

The seal of the State of California is a circular emblem. It features a central figure of a woman, Minerva, holding a grizzly bear. The bear is standing on a rock and holding a grizzly bear cub in its mouth. The woman is standing on a rock and holding a grizzly bear. The seal is surrounded by a rope-like border. The text "THE GREAT SEAL OF THE STATE OF CALIFORNIA" is written around the border. The word "EUREKA" is written in the center of the seal.

**DEPARTMENT OF MANAGED HEALTH CARE
OFFICE OF PLAN MONITORING
DIVISION OF PLAN SURVEYS
TECHNICAL ASSISTANCE GUIDE
BEHAVIORAL HEALTH INVESTIGATION**

This Technical Assistance Guide (TAG) serves as a guide for the Behavioral Health Investigations (BHI) which are being conducted under the Department's authority provided for in Health and Safety Code section 1346. This TAG may be revised as appropriate, to incorporate new or updated relevant legal requirements as they impact the BHIs, or for any other reason as determined by the Department. The content and scope of the Department's BHI is not limited to the areas of assessment or questions in this TAG. The Department may investigate and/or refer for prosecution any violation of the Knox-Keene Act, Title 28 of the California Code of Regulations, and other applicable laws and regulations, by the subject plan or its delegates.

BEHAVIORAL HEALTH INVESTIGATION (BHI) TAG

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BEHAVIORIAL HEALTH INVESTIGATION TAG

1. Access and Availability of MH/SUD Services

Assessment Questions	Yes	No	N/A
1.1 Are the Plan/Delegate access and availability policies and procedures designed to ensure provision of BH services in a timely manner appropriate for the nature of the enrollee's condition consistent with good professional practice? Rule 1300.67.2.2(c)(1)			
1.1 Comments			
1.2 Are the Plan/Delegate's documented timely access standards for BH services consistent with the requirements of Rule 1300.67.2.2(c)(5) for urgent and non-urgent appointments?			
1.2 Comments			
1.3 Does the Plan/Delegate have a methodology to monitor each of the items listed below? a) Appointment accessibility to BH services. b) Telephone accessibility to ensure enrollees have appropriate access to Plan services. c) Delayed appointment dates d) Interpreter services requests for and provision of services at the time of the appointment. Rule 1300.51(d)(l)(5), 1300.67.04(c)(2)(G)(iv)			
1.3 Comments			

BEHAVIORIAL HEALTH INVESTIGATION TAG

Assessment Questions	Yes	No	N/A
1.4 Do Plan/Delegate audits, reports and/or files demonstrate that in operation, Plan/Delegate processes are completed in a manner that ensures provision of covered BH services in a timely manner appropriate for the enrollee's condition, including all inpatient, outpatient and pharmacy BH services? Rule 1300.67.2.2(c)(2)			
1.4 Comments			
1.5 Does the Plan/Delegate permit enrollees to select any licensed psychologist contracted with the Plan, or, upon referral, any Marriage and Family Therapist (MFT), Licensed Clinical Social Worker (LCSW), masters prepared psychiatric-mental health RN or clinical nurse specialist, or any Licensed Professional Clinical Counselor (LPCC)? Section 1373(h)(2)			
1.5 Comments			
1.6 For enrollees covered by <u>individual and small group</u> products, does the Plan/Delegate appropriately cover (i) nonemergency ambulance and psychiatric transport services, (ii) chemical dependency services, and (iii) mental health services, as described and required by Rule 1300.67.005(d)(2), (3) and (6)?			
1.6 Comments			
1.7 Does the Plan/Delegate Provider Appointment Availability Survey (PAAS) report include the following types of providers? <ul style="list-style-type: none"> • Psychiatrists, • Non-physician mental health care providers (which include the following combined types): • LPCC, • Psychologist (PhD-Level), • MFT/Licensed MFT and • Master of Social Work/ LCSW (Required by the MY 2019 PAAS Methodology)			

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Assessment Questions	Yes	No	N/A
1.7 Comments			
1.8 Do the Plan/Delegate PAAS results for BH providers demonstrate adequate appointment availability for BH providers?			
1.8 Comments			
1.9 Do Plan/Delegate documents demonstrate appropriate and effective monitoring of appointment accessibility to ensure enrollees have access to appropriate BH services? Rules 1300.67.2(f), 1300.67.2.2(d)(2)(E), 1300.68(e)(2)			
1.9 Comments			
1.10 Do Plan/Delegate documents demonstrate appropriate and effective monitoring of all points of <u>enrollee</u> telephone access to the Plan/Delegate?			
1.10 Comments			
1.11 Do Plan documents demonstrate the Plan appropriately and effectively monitors all points of <u>provider</u> telephone access to the Plan?			
1.11 Comments			
1.12 Do Plan/Delegate audits, reports and/or files demonstrate consistent and timely provision of interpreter services, when requested, at the time of the appointment? Rule 1300.67.2.2(c)(4)			

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Assessment Questions	Yes	No	N/A
1.12 Comments			
1.13 a. Do Plan call statistics show the wait time for an enrollee to speak by telephone with a Plan customer service representative knowledgeable and competent regarding the enrollee's questions does not exceed 10 minutes? Rule 1300.67.2.2(c)(10) b. Do Plan call statistics and reports demonstrate the Plan's telephone answer and response system is adequate and accessible to enrollees who telephone the Plan?			
1.13 Comments			
1.14 a. <u>If the Plan delegates BH services</u> , do the Delegate's call statistics show the wait time for an enrollee to speak by telephone with a Delegate customer service representative knowledgeable and competent regarding the enrollee's questions does not exceed 10 minutes? Rule 1300.67.2.2(c)(10) b. <u>If the Plan delegates BH services</u> , do the Delegate's call statistics and reports demonstrate the Delegate's telephone answer and response system is adequate and accessible to enrollees who telephone the Delegate?			
1.14 Comments			
1.15 Does the Plan have staff available after hours and on weekends and holidays to communicate with hospital staff regarding care coordination and referrals post-discharge?			
1.15 Comments			
1.16 <u>If the Plan delegates BH services</u> , does the Delegate have staff available after hours and on weekends and holidays to communicate with hospital staff regarding care coordination and referrals post-discharge?			

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Assessment Questions	Yes	No	N/A
1.16 Comments			
1.17 If the Plan has a report that tracks whether an enrollee calls on more than one occasion regarding assistance for the same issue (repeat caller report), does this report (repeat caller report) indicate that the Plan fails to adequately respond to enrollee calls? Do the reports demonstrate patterns of inadequately handled issues?			
1.19 Comments			
1.18 <u>If the Plan delegates BH services, does the Delegate's repeat caller report indicate the Delegate does not adequately respond to enrollee calls? Do the reports demonstrate patterns of inadequately handled issues?</u>			
1.18 Comments			
1.19 Do Plan/Delegate policies and procedures, grievance data and other documents indicate the Plan/Delegate makes language services available for enrollees who use triage and screening services? Rules 1300.67.2.2(c)(8), 1300.67.04(c)(2)(G)(v)			
1.19 Comments			

BEHAVIORIAL HEALTH INVESTIGATION TAG

Assessment Questions	Yes	No	N/A
<p>1.20 Does the Plan/Delegate have procedures for monitoring and evaluating accessibility of care and for addressing problems that develop, including, but not limited to, the following?</p> <ul style="list-style-type: none"> a) Appointment waiting time as defined in Rule 1300.67.2.2(b)(2) b) Triage or screening wait times as defined in Rule 1300.67.2.2(b)(6) c) Location of contracted facilities within reasonable proximity of the business or personal residences of enrollees (Rule 1300.67.2(a)) d) Enrollee-to-staff ratios, including health professionals, administrative and other supporting staff (Rule 1300.67.2(d)) e) Ensuring Plan/Delegate and provider processes necessary to obtain BH services are completed in a manner that assures services are timely and appropriate for the enrollee's condition Rule 1300.67.2.2(c)(2) 			
<p>1.20 Comments</p>			
<p>1.21 a. Do Plan/Delegate wait time reports for <u>urgent</u> BH appointments demonstrate compliance with wait time standards? Rule 1300.67.2.2(c)(5)(A), (B)</p> <p>b. Do the reports under (a) above demonstrate compliance for crisis intervention and post-stabilization services?</p>			
<p>1.21 Comments</p>			
<p>1.22 Do Plan/Delegate wait time reports for <u>non-urgent</u> MH/SUD appointments demonstrate compliance with wait time standards?</p> <ul style="list-style-type: none"> • Non-urgent specialist physicians within 15 business days of the request for appointment • Non-urgent non-mental health care provider within 10 business days of the request for appointment 			

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Assessment Questions	Yes	No	N/A
<ul style="list-style-type: none"> • Non-urgent ancillary services within 15 business days of the request for appointment Rule 1300.67.2.2(c)(5)(D), (E), (F) 			
1.22 Comments			
1.23 Do Plan/Delegate telephone triage and screening wait times for enrollees seeking BH services not exceed a wait time of 30 minutes? Rule 1300.67.2.2(c)(8)(A)			
1.23 Comments			
1.24 Do Plan member ID cards include a telephone number enrollees can use to access BH triage and screening services? Section 1367.29(a), 1300.67.2.2(e)(2)			
1.24 Comments			
1.25 Do Plan/Delegate BH performance reports indicate any barriers to care or failure to comply with access to care requirements?			
1.25 Comments			
1.26 Do Plan/Delegate documents, audits, reports, etc. demonstrate the location of contracted facilities that provide BH services are within reasonable proximity of the business or personal residences of enrollees? Rule 1300.67.2(a)			
1.26 Comments			

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Assessment Questions	Yes	No	N/A
1.27 Are Plan/Delegate policies and procedures designed to ensure provision of MH/SUD services meet geographic access standards? Rules 1300.67.2(a), 1300.51(d)(H)			
1.27 Comments			
1.28 Do reports, audits, grievance records and other documents demonstrate the Plan/Delegate consistently complies with its geographic access standards when providing BH services? Rule 1300.51(d)(H)(i)-(iv)			
1.28 Comments			
1.29 Do policies, procedures and documents demonstrate the Plan/Delegate continually evaluates its network to ensure delivery of readily available and accessible services (both geographic and timely access), using contracted or employed network of providers? Rules 1300.51(d)(H), 1300.51(d)(I)(5) and 1300.67.3			
1.29 Comments			
1.30 If the Plan/Delegate demonstrated it has Department approved alternative time-elapsd standards or alternatives to time-elapsd standards as they pertain to BH services, do documents demonstrate the Plan/Delegate was in compliance with its approved alternative standards?			
1.30 Comments			

BEHAVIORIAL HEALTH INVESTIGATION TAG

Assessment Questions	Yes	No	N/A
1.31 Do interviews with Plan enrollees indicate there are barriers pertaining to access and availability issues when attempting to obtain BH services?			
1.31 Comments			
1.32 Do interviews with providers indicate providers are reluctant to contract with the Plan and/or face barriers in providing services to Plan enrollees, due to access and availability issues?			
1.32 Comments			

BEHAVIORIAL HEALTH INVESTIGATION TAG

2. Challenges Finding In-Network (INN) Providers

Assessment Questions	Yes	No	N/A
2.1 Does the Plan/Delegate have a procedure for referring enrollees to appropriate out-of-network BH providers when the Plan/Delegate does not have available contracted BH providers, for both inpatient and outpatient services? Rule 1300.67.2.2(c)(7)(B)			
2.1 Comments			
2.2 Do documents, logs and files demonstrate the Plan/Delegate appropriately refers enrollees to BH providers in neighboring service areas consistent with the Plan and any Delegate’s policy and process, and in compliance with Rule 1300.67.2.2(c)(7)(B)?			
2.1 Comments			
2.3 Does the Plan/Delegate have sufficient provider-to-enrollee ratios for BH providers? Rule 1300.67.2(d), (e)			
2.3 Comments			
2.4 Do Plan/Delegate documents demonstrate the Plan/Delegate appropriately and timely arranges for provision of BH specialty services from out-of-network <u>specialists</u> when unavailable within the network for each type of service listed below, when medically necessary for the enrollee’s condition? Rule 1300.67.2.2(c)(7)(B) a. Outpatient BH services b. Residential services c. Inpatient services d. Transition from one level of care to another			

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Assessment Questions	Yes	No	N/A
2.4 Comments			
2.5 From and after January 1, 2022, when BH services were not available in network within geographic and timely access standards, did the Plan/Delegate appropriately arrange coverage to ensure delivery of medically necessary out-of-network BH services (both inpatient and outpatient) and necessary follow up services to meet geographic and timely access standards, as required by SB 855 Section 1374.72(d)			
2.5 Comments			
2.6 a. Do Plan/Delegate documents demonstrate the Plan/Delegate regularly reviewed and assessed its network capacity and/or sufficiency and need to refer enrollees out-of-network to appropriately and timely deliver medically necessary BH services? b. Do Plan/Delegate documents demonstrate that review of network capacity includes data for enrollees treated in an Emergency Department for BH reasons when the enrollee's stay in the Emergency Department exceeds eight hours per episode?			
2.6 Comments			
2.7 With respect to Pervasive Developmental Disorder (PDD) and autism services, does the Plan/Delegate have a process for determining provider network adequacy, including how geographic accessibility and timely access are being met? Rule 1300.74.73(a)(3)(C)			

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Assessment Questions	Yes	No	N/A
2.7 Comments			
2.8 For PDD and autism health care services, does the Plan/Delegate evaluate its provider network adequacy, including geographic and timely access? Rule 1300.74.73(a)(3)(C)			
2.8 Comments			
2.9 Do Plan/Delegate documents, including grievance data, call inquiries, enrollee interviews, annual enrollee surveys and other Plan information indicate a high rate of enrollee dissatisfaction with Plan providers?			
2.9 Comments			
2.10 Do Plan/Delegate documents, including logs, grievance data, call inquiries, enrollee interviews, annual enrollee surveys and other Plan information indicate there are barriers to enrollees in obtaining a contracted provider for BH services?			
2.10 Comments			
2.11 Do interviews with Plan enrollees indicate there are barriers to obtaining BH services from contracted providers?			

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Assessment Questions	Yes	No	N/A
2.11 Comments			
2.12 Do interviews with providers indicate providers are reluctant to contract with the Plan and/or face barriers in providing services to Plan enrollees?			
2.12 Comments			
2.13 Do grievances, provider availability data, reports and other documents and information indicate the Plan/Delegate has, and provides to enrollees, inaccurate contracted BH provider information?			
2.13 Comments			
2.14 Do grievances, enrollee satisfaction surveys, and other documents and information indicate contracted BH providers do not answer the phone or return enrollee telephone calls left on voice mail within a reasonable period of time?			
2.14 Comments			
2.15 Do provider appointment availability survey reports indicate there are barriers to enrollees' ability to obtain services from a contracted BH provider within timely and geographic access standards?			
2.15 Comments			

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Assessment Questions	Yes	No	N/A
2.16 Do the reasons given for enrollee requests to change providers indicate there are barriers to obtaining contracted BH providers?			
2.16 Comments			
2.17 Does provider complaint data indicate providers face barriers that result in enrollee challenges in obtaining contracted BH provider appointments?			
2.17 Comments			

BEHAVIORAL HEALTH INVESTIGATION TAG

3. Utilization Management

Assessment Questions	Yes	No	N/A
3.1 Is the Plan/Delegate able to demonstrate the UM criteria and/or guidelines used to make medical necessity decisions are developed with involvement from actively practicing health care providers? Section 1363.5(b)(1)			
3.1 Comments			
3.2 Is the Plan/Delegate able to demonstrate it reviews and updates, if necessary, its BH UM criteria and guidelines at least annually? Section 1363.5(b)(3)			
3.2 Comments			
3.3 Are the criteria and guidelines used by the Plan/Delegate to make UM decisions for BH services consistent with sound clinical principles and processes? Section 1363.5(b)(2)			
3.3 Comments			
3.4 Do Plan UM files demonstrate the Plan correctly applies UM criteria or guidelines when evaluating the medical necessity of a request for MH/SUD services? Section 1367(d), (e)(1)			
3.4 Comments			
3.5 When the Plan/Delegate requests additional clinical information to make a UM determination, does the Plan/Delegate request only the information reasonably necessary to make the determination? Section 1367.01(g)			
3.5 Comments			

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Assessment Questions	Yes	No	N/A
3.6 Do the fields in the Plan's/Delegate's system used to capture or log information pertaining to prospective, concurrent, or retrospective requests for services indicate the Plan documents appropriate, necessary information for making a UM determination?			
3.6 Comments			
3.7 Does the Plan/Delegate apply clinical criteria and/or guidelines, when making MH/SUD UM determinations, in a way that poses barriers to care?			
3.7 Comments			
3.8 a. Does the Plan/Delegate utilize personnel with appropriate qualifications, training, and licensure to conduct each aspect of UM review and decision-making? Section 1367.01(e) b. Does Plan/Delegate documentation demonstrate persons conducting UM are culturally competent so as to eliminate individual or organizational bias within authorization protocols?			
3.8 Comments			
3.9 Is the Plan/Delegate UM process designed to ensure UM decisions are made timely for the enrollee's needs?			
3.9 Comments			
3.10 Do Plan or Delegate UM policies and procedures indicate that the processes, operations, requirements, or structure of the UM operations impose barriers to an enrollee's ability to access timely, appropriate inpatient, outpatient or pharmacy MH/SUD services?			

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Assessment Questions	Yes	No	N/A
3.10 Comments			
3.11 If the Plan provides BH services, and does not delegate or contract for this responsibility, does the Plan have a process to regularly monitor and evaluate its UM processes and operations to identify problems and issues and take appropriate corrective action?			
3.11 Comments			
3.12 If the Plan delegates BH, do the contracts between the Plan (or its Affiliate) and each UM Delegate include provisions for the Plan’s oversight of the Delegate?			
3.12 Comments			
3.13 Do Plan oversight reports of UM Delegate(s) demonstrate the Plan regularly, accurately, and thoroughly monitors and evaluates the Delegate’s UM processes and operations to identify problems and issues and take appropriate corrective action?			
3.13 Comments			
3.14 Do Plan/Delegate utilization reports demonstrate the Plan/Delegate has a process that accurately and appropriately monitors, documents and results in taking effective action in response to under- and over- utilization of MH/SUD services (including inpatient, outpatient, and pharmacy services)?			

BEHAVIORAL HEALTH INVESTIGATION TAG

Assessment Questions	Yes	No	N/A
3.14 Comments			
3.15 Do Plan/Delegate utilization reports demonstrate the Plan/Delegate is providing appropriate MH/SUD services to enrollees (including inpatient, outpatient, and pharmacy services)?			
3.15 Comments			
3.16 Do Plan/Delegate documents demonstrate that the Plan/Delegate appropriately considers, evaluates and incorporates emerging treatments or technologies in its covered services?			
3.16 Comments			
3.17 Does the Plan/Delegate monitor, review and incorporate evidence-based and/or community-based practices in managing MH/SUD services? Community-based practices are those health care related practices that involve community members (e.g., layperson health care workers), the delivery of services in community settings (e.g., homes or schools) and care provided in coordination with community services (e.g., support and education programs).			
3.17 Comments			

BEHAVIORAL HEALTH INVESTIGATION TAG

Assessment Questions	Yes	No	N/A
3.18 Do Plan/Delegate UM policies, processes, documents, reports, case files, interviews, etc., demonstrate the Plan/Delegate UM process hinders or poses barriers to an <u>enrollee's</u> ability to access, obtain and continue to obtain timely, covered, appropriate and medically necessary BH services?			
3.18 Comments			
3.19 a. Do Plan/Delegate UM policies, processes, documents, reports, case files, interviews, etc., demonstrate the Plan/Delegate UM process hinders or poses barriers to a BH <u>provider's</u> ability to render timely, covered, appropriate and medically necessary BH services to enrollees? b. Does Plan/Delegate data demonstrate unnecessary UM concurrent review is required more frequently for inpatient BH services as compared to inpatient medical/surgical services? c. Do the Plan/Delegate policies and practices restrict concurrent review for inpatient or residential services to the final day of previously authorized services?			
3.19 Comments			
3.20 Does encounter data obtained by the Plan/Delegate indicate there are barriers to an enrollee's ability to obtain timely, covered, medically necessary MH/SUD services?			
3.20 Comments			

BEHAVIORAL HEALTH INVESTIGATION TAG

Assessment Questions	Yes	No	N/A
3.21 a. Do Plan UM files indicate enrollees experience barriers to care when trying to obtain or continue MH/SUD services? b. Do Plan UM files indicate providers experience barriers when seeking prior or concurrent authorization for MH/SUD services?			
3.21 Comments			
3.22 Do Plan/Delegate Emergency Services documents indicate that the processes, operations, requirements, or structure of the UM operations impose barriers to an enrollee’s ability to access timely, appropriate emergency MH/SUD services?			
3.22 Comments			
3.23 Do Plan/Delegate Post-Stabilization documents indicate that the processes, operations, requirements, or structure of the UM operations impose barriers to an enrollee’s ability to access timely, appropriate post-stabilization MH/SUD services?			
3.23 Comments			
3.24 Do Plan/Delegate Post-Stabilization documents indicate that the processes, operations, requirements, or structures ensure UM staff have access to clinical resources with co-occurring SUD (chemical dependency) and Mental Health expertise as needed for evaluating post-stabilization levels of care and settings?			

BEHAVIORAL HEALTH INVESTIGATION TAG

Assessment Questions	Yes	No	N/A
3.24 Comments			
3.25 (a) Did the Plan provide a listing of all inpatient and outpatient MH/SUD services for which a prior authorization is required and/or concurrent review is applied? (b) If “yes” to (a), do the services on the list appear to be unreasonable or create onerous requirements resulting in barriers for enrollees when obtaining BH services?			
3.25 Comments			
3.26 Do interviews with Plan enrollees indicate enrollees face barriers when attempting to obtain BH services as a result of Plan/Delegate UM operations?			
3.26 Comments			
3.27 Do interviews with providers indicate providers are reluctant to contract with the Plan and/or face barriers arising from Plan/Delegate UM operations when providing BH services to Plan enrollees?			
3.27 Comments			

BEHAVIORAL HEALTH INVESTIGATION TAG

4. Grievances & Appeals

Assessment Questions	Yes	No	N/A
4.1 Are the Plan/Delegate G&A policies and procedures designed to ensure grievances, including BH grievances, are resolved in a timely manner? Section 1368.01(a)-(c)			
4.1 Comments			
4.2 Are the Plan/Delegate G&A policies and procedures designed to ensure grievances, including BH grievances, are adequately considered and rectified? Section 1368(a)(1)			
4.2 Comments			
4.3 Does file review demonstrate the Plan/Delegate timely and adequately considered and resolved enrollee grievances involving BH issues?			
4.3 Comments			
4.4 Is the Plan/Delegate able to demonstrate it tracks, monitors, discusses and addresses emerging patterns of BH grievances? Sections 1300.68(b)(1)			
4.4 Comments			
4.5 Do Plan documents demonstrate the Plan has a method for evaluating BH grievances as part of its assessment of enrollee satisfaction?			
4.5 Comments			

BEHAVIORAL HEALTH INVESTIGATION TAG

Assessment Questions	Yes	No	N/A
4.6 Do the fields in the Plan’s system used to capture or log information pertaining to enrollee grievances indicate the Plan documents appropriate, sufficient, and necessary information in connection with its grievance intake process?			
4.6 Comments			
4.7 Do Plan documents demonstrate the Plan/Delegate has a process for informing enrollees of the G&A process, how to submit a grievance, the Department’s review process and the Department’s telephone number and website? Section 1300.68(b)(2)			
4.7 Comments			
4.8 Does the Plan/Delegate have a process to ensure grievances are promptly reviewed by the management or supervisory staff responsible for the services or operations which are the subject of the grievance? Section 1300.68(d)(2)			
4.8 Comments			
4.9 Do Plan/Delegate documents demonstrate the Plan/Delegate appropriately tracks and monitors grievances, including BH grievances, including number of grievances received, pending and resolved and category of grievance issue(s) (coverage dispute, medical necessity, quality of care, access, quality of service or other)? Section 1300.68(e)(1), (2)			
4.9 Comments			

BEHAVIORAL HEALTH INVESTIGATION TAG

Assessment Questions	Yes	No	N/A
4.10 a. Do Plan/Delegate documents demonstrate the Plan/Delegate continually reviews the grievance system and takes appropriate action in response to identified BH grievances? Rule 1300.68(b)(1) b. Does the Plan/Delegate have a process to ensure appropriate action is taken regarding grievances about a provider’s lack of cultural competency, including corrective action that is evaluated to ensure improved cultural competency for that provider?			
4.10 Comments			
4.11 Does the Plan/Delegate have a process to review and identify access-related BH grievances and to report those grievances in the Plan’s annual network reporting?			
4.11 Comments			
4.12 Do UM log data and claims data indicate the Plan/Delegate initially denies one or more specific, covered BH services disproportionately, as compared to denial rates for other BH services?			
4.12 Comments			
4.13 If Appeals files indicate the Plan/Delegate initially denies one or more specific, covered BH services disproportionately, as compared to denial rates for other BH services, is there a legitimate reason for the disproportionate denial rate?			
4.13 Comments			

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Assessment Questions	Yes	No	N/A
4.14 Do Plan/Delegate G&A documents demonstrate the Plan/Delegate G&A process hinders or poses barriers to an <u>enrollee's</u> ability to access, obtain and continue to obtain appropriate and medically necessary BH services?			
4.14 Comments			
4.15 Do Plan/Delegate G&A documents demonstrate the Plan/Delegate G&A process hinders or poses barriers to a BH <u>provider's</u> ability to render timely and appropriate BH services to enrollees?			
4.15 Comments			
4.16 Do Plan/Delegate committee meeting minutes, reports, survey results and other documents demonstrate the Plan/Delegate appropriately identifies and takes steps to address barriers to care when grievance trends indicate such barriers?			
4.16 Comments			
4.17 Do interviews with Plan enrollees indicate enrollees face barriers when attempting to obtain BH services as a result of Plan/Delegate G&A operations?			
4.17 Comments			
4.18 Do interviews with providers indicate providers are reluctant to contract with the Plan and/or face barriers arising from Plan/Delegate G&A operations when providing BH services to Plan enrollees?			

BEHAVIORAL HEALTH INVESTIGATION TAG

Assessment Questions	Yes	No	N/A
4.18 Comments			

BEHAVIORAL HEALTH INVESTIGATION TAG

5. Customer Service

Assessment Questions	Yes	No	N/A
5.1 Does the Plan/Delegate have customer service center policies and procedures for standardizing customer service operations?			
5.1 Comments			
5.2 Are the customer service policies and procedures designed to ensure proficient, effective, and appropriate customer service for enrollees?			
5.2 Comments			
5.3 Does the Plan/Delegate have an adequate and effective process to monitor customer service operations to identify problems involving the quality of services provided by customer service center staff?			
5.3 Comments			
5.4 Does the Plan/Delegate have adequate standards or benchmarks against which it measures customer service staff performance?			
5.4 Comments			
5.5 Does the Plan/Delegate document, track and review the quality of services provided by customer center staff, and take corrective action when necessary?			
5.5 Comments			

BEHAVIORAL HEALTH INVESTIGATION TAG

Assessment Questions	Yes	No	N/A
5.6 Does the Plan/Delegate have a process to ensure calls received by customer service staff are appropriately and timely referred for evaluation by quality assurance staff, G&A staff or other staff, as needed?			
5.6 Comments			
5.7 Does the Plan/Delegate have sufficient number of customer service staff to handle the average number of daily telephone calls?			
5.7 Comments			
5.8 Do call statistics demonstrate the Plan/Delegate provides effective, timely, efficient customer service?			
5.8 Comments			
5.9 Do Plan/Delegate documents indicate a pattern of ineffective customer service for enrollees who call on more than one occasion with the same request for assistance?			
5.9 Comments			
5.10 Does the Plan/Delegate have written protocols used by customer service staff for responding to requests for assistance in making appointments with BH providers?			
5.10 Comments			

BEHAVIORAL HEALTH INVESTIGATION TAG

Assessment Questions	Yes	No	N/A
5.11 Are the protocols, scripts and other resources available to customer service staff sufficient to ensure customer service staff are able to assist enrollees in obtaining timely appointments with BH staff appropriate for the enrollee's needs?			
5.11 Comments			
5.12 Are written protocols, scripts and other written resources used by customer service staff routinely reviewed, and updated as needed?			
5.12 Comments			
5.13 Does the Plan/Delegate have policies and procedures for ensuring contracted BH provider listings and directories are current and updated as required? Section 1367.27			
5.13 Comments			
5.14 Does the Plan/Delegate have policies and procedures regarding the training of the customer service representatives on MH and/or SUD services?			
5.14 Comments			
5.15 Do customer service training materials include instruction on identifying available MH and SUD providers, making appointments for enrollees, and verifying provider availability?			
5.15 Comments			

BEHAVIORAL HEALTH INVESTIGATION TAG

Assessment Questions	Yes	No	N/A
5.16 Does the Plan's/Delegate's customer service center have a high rate of staff turnover?			
5.16 Comments			
5.17 Does the Plan/Delegate have a customer service process for handling enrollee requests for assistance in identifying an available BH provider when there are no contracted BH providers available for any of the following reasons: <ul style="list-style-type: none"> • Lack of specific provider type requested (e.g., child therapist) • Lack of provider with specialty experience (e.g., child therapist experienced in specific treatment modality) • Lack of ability to secure timely appointment • Lack of available provider in geographic area 			
5.17 Comments			
5.18 Does the system used by customer service to document enrollee telephone calls require sufficient documentation to ensure both customer service staff and other staff to whom the call may be referred (e.g., staff in the quality department or G&A department) have accurate and sufficient information to adequately consider the issue raised by the enrollee? Section 1368(a)(1)			
5.18 Comments			
5.19 Does the Plan/Delegate have a process to ensure customer service staff accurately identify the call as an inquiry or grievance?			
5.19 Comments			

BEHAVIORAL HEALTH INVESTIGATION TAG

Assessment Questions	Yes	No	N/A
5.20 Do Plan/Delegate audits of customer service staff accurately evaluate and conclude whether customer service staff correctly identify calls as inquiries or grievances?			
5.20 Comments			
5.21 Do Plan/Delegate inquiry case files demonstrate customer service staff accurately identify calls as inquiries or grievances?			
5.21 Comments			
5.22 Does the Plan/Delegate customer service process hinder or pose barriers to a BH <u>provider's</u> ability to render timely, covered, appropriate and medically necessary BH services to enrollees?			
5.22 Comments			
5.23 Does the Plan/Delegate customer service process hinder or pose barriers to an <u>enrollee's</u> ability to access, obtain or continue to obtain timely, covered, appropriate and medically necessary BH services?			
5.23 Comments			
5.24 Do interviews with Plan enrollees indicate enrollees face barriers to obtaining BH services as a result of Plan/Delegate customer service operations?			
5.24 Comments			

BEHAVIORAL HEALTH INVESTIGATION TAG

Assessment Questions	Yes	No	N/A
5.25 Do interviews with providers indicate there are barriers to providing BH services as a result of Plan/Delegate customer service operations?			
5.25 Comments			

BEHAVIORAL HEALTH INVESTIGATION TAG

6. Provider Referral Practices

Assessment Questions	Yes	No	N/A
6.1 Does the Plan have a documented referral system designed to ensure timely access and ready referral to BH services, in a manner consistent with good professional practice, for diagnosing and treating BH conditions? Section 1367(d),(e), Rule 1300.74.72(f)			
6.1 Comments			
6.2 Does the Plan/Delegate have written policies and procedures or documented standards for reviewing/authorizing referral requests for BH Services?			
6.2 Comments			
6.3 Do Plan/Delegate documents demonstrate the Plan/Delegate evaluates BH provider capacity within the network, monitors referrals and specialist care, and takes action when indicated? Rule1300.70(b)(2)(G)(5)			
6.3 Comments			
6.4 Do Plan/Delegate documents demonstrate the Plan/Delegate appropriately and timely refers enrollees to providers in neighboring service areas when there is a shortage of the provider type in the enrollee’s service area, consistent with patterns of practice for obtaining health care services in a timely manner appropriate for the enrollee’s BH needs? Rule 1300.67.2.2(c)(7)(B)			
6.4 Comments			

BEHAVIORAL HEALTH INVESTIGATION TAG

Assessment Questions		Yes	No	N/A
6.5	Do Plan/Delegate documents indicate the Plan/Delegate includes timely and geographic access and availability considerations in making UM and G&A determinations for out-of-network requests and appeals?			
6.5	Comments			
6.6	If a request for an out-of-network referral is denied, does the Plan/Delegate provide effective assistance to ensure the enrollee obtains timely, medically necessary BH services from an appropriate in-network provider, for both inpatient and outpatient services?			
6.6	Comments			
6.7	Are policies and procedures that address continuity and coordination of care among medical and BH providers designed to ensure consistent and appropriate coordination of care between and among medical and BH providers for the following types of services? a. Outpatient BH services b. Inpatient BH services, including Residential c. Urgent and Emergent BH services d. Post-stabilization services			
6.7	Comments			
6.8	Does the Plan/Delegate have studies, reports, assessments or evaluations of continuity and coordination of care among contracted medical and BH providers, for both inpatient and outpatient services?			
6.8	Comments			

BEHAVIORAL HEALTH INVESTIGATION TAG

Assessment Questions	Yes	No	N/A
6.9 Do Plan/Delegate documents demonstrate there is an effective process for collaboration and coordination of care between contracted medical and BH providers?			
6.9 Comments			
6.10 Does the Plan/Delegate have a written requirement for standardized screening of BH conditions in primary care settings?			
6.10 Comments			
6.11 Do the Plan reimbursement policies for behavioral health screening, including reimbursement for use of tools such as Patient Health Questionnaire (PHQ 9), Screening Brief Intervention and Referral to Treatment (SBIRT), etc. demonstrate a barrier for enrollees in obtaining BH services?			
6.11 Comments			
6.12 Do interviews with Plan enrollees indicate enrollees face barriers to obtaining BH services as a result of Plan/Delegate provider referral practices?			
6.12 Comments			
6.13 Do interviews with providers indicate providers are reluctant to contract with the Plan and/or face barriers to providing services to Plan enrollees as a result of Plan/Delegate provider referral practices?			

