

MSHN CMHSP Provider Network Monitoring Review Tool	
<b>CMHSP NAME:</b> Choose an item.	<b>DATE OF REVIEW:</b> Click or tap to enter a date.
<b>NAME OF REVIEWER:</b>	
<p><b>For CMH:</b> Provide credentialing files, contracts, and contract monitoring file. MSHN will review sample contracts provided for the MEV review.</p> <ul style="list-style-type: none"> <li>➤ CMH to provide two current executed Single Case Agreements (SCA) or the SCA template used if no SCA's in place and 2 examples of provider network change notifications.</li> <li>➤ CMH to upload credential files for four of the contracts provided for the MEV review. Preferably for different provider types.</li> <li>➤ CMH to provide two examples, if applicable, of any notifications of changes to provider network.</li> </ul> <p><b>For Reviewer:</b> Obtain CMHSP credentialing and monitoring documents related to contracts. Review credentialing and monitoring to ensure sufficient oversight per contract terms. Verify CMHSP follow-up on any corrective action plan required by provider. Review SCAs to ensure all required elements are included.</p>	

**Contractor/Provider Credentialing Review**

**Provider Name:**

**Initial Credentialing File Review**

- Application received date:
- Date of written communication of credentialing decision:
- Timeframe between application received and decision did not exceed 90 days:
- Provider's License and/or Certification PSV Date:
- Accreditation PSV Date (if not accredited- date of on-site quality assessment):
- Insurance Coverage meets requirements at time of Credentialing:
- Sanctions/Exclusions checks PSV Date;
- Disclosure Forms on file (yes/no/Date):

**Recredentialing File Review**

- Provider:
- Previous Credentialing decision Date:
- Credentialing decision Date:
- Recredentialing took place within two-year requirement (last decision date ->current decision date):
- Provider's License and/or Certification PSV Date:
- Accreditation PSV Date (if not accredited- date of on-site quality assessment):
- Insurance Coverage:
- Sanctions/Exclusions checks PSV Date:
- Disclosure Forms on file (yes/no/Date):

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**Contract Review**

- Provider:
  - Language regarding adherence to MDHHS Credentialing requirements included:
  - Contracts were signed by both parties:
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**Ongoing Contract Monitoring or Quality Assessments**

CMH includes contractor provider staff qualifications/credentialing in the annual assessment process:

Annual Monitoring/Quality Assessment:

Plan of correction required:

Plan of correction received and approved:

Ongoing Sanction Checks Conducted (Y/N):

Ongoing license checks (at time of expiration) completed (Y/N/NA):

**Single Case Agreement Review**

**File 1: SCA language includes:**

Provider:

SCA executed or Draft

Provider will follow all Medicaid/MDHHS/PIHP/CMH policies:

Provider will to ensure beneficiary is not liable for costs greater than would be expected for in-network services including a prohibition on balance billing:

Required Insurance:

**File 2 (if applicable):**

Provider:

SCA executed or Draft

Provider will follow all Medicaid/MDHHS/PIHP/CMH policies:

Provider will to ensure beneficiary is not liable for costs greater than would be expected for in-network services including a prohibition on balance billing:

Required Insurance:

**General Provider Network Review (CMH to provide examples)**

CMH provides written notice of significant change including the addition of new providers and planned termination of existing providers is provided to each beneficiary (Y/N – examples provided).

Date CMH notified by provider:

Date CMH updated provider directory:

CMH provides written notice of terminated contracted provider within 15 days after receipt or issuance of the termination notice to each beneficiary who received their primary care from or was seen on a regular basis by the terminated provider. (Y/N – examples provided).

Date CMH notified members:

Comments:

Strengths:

Findings:

Recommendations: