

Chapter:	Quality		
Title:	Monitoring and Oversight		
Policy: <input checked="" type="checkbox"/> Procedure: <input type="checkbox"/> Page: 1 of 3	Review Cycle: Biennial Author: Chief Compliance and Quality Officer, Quality Improvement Council	Adopted Date: 11.04.2014 Review Date: 03.04.2025	Related Policies: Quality Management

Purpose

To establish guidelines, as the Pre-Paid Inpatient Health Plan (PIHP), for the development and implementation of the Mid-State Health Network (MSHN) process for conducting, monitoring and oversight of its Community Mental Health Service Program (CMHSP) and Substance Use Disorder Service Provider (SUDSP) Network. To ensure compliance with federal and state regulations, and to establish standardized processes for conducting review of all delegated managed care functions.

Policy

MSHN shall create, implement and maintain a published process to monitor and evaluate its provider network to ensure compliance with federal and state regulations. This includes protocols for monitoring and oversight of any entity to which it has delegated a managed care administrative function and protocols to ensure the delegated provider is appropriately managing its charged responsibilities.

- A. MSHN shall conduct a full monitoring and evaluation process of each CMHSP Participant over a three-year review cycle. MSHN will conduct a full monitoring and evaluation process of each Substance Use Disorder (SUD) Service Provider, at a minimum once every two years. This process will consist of utilizing uniform standards and measures to assess compliance with federal and state regulations, and PIHP contractual requirements. During the interim reviews, the review process will focus on any elements of the previous year’s findings in which compliance standards were considered to be partially or not fully met. All delegated functions will be reviewed prior to delegation and ongoing.
- B. The contract and delegation monitoring and evaluation process may consist of the following components:
 - 1. **On-Site Audit:** This component will consist of an on-site visit to the CMHSP Participant/SUDSP Participant to review and validate process requirements. This component may include staff interviews.
 - 2. **Desk Audit:** This component will include all elements of an on-site audit conducted remotely using MSHN secure file-sharing site.
 - 3. **Consumer Chart Review:** The PIHP shall pull a random sample of consumer records to ensure compliance with specific program requirements, Person-Centered Planning requirements, enrollee rights, and documentation requirements, additionally, the PIHP shall pull a sample of consumer records to conduct primary source verification of reported data.
 - 4. **Data Review and Analysis:** This component includes analysis of CMHSP Participant/SUDSP performance and encounter data trends, and compliance with data reporting requirements.
- C. Consumer charts and other information/data that will be reviewed by the PIHP will include the time period from the date of the last review to current (or the prior 12 months). The PIHP does reserve the right to request information/data prior to the last 12 months as deemed necessary.
- D. Overall responsibility for the contract monitoring evaluation process and updating of the monitoring evaluation tools shall rest with the PIHP. The tools shall be reviewed on an annual basis by the Quality Improvement Council to ensure their functional utility; and updated as necessary due to changing regulations, new contract terms and operational feedback received.
- E. MSHN shall create its monitoring schedule at least ninety (90) days in advance of its review.

F. Following the review, MSHN will send providers a detailed report of the review for each CMHSP Participant/SUDSP within 30 days of the review. The monitoring report shall include the following:

- A summary report detailing the PIHP's overall review process and findings;
- Detailed findings pertaining to each standard audited/reviewed;
- Quality Improvement (QI) recommendations; and
- "Recommendations" (if applicable) pertaining to any finding that requires remedial action.

G. The CMHSP Participant/SUDSP shall submit remediation plan within thirty (30) days of the monitoring review report date, for any item not meeting the compliance standard. This plan shall include:

1. A detailed action plan which includes individual and systemic remediation to improve and monitor performance
2. Measurement criteria (i.e. how will the PIHP/Provider know the remediation was effective)
3. Timeframes and responsible individual for completing each remediation plan.

When access to care to individuals is a serious issue, the CMHSP Participant/SUDSP may be given a shorter period to initiate corrective actions, and this condition may be established, in writing, as part of the exit conference. If, during a MSHN review, the review team member identifies an issue that places a consumer in imminent risk to health or welfare, the review team would invoke an immediate review and response by the CMHSP Participant/SUDSP, which must be completed within seven (7) calendar days. Evidence of the review and appropriate action taken will be required to be submitted to MSHN at the time of completion. A follow up review may be conducted to ensure remediation of issues identified as out of compliance within 90 days of the approved plan of correction.

Quality Improvement Plans not submitted within the required time frame will be reported to the MSHN Chief Executive Officer and the CMHSP Participant's /SUDSP's Chief Executive Officer/Executive Director for resolution and submission.

H. MSHN will review the remedial action/quality improvement plan, seek clarifying or additional information from the CMHSP Participant/SUDSP as needed, and issue a response within 15 days of receiving required information from the CMHSP Participant/SUDSP. MSHN will take steps to monitor the CMHSP Participant's/SUDSP's implementation of the remedial action/quality improvement plan as part of performance monitoring.

1. If additional information is required, the Provider will have 7 days to respond and provide any additional information requested to MSHN. If the response requires additional follow up MSHN will have 7 days to review and respond to the Provider.
2. It is expected that all corrective actions will be fully implemented within 30 days of their approval by MSHN. In special circumstances MSHN may approve an extension for the implementation to occur.
3. Any identified health and/or safety issue will need to be corrected immediately and will require submission of evidence that the issue has been corrected within 7 days of the review.

I. If the provider and review team cannot reach mutual agreement on a finding or on required corrective action, the provider may submit an appeal of finding and conflict resolution per the MSHN provider appeal procedure. NOTE: Recommendations do not qualify under the appeal and resolution process as they are recommendations only and do not require a corrective action plan. MSHN will follow the Provider Appeal Procedure.

J. Report summary findings on PIHP monitoring activities shall be shared with the MSHN Board of Directors, Corporate Compliance Committee, Operations Council and other MSHN councils as appropriate.

Applies to:

- All Mid-State Health Network Staff
- Selected MSHN Staff, as follows:
 - MSHN’s CMHSP Participants: Policy Only Policy and Procedure
 - Other: SUD Providers

Definitions:

CMHSP: Community Mental Health Service Program

Finding: A federal or state standard found out of compliance. A finding requires corrective action to ensure compliance with federal and state guidelines.

MSHN: Mid-State Health Network

MDHHS: Michigan Department of Health and Human Services

PIHP: Prepaid Inpatient Health Plan

Provider Network: Refers to MSHN CMHSP Participants and SUD providers directly under contact with the MSHN PIHP to provide/arrange for behavioral health services and /or supports. Services and supports may be provided through direct operations or through the subcontract arrangements.

Quality Improvement Recommendation: A quality improvement suggestion that is meant to guide quality improvement discussion and change. A recommendation does not require a corrective action.

SUD: Substance Use Disorder

SUDSP: Substance Use Disorder Service Provider

Other Related Materials:

MSHN Corporate Compliance Plan

References/Legal Authority:

1. The Code of Federal Regulations (CFR)
2. PIHP managed care administrative delegations made to the CMHSP
3. PIHP/CMHSP contract
4. PIHP/SUD Provider contract
5. PIHP policies, standards and protocols, including both MDHHS and PIHP ‘practice guidelines.
6. Medicaid Provider Manual
7. SUDSP Provider Manual
8. Medicaid/PIHP contract
9. Federal Procurement Guidelines (The Office of Federal Procurement Policy (OFPP)-Office of Management and Budget

Date of Change	Description of Change	Responsible Party
08.18.2014	New Policy	Chief Compliance Officer
11.2015	Annual Review	Director of Compliance, Customer Services & Quality
03.2017	Annual Review	Director of Compliance, Customer Service & Quality
03.2018	Annual Review	Director of Compliance, Customer Service and Quality
03.2019	Annual Review	Quality Manager
10.2020	Biennial Review	Quality Manager
10.2022	Biennial Review	Quality Manager
11/2024	Biennial Review – updated process to match current monitoring and oversight	Chief Compliance Administrator