BEHAVIORAL HEALTH INVESTIGATION TAG

Assessment Questions	Yes	No	N/A
6.13 Comments			

BEHAVIORAL HEALTH INVESTIGATION TAG

7. Quality Assurance

Assessment Questions	Yes	No	N/A
7.1 Do the Plan/Delegate QA policies and procedures include standards for provision of timely health care services, including BH services? Rule 1300.67.2.2(d)(1)			
7.1 Comments			
7.2 Does the Plan/Delegate document its review and evaluation of BH clinical criteria or guidelines used to make UM determinations to ensure criteria are consistent with sound clinical principles and processes? Section 1363.5(b)			
7.2 Comments			
7.3 Does the Plan/Delegate have compliance monitoring policies and procedures designed to accurately measure the accessibility and availability of contracted providers, including BH providers? Rule 1300.67.2.2(d)(2)(A)-(F)			
7.3 Comments			
7.4 Do Plan/Delegate timely access reports demonstrate the Plan/Delegate is in compliance at all times with timely access standards?			
7.4 Comments			
7.5 Do the Plan/Delegate QA policies and procedures address accessibility and availability of BH services?			
7.5 Comments			

BEHAVIORAL HEALTH INVESTIGATION TAG

Assessment Questions	Yes	No	N/A
7.6 Does the Plan/Delegate have a process to review and evaluate timely access to BH specialists and related ancillary support services? Section 1300.70 (b)(2)(G)(5)			
7.6 Comments			
7.7 Do Plan/Delegate documents demonstrate the Plan/Delegate accurately and consistently identifies, tracks, monitors, and takes action to address <u>quality of care</u> issues pertaining to inpatient, outpatient and pharmacy BH providers and services, including quality issues involving cultural competency?			
7.7 Comments			
7.8 Do Plan/Delegate documents demonstrate the Plan/Delegate accurately and consistently identifies, tracks, monitors, and takes action to address <u>quality of service</u> issues pertaining to inpatient, outpatient and pharmacy BH providers and services, including quality issues involving cultural competency?			
7.8 Comments			
7.9 Are or were any contracted BH providers on a corrective action plan during the review period?			
7.9 Comments			
7.10 If any contracted BH provider is or was on a corrective action plan during the review period, is there evidence the Plan/Delegate appropriately implemented and monitored the corrective action and re-evaluated compliance?			
7.10 Comments			

BEHAVIORAL HEALTH INVESTIGATION TAG

Assessment Questions	Yes	No	N/A
7.11 Do Plan contracts with Delegates (or other entities contracted to perform functions on behalf of the Plan) include provisions for Plan oversight and assessment of the performance of delegated/contracted functions?			
7.11 Comments			
7.12 Do Plan/Delegate documents demonstrate the Plan/Delegate regularly monitors enrollee-to-BH provider ratios and takes action when indicated?			
7.12 Comments			
7.13 Do documents demonstrate the Plan/Delegate regularly monitors geographic access to BH services and takes action when indicated?			
7.13 Comments			
7.14 Are Plan QA policies and procedures designed to ensure consistent, effective, and appropriate oversight of all delegated G&A functions?			
7.14 Comments			
7.15 Do Plan documents demonstrate the Plan actually, consistently, effectively, and appropriately oversees all delegated G&A functions?			
7.15 Comments			

BEHAVIORAL HEALTH INVESTIGATION TAG

Assessment Questions	Yes	No	N/A
7.16 Are Plan QA policies and procedures designed to ensure consistent, effective, and appropriate oversight of all delegated UM functions?			
7.16 Comments			
7.17 Do Plan documents demonstrate the Plan consistently, effectively, and appropriately oversees all delegated UM functions?			
7.17 Comments			
7.18 Are Plan QA policies and procedures designed to ensure consistent, effective, and appropriate oversight of all delegated QA functions?			
7.18 Comments			
7.19 Do Plan documents demonstrate the Plan consistently, effectively, and appropriately oversees all delegated QA functions?			
7.19 Comments			
7.20 Do Plan documents demonstrate the Plan consistently, effectively, and appropriately oversees all other delegated functions?			
7.20 Comments			
7.21 Are Plan QA policies and procedures designed to ensure consistent, effective, and appropriate oversight of all other delegated functions?			
7.21 Comments			

BEHAVIORAL HEALTH INVESTIGATION TAG

Assessment Questions	Yes	No	N/A
7.22 Does the Plan/Delegate have a process for monitoring and evaluating the accuracy and effectiveness of its BH triage and screening services related to the following types of services? a. Non-urgent services b. Urgent services			
7.22 Comments			
7.23 Do Plan/Delegate documents demonstrate regular, appropriate, and effective monitoring of BH triage and screening services, including implementation and follow up of corrective action, when indicated?			
7.23 Comments			
7.24 In evaluating potential quality issues (PQIs), does the Plan/Delegate use an appropriate severity leveling system that includes required corrective action consistent with the assigned severity level?			
7.24 Comments			
7.25 Do PQI case files demonstrate the Plan/Delegate consistently and accurately levels PQIs in accordance with its written severity leveling system?			
7.25 Comments			
7.26 Do PQI case files demonstrate the Plan/Delegate consistently and accurately implements and follows up on required corrective action in accordance with its severity leveling system and written QA policies and procedures?			
7.26 Comments			

BEHAVIORAL HEALTH INVESTIGATION TAG

Assessment Questions	Yes	No	N/A
7.27 Do PQI case files demonstrate the Plan/Delegate timely investigates, documents, takes required action, and concludes PQI cases involving BH issues? Rule 1300.70(a)(1)			
7.27 Comments			
7.28 Do provider satisfaction survey reports indicate there are barriers to providers' ability to timely and effectively provide BH services to enrollees? Rule 1300.67.2.2(d)(2)(C)			
7.28 Comments			
7.29 Do enrollee satisfaction survey reports indicate there are barriers to enrollees' ability to timely obtain and continue to receive appropriate and medically necessary BH services? Rule 1300.67.2.2(d)(2)(B)			
7.29 Comments			
7.30 Do Plan/Delegate reports of quarterly review of accessibility, availability, and continuity of BH care, indicate there are barriers to enrollees' ability to timely obtain and continue to receive appropriate and medically necessary BH services? Rule 1300.67.2.2(d)(2)(D)			
7.30 Comments			
7.31 If available, do Consumer Assessment of Healthcare Providers and Systems (CAHPS) surveys indicate enrollees face barriers when obtaining or trying to obtain BH services?			
7.31 Comments			

BEHAVIORAL HEALTH INVESTIGATION TAG

Assessment Questions	Yes	No	N/A
7.32 Do the National Committee for Quality Assurance (NCQA) and Utilization Review Accreditation Commission (URAC) reports, as appropriate, demonstrate quality of care issues in the Plan/Delegate’s provision of BH services?			
7.32 Comments			
7.33 Do interviews with Plan enrollees indicate enrollees face barriers to obtaining BH services as a result of Plan/Delegate quality assurance operations?			
7.32 Comments			
7.34 Do interviews with providers indicate providers are reluctant to contract with the Plan and/or face barriers to providing services to Plan enrollees as a result of Plan/Delegate quality assurance practices?			
7.33 Comments			

BEHAVIORAL HEALTH INVESTIGATION TAG

8. Network Adequacy

Assessment Questions	Yes	No	N/A
8.1 Do Plan/Delegate documents demonstrate BH services, including specialty, institutional and ancillary services, are readily available at reasonable times to all enrollees throughout the Plan's geographic service area? Section 1367(e)(1); Rules 1300.51(d)(H), 1300.51(d)(I)(5)			
8.1 Comments			
8.2 Are the number and type of BH providers, distributed across all Zip Codes covered by the Plan, sufficient for the number of enrollees in the corresponding Zip Codes?			
8.2 Comments			
8.3 Do Plan/Delegate documents, reports and data demonstrate there are sufficient numbers of each type of contracted BH facility in the Plan's coverage areas?			
8.3 Comments			
8.4 Does the Plan/Delegate have a process to accurately measure whether a network BH provider is accepting new patients for each plan product?			
8.4 Comments			
8.5 Does the Plan/Delegate have a process to monitor the practice locations of contracted BH providers? Section 1367.27(h)(1); Rule 1300.67.2(a)			
8.5 Comments			

BEHAVIORAL HEALTH INVESTIGATION TAG

Assessment Questions	Yes	No	N/A
8.6 If indicated, did the Plan/Delegate take appropriate corrective action in response to any findings received from the Department’s review of its submission made pursuant to Rule 1300.67.2.2(g)(2), and evaluate the effectiveness of such corrective actions?			
8.6 Comments			
8.7 If indicated, did the Plan/Delegate take appropriate corrective action in response to internal monitoring of timely access, geographic access, and grievances involving BH services, and evaluate the effectiveness of such corrective actions?			
8.7 Comments			
8.8 Do Plan/Delegate documents demonstrate the contracted provider network has adequate capacity and availability of licensed BH providers to meet appointment timeliness standards? Rule 1300.67.2.2(c)(5), (7)			
8.8 Comments			
8.9 Do Plan/Delegate documents, reports and data demonstrate there are sufficient numbers of each type of contracted BH facility in the Plan’s coverage areas? Rule 1300.67.2.2(d), 1300.70(b)(2)(l)			
8.9 Comments			

BEHAVIORAL HEALTH INVESTIGATION TAG

Assessment Questions	Yes	No	N/A
<p>8.10 a. Is there evidence the Plan/Delegate conducted periodic internal network monitoring to evaluate for a 10 percent or greater change in the names of providers listed in the Plan’s Exhibits I-1, I-2, or I-3?</p> <p>b. Is there evidence the Plan/Delegate submitted an amendment to its license via the Department’s eFiling web portal when a change was identified?</p> <p>Rules 1300.51(d)(l)(1)-(3), 1300.52(f)</p>			
8.10 Comments			
8.11 Do the number of requests for inpatient and/or outpatient out-of-network services indicate the Plan/Delegate has an insufficient contracted network of BH providers?			
8.11 Comments			
8.12 Do inaccuracies about the Plan’s/Delegate’s provider directory indicate the Plan/Delegate has an insufficient contracted network of BH providers?			
8.12 Comments			
8.13 Do PAAS reports and provider complaint data indicate the Plan/Delegate has an insufficient contracted network of BH providers?			

BEHAVIORAL HEALTH INVESTIGATION TAG

Assessment Questions	Yes	No	N/A
8.13 Comments			
8.14 Does the Plan/Delegate have a process, as of January 1, 2021, for ensuring compliance with Section 1374.72(d), requiring plans to arrange coverage for medically necessary out-of-network BH services when the services are not available in network within geographic and timely access standards, consistent with SB 855? Section 1374.72(d)			
8.14 Comments			
8.15 Do interviews with Plan enrollees indicate enrollees face barriers in obtaining BH services due to the Plan's/Delegate's provider network or network operations?			
8.15 Comments			
8.16 Do interviews with providers indicate providers are reluctant to contract with the Plan and/or face barriers when providing BH services to Plan enrollees due to the Plan's/Delegate's provider network or network operations?			
8.16 Comments			

BEHAVIORAL HEALTH INVESTIGATION TAG

9. Provider Reimbursement

Assessment Questions	Yes	No	N/A
9.1 Do policies and procedures pertaining to claims submission by providers and enrollees, and the Plan's/Delegate's process for handling the claims, demonstrate a timely, equitable and appropriate process? Section 1371, Rule 1300.71			
9.1 Comments			
9.2 Does the Plan/Delegate timely and accurately pay non-contracted BH providers for services rendered to enrollees, consistent with the Plan's policies and procedures?			
9.2 Comments			
9.3 Are provider claim submission requirements reasonable for BH service claims? Section 1371, Rule 1300.71			
9.3 Comments			
9.4 Are provider claim submission requirements for providers who render ongoing BH services to an enrollee on multiple occasions reasonable? Section 1371, Rule 1300.71			
9.4 Comments			

BEHAVIORAL HEALTH INVESTIGATION TAG

Assessment Questions	Yes	No	N/A
9.5 Are the Plan/Delegate procedures and processes for reviewing BH claims, including timeframes, reviewers involved, standards of review, turn-around times, requests for additional information, etc., reasonable? Section 1371, Rule 1300.71			
9.5 Comments			
9.6 a. Do claims payment reports demonstrate the Plan/Delegate consistently pays BH claims timely and accurately for the following types of services? Section 1371, Rule 1300.71 i. Inpatient services ii. Outpatient services iii. Emergency services iv. Post-stabilization services b. Do Plan documents submitted for (a) and/or practices raise any potential parity issues with respect to claims payment?			
9.6 Comments			
9.7 Do Plan/Delegate documents and information indicate the provider reimbursement rate development process for BH inpatient and outpatient services is reasonable and based on customary reimbursement rates for each provider type? Rule 1300.71.31			
9.7 Comments			
9.8 Do the Plan/Delegate's revenue, CPT and HCPCS codes, covered for BH services for inpatient and outpatient services, demonstrate coverage for typically provided mental health services, including autism, from presentation of the BH condition through ongoing treatment of the condition?			

BEHAVIORAL HEALTH INVESTIGATION TAG

Assessment Questions	Yes	No	N/A
9.8 Comments			
9.9 Does the Plan/Delegate’s Claims for BH services log and the Plan’s internal claims quality reports demonstrate the Plan consistently pays claims appropriately? Section 1371; Rule 1300.71			
9.9 Comments			
9.10 Do interviews with Plan enrollees indicate enrollees face barriers in obtaining BH services due to the Plan’s/Delegate’s provider reimbursement practices or operations?			
9.10 Comments			
9.11 Do interviews with providers indicate providers are reluctant to contract with the Plan and/or face barriers when providing BH services to Plan enrollees due to the Plan’s/Delegate’s provider reimbursement practices or operations?			
9.11 Comments			
9.12 Does the Plan include Behavioral Health office visits or other Behavioral Health services in any of its provider capitated payment arrangements or are they carved out from capitated payment arrangements? If BH services are included in capitated payment arrangements, identify the types of Behavioral Health services included, e.g., inpatient, outpatient, and urgent services.			

