



**IPA Medical Management Audit Tool 2010
Medi-Cal - Care Management Addendum**

IPA: _____ Review Date: _____

Reviewed by: _____

M-C/CM 1: Care Management Process

Element A: Policy and Procedure (QI7/Element A)	0	1	2	N/A
The Care Management Program and/or policy and procedure must include a written description of the process to coordinate services and help Members access needed resources (Provider Manual 12A.2):				
1. Identify cases				
2. Refer complex cases to IEHP NCQA QI7: The IPA P&P must include process to refer complex cases to IEHP				
3. Coordinate care with the PCP and/or SCP				
COMMENTS:				

Element B: Staff Responsibilities	0	1	2	N/A
There must be a description that defines the roles and responsibilities for (Provider Manual 12A.1, 2):				
1. Care Managers (licensed RN / LVN)				
2. Practitioners / IPA Medical Director				
3. Ancillary Personnel (Nutritionist, Social Worker, etc.) (May be n/a if IPA does not employ employee ancillary staff for CM)				
COMMENTS:				

Element C: Evidence of Care Management Process (FILE REVIEW)
1. Care Management file review must demonstrate the care management process, including use of Evidenced-based guidelines (e.g. CMSA guidelines) <ul style="list-style-type: none"> • Random pull of 10 Care Management files • 100% - 90% = full score of 2 89% - 80% = score of 1 Less than 79% = score of 0
COMMENTS: (see file review Work Sheet for details)

M-C/CM 2: California Children's Services (CCS)

Element A: Policy and Procedure	0	1	2	N/A
The policy and procedure for CCS must include a written description of the process to (Provider Manual 12B):				
1. Identify actual and potential cases				
2. Refer potential cases, appropriately and timely (within 24 hours of identification), to CCS (Provider Manual 12A.2)				
3. Coordinate care with the PCP and/or SCP (whether eligible or not)				
4. Follow cases through the outpatient treatment process and assist with COC				
5. Continue all medically necessary care within the IPA network when not eligible for CCS				
COMMENTS:				

M-C/CM 3: High Risk OB Care (HROB)

Element A: Policy and Procedure	0	1	2	N/A
The IPA has an established policy for identifying, referring and coordinating care for HROB members. The policy must contain the following high risk indicators (Provider Manual 10.D.1):				
*HROB Members must be referred for evaluation and care if beyond the scope of practice of the initial prenatal practitioner and Referred to IEHP HM department, when indicated:				
<ul style="list-style-type: none"> • Evidence or history of asthma, gestational diabetes, pre-eclampsia, or eclampsia; • Indication of multiple fetuses; • Prior C-Sections; • History of complicated deliveries such as placenta previa or abruptio placenta; • History of pregnancy difficulties such as incompetent cervix; • Prior premature labor and/or delivery; • History of substance use or abuse; • Homelessness; • Under age 18 or over 35 years of age 				
COMMENTS:				

Element B: Implementation of HROB Coordination of Care (FILE REVIEW)
There is documented evidence that HROB care is coordinated timely. Provider Manual 12A.2
The evaluation of this element will be based on review of a random sample of CM files.
COMMENTS:

M-C/CM 4: "Sensitive" Services

Element A: Policy and Procedure	0	1	2	N/A
<p>There are written policy and procedures describing sensitive services, which must include that members do not require an authorization for self-referring to a provider of their choice for specific "sensitive" services (Provider Manual – see below):</p> <p><u>In-Network:</u></p> <ul style="list-style-type: none"> • Sexually Transmitted Disease Dx/Tx (10H) • HIV testing and counseling (10I) • Pregnancy / pregnancy testing (9E) • Abortions (9E) • Tx for Sexual Assault (9E) • Drug / Alcohol treatment (12K.2) • Mental health care (12K.1) <p><u>Out-of-Network:</u></p> <ul style="list-style-type: none"> • Family Planning (10G) <p>Note: Minor = 16 years old and not legally an adult</p>				
<ul style="list-style-type: none"> • Sexual assault Tx (Provider Manual 9E – minors of any age) 				
<ul style="list-style-type: none"> • Rape (Provider Manual 9E – minor 12 year or older) 				
<ul style="list-style-type: none"> • Abortion (Provider Manual 9E - minors of any age) 				
<ul style="list-style-type: none"> • Birth Control (Provider Manual 9E – minors of any age, except sterilization) 				
<ul style="list-style-type: none"> • Drug or alcohol treatment services (Provider Manual 12K.2 - minors 12 years or older for both federally and non-federally assisted Tx programs) 				
<ul style="list-style-type: none"> • HIV Testing & Counseling (Provider Manual 10I – minors 12 years or older and competent) 				
<ul style="list-style-type: none"> • Pregnancy prevention, Dx, Tx (Provider Manual 10.D – minors of any age) 				
<ul style="list-style-type: none"> • Family planning (Provider Manual 10G) – no Auth, any qualified Provider 				
<ul style="list-style-type: none"> • STD Dx, Tx – contagious & reportable Dx (Provider Manual 10H - minors 12 years or older) 				
<ul style="list-style-type: none"> • Outpatient Mental health Tx (Provider Manual 12K.1 - minors 12 years or older) 				
<ul style="list-style-type: none"> • Communicable Dx Reporting (Provider Manual 10K) 				
<ul style="list-style-type: none"> • Sterilizations (Provider Manual 10F) 				
<p>COMMENTS:</p>				

M-C/CM 5: Carve-Out / Waiver Programs / Dis-enrollments / Transition of Care

Element A: Policy and Procedure	0	1	2	N/A
1. The written policy and procedure for cases meeting the criteria, must include the process used to (Provider Manual – see below):				
a. Identify cases				
b. Refer timely				
c. Coordinate care (CM must ensure COC into appropriate program)				
2. Disenrollment(s)				
a. Long term care (Provider Manual 12F)				
b. Major organ transplant (Provider Manual 12G) – excludes kidney and cornea for Medi-Cal				
c. Adult Day Health (Provider Manual 12H) – per State, disenroll to FFS				
3. Waiver Programs				
Home & Community Based Services (HCB)				
a. Department of Developmental Services (Provider Manual 12I.1)				
b. Multipurpose Senior Services (MSSP) (Provider Manual 12I.2)				
c. AIDS/ARC Waiver (Provider Manual 12I.3)				
d. Nursing Facility (Provider Manual 12I.4.a)				
e. Model Waiver Program (Provider Manual 12I.4.b)				
4. Carve-Out(s)				
a. Dental (Provider Manual 12J) – incorporate modified benefits (<21 only)				
b. Vision (Provider Manual 12M) – incorporate modified benefits				
COMMENTS:				

Element B: Implementation (FILE REVIEW)
There is evidence of care coordination between the IPA, Member, provider, practitioner, and Health Plan, which must include:
The evaluation of this element will be based on review of a random sample of files:
1. Carve-Out / Waiver Programs
a. Appropriate and timely referrals for potential cases
b. Appropriate notification for accepted or denied cases
c. Documentation information sent to Health Plan
2. Disenrollment
a. Identification of potential/actual cases
b. Initiated disenrollment with the IPA or Health Plan, appropriately
c. Handled Divorces appropriately (Provider Manual 17A.2)
3. Transition of Care

Element B: Implementation (FILE REVIEW)

- a. Appropriate, timely transition of care for members whose health plan coverage has changed (e.g. no longer with assigned IPA or Health Plan)

COMMENTS:

M-C/CM 6: Community and/or Public Health Services

Element A: Policy and Procedure	0	1	2	N/A
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1) The written description regarding Community and/or Public Health Services must include the process used to:

	0	1	2	N/A
a) Identify cases				
b) Refer timely				
c) Coordinate care				

2) The scope of services includes, but is not limited to, the specific agencies funded by the county, state and/or federal funds:

	0	1	2	N/A
a) Early & Periodic Screening, Dx, Tx (EPSDT) (Provider Manual 12D)				
b) School-linked Services (Provider Manual 10C.4)				
c) Early Start Services and Referrals (Provider Manual 12C)				
d) Tuberculosis Services (Provider Manual 10J)				
e) Immunizations Services (Provider Manual 10C.3)				
f) Developmental Disabilities / Regional Centers (Provider Manual 12N)				
g) WIC Program (Provider Manual 10E)				
h) Genetically Handicapped Persons (GHPP) (Provider Manual 12E)				
i) Reporting Potential Abuse (Provider Manual 12A.5)				

COMMENTS:

Element B: Implementation / Coordination of Care (FILE REVIEW)

There is documented evidence that community and public health agencies are made available and utilized by the IPA.

The evaluation of this element will be based on review of a random sample of CM files.

COMMENTS: