Behavioral Health Performance Measurement Program and Performance Improvement Projects Audit

July 1, 2006 - March 31, 2007

Final Report June 29, 2007
Prepared for the New Mexico Human Services Department
Under PSC 06-630-8000-02
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Executive Summary

The New Mexico (NM) Human Services Department (HSD) has contracted with New Mexico Medical Review Association (NMMRA) as its external quality review organization (EQRO) to conduct monitoring, auditing, and surveying activities regarding the performance of contracted organizations, and to provide HSD with valid and reliable information and data. HSD issued Letter of Direction (LOD) No. 07-13 on April 2, 2007 to NMMRA to perform two separate audits for the behavioral health (BH) single statewide entity (SE), ValueOptions of New Mexico (VONM). The first audit conducted was an evaluation and review of their Performance Measurement (PM) program. The second was review and evaluation of internal quality Performance Improvement Projects (PIPs) which includes the review of quality initiatives and clinically-related improvement projects. The review period began July 1, 2006 through March 31, 2007. The scope of work addresses all appropriate HSD and Centers for Medicare & Medicaid Services (CMS) requirements, and was completed according to the CMS protocols. This audit was preformed in accordance with NMMRA’s EQRO contract, Article 1.3.3.

The first objective was to review VONM’s infrastructure as it relates to its comprehensive PM programs. The audit scope included the review of quality initiatives, associated with three required PM programs, for auditing the mechanisms utilized by VONM for targeted improvement. This report includes an evaluation of VONM’s data tracking performed for monitoring purposes, and an assessment of VONM’s continuous quality improvement (CQI) program specifically established for targeted improvements in the three defined PM programs.

The second objective was to review VONM’s quality management and quality improvement processes associated with two internal clinically-related PIPs. NMMRA evaluated all processes related to VONM’s CQI system of tracking, intervention and re-evaluation processes. HSD requested that one of the two projects be related to the population of Individuals with Special Health Care Needs (ISHCN).

This report describes how NMMRA completed the audit and measured VONM’s performance. The methodologies used to audit the completeness of documentation and compliance with the standards and opportunities for improvement are explained. NMMRA’s analysis of the data obtained form the basis for the findings presented to HSD.

VONM has improved its operations related to the PM requirements since the prior audit conducted in FY 2006. Comparing this year’s results to the prior year, VONM demonstrated improvement across the measures; improving from “Minimal Compliance (63%) to Full Compliance (100%). Regarding the PIP review, VONM’s measured performance score increased, but there remain several opportunities for improvement.

Based on NMMRA’s compliance review of CMS requirements, evidence acquired during the scope of this audit, interpretive guidelines and the scoring methodology approved by HSD, NMMRA finds VONM earned the following designation for the standards and contractual requirements examined:

- PM Program Evaluation – Full Compliance
- PIP #1 – Minimal Compliance
- PIP #2 – Moderate Compliance
The scoring methodology approved by HSD requires the SE, receiving a Minimal Compliance or Non-Compliance designation for a PM or PIP be placed into corrective action. Based on this requirement, NMMRA informs HSD that there is a recommendation for corrective action based on these audit findings.

- PIP #1 – Improving follow-up for residential treatment clinical denials among consumers under 21 years of age and identified as ISHCN through automatic referral to specialized care coordination.
Background

In accordance with specified Medical Assistance Division (MAD) regulations and contract requirements, VONM is required to conduct PM programs related to clinical and service areas that are expected to have a favorable effect on health outcomes and consumer satisfaction. According to the CMS Protocol – Conducting Performance Improvement Projects (42 CFR 438.240), VONM must conduct PIPs that are designed to achieve, through ongoing measurement and intervention, significant improvement over a sustained time frame. VONM must perform CQI that recognizes opportunities for improvement, and CQI projects must include the following elements based on CMS protocols:
- performed using objective quality indicators
- data driven
- employ continuous measurement
- implement programmatic improvements with re-measurement of effectiveness

As required in 42 CFR 438.240, PIPs include the following components:
- measurement of performance using objective quality indicators
- implementation of system interventions to achieve improvement
- evaluation of the effectiveness of the interventions
- planning and initiation of activities for increasing or sustaining improvement

Audit Approach and Methodology

The audit approach and methodology were designed to align the audit process with VONM’s contractual requirements and the LOD specifications. NMMRA used data collection and data analysis procedures to provide audit assurance and to identify areas requiring further investigation.

The methodologies were developed using New Mexico Administrative Code (NMAC), NM MAD regulations and CMS protocols for assessing VONM’s performance. The final methodology consisted of the following sections:
- Rationale (understanding of the regulations and LOD specifications)
- Evidence required (documentation)
- Interpretive guidelines
- Data collection tools
- Scoring criteria

The first deliverable included the review of VONM’s policies and procedures and operations related to their comprehensive PM program. The review of quality initiatives associated with three contract-required performance measures allowed a means to closely assess the targeted interventions implemented to impact improvement. The three PM areas defined by HSD for this audit were:
- PM #1 – Residential Treatment Center (RTC) Readmissions within 30 days
- PM #2 – Discharge Follow-up within 7 Days
- PM #3 – Discharge Follow-up within 30 Days

The process assessment included claims data based on the NM Purchasing Collaborative PM Instructions, along with a review of targeted quality interventions related to each individual
measure. The PMs selected were not HEDIS®-related, rather involved metrics defined by HSD that address demonstrable improvements in each of the clinical areas and include technical specification very similar to HEDIS®.

The second deliverable was the review of VONM’s quality improvement process associated with two internal clinically-related PIPs. The PIPs were selected by VONM for the assessment and evaluation of the efficacy of the performance improvement processes established within VONM. The objective was to evaluate all processes related to the CQI system of tracking, intervention and re-evaluation.

- Improving Follow-up For Residential Treatment Clinical Denials Among Consumers Under 21 Years of Age and Identified as ISHCN, Through Automatic Referral to Specialized Care Coordination (SCC) and;
- Improving Turn Around Time for Utilization Management (UM) Decision Making Through Authorization Process Changes

Audit Tool/Audit Tool Guide
The audit tools were developed based upon the LOD and the CMS Validation of Performance Improvement Projects Protocols. NMMRA incorporated within the tool specific CMS protocols and components to be audited.

The audit tools were developed to address the regulatory requirements specific to the PM and PIPs. The audit tools were tested prior to implementation to ensure accuracy, ease of use, and consistency. Review of the audit tools and guides was conducted in advance to ensure familiarity with the tools prior to application and scoring. Revisions were completed to adjust for the recommendations made during testing. The audit tool was approved by HSD prior to requesting documentation from VONM for the audit.

The PM program tool was divided into two sections. The first section dealt with the data tracking process as it related to review of the data submission tool and program compliance. The second section addressed CQI program requirements, with recognition of the opportunities for improvement, targeting the appropriate population, development of targeted interventions and implementation through CQI documentation.

The PIP tool was developed based on the CMS validation tools. This included assessing each project, completing the following 10 steps:
- Step 1: Review the Selected Study Topic
- Step 2: Review the Selected Study Question
- Step 3: Review the Study Indicators
- Step 4: Review the Identified Study Population
- Step 5: Review Sampling Methods
- Step 6: Review Data Collection Procedures
- Step 7: Assess Improvement Strategies
- Step 8: Review Data Analysis and Interpretation of Study Results
- Step 9: Assess Whether Improvement is “Real” Improvement
- Step 10: Assess Sustained Improvement

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1 HEDIS is a registered trademark of the National Committee for Quality Assurance (NCQA)
Audit Overview

On March 27, 2007, prior to the submission of documentation, to NMMRA by VONM, NMMRA conducted a pre-audit meeting. The meeting, attended by VONM and HSD representatives, included a review of the LOD and documentation requirements for both the PM and PIP reviews. The list of required documents prior to the on-site engagement, and an overview of the audit timeline were discussed. VONM was allowed two full weeks to submit the required documentation. HSD approved a one-week extension for documentation.

On-Site Meeting

Five days prior to the on-site meeting, NMMRA provided VONM with clarification questions relating to the PIP portion of the audit. The on-site visit lasted approximately two hours and was conducted by NMMRA examiners. NMMRA examiners discussed findings and presented preliminary results of the review of the PM portion of the audit. While on-site, NMMRA examiners requested clarification on PIP documentation and accepted additional documentation and explanations relating to the clarification questions that were submitted prior to the on-site.

Scoring Methodology

This section explains the methodology for the PM and PIP numerical system used to arrive at a score for each standard, each category, and an overall score for VONM’s performance.

PM Scoring Methodology

In assessing VONM’s performance, NMMRA reviewed the following aggregate-level indicators related to CQI functions contained within the PM program:

- Assessment of VONM’s methodology for conducting their PM program related to: RTC Re-admission within 30 days, Discharge follow-up within 7 days, and Discharge follow-up within 30 days
- Verification of the data processes to confirm that the reported results were based on accurate source information; credit given for claims data based on the NM Purchasing Collaborative PM Instructions
- Assessment of consistent application of CQI functions when targeting interventions
- Evaluation of quality documents that demonstrate the CQI process in relation to; identifying opportunities for improvement, targeting appropriate populations, developing targeted interventions and demonstrating implementation

The CQI process for each BH PM was evaluated using the BH PM Review Audit Tool. A numeric score was assigned to each element in the performance criteria, within the following ranges:
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Measure | Maximum Score
--- | ---
Periodic Data Tracking – Review of | 40
   1) C.I.24 RTC Readmission Report | (10)
   2) PM 4.2.i.1 Review of PM 7 Days Report | (10)
   3) PM 4.2.i.2 Review of PM 30 Days Report | (10)
   4) Report Analysis | (10)
CQI Program | 60
   1) RTC Re-admission within 30 days | (20)
   2) Discharge follow-up within 7 days | (20)
   3) Discharge follow-up within 30 days | (20)

Total | 100

Overall scoring of 100 points total = Percent Overall

The assigned individual measure scores were then summed and divided by the possible maximum score (100) to derive an overall score expressed as the percentage. The earned designation for each BH PM was determined from the following table:

<table>
<thead>
<tr>
<th>Earned Designation</th>
<th>Score</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full Compliance</td>
<td>90-100%</td>
<td>SE met or exceeded standard</td>
</tr>
<tr>
<td>Moderate Compliance</td>
<td>80-89%</td>
<td>SE met most requirements of the standard, but has deficiencies in certain areas</td>
</tr>
<tr>
<td>Minimal Compliance</td>
<td>50-79%</td>
<td>SE met some requirements of the standard, but has significant deficiencies requiring corrective action</td>
</tr>
<tr>
<td>Non-Compliance</td>
<td>&lt; 50%</td>
<td>SE did not meet standard and requires corrective action</td>
</tr>
</tbody>
</table>

**Calculation of Final Overall Score**

The available points per measure were multiplied by the appropriate weight according to the assigned designation to calculate the achieved points for that measure. The achieved points for all the measures were then summed to calculate the total assigned points. The final overall score was derived by summing the total points.

NMMRA also examined the scores within each measurement criterion above, to determine if there were any patterns where recommendations for quality improvement activity would be appropriate.

**PIP Scoring Methodology**

In assessing VONM’s performance, NMMRA reviewed the following aggregate-level indicators related to CQI functions contained within the specified PIPs:

- Assessment of VONM’s methodology for conducting their PIPs
- Verification of the data processes to confirm that the reported results are based on accurate source information
• Assessment of consistent application of the CQI functions when targeting interventions
• Evaluation of quality documents that demonstrate the CQI process in relation to:
  identifying opportunities for improvement, targeting appropriate populations; reviewing
  measurement methods, data analysis, and demonstrated implementation; and
  assessing re-evaluation outcomes

The CQI process for the SE’s PIP measures was evaluated using the BH PIP Review Audit Tool. A numeric score was assigned to each element in the performance criteria, within the following ranges:

<table>
<thead>
<tr>
<th>Review Activity Elements</th>
<th>Maximum Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Selected Study Topic</td>
<td>5</td>
</tr>
<tr>
<td>Study Question</td>
<td>5</td>
</tr>
<tr>
<td>Selected Study Indicators</td>
<td>10</td>
</tr>
<tr>
<td>Identified Study Population</td>
<td>5</td>
</tr>
<tr>
<td>Sampling Methods</td>
<td>5</td>
</tr>
<tr>
<td>Data Collection Procedures</td>
<td>20</td>
</tr>
<tr>
<td>Improvement Strategies</td>
<td>20</td>
</tr>
<tr>
<td>Data Analysis and Interpretation of Study Results</td>
<td>5</td>
</tr>
<tr>
<td>Whether Improvement is “Real” Improvement</td>
<td>20</td>
</tr>
<tr>
<td>Sustained Improvement</td>
<td>5</td>
</tr>
</tbody>
</table>

