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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 providers².
 - The requirements herein apply both to GCBH and its network providers². 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 consumers and a process by which contract auditing of Member Governments and subcontractors occurs within Greater Columbia Behavioral Health (GCBH) 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 unannounced audits at anytime, at the discretion of the Director and/or the Board of Directors (BOD).
- 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. 45 CFR Part 142 Security and Electronic Signature Policies;
 - v. Balanced Budget Act Title IV;
 - vi. GCBH/DSHS Mental Health Division Contract;
 - vii. Washington Administrative Codes (WAC);
 - viii. Washington State Medicaid 1915(b) Waiver; and
 - ix. GCBH Contracts, Standards, Policies and Procedures.
- C. GCBH provides Member Governments and Provider Agencies with technical assistance required to meet contract requirements. The audit also facilitates communication between GCBH, Member Governments, 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 BOD.

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. Member Governments;
 - 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. Approximately in October of any given year, an audit schedule is coordinated by GCBH staff. The audit schedule is then sent via email to the Member Governments and Provider Agencies for their review.
 - 4.1. Provider Agencies have two (2) weeks to request changes to the schedule.
 - 4.2. Once the two week period is over, the schedule is final and posted on the GCBH website.
 - 4.2.1. Additional changes to the schedule are considered on a case-by-case basis in the event of unforeseen circumstances.
5. GCBH mails written notification of scheduled audits thirty (30) calendar days prior to the scheduled audit date(s). Copies of standards, forms, or protocols to be used are included with the notification.
 - 5.1. Additional information and/or documentation may be requested during the audit.
6. Entrance and exit interviews are conducted. Representatives from the Member Government and 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 includes 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, consumer eligibility criteria, staffing patterns, and number of consumers served.
 - 6.1.5. A tour of the Agency and/or its facilities is conducted, upon GCBH request. Items covered in the tour include, but are not limited to, the following:

- 6.1.5.1. Overall appearance 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 Member Government and 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 Member Government and/or the Provider Agency may request face-to-face meetings between the Member Government and/or 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 Director and is mailed to the Member Government and/or 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 Member Government and/or Provider Agency does not submit and/or complete the plan by the specified dates the reviewers notifies the Director.
 - 11.2. The Director contacts the Member Government and/or Provider Agency to discuss the actions to be taken to complete the corrective action plan.
 - 11.3. If the Member Government and/or Provider Agency continue to decline submittal and/or completion of the corrective action plan the Director notifies the BOD.

- 11.3.1. The BOD makes the decision on how to proceed which may include remedial action per contract between the Member Government or Provider Agency and GCBH.
12. After completion of the annual audit cycle, the QMOC is provided with summary audit reports from all functional areas (i.e. Administrative, IS, Finance, UM).
13. The QMOC 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 BOD. The BOD reviews and takes action on the recommendations of the QMOC, as necessary.
14. GCBH audit reports are maintained by the Director or his/her designee.

APPROVAL

/S/ William Wilson

09/04/08

William Wilson, DrPH
Director