Document Type:[1]	X Policy & Procedure	___ Process Guideline	Adopted: 4/21/2026
			Last Reviewed: 4/21/2026
	___ Plan	___ System Description	Retired: _____

Revisions:

Document Scope: (applies to Policy & Procedure only)

- The requirements herein apply only to the GCBH BH-ASO Central Office and its functions.
- X The requirements herein apply, verbatim, to GCBH BH-ASO and its network providers[2].
- The requirements herein apply to both GCBH BH-ASO and its network providers[2]. 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.

PURPOSE: To describe how the Greater Columbia Behavioral Health Administrative Service Organization (Greater Columbia BH-ASO) Utilization Management (UM) program ensures the accuracy, reliability, and appropriate documentation required to support determinations and appeals. These procedures support the integrity of clinical and administrative documentation associated with UM activities.

DEFINITIONS

I. None

POLICY

A. Greater Columbia BH-ASO is committed to maintaining the accuracy and integrity of documentation used in UM determinations, including service denials and appeals. Staff responsible for UM activities must document actions and decisions in a timely and accurate manner and may only update UM information in accordance with established procedures.

B. These practices outlined in this policy are intended to support the Greater Columbia BH-ASO Utilization Management Program described in Greater Columbia BH-ASO Policy CL347 Utilization Management and align with grievance, appeal, and notification processes CA410.

PROCEDURE

1. Utilization Management Information Integrity Oversight

1.1. Greater Columbia BH-ASO assigns oversight responsibility for Utilization Management (UM) Integrity to the UM Director in collaboration with Greater Columbia's Medical Director, Compliance Officer, and the Quality Management (QM) Program.

1.2. Operational monitoring of UM information integrity activities, including audit findings, corrective actions, and process improvements, is conducted through the Utilization Management Committee (UM Committee). The UM Committee reviews findings related to documentation integrity, inappropriate updates, and corrective

[1]See definitions of document types in AD100, "Development, Approval & Review of Formal GCBH BH-ASO Documents"

[2]Network Provider" – An organization with which GCBH BH-ASO is contracted for the provision of direct services.

implementation to ensure compliance with organizational policy and applicable regulatory requirements.

1.3. The UM Committee reports information integrity monitoring activities and identified improvement actions to the Integrated Quality Management Oversight Committee (IQMOC). IQMOC provides Leadership level oversight of Greater Columbia BH-ASO's QM Program and ensures that findings related to UM information integrity are incorporated into ongoing quality monitoring, system improvement activities, and implementation of the Greater Columbia BH-ASO Quality Management Plan.

1.4. Authorized staff responsible for documenting or updating UM information include:

1.4.1. UM clinical reviewers

1.4.2. Clinical Director or Medical Director

1.4.3. Clinical Manager

1.4.4. Compliance Officer

1.4.5. Authorized system administrators performing technical corrections

1.5. These roles are responsible for ensuring documentation accuracy and compliance with state contracts requirements, delegated agreements and organizational policies governing information integrity. No other staff are authorized to modify protected UM documentation elements related to authorization determinations, denial decisions, or appeal processing.

2. Protection of Critical UM Determination Data

2.1. The following data elements associated with UM determinations are considered protected information and may not be altered once entered, except through an approved correction process:

2.1.1. Authorization request receipt date

2.1.2. Determination date

2.1.3. Notification date

2.1.4. Appeal receipt date

2.1.5. Appeal determination date

2.1.6. Applicable regulatory timeframes

2.2. Modification of these elements is prohibited unless a documented administrative correction is required to address clerical or system entry errors. Corrections must follow the approved information correction procedure and maintain a permanent audit trail documenting:

2.2.1. Original entry

2.2.2. Corrected entry

2.2.3. Date of correction

2.2.4. Staff responsible for the correction

2.2.5. Reason for the correction

2.3. Under no circumstances may documentation be altered for the purpose of appearing compliant with regulatory or contractual timeframes.

3. Protecting the Integrity of UM Denial and Appeal Information

3.1. Greater Columbia BH-ASO maintains procedures to safeguard the accuracy of information used in the review and processing of UM denial determinations. These procedures establish expectations for documentation practices, define staff responsibilities, and outline the process for updating UM information when corrections are necessary.

3.2. Procedures also describe how the organization monitors documentation practices and addresses situations where information may have been entered or modified inappropriately.

3.3. Greater Columbia BH-ASO has UM denial information integrity procedures that specify:

3.3.1. The scope of UM information.

3.3.2. The staff responsible for performing UM activities.

3.3.3. The process for documenting updates to UM information.

3.3.4. Inappropriate documentation and updates.

3.3.5. System controls and audit trail requirements

3.3.6. Auditing, documenting and reporting information integrity issues

3.3.7. Internal escalation of information integrity concerns

4. Scope of UM Denial and Appeal Information

4.1. Greater Columbia BH-ASO maintains documentation standards for information used during the UM review process. Information subject to these standards includes documentation associated with requests for services, clinical review activities, and communication of UM decisions. Examples of information maintained as part of the UM record include:

4.1.1. Requests for services submitted by members, providers, or authorized representatives

4.1.2. The date a UM request is received is defined as date of receipt

4.1.3. Clinical information collected and reviewed during the determination process

4.1.4. Practitioner review and board-certified consultation when applicable

4.1.5. UM determinations and supporting rationale of decision made

4.1.6. Dates associated with decision making is defined as notification date

4.1.7. Written notices related to UM decisions including UM denial notice

4.2. These elements are maintained to ensure that UM determinations are documented consistently and that timelines required by regulatory or contractual standards can be verified.

5. Staff Responsible for Performing UM Activities

5.1. Greater Columbia BH-ASO policies identify the roles responsible for completing and documenting UM activities. These roles include staff responsible for conducting clinical reviews, documenting determinations, communicating decisions, and maintaining UM records.

5.2. Designated staff may also be authorized to make limited corrections to UM documentation when administrative errors occur. Authorization to update UM information is restricted to identified roles and must follow the documentation standards described in this policy.

5.3. Oversight of information integrity activities, including monitoring and auditing functions, is maintained through the UM program leadership structure and IQMOC.

6. Process for Documenting Updates to UM Information

6.1. Updates to UM documentation may occur when additional information is received, corrections are required, or clarification of existing documentation is necessary. When updates occur, staff must clearly document the change within the UM record.

6.2. Documentation must include:

6.2.1. The date and time the information was updated

6.2.2. A description of the information that was changed

6.2.3. The reason the update was necessary

6.2.4. Identification of the staff member making the update

6.3. These documentation practices ensure transparency in the UM record and allow updates to be reviewed during routine monitoring or audit activities.

7. Inappropriate Documentation and Updates

7.1. Greater Columbia BH-ASO prohibits documentation practices that misrepresent the timing, content, or outcome of UM determinations. Documentation must accurately reflect the work performed and the timeline in which actions occurred.

7.2. Examples of inappropriate documentation may include:

7.2.1. Falsifying UM dates (e.g., receipt date, UM decision date, notification date).

7.2.2. Creating documents without performing the required activities.

7.2.3. Fraudulently altering existing documents (e.g., clinical information, board certified consultant review, denial notices).

7.2.4. Attributing review to someone who did not perform the activity (e.g., appropriate practitioner review).

7.2.5. Updates to information by unauthorized individuals.

7.3. Concerns related to documentation integrity must be reported and reviewed in accordance with the organization's compliance and monitoring procedures.

8. System Controls and Audit Trail Requirements

8.1. All UM determination and appeal information must be maintained within the organization's designated Utilization Management system of record. The system must maintain an audit trail capable of identifying:

8.1.1. The user responsible for documentation or updates

8.1.2. The date and time of entry or modification

8.1.3. The original information entered

8.1.4. Any corrected or updated information

8.1.5. A description or rationale for the change

8.2. Audit trails must be retained in accordance with organizational record retention policies and must be available for internal audit and compliance monitoring. Manual or undocumented changes to protected UM information are strictly prohibited.

9. Auditing, Documenting, and Reporting Information Integrity Issues

9.1. Greater Columbia BH-ASO conducts periodic monitoring of Utilization Management (UM) documentation practices to ensure that records related to UM determinations and appeals are accurate, complete, and maintained in accordance with organizational standards.

9.1.1. Greater Columbia BH-ASO conducts audits of UM documentation and updates completed by staff responsible for UM determinations and appeal processing.