Total 100

Overall scoring of 100 points total = Percent Overall

The assigned individual measure scores were then summed and divided by the possible maximum score (100) to derive an overall score expressed as the percentage. The earned designation for each BH PM was determined from the following table:

<table>
<thead>
<tr>
<th>Exhibit 2: PIP Earned Designation Scale</th>
</tr>
</thead>
<tbody>
<tr>
<td>Earned Designation</td>
</tr>
<tr>
<td>----------------------</td>
</tr>
<tr>
<td>Full Compliance</td>
</tr>
<tr>
<td>Moderate Compliance</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Minimal Compliance</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Non-Compliance</td>
</tr>
</tbody>
</table>

Calculation of Final Overall Score
The available points per measure were multiplied by the appropriate weight according to the assigned designation to calculate the achieved points for that measure. The achieved points for all the measures were then summed to calculate the total assigned points. The final overall score was derived by summing the total points.
NMMRA also examined the scores within each measurement criterion above, to determine if there were any patterns where recommendations for quality improvement activity would be appropriate.

Findings
The data collected from VONM, either pre-on-site or during the on-site engagement, was the information considered in determining compliance with NMAC standards and CMS protocols. NMMRA examiners reviewed completed validation tools as part of the evaluation of specific regulations. Additionally, the NMMRA EQRO medical director reviewed PM and PIPs findings. This section presents descriptive findings and overall compliance reported in the validation tools relating to the regulations.

Performance Measures (PM)
Table 1 shows the compliance scores for VONM for the selected PM standards. The data reflects that 100% of the reviewed standards were in Full Compliance. VONM demonstrated compliance in its processes and systems related to required PM measures, and that VONM has CQI programs established for targeting improvement in the three defined PM measurements. Comparing this year’s results to the prior year, VONM demonstrated performance improvement across the measures; improving from 63% to 100%. (A detailed comparison to the prior year’s audit has not been provided as the scoring tool and methodology changed significantly.)

<table>
<thead>
<tr>
<th>Measure</th>
<th>Maximum Score</th>
<th>Audit Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Periodic Data Tracking</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Review of C.I.24 RTC Readmission Report</td>
<td>10</td>
<td>10</td>
</tr>
<tr>
<td>Review of PM 4.2.i.1 Review of PM 7 Days Report</td>
<td>10</td>
<td>10</td>
</tr>
<tr>
<td>Review of PM 4.2.i.2 Review of PM 30 Days Report</td>
<td>10</td>
<td>10</td>
</tr>
<tr>
<td>Review of Report Analysis</td>
<td>10</td>
<td>10</td>
</tr>
<tr>
<td>CQI Program</td>
<td></td>
<td></td>
</tr>
<tr>
<td>RTC Re-admission within 30 days</td>
<td>20</td>
<td>20</td>
</tr>
<tr>
<td>Discharge follow-up within 7 days</td>
<td>20</td>
<td>20</td>
</tr>
<tr>
<td>Discharge follow-up within 30 days</td>
<td>20</td>
<td>20</td>
</tr>
<tr>
<td>Overall Program Score</td>
<td>100</td>
<td>100</td>
</tr>
</tbody>
</table>

The validation tool and examiners’ findings for the review are included in the Appendices. The PM documentation provided by VONM was complete and well organized. NMMRA examiners made no requests for clarifications, nor did they identify any concerns.

Performance Improvement Projects (PIPs)
VONM’s scores for its BH PIPs are represented in the tables below. Two projects were reviewed and each was scored independently, with a maximum of 100 points per project.

VONM’s first PIP was improving follow-up for residential treatment clinical denials among consumers under 21 years of age who are identified as ISHCN through automatic referral to
SCC. This project was selected by VONM based on HSD’s instructions to address the ISHCN population in one of the two PIPs. The stated study question for this project was two-fold: are ISHCN assigned a referral to an SCC, and are these consumers receiving the appropriate level of care when a prior authorization request is denied?

As seen in Table 2, VONM received a score of 63% - Minimal Compliance, for this PIP review. VONM received maximum points in five of the defined measures. VONM did not specifically define the study indicator(s), nor document the data analysis plan in the documentation provided. NMMRA was unable to assess “real” improvement and “sustained” improvement, as the project did not document statistical evidence of the observed improvement, and the required repeated measurement data were not available. The validation tool, examiners’ findings and clarification items for this PIP review are included in this report. The documentation provided by VONM was not in the defined formats provided by NMMRA during the audit overview meeting. VONM staff was very helpful during clarification phase of the on-site.

<table>
<thead>
<tr>
<th>Measure</th>
<th>Maximum Score</th>
<th>Assigned Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Review the Selected Study Topic</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>Review the Selected Study Question</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>Review the Study Indicators</td>
<td>10</td>
<td>10</td>
</tr>
<tr>
<td>Review the Identified Study Population</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>Review Sampling Methods</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>Review Data Collection Procedures</td>
<td>20</td>
<td>20</td>
</tr>
<tr>
<td>Assess Improvement Strategies</td>
<td>20</td>
<td>0</td>
</tr>
<tr>
<td>Review Data Analysis and Interpretation of Study Results</td>
<td>5</td>
<td>3</td>
</tr>
<tr>
<td>Assess Whether Improvement is &quot;Real&quot; Improvement</td>
<td>20</td>
<td>5</td>
</tr>
<tr>
<td>Assess Sustained Improvement</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td><strong>Overall Project Score</strong></td>
<td><strong>100</strong></td>
<td><strong>63</strong></td>
</tr>
</tbody>
</table>

The second project selected by VONM was improving turn around times for UM decision making through authorization process change. This project was selected by VONM based on claims data and information reported internally. The stated study question for this project was two-fold: will initiatives taken in the UM decision process impact favorably upon VONM’s ability to meet turn around times specified by MAD regulations, and improve the average time it takes VONM to make decisions regarding requests for service?

As seen in Table 3, VONM received a score of 84% - Moderate Compliance, for the second PIP. VONM received maximum points in seven of the defined measures. NMMRA was unable to assess “real” improvement and “sustained” improvement, as the project did not document statistical evidence of the observed improvement and the required repeated measurement data were not available. Comparing these results to the prior year’s audit, VONM’s measured score is one-percent lower. The validation tool, examiners’ findings and clarification items for this PIP are included in the Appendices. The documentation provided by VONM was not in the defined formats provided by NMMRA at the audit overview meeting. VONM staff was very helpful during the on-site clarification.
Table 3: PIP #2 – Improving Turn Around Times for UM Decision Making through Authorization Process Change

<table>
<thead>
<tr>
<th>Measure</th>
<th>Maximum Score</th>
<th>2007 Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Review the Selected Study Topic</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>Review the Selected Study Question</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>Review the Study Indicators</td>
<td>10</td>
<td>10</td>
</tr>
<tr>
<td>Review the Identified Study Population</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>Review Sampling Methods</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>Review Data Collection Procedures</td>
<td>20</td>
<td>20</td>
</tr>
<tr>
<td>Assess Improvement Strategies</td>
<td>20</td>
<td>20</td>
</tr>
<tr>
<td>Review Data Analysis and Interpretation of Study Results</td>
<td>5</td>
<td>4.5</td>
</tr>
<tr>
<td>Assess Whether Improvement is “Real” Improvement</td>
<td>20</td>
<td>5</td>
</tr>
<tr>
<td>Assess Sustained Improvement</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td><strong>Overall Project Score</strong></td>
<td><strong>100</strong></td>
<td><strong>84</strong></td>
</tr>
</tbody>
</table>

Audit Comparison Results

VONM scores in relation to the PM requirements improved notably overall in comparison with the prior audit conducted in FY 2006. Comparing this year’s results to the prior year, VONM demonstrated improvement across the measures, improving from “Minimal Compliance (63%) to Full Compliance (100%)”. Regarding the PIP review, VONM measured performance score improved, but there remain several opportunities for improvement. In particular, VONM needs to document PIP improvement strategies and include in its written assessments “real” and “sustained” improvement goals.

Recommendations

The recommendations for this audit are aimed at facilitating CQI of the BH PIP measures for VONM. Full Compliance for each standard is both the goal and the expectation because the standards are well-delineated by CMS and NM HSD. There are several opportunities for improvement in the BH PIP design and implementation. In particular, the selected study indicators were not clearly defined in the PIP plans. The following presents NMMRA’s suggested recommendations for VONM related to its performance for this review.

- Document project results on the PIP tools provided by the EQRO:
  - Describe the rationale for selecting the study topic as a formal PIP
  - Draft study questions in writing in order to clearly maintain the focus of the PIP and set the framework for data collection and analysis
  - Document the characteristics of the study indicator(s) selected by incorporating a numerator, denominator, measurement period dates, benchmark, and baseline goal
  - Document the sampling techniques, if indicated, to include sampling error and confidence level, sample size, population, method of determining size and sampling method
  - Document the data collection cycle
  - Describe the data analysis plan and other pertinent methodological features of the project
• Include specific qualifications of staff and personnel who collected the data for selected PIPs
• Include barrier analysis when describing baseline to re-measurement intervention implementation and improvement strategies
• Calculate and include statistical differences between initial measurement and re-measurement metrics
• Include the interpretation of the extent to which any changes in performance are statistically significant

Consideration should be given to require that at least one PIP from the prior FY audit be repeated to improve the interpretation of “real” and “sustained” improvement over time.

The PM program scored Full Compliance, and therefore NMMRA does not have any further recommendations.

Reconsideration Review
VONM reviewed the preliminary findings of this audit report and was provided an opportunity to respond with specific questions, comments and requests. The following requests for reconsideration were submitted by VONM as June 26, 2007. The reconsideration review completed by NMMRA was in collaboration with HSD. The additional information submitted by VONM as of June 26, 2007 was included in the reconsideration review process.

VONM appreciates the opportunity to review the preliminary report and request NMMRA’s reconsideration of the findings. Listed below are VONM’s requests for reconsideration.

**PIP #1** Improving follow-up for residential treatment clinical denials among consumers under 21 years of age and identified as individuals with special health care needs (ISHCN), through automatic referral to specialized care coordination

*Step 2 – pg.2*
The PIP narrative that VONM submitted stated that monitoring consumers getting into appropriate levels of care would be the focus of future PIPs. This is consistent with our recollection of Dr. Carson’s comments during the onsite meeting when he described the purpose of this PIP. We disagree with NMMRA’s interpretation of Dr. Carson’s comments in the Comments box where it states the current PIP includes whether ISHCN consumers are receiving the appropriate level of care. We believe the PIP documentation submitted is consistent with the onsite interviews.

VONM requested the full 5 points for Step 2.

NMMRA has reviewed VONM’s request for reconsideration with the following decision:
After a review of comments provided by VONM, the scored points were adjusted upward by 5 points.

*Step 7 – pg.4*
The PIP narrative that VONM submitted indicates that the data analysis resulted in identification of barriers, the same three that are listed in the Comments box. These barriers will inform future PIPs. We wish to emphasize that this PIP resulted in useful information that will inform future activities.
VONM requested reconsideration of the scoring for Step 7.

NMMRA has reviewed VONM’s request for reconsideration with the following decision: VONM did not perform and document barrier analysis and did not describe interventions. Interventions must be identified and/or developed for each PIP to assure the likelihood of effecting measurable change. After a review of comments provided by VONM, the score remains unchanged.

**PIP #2 Improving Turn Around Times for UM Decision Making through Authorization Process Change**

Step 9: 9.2 & 9.3 – pg.5

We agree that the PIP did not result in an improvement in process or outcomes of care. VONM did, however, present findings that highlight other issues that surfaced which impact data integrity and the ability to measure the UM turn around time. This section only asks about improvement, but other results can be just as valuable.

VONM requested reconsideration of the scoring for these steps.

NMMRA has reviewed VONM’s request for reconsideration with the following decision: VONM did not document consistent quantitative improvement in processes or outcomes related to turn around times for UM decision-making. VONM did not document retrospective and/or current interventions for two of the five PIP metrics reported, and improvements noted do not appear to be the result of VONM interventions. After a review of comments provided by VONM, the score remains unchanged.

**Conclusion**

Based on the NMMRA’s compliance review of CMS requirements, evidence acquired during the scope of this audit, interpretive guidelines and the scoring methodology approved by HSD, NMMRA finds VONM earned the following designation for the standards and contractual requirements examined:

- PM Program Evaluation – Full Compliance
- PIP #1 – Minimal Compliance
- PIP #2 – Moderate Compliance

The scoring methodology approved by HSD requires the SE, receiving a Minimal Compliance or Non-compliance designation for a PM or PIP be placed into corrective action. Based on this requirement, NMMRA informs HSD that there is a recommendation for corrective action based on these audit findings for PIP #1 regarding follow-up for residential treatment clinical denials among consumers under 21 years of age who are identified as ISHCN through automatic referral to specialized care coordination.