We’ve Only Just Begun”

There’s Much More to be Done!





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Important Issues to be Addressed

- **Deemed Status**
- **Role of National Accreditation**
- **Feasibility of Timeframes Based on Available Resources**
- **Further Streamlining of the Process**
- **Continuous Exploration of Ways to Further Reduce Administrative Burden Across the System**



Our Commitment to Continuous Quality Improvement





Continued Collaboration





Continued Collaboration

Transparency



The Key to Positive Outcomes and Accountability



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