

**POLICY AND PROCEDURE MANUAL**

<b>Chapter:</b>	<b>Quality</b>		
<b>Title:</b>	<b>Regional Provider Monitoring and Oversight</b>		
<b>Policy:</b> <input checked="" type="checkbox"/>	<b>Review Cycle:</b> Biennial	<b>Adopted Date:</b> 11.07.2017	<b>Related Policies:</b> Quality Management
<b>Procedure:</b> <input type="checkbox"/>	<b>Author:</b> Chief Compliance Officer	<b>Review Date:</b> 03.07.2023	
<b>Page:</b> 1 of 5			

**Purpose**

To establish guidelines for Mid-State Health Network and Community Mental Health Service Program (CMHSP) participants when conducting regional monitoring and oversight of its provider network when regional provider performance monitoring has been implemented (e.g. Financial Management Services (FMS), Licensed Psychiatric Hospitals/Units (LPH), Applied Behavior Analysis (ABA)/Autism, etc.), or when statewide reciprocity arrangements between PIHPs have been enacted pursuant to contractual MDHHS Reciprocity & Efficiency Policy, and to ensure compliance with federal and state regulations, and contractual obligations and to establish standardized, regional processes.

**Policy**

MSHN on behalf of the CMHSP participants shall create, implement, and maintain a published process to monitor and evaluate its provider network to ensure compliance with federal and state regulations and contractual requirements as it applies to collective services designated by the Operations Council. This includes protocols for monitoring and oversight and protocols to ensure regional reviewers are appropriately managing its charged responsibilities.

- A. MSHN, on behalf of its CMHSP’s, shall coordinate a full monitoring and evaluation process of contracted providers once every two (2) years. This process will consist of utilizing uniform standards and measures to assess compliance with federal and state regulations, and regional contractual requirements. An interim year review will focus on any elements of the previous year’s findings in which compliance standards were determined to be partially or not fully met and new standards effective since the previous full review.
  1. Regionally approved provider performance monitoring standards and protocols shall be exclusively used.
  2. Statewide approved provider performance monitoring standards and protocols shall be exclusively used and shall supersede any regionally developed/approved performance standards and protocols.
  3. CMHSPs may prefer to facilitate reviews and should work with the assigned MSHN Lead to coordinate. Coordinated review teams will determine task responsibilities based on content expertise and other mitigating factors.
  
- B. The monitoring and evaluation process may consist of the following components:
  1. **Desk Audit:** This component will consist of a review of select policies, protocols, chart documentation, staff files, and other resource materials submitted by the provider to the designated secure web-based document management system for review team access and review.
  2. **On-Site Audit:** This component will consist of an on-site visit to the provider, if site-based services are provided or site-based records access is required, to review and validate process requirements. This component may include staff interviews. This function will typically be the responsibility of a MSHN-coordinated site review team on behalf of the CMHSP Participants holding the contract responsibility.
  3. **Consumer File Review:** Prior to the visit, MSHN shall extract a random 5% sample of consumer record identifiers to ensure compliance with specific program requirements. The random sample will include a sample of consumers from all CMHSP’s who contract

with the provider. The sample will include at least one (1) record from each of the regional CMHSPs who hold a contract with the provider. Sample sizes will be no less than two (2) and no more than (12). This function will typically be completed by a MSHN-coordinated site review team on behalf of the contracted CMHSPs. Note: The review team has the right to request additional files should there be justification to do so. If each contracting CMHSP is represented in the record review, the review team may complete less reviews than the original sample identified.

4. **Personnel File Review:** This component includes analysis of the personnel records of employees assigned to the selected consumers. On-site review will typically be completed by a MSHN-coordinated site review team on behalf of the CMHSP Participants holding the contract responsibility.
  - i. For FMS audits, a minimum of ten (10) and a maximum of twenty-five (25) employee personnel files shall be reviewed which will include a sample of all employee types including aide level.
  - ii. For LPH reviews, an audit of personnel credentialing records may be waived upon verification of current accreditation and review of credentialing policies and procedures demonstrate compliance with *Department of Health and Human Services Behavioral Health and Developmental Disabilities Administration Credentialing and Re-credentialing Processes*.
  - iii. For Autism audits, personnel file review includes actively employed (current) staff engaged with the client.
5. **Recipient Rights Specific Review:** For the Recipient Rights portions of the review(s), applicable to LPH and Autism, the following information is relevant:
  - i. Rights reviews occur, onsite, no less than every 365-days
  - ii. Policy reviews are to occur no less than every 3-years and are conducted by the CMHSP Rights Officers
6. Consumer and personnel records and other information/data that will be reviewed will include the time period from the date of the last site review to current (or the prior 24 months). The designated review team does reserve the right to request information/data prior to the last 24 months as deemed necessary.
7. Overall responsibility for regional monitoring and evaluation process and updating of the monitoring evaluation tools shall rest with the MSHN Quality Assurance and Performance Improvement (QAPI) Manager, CMHSPs, in concert with the Provider Network Management Committee (PNMC) and/or designees. Annually, monitoring tools shall be reviewed to ensure functional utility and updated as necessary due to changing regulations, contract terms and operational feedback. In the case of statewide provider performance monitoring protocols, suggestions for edits/updates shall be submitted through the standing statewide PIHP process.
  - a. MSHN Regional Recipient Rights Staff shall have an opportunity to review and provide recommended alterations/updates to any related source materials, e.g. regional LPH standardized contract.
    - i. PNMC and MSHN Regional Rights Officer Committee will be responsible for sharing information.
8. Site review teams shall consist of a sufficient number of CMHSP representatives to ensure an efficient and effective review with minimal disruption to provider operations. CMHSP representatives will be identified on a voluntary basis.
  - a. CMHSP staffing/support should efficiently cover all review responsibilities and account for time, content expertise, review-related tasks. MSHN support is available as needed and requested. If CMHSP volunteers are not identified, the QAPI manager shall recruit a team representative(s) through direct contact with the CMHSP or via Operations Council requests.

- b. At least one of the CMHSP representatives shall be from the CMHSP within which the provider's primary service site (or administrative site) is located unless an alternate plan was agreed upon.
          - c. A recipient rights staff from the CMHSP within which the provider's primary service site is located shall be a part of the site review team and shall conduct the Recipient Rights Review on behalf of the region.
            - i. Only the recipient rights staff can review rights-related standards.
            - ii. Only the recipient rights staff have authority to approve submitted rights-related corrective action.
            - iii. The Rights Staff oversee all matters related to Rights and will ensure the information is shared with the review team, including the Lead, for purpose of carrying out reciprocity plan in which multiple elements / functions are reviewed for compliance during one (1) general review of a unit.
          - d. MSHN's QAPI manager will be responsible for coordinating a uniform and consistent review process in the region. This includes coordinated communications between MSHN, the CMHSPs and MSHN councils and committees, as necessary.
9. Annually, the MSHN QAPI manager, in concert with CMHSP review teams and, if applicable, other PIHPs, shall create its annual monitoring schedule, based on the calendar year, and notify providers at least ninety (90) days in advance of the scheduled review. Special considerations may include:
  - Ensuring coordination with other PIHPs to support regional monitoring and reciprocity.
  - Avoiding the months of January through April for reviews of Financial Management Services providers.
10. Following the on-site review, the review team lead, shall develop a Contract Monitoring & Evaluation Report detailing the results of its monitoring review. The monitoring report shall include the following:
  - i. A summary report detailing the overall review process and findings;
  - ii. Detailed findings pertaining to each standard audited/reviewed;
  - iii. Quality Improvement (QI) recommendations; and
  - iv. Corrective Actions (if applicable) pertaining to any finding that requires remedial action.
11. The review team lead shall submit the monitoring report to the provider within thirty (30) days of the conclusion of the review. Final reports and related documents will be uploaded to applicable file sharing protocol sites (e.g. Box, Teams) for contracting CMHSP's within the MSHN region to access.
12. MSHN review team(s) will adhere to all MDHHS guidance, including but not limited to, timeliness requirements.
13. The provider shall submit a corrective action plan within thirty (30) days of the monitoring review report date, for any item not meeting the compliance standard. The provider may also present information that demonstrates compliance with the standard(s) at the time of the review. The MSHN QAPI Manager, in consultation with the CMHSP Participants holding the contract responsibility shall determine if the new information results in a change to the final report/score. The corrective action plan shall include:
  - i. A detailed action plan which addresses steps to be taken to assess and improve performance;
  - ii. Measurement criteria (i.e. how will the review team know the objective/outcome will be achieved); and
  - iii. Timeframes for completing each improvement plan.