9.1.2. Monitoring activities include at least an annual review of UM documentation practices and may occur more frequently when necessary to evaluate documentation accuracy or address identified concerns.

9.1.3. Greater Columbia BH-ASO maintains procedures for documenting and reporting concerns related to inappropriate documentation or record updates. When such concerns are identified, they are reported to designated organizational leadership responsible for UM oversight and compliance review.

9.1.3.1. Reports are reviewed by the appropriate leadership or compliance staff to determine whether additional investigation or corrective action is required.

9.1.3.2. When review findings indicate potential fraud or misconduct, the matter is addressed through the organization's compliance reporting procedures and may be reported to HCA or the MCO's when required.

9.1.4. Monitoring activities include evaluation of patterns or trends that may indicate broader documentation concerns affecting multiple UM records. When monitoring identifies documentation concerns affecting a significant portion of reviewed records, the organization evaluates whether the issue reflects a systemic process concern.

9.1.4.1. When inappropriate documentation or updates are confirmed, Greater Columbia BH-ASO may implement corrective actions which may include staff education, enhanced supervisory review, workflow changes, or other administrative actions consistent with organizational policy.

10. Internal Escalation of Information Integrity Concerns

10.1. Staff who identify potential inappropriate documentation or alteration of UM determination or appeal information must immediately report the concern to their supervisor, the UM Director, or the Compliance Officer.

10.2. Reports may also be submitted through Greater Columbia BH-ASO compliance reporting structure or confidential compliance hotline.

10.3. Upon receipt of a report, the Compliance Officer or designee will conduct a preliminary review to determine whether the issue constitutes:

10.3.1. Documentation error

10.3.2. Process deviation

10.3.3. Potential misconduct

10.3.4. Potential fraud or intentional misrepresentation

10.4. Issues identified as potential fraud or misconduct will be investigated in accordance with the organization's Compliance Program and may be reported to HCA or MCOs as appropriate.

11. Information Integrity Training

11.1. Greater Columbia BH-ASO provides training to staff involved in Utilization Management (UM) activities to ensure documentation practices support the accuracy and reliability of UM determinations and appeal records.

11.2. Staff responsible for UM determinations, appeal processing, or documentation of UM activities participate in annual training related to information integrity and documentation standards. Training completion is documented through HR training records and maintained in accordance with the Greater Columbia BH-ASO's record retention practices.

11.3. Greater Columbia BH-ASO provides annual training for UM staff, addressing the following areas:

11.3.1. Documentation practices that support accurate recording of UM determinations and appeal activities.

11.3.2. Organizational monitoring and audit activities used to review documentation practices and identify potential information integrity concerns.

12. Audit, Analysis, and Improvement of Denial Information

12.1. Greater Columbia BH-ASO conducts routine monitoring of documentation practices related to UM denial determinations to confirm that records accurately reflect the timing and outcome of review activities. Monitoring activities include periodic review of UM files to evaluate documentation accuracy and identify potential information integrity concerns.

12.2. Greater Columbia BH-ASO conducts at least an annual review of UM denial documentation to:

12.2.1. Evaluate whether documentation related to denial receipt and notification dates accurately reflects the timing of UM activities.

12.2.2. Assess documentation practices to identify potential patterns or circumstances in which records may have been updated or documented inappropriately.

12.3. <u>Audit of Denial Information:</u>

12.3.1. Greater Columbia BH-ASO conducts periodic reviews of UM denial files to evaluate documentation practices related to key dates used during the UM determination process. These reviews may include examination of documentation associated with:

12.3.1.1. UM request receipt dates

12.3.1.2. UM denial decision notification dates

12.3.2. Greater Columbia BH-ASO maintains operational definitions for key UM determination dates, including receipt and notification dates associated with denial determinations resulting from medical necessity review. These definitions support consistent documentation and monitoring of UM timelines.

12.3.3. Monitoring activities focus on UM denial determinations made during the applicable review period. The population of files reviewed includes UM denial determinations issued during the monitoring period.

12.3.4. Greater Columbia BH-ASO selects a sample of files from this population for review. Sampling methods are designed to allow the organization to evaluate documentation practices across UM denial records and may include review of 5 percent of the file population or up to 50 files, depending on the size of the review population. The organization may review additional files when necessary to evaluate documentation practices or investigate potential concerns.

12.3.5. Greater Columbia BH-ASO provides an auditing and analysis report that includes:

12.3.5.1. The report date.

12.3.5.2. The title of individuals who conducted the audit.

12.3.5.3. The "5% or 50 files" auditing methodology.

12.3.5.3.1. Auditing period.

12.3.5.3.2. File audit universe size (described above).

12.3.5.3.3. Audit sample size.

12.3.5.4. The audit log (as a referenced attachment) to include:

12.3.5.4.1. The file identifier (case number).

12.3.5.4.2. The type of dates audited (e.g., receipt date, notification date).

12.3.5.4.3. Findings for each file.

12.3.5.4.4. A rationale for inappropriate documentation or updates.

12.3.5.5. The number or percentage and total number or percentage of inappropriate findings by date type.

12.3.6. Greater Columbia BH-ASO must provide a completed audit report even if no inappropriate documentation and updates were found.

12.4. Qualitative Analysis of Denial Information:

12.4.1. Greater Columbia BH-ASO annually conducts qualitative analysis of each instance of inappropriate documentation and updates identified in the audit to

determine the cause. Greater Columbia BH-ASO's auditing and analysis report also includes:

12.4.1.1. Titles of UM staff involved in the qualitative analysis.

12.4.1.2. The cause of each finding.

12.5. Improvement Actions:

12.5.1. When monitoring activities identify concerns related to documentation practices for UM denial determinations, Greater Columbia BH-ASO evaluates the underlying cause and implements appropriate improvement actions to address the issue.

12.5.1.1. Greater Columbia BH-ASO implements corrective actions designed to address documentation concerns identified during monitoring activities related to UM denial determinations. Corrective actions may include staff education, enhanced supervisory review, process improvements, workflow changes, or other administrative actions intended to prevent recurrence.

12.5.1.1.1. One action may address more than one finding, if appropriate. Annual training may not be the only corrective action. Greater Columbia BH-ASO identifies the staff (by title) who are responsible for implementing corrective actions.

12.5.1.2. Following implementation of corrective actions, Greater Columbia BH-ASO conducts follow-up monitoring to evaluate whether the improvement actions were effective in addressing the identified documentation concerns. The audit universe includes 3 to 6 months of UM denial files processed by Greater Columbia BH-ASO since the annual audit completed.

12.5.1.3. Greater Columbia BH-ASO conducts a qualitative analysis if it identifies integrity issues during the follow-up audit. Greater Columbia BH-ASO may draw conclusions about the actions' overall effectiveness in our reporting.

13. Audit, Analysis, and Improvement of Appeal Information

13.1. Greater Columbia BH-ASO conducts routine monitoring of documentation practices associated with the UM appeal process to confirm that appeal records accurately reflect the timing and outcome of review activities. Monitoring activities include periodic reviews of appeal files to evaluate documentation accuracy and identify potential information integrity concerns.

13.2. Greater Columbia BH-ASO conducts at least an annual review of UM appeal documentation to:

13.2.1. Evaluate whether documentation related to appeal request receipt and appeal decision notification dates accurately reflects the timing of appeal activities.

13.2.2. Review documentation practices to identify circumstances in which records may have been updated or documented inappropriately.

13.3. Audit of Appeal Information

13.3.1. Greater Columbia BH-ASO periodically reviews UM appeal files to evaluate documentation practices associated with key dates used in the appeal process.

13.3.2. These reviews may include examination of documentation associated with:

13.3.2.1. UM appeal request receipt dates

13.3.2.2. UM appeal decision notification dates

13.3.3. Greater Columbia BH-ASO maintains operational definitions for key appeal documentation dates, including the receipt of an appeal request and written notification of the appeal decision. These definitions support consistent documentation and monitoring of appeal timelines.

13.3.4. Monitoring activities focus on appeal determinations issued during the applicable review period. The population of files reviewed includes UM appeal decisions issued during the monitoring period.

13.3.5. Greater Columbia BH-ASO selects a sample of files from this population for review. Sampling methods are designed to allow the organization to evaluate documentation practices across appeal records and may include review of 5 percent of the file population or up to 50 files, depending on the size of the review population. The organization may review additional files when necessary to evaluate documentation practices or investigate potential concerns.

13.3.6. Greater Columbia BH-ASO provides an auditing and analysis report that includes:

13.3.6.1. date of the report.

