APS HEALTHCARE
OKLAHOMA HEALTH CARE AUTHORITY
QIO SERVICES - DELIVERABLES / REPORTING MATRIX
JULY 2006 – JUNE 2007

ATTACHMENT A INPATIENT HOSPITAL RETROSPECITVE REVIEWS FEE-FOR-SERVICE PROGRAM		
Reference Number	**Report / Information Name**	**Due Date(s)**
A.11	Fee-For-Service Bi-Weekly Review Status Report	15th and 30th of each month
A.11	Fee-For-Service Monthly Report/Final Decision Letters (including: Break out of adult psychiatric population and A.3 list of excluded records due to no match)	30th of each month
A.11	Fee-For-Service Quarterly Report (including analysis of any trends)	Oct 30th, Jan 30th, April 30th, July 30th

ATTACHMENT B OUTPATIENT HOSPITAL OBSERVATION SERVICES RETROSPECTIVE REVIEWS FEE-FOR-SERVICE PROGRAM		
Reference Number	**Report / Information Name**	**Due Date(s)**
B. 10	Fee-For-Service Bi-Weekly Review Status Report	15th and 30th of each month
B.10	Fee-For-Service Monthly Report/Final Decision Letters (including: B.3 list of excluded records due to no match)	30th of each month
B.10	Fee-For-Service Quarterly Report (including analysis of any trends)	Oct 30th, Jan 30th, April 30th, July 30th

ATTACHMENT C QUALITY INTERVENTIONS AND EDUCATION		
Reference Number	**Report / Information Name**	**Due Date(s)**
C.7a	Monthly Report of Activities Outlined in Attachment C	14th of each month
C.7b	Monthly Report of OHCA Referrals	10th of each month
C.7c	Completed Corrective Action Plans (CAPs)	Within two (2) business days of completion
C.7d	Gross and Flagrant and Serious Risk Violations	Immediate reporting upon identification

ATTACHMENT D QUALITY OF CARE REVIEWS OF MEDICAID MANAGED CARE PROGRAMS (*SOONERCARE*)		
Reference Number	**Report / Information Name**	**Due Date(s)**
D.2	QISMC Report	Draft Report – 5-31-07 Final Report – 6-30-07

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ATTACHMENT E QUALITY ASSESSMENT AND PERFORMANCE IMPROVEMENT (QAPI) PROJECTS		
Reference Number	**Report / Information Name**	**Due Date(s)**
E.2	EPSDT Study Report	Draft Report – 4-1-07 Final Report – 5-15-07
E.3	Diabetes Study Report	Draft Report – 4-1-07 Final Report – 5-15-07
E.5	Peri-Natal Study Report	Draft Report – 4-1-07 Final Report – 5-15-07
E.6	QAPI Status Report	Draft Report – 4-1-07 Final Report – 5-15-07
E.7	Behavioral Health Study Report	Draft Report – 4-1-07 Final Report – 5-15-07
E.8	Emergency Room Utilization Study Report	Draft Report – 4-1-07 Final Report – 5-15-07
E.10	Status Report of all Activities in Attachment E Status Report of all Activities in Attachment E Status Report of all Activities in Attachment E	9-30-06 12-31-06 3-31-07

ATTACHMENT F CLIENT SATISFACTION SURVEYS		
Reference Number	**Report / Information Name**	**Due Date(s)**
F.7	CAHPS Survey Report	Draft Report – 4-1-07 Final Report – 5-15-07
F.11	ECHO Survey Report	Draft Report – 4-1-07 Final Report – 5-15-07

ATTACHMENT G RETROSPECTIVE REVIEW OF CHARTS REGARDING OUTPATIENT/REHABILITATIVE SERVICES DELIVERED IN CMHC'S		
Reference Number	**Report / Information Name**	**Due Date(s)**
G.2	CMHC Retrospective Review Schedule Report	Prior to Start of Reviews July 21, 2006
G.8 & G.10	CMHC Retrospective Review Report	Due Upon Completion of Review

ATTACHMENT H INSPECTIONS OF CARE IN PSYCHIATRIC FACILITIES		
Reference Number	**Report / Information Name**	**Due Date(s)**
H.8a	Initial Decision Report of On-Site Reviews to Provider (via Certified Mail)	Within 20 calendar days of review
H.8c	Final Decision Report of On-Site Reviews to Provider (Appeals) (via Certified Mail)	Within 21 calendar days of receipt of the appeal
H.9a	Final Decision Report of On-Site Reviews to OHCA (No Problems/Discrepancies)	Within 30 calendar days of Exit Interview
H.9b	Final Decision Report of On-Site Reviews to OHCA (Appeals)	Within 30 calendar days of Final Decision of Appeal
H.12	Ad Hoc Review(s)	Within 14 calendar days of the request from OHCA
H.14	Notice of Facility Refusal to Provide Medicaid Patient Records	Immediately notify OHCA Behavioral Health Unit
H.15	Determination of Child at Risk of Physical/Emotional Injury	▪Notification via telephone within 24 hours of review (OHCA PM) ▪Written report of Determination of Child at Risk within 4 calendar days of review ▪Schedule follow-up meeting with OHCA PM

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ATTACHMENT I OUTPATIENT BEHAVIORAL HEALTH, SUBSTANCE ABUSE AND PSYCHOLOGIST SERVICES		
Reference Number	**Report / Information Name**	**Due Date(s)**
I.12	Report on Review Coordinator Audit	10th calendar day of each following month
I.14	Report on Inter-Rater Reliability of Reviewer Decisions	10th calendar day of each following month
I.25a	Monthly Activity Report to OHCA	10th calendar day of each following month
I.25f	OHCA Requested Data Runs	As Requested
I.25g	Quarterly Behavioral Health Data Reports	Oct 10th, Jan 10th, April 10th, July 10th
I.30	Conduct Monthly Provider Trainings	Monthly Schedule
I.30	Conduct Annual Provider Manual Training - Tulsa, Oklahoma City, Lawton	Annual Schedule
I.31	Provide Monthly Provider Newsletter – PA Process as needed	Monthly / as needed
I.40	Monthly Case Management Activity Report to OHCA	10th calendar day of each following month

ATTACHMENT J INPATIENT, TFC, AND MEDICAL PRIOR AUTHORIZATION OF BEHAVIORAL HEALTH SERVICES		
Reference Number	**Report / Information Name**	**Due Date(s)**
J.5b	Quarterly Data Analysis Report	Oct 10th, Jan 10th, April 10th, July 10th
J.5j	Monthly Out-of-State Census and Case Status Report	14th calendar day of each following month
J.5k	Maintain and update "*Inpatient Authorization Procedures Manual for Children's Psychiatric Services"*	As needed
J.5l	Conduct Periodic Provider Training (*min of 4 annually*)	As scheduled
J.5m	Ad Hoc Reports for OHCA (data reports, trend analysis etc.)	As requested
J.6a	Monthly Activity Report to OHCA	14th calendar day of each following month
J.11	Report on Review Coordinator Audit	10th calendar day of each following month
J.12	Report on Inter-Rater Reliability of Reviewer Decisions	10th calendar day of each following month
J.16c	Provide Update Letters to Provider – PA Process as needed	As needed

ATTACHMENT K INSPECTIONS OF CARE OF THERAPEUTIC FOSTER CARE PROGRAMS		
Reference Number	**Report / Information Name**	**Due Date(s)**
K.7a	Initial Decision Report of On-Site Review(s) to Providers (via Certified Mail)	Within 15 **calendar** days of review
K.7c	Final Decision Report of On-Site Reviews to Provider (Appeals) (via Certified Mail)	Within 21 calendar days of receipt of the appeal
K.8a	Final Decision Report of On-Site Reviews to OHCA (No Problems/Discrepancies)	Within 30 calendar days of Exit Interview
K.8b	Final Decision Report of On-Site Reviews to OHCA (Appeals)	Within 30 calendar days of Final Decision of Appeal
K.11 & 13	Ad Hoc Review(s)	Within 14 calendar days of the request from OHCA and subject to availability of OHCA staff
K.13	Notice of Program Refusal to Provide Medicaid Patient Records	Immediately notify OHCA Behavioral Health Unit
K.14	Determination of Child at Risk of Physical/Emotional Injury	▪Notification via telephone within 24 hours of review (OHCA Behavioral Health Unit) ▪Written report of Determination of Child at Risk within 4 calendar days of review, OR schedule follow-up meeting with OHCA staff
K.15	Provide TFC Provider Training and TFC Provider Update Letters	When changes occur in PA or IOC

ATTACHMENT L MEDICAID PROVIDER PUBLICATION		
Reference Number	**Report / Information Name**	**Due Date(s)**
L.3	Produce Quarterly Newsletter – "*Provider Update*" (4)	1) Draft: 7-25-06 Final: 9-5-06 2) Draft: 10-25-06 Final: 12-4-06 3) Draft: 1-29-07 Final: 3-5-07 4) Draft: 4-24-07 Final: 6-4-07
L.4	Annual Quality Report	Draft Report – 6-30-07 **Final Report – TBD**