

# OneCare Kansas Audit Result Policy and Procedure



## Policy Information:

<b>Policy Title</b>	OneCare Kansas Audit Result Policy and Procedures	<b>Current Version Publish Date</b>	July 17, 2023
<b>Version</b>	1.0	<b>Original Effective Date</b>	July 17, 2023

**Policy Applicability:** For OneCare Kansas MCOs and Providers.

## Policy Statement and Purpose:

### POLICY STATEMENT

To ensure that there are structures and processes in place for appropriate oversight of the OneCare Kansas (OCK) audit result processes.

### PURPOSE

This policy sets specific standards for applicable actions resulting from OCK provider audit results.

## Policy Definitions:

- Audit - Annual performance review of OCK providers based on the OCK Partner Audit Tool.
- Corrective Action Plan (CAP) – A corrective action plan has identified deficiencies by the MCOs, actions steps provided by the Provider, consequences up to and including termination as an OCK program partner.
- Health Homes - A patient centered medical home model, not a place, but a way to provide coordination of physical and behavioral health care with long term supports and services for people with certain chronic conditions.
- Healthcare Effectiveness Data and Information Set (HEDIS):
  - Flexibility – Allowable Adjustments
  - Accuracy – Licensing and Certification
  - Ease – Digital Measurements
  - Insight – ECDS Reporting
  - Equity – Closing Care Gaps
  - Access – Telehealth
- National Committee for Quality Assurance (NCQA) - An organization that exists to improve the quality of health care.
- OneCare Kansas (OCK) - A health homes program for KanCare members.
- Performance Measurement - Based on NCQA/HEDIS guidelines.
- Process Improvement Plan (PIP) – A written process improvement plan that is designed by the OCK provider.
- Results - Scores assigned based on the annual audit.
  - FM – Fully Met
  - PM – Partially Met
  - NM – Not Met
  - N/A – Not Applicable

## Policy Provisions:

### 1.0 PROGRAM APPLICABILITY:

OCK

### 2.0 AUDITS:

Audits will be conducted on an annual basis by an independent third party according to the OCK Partner Audit Tool, attached below. The MCOs will be provided with the results of the audits upon completion.

### 3.0 RESULTS:

- Results will be reviewed by all 3 MCOs.
- Meetings with each provider will be established to discuss the results of the annual audit within **90 days** of the receipt of the results.

### 4.0 ACTIONS:

- During the individual provider meetings with the MCOs, the following actions will occur:
  - The provider will be recognized for their top scores and commended on their work in those areas.
  - MCOs and the provider will discuss any scores which were Partially or Not Met (PM/NM). These discussions will include (but are not limited to):
    - Barriers to success
    - Possible actions to overcome barriers
    - Communicate any concerns
    - Any training requests/opportunities
    - Etc.
- MCOs will follow up with each individual provider no less than quarterly.

*Information regarding the provider audit results and progress updates will be shared with the state team on the monthly OCK State calls.*

### 5.0 TIMELINES:

- Providers will be monitored for two quarters to assess whether there have been any improvements made to their performance.
- If no improvement is made within the two quarters from initial audit findings, the provider becomes eligible for additional action steps.

### 6.0 POSSIBLE ADDITIONAL ACTIONS (Following two quarters of monitored progress):

*Before initiating a PIP or CAP, the State will be notified of the intent to move forward with additional corrective action steps by the MCOs, during the monthly OCK state call.*

- If no improvements were made during the two quarters of monitored progress:
  - Items resulting a score of PM or NM would be eligible for a PIP between the provider and the MCOs, at the discretion of the MCOs. The PIP would include a written plan for improvement which would be monitored for an additional 3 months. If the PIP is not completed within the 3-month time period, the provider would be eligible to advance to a CAP.
- If no improvement is shown from the PIP within 3 months:
  - MCOs will consult with each other to decide whether to put a provider on a CAP. If consensus is reached, the following steps would apply:
    1. Written deficiencies
    2. Deadlines for progress in each deficiency
    3. The risk of not completing the CAP is termination from the OCK partnership.

**Resources and Materials for this Procedure:**

<b>Audit Tool</b>	 OneCare_Kansas_Partner_Auditing_Tool
<b>PIP / CAP Form</b>	 CAP Template-KDHE-App

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