13.3.6.2. The title of staff who conducted the audit.

13.3.6.3. The audit method:

13.3.6.3.1. Audit period.

13.3.6.3.2. Audit universe size (described in the paragraph above).

13.3.6.3.3. Audit sample size.

13.3.6.3.4. File identifier (case number).

13.3.6.3.5. Type of date audited (receipt date, notification date).

13.3.6.4. Findings for each file.

13.3.6.4.1. A rationale for inappropriate documentation or updates.

13.3.6.5. The number or percentage and total inappropriate documentation and updates.

13.3.7. Greater Columbia BH-ASO provides a completed audit report even if no inappropriate documentation and updates were found.

13.4. Qualitative Analysis of Appeal Information

13.4.1. When monitoring activities identify concerns related to appeal documentation practices, Greater Columbia BH-ASO conducts additional reviews to better understand the circumstances associated with the findings.

13.4.2. This analysis may involve staff responsible for coordinating or performing appeal review activities and focuses on identifying potential contributing factors such as documentation practices, workflow processes, or system configuration issues.

13.4.3. The monitoring summary may include documentation describing:

13.4.3.1. The titles of staff participating in the review or analysis.

13.4.3.2. The circumstances or contributing factors associated with identified findings.

13.5. Improvement Actions:

13.5.1. When monitoring activities identify concerns related to documentation practices associated with UM appeal records, Greater Columbia BH-ASO evaluates the circumstances contributing to the findings and implements appropriate improvement actions.

13.5.1.1. Greater Columbia BH-ASO implements corrective actions designed to address documentation concerns identified during monitoring activities related to UM appeal records. Corrective actions may include staff education, enhanced supervisory review, workflow adjustments, process improvements, or other administrative actions intended to improve documentation practices and prevent recurrence.

13.5.1.2. Following implementation of corrective actions, Greater Columbia BH-ASO conducts follow-up monitoring to evaluate whether the improvement actions were effective in addressing the identified documentation concerns. Follow-up monitoring typically occurs within three to six months after completion of the initial monitoring review.

14. Corrective Action and Effectiveness Monitoring

14.1. When inappropriate documentation or alteration of UM information is identified, Greater Columbia BH-ASO will implement corrective actions designed to address the root cause of the issue.

14.1.1. Corrective actions may include:

14.1.1.1. Targeted staff retraining

14.1.1.2. Supervisory review or enhanced oversight

14.1.1.3. Workflow or process redesign

14.1.1.4. System configuration changes

14.1.1.5. Disciplinary action when appropriate

14.2. Annual training alone will not be considered sufficient corrective action when systemic or repeated issues are identified.

14.3. Corrective actions will identify responsible staff by title and establish a timeline for implementation. Follow-up monitoring will occur within 3 to 6 months following corrective action implementation to evaluate whether the intervention was effective in preventing recurrence. Results of follow-up monitoring will be documented and

reported through the organization's Utilization Management or Quality Management oversight structure.

15. Escalation and Corrective Action Process

15.1. Greater Columbia BH-ASO maintains standardized escalation and corrective action processes for Utilization Management (UM) and other delegated functions to ensure compliance with applicable federal and state requirements, the Washington State HCA contract and MCO contracts.

15.2. Greater Columbia BH-ASO will identify, track and report or escalate as necessary, the following:

15.2.1. UM Decision-Making Concerns

15.2.1.1. Inconsistent application of medical necessity criteria

15.2.1.2. Failure to meet timeliness standards for UM determinations

15.2.1.3. Interrater Reliability (IRR) scores below established thresholds

15.2.2. Information Integrity Findings

15.2.2.1. Inaccurate or incomplete documentation of receipt dates, decision dates, or notification dates

15.2.2.2. Data discrepancies impacting reporting or compliance

15.2.3. Critical Incidents or Systemic Risks

15.2.3.1. Events indicating potential risk to patient safety or access to care

15.2.3.2. Systemic operational failures (e.g., staffing shortages impacting access)

15.2.4. Audit and Monitoring Findings

15.2.4.1. Internal or external audit findings indicating non-compliance

15.2.4.2. Repeat findings or failure of prior corrective actions

APPROVAL

Karen Richardson or Sindi Saunders, Co-Directors — Date 4/21/2026