BEHAVIORAL HEALTH INVESTIGATION TAG

Assessment Questions	Yes	No	N/A
9.12 Comments			
9.13 Do the Plan’s policies and procedures demonstrate how single case provider agreements are determined, including reimbursement rates for these agreements?			
9.13 Comments			
9.14 Did the Plan provide a complete sample provider contract and did the contract contain any terms that would deter providers from participating in the network?			
9.14 Comments			
9.15 Did the Plan provide all the information requested for deviations from the Plan’s base rate schedules and does the information properly support the deviation?			
9.15 Comments			
9.16 Was the aggregate claims data reported by the Plan complete and did the data demonstrate any trends that may indicate a barrier to enrollees in obtaining BH services?			
9.16 Comments			

BEHAVIORAL HEALTH INVESTIGATION TAG

10. Pharmacy

Assessment Questions	Yes	No	N/A
10.1 For plan products that must provide EHBs, do the Plan's prescription drug benefits in individual and small group products cover at least the greater of one drug in every USP category and class or the same number of prescription drugs in each category and class? Section 1367.005; 45 CFR § 156.122(a)(1)(i) and (ii)			
10.1 Comments			
10.2 For plan products that must provide EHBs, did the Plan appropriately identify outliers for its EHB Drug Count Tool results and, if applicable, provide a description of the Plan's justification?			
10.2 Comments			
10.3 Do the Plan's policies and procedures demonstrate that the health plan has procedures in place to allow an enrollee to request and gain access to clinically appropriate drugs not covered by the Plan's formulary?			
10.3 Comments			
10.4 Do reports pertaining to external exception request reviews demonstrate the Plan/Delegate makes its determination and notifies the enrollee and provider timely (72 hours following receipt of request for standard and 24 hours following receipt of request for expedited)? Sections 1367.240(k), 1367.241(b); 45 CFR 156.122(c)(3)(ii)			
10.4 Comments			

BEHAVIORAL HEALTH INVESTIGATION TAG

Assessment Questions	Yes	No	N/A
<p>10.5 a. Do the Plan’s formulary coverage and benefit design features create barriers to care by omitting coverage for certain categories or classes of drugs; or, by placing unreasonable restrictions, such as cost sharing, prior authorization, step therapy, and quantity or dosage limits to BH drugs?</p> <p>b. Does the Plan/Delegate exclude Long Acting Injectable drugs from inclusion in the negotiated daily rate?</p>			
10.5 Comments			
10.6 Do the Plan/Delegate’s medical and related policies which relate to Office Based Opioid Treatment (OBOT) and Opioid Treatment Program (OTP) therapy present barriers for enrollees to access therapy?			
10.6 Comments			
10.7 Does the Plan’s/Delegate’s use of utilization review and coverage exclusion practices, pose barriers to medically necessary prescription drug therapies for BH conditions?			
10.7 Comments			
10.8 Do policies and procedures include limitations (e.g., physical examination requirement, time and dosage limitations, urine testing requirements, etc.) that are inconsistent with generally accepted professional practices and UM clinical criteria or guidelines?			
10.8 Comments			

BEHAVIORAL HEALTH INVESTIGATION TAG

Assessment Questions	Yes	No	N/A
10.9 Do interviews with Plan enrollees indicate enrollees face barriers in obtaining medically necessary prescription drugs as a result of pharmacy coverage issues or any Plan/Delegate pharmacy practices?			
10.9 Comments			
10.10 Do interviews with providers indicate providers are reluctant to contract with the Plan and/or face barriers when providing BH services to Plan enrollees because of pharmacy coverage issues or any Plan/Delegate pharmacy practices?			
10.10 Comments			

BEHAVIORAL HEALTH INVESTIGATION TAG

11. SB 855 Compliance

Assessment Questions	Yes	No	N/A
11.1 Do case files involving UM conducted between January 1, 2021 and March 31, 2021, demonstrate the Plan/Delegate utilized appropriate non-profit criteria consistent with SB 855?			
11.1 Comments			
11.2 Starting January 1, 2021, did the Plan/Delegate conduct UM on requests for BH services submitted by enrollees or their authorized representatives consistent with SB 855?			
11.2 Comments			
11.3 Do interviews with Plan enrollees indicate that Plan/Delegate operations pertaining to SB 855 create barriers for enrollees in obtaining BH services?			
11.3 Comments			
11.4 Do interviews with providers indicate providers are reluctant to contract with the Plan and/or face barriers when providing BH services to Plan enrollees due to Plan/Delegate operations pertaining to SB 855?			
11.4 Comments			

BEHAVIORAL HEALTH INVESTIGATION TAG

12. Health Equity and Cultural Competence

Assessment Questions	Yes	No	N/A
12.1 Are Plan/Delegate policies, processes and plans that address cultural competence in the delivery of BH services designed to ensure the Plan/Delegate and contracted providers deliver BH services in a culturally competent manner?			
12.1 Comments			
12.2 Does the Plan/Delegate have policies and procedures that describe practices and activities that demonstrate community outreach and engagement with identified racial, cultural, linguistic and smaller populated cultural communities such as the tribal/Native American population, as they pertain to any such groups identified by the Plan?			
12.2 Comments			
12.3 a. Does the Plan/Delegate provide for cultural competence trainings with accountability and evaluative measures in place to be conducted for Plan/Delegate staff? b. Does the Plan/Delegate provide for cultural competence trainings with accountability and evaluative measures in place to be conducted for contracted providers? * At a minimum, trainings should include all demographic areas listed in TAG question 12.6.			
12.3 Comments			
12.4 Does the Plan/Delegate have reports, data reports, and/or trend summaries used to improve or address the barriers enrollees face in accessing behavioral health services due to a lack of culturally competent services?			

BEHAVIORAL HEALTH INVESTIGATION TAG

Assessment Questions	Yes	No	N/A
12.4 Comments			
12.5 Does the Plan/Delegate oversee and monitor its contracted provider networks across all BH service types, BH provider types, and enrollee access points, for cultural competency, linguistic capacity, and disability access to ensure providers in Plan networks meet the cultural, ethnic, racial, and linguistic needs and preferences of its membership?			
12.5 Comments			
12.6 Does the Plan/Delegate have a process to identify and address disparities across its enrollee population for the following: <ul style="list-style-type: none"> • Age • Race • Culture • Religion • Language • Disability • Ethnicity • Gender • LGBTQ • Income level • Geographic location (urban vs rural)? 			
12.6 Comments			

BEHAVIORAL HEALTH INVESTIGATION TAG

Assessment Questions	Yes	No	N/A
12.7 Is the Plan/Delegate able to demonstrate it measures and monitors the activities and strategies used to address disparities across its enrollee population for the following: <ul style="list-style-type: none"> • Age • Race • Culture • Religion • Language • Disability • Ethnicity • Gender • LGBTQ • Income level • Geographic location (urban vs. rural) 			
12.7 Comments			
12.8 Do Plan/Delegate documents or any other information about the Plan/Delegate demonstrate there are cultural, ethnic, racial, gender, age, linguistic or other equity barriers to enrollees' ability to obtain medically necessary BH services?			
12.8 Comments			
12.9 Do interviews with Plan enrollees indicate enrollees face barriers in obtaining BH services due to Plan/Delegate health equity or cultural competence issues?			
12.9 Comments			
12.10 Do interviews with providers indicate providers are reluctant to contract with the Plan and/or face barriers when providing BH services to Plan enrollees due to Plan/Delegate health equity or cultural competence issues?			

BEHAVIORAL HEALTH INVESTIGATION TAG

Assessment Questions	Yes	No	N/A
12.10 Comments			