14. If, during an on-site visit, the site review team member identifies an issue(s) that places a consumer in imminent risk to health, safety or welfare, both the MSHN and CMHSP representatives will initiate coordinated action in a manner consistent with federal, state and ethical requirements based on the severity of the issue(s).
15. Corrective Action Plans not submitted within the required time frame will be reported to the MSHN Chief Compliance and Quality Officer and the Provider Network Director of the CMHSP Participants holding the contract responsibility for resolution submission.
16. The review team will review the corrective action plan and issue a response within thirty (30) days of receiving required information from the provider. The Corrective Action Plan shall be provided, as applicable, to other PIHPs and to the contracting CMHSPs within the MSHN region through identified FTP sites.
17. The MSHN QAPI Manager and CMHSP representatives will take steps to monitor the providers implementation of the corrective action plan as part of performance monitoring, with an interim year follow up review. Monitoring activities will include review team member's organizations or other CMHSPs in the region. Based on the severity of the issue(s) requiring a corrective action, a focused review will be conducted, at a timeframe determined by the review team, to ensure remediation.
18. 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 to the CMHSP Participants holding the contract responsibility. NOTE: Recommendations do not qualify under the appeal and resolution process as they are recommendations only and do not require a corrective action plan. A final determination will be coordinated by the review team and forwarded to the provider in accordance with provider appeal procedures. The review team shall adjust and reissue the monitoring report as an outcome of either an informal or formal appeal that changes the report results.
19. Report summary findings on provider monitoring activities shall be shared with the contracting CMHSP's, Provider Network Management Committee, and other MSHN councils or committees as appropriate.

**Applies to:**

- All Mid-State Health Network Staff
- Selected MSHN Staff, as follows: QAPI, Provider Network, Compliance
- MSHN's Participants:  Policy Only  Policy and Procedure
- Other: Subcontracted Providers

**Definitions:**

CMHSP: Community Mental Health Service Program

FMS: Fiscal Management Services that assist the adult beneficiary, or a representative identified in the beneficiary's individual plan of services manage and distribute funds contained in the individual budget.

LPH: Licensed Psychiatric Hospital

MSHN: Mid-State Health Network, Region 5 Pre-Paid Inpatient Health Plan

PIHP: Prepaid Inpatient Health Plan

PNMC: Provider Network Management Committee

Provider Network: Refers to MSHN CMHSP Participants and SUD providers directly under contract 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.

QAPI Manager: MSHN's Quality Assurance and Performance Improvement Manager

QI: Quality Improvement

**Other Related Materials:**

1. Regional Monitoring Tools
2. MSHN Provider Appeals Procedure

**References/Legal Authority:**

1. The Code of Federal Regulations (CFRs)
2. CMHSP/Provider regional contract
3. PIHP managed care administrative delegations made to the CMHSP
4. PIHP/CMHSP contract
5. PIHP policies, standards and protocols, including both MDHHS and PIHP 'practice guidelines.
6. Medicaid Provider Manual
7. MDHHS/PIHP Contract Contract
8. MDHHS Reciprocity Standards
9. MDHHS Self-Directed Services Technical Advisory

**Change Log**

<b>Date of Change</b>	<b>Description of Change</b>	<b>Responsible Party</b>
08.2017	New Policy	Director Provider Network Management
03.2018	Annual Review	Director of Compliance, Customer Service and Quality
03.2019	Annual Review	Director of Compliance, Customer Service and Quality
06.2020	Updated to include current practice for oversight including addition of Recipient Rights specific review language	Director of Compliance, Customer Service and Quality
11.2022	Biennial Review – References, acronyms and definitions updated	Quality Manager