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Revisions: 11/07/2019

**Document Scope:** (applies to Policy & Procedure only)

- The requirements herein apply only to the GCBH Central Office and its functions.
  - X - The requirements herein apply, verbatim, to GCBH and its network providers<sup>2</sup>.
  - The requirements herein apply both to GCBH and its network providers<sup>2</sup>. Additionally, network providers must have internal documents outlining their processes for implementing the requirements, insofar as they relate to actions for which network providers are responsible.
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**PURPOSE:** To establish standards for increased quality of services for individuals and a process by which contract auditing of Greater Columbia Behavioral Health's, LLC BH-ASO (GCBH's) provider network is in compliance with Federal, State, and local laws.

**DEFINITIONS**

- I. None

**POLICY**

- A. In the event that fraud, abuse and/or compliance with fiscal requirements are suspect, an immediate audit is required.
  - i. GCBH may conduct announced and unannounced audits at any time, at the discretion of the Co-Directors and/or the Executive Committee.
  
- B. GCBH contract audit processes are provided in compliance with Federal, State and local laws, including, but not limited to:
  - i. 42 CFR Part 438, Managed Care;
  - ii. 45 CFR Parts 160 and 162, Health Insurance Reform: Policies for Electronic Transactions;
  - iii. 45 CFR Parts 160 and 164, Policies for Privacy of Individually Identifiable Health Information;
  - iv. 42 CFR Pars 2.1 and 2.2, Statutory authority for confidentiality of drug abuse patient records and Statutory authority for confidentiality of alcohol abuse patient records.
  - v. 45 CFR Part 142 Security and Electronic Signature Policies;
  - vi. Balanced Budget Act Title IV;
  - vii. GCBH/HCA/MCO Program Agreements;
  - viii. Washington Administrative Codes (WAC);
  - ix. Washington State Medicaid 1915(b) Waiver; and
  - x. GCBH Contracts, Standards, Policies and Procedures.
  
- C. GCBH provides its provider network with technical assistance required to meet contract requirements. The audit also facilitates communication between GCBH, the Provider Network and employees.
  
- D. GCBH provides year-end summary reports in all functional areas (i.e. Administrative,

Information Systems (IS), Finance, Utilization Management (UM)) to the Quality Management Oversight Committee (QMOC) for review and, as necessary, development of system wide quality improvement recommendations to the Executive Committee.

## **PROCEDURE**

### Content and Scheduling

1. Audits are performed to assess compliance with Federal, State and local laws and contractual requirements.
2. Best efforts are used to coordinate the audit process in a manner that avoids duplication.
3. Areas of review include, but are not limited to, Administration, Fiscal, IS and UM. Additional participation during an audit may include representation from the following:
  - 3.1. Agency Board members;
  - 3.2. Agency staff appropriate to the audit being conducted; and
  - 3.3. Other persons appropriate to the audit being conducted, at the request of GCBH.
4. With the exception an unannounced audit, a Notice is sent via mail or email to the provider of the date of the audit.
  - 4.1. Provider Agencies are given the opportunity to change the audit date if necessary.
5. Additional information and/or documentation may be requested by GCBH before, during and/or after the audit.
6. With the exception of desk audits, entrance and exit interviews are conducted. Representatives from the Provider Agency, including the Agency's Executive Director and senior management, are invited to attend the entrance and exit interviews. Additional Agency staff participation is at the discretion of the Agency's Executive Director.
  - 6.1. The Entrance Interview may include the following activities:
    - 6.1.1. Introductions (sign-in sheet);
    - 6.1.2. Restate purpose;
    - 6.1.3. Review agenda, if applicable; and
    - 6.1.4. Agency overview of programs and services that are provided using GCBH funds.
      - 6.1.4.1. The presentation/description includes location of services, hours of operation, individual/enrollee eligibility criteria, staffing patterns, and number of individuals/enrollees served.
    - 6.1.5. A tour of the Agency and/or its facilities may be conducted, upon GCBH request. Items covered in the tour include, but are not limited to, the following:
      - 6.1.5.1. Overall appearance and safety of the facility;
      - 6.1.5.2. Security of information systems and records area;
      - 6.1.5.3. Adequacy and/or availability of private areas for assurance of confidentiality;

- 6.1.5.4. Multi-lingual brochures;
  - 6.1.5.5. Telecommunications Device for the Deaf (TDD) Access; and
  - 6.1.5.6. Required postings.
- 6.2. The Exit Interview usually occurs on the last day of the on-site visit. Representatives from the Provider Agency, including the Agency's Executive Director and senior management, are invited to attend the exit interview. Additional Agency staff participation is at the discretion of the Agency's Executive Director.
- 6.2.1. The probable findings and recommendations are then presented verbally at the Exit Interview and are indicative of what appears in the draft audit report.

## Reports

- 7. The draft audit report is completed within thirty (30) calendar days of the completion of the site visit and mailed to the Provider Agency.
- 8. The draft audit report identifies the reviewers, dates of the review, scope of the review, method of compliance verification, recommendations, findings and corrective action plan timeframe, if applicable.
- 9. The Provider Agency has ten (10) business days to respond to the draft audit report.
  - 9.1. The Provider Agency may submit additional documentation they were unable to produce and/or documentation requested by the reviewers. Any additional documentation provided by the Provider Agency is reviewed and as appropriate, scores may be adjusted.
  - 9.2. The Provider Agency may request face-to-face meetings between the Provider Agency and GCBH to further discuss the draft audit report.
- 10. The final audit report is completed within ten (10) business days of the draft audit report unless extended in writing by the Co-Director or his/her designee and is mailed to the Provider Agency.
- 11. If the final audit report lists any findings, a corrective action plan must be submitted by the timeframe specified in the final audit report.
  - 11.1. If the Provider Agency does not submit and/or complete the plan by the specified dates the reviewers notify the Co-Director or his/her designee.
  - 11.2. The Co-Director or his/her designee contacts the Provider Agency to discuss the actions to be taken to complete the corrective action plan.
  - 11.3. If the Provider Agency continue to decline submittal and/or completion of the corrective action plan the Co-Director notifies the Executive Committee.
    - 11.3.1. The Executive Committee makes the decision on how to proceed which may include remedial action per contract between the Provider Agency and GCBH.
- 12. After completion of the annual audit cycle, the Executive Committee is provided with summary audit reports from all functional areas (i.e. Administrative, IS, Finance, UM).
- 13. The GCBH Staff is responsible to complete system analysis of the region wide trends and develop system quality improvement recommendations, as necessary. These

recommendations are forwarded to the functional areas working committee (i.e. Funding and Fiscal Committee) and the Executive Committee. The working committees review the GCBH Staff recommendations and provide its own recommendations to the Executive Committee. The Executive Committee reviews the recommendation of both the GCBH Staff and the working committees and takes action as appropriate.

14. GCBH audit reports are maintained by the Co-Directors or his/her designee.

**APPROVAL**



Karen Richardson or Sindi Saunders, Co-Directors

11/07/2019

Date