

POLICIES AND PROCEDURE MANUAL

Chapter:	Quality		
Title:	Regional Monitoring & Oversight Procedure		
Policy: <input type="checkbox"/>	Review Cycle: Biennial	Adopted Date: 08.2017	Related Policies: Regional Monitoring & Oversight Policy
Procedure: <input checked="" type="checkbox"/>	Author: Chief Compliance & Quality Officer	Review Date: 03.04.2025	
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Purpose

The purpose of this procedure is to guide Mid-State Health Network (MSHN) and its Community Mental Health Service Program (CMHSP) Participants in the process for conducting regional on-site monitoring and oversight of its provider network, when regional monitoring or statewide provider performance monitoring systems have been implemented, to ensure compliance with federal and state regulations and contractual requirements and to establish a standardized procedure for conducting on-site reviews.

Procedure

Pre-Review Preparation:

- A. Regional site review team meetings (site-based or telephone) may be scheduled to include a pre- and post- review meeting, as needed.
- B. The MSHN Quality Assurance and Performance Improvement (QAPI) Manager scope of responsibility includes:
 1. Responsible for the leadership, effectiveness and efficiency of the site review process;
 2. Assists in the process development and coordination of related desk audits and communicates findings, in consultation with site review team members as needed and requested;
 3. Development of case selections for reviews consistent with sampling methodology;
 4. Communicates with the site review team with regard to regional coordination efforts;
 5. Maintains, in coordination with the site review members, a guide or manual outlining the regional monitoring process.
- C. Lead Reviewer
 1. Ensures documentation is clear and consistent; collaborates with the site review team to ensure interrater reliability;
 2. In concert with the CMHSP Participants holding the contract responsibility, communicates with provider administrator (or designee) with respect to the site review process including but not limited to pre-review preparation, entrance/exit conference, post review follow- up;
 3. Coordinates the Corrective Action Plan (CAP) review and response on behalf and in coordination with the CMHSP Participants holding the contract responsibility;
 4. Ensures all documentation is saved in applicable file management system (e.g. Box or Group site) with final reports/CAPs, free from Protected Health Information (PHI);
 5. Monitors the site review process to promote team effectiveness and adherence to timelines as defined in this procedure and related policy.
- D. To ensure adequate review team staffing, team composition shall include a sufficient number of CMHSP representatives to ensure an efficient and effective review with minimal disruption to provider operations.
- E. Forty-five (45) days prior to the site review, MSHN will develop a list of cases sorted by CMHSP to determine appropriate sample to sufficiently cover all applicable areas of the review, in accordance with Regional Monitoring and Oversight Policy. Random sample list will be available to site review team members prior to the time of the review.
- F. Thirty (30) days prior to the site review, the lead reviewer, on behalf of the CMHSP Participants holding the contract responsibility, will send the provider to be reviewed a link to the draft agenda, review date, and a list of pre-audit review documents with instructions to the provider that any required response items are uploaded into MSHN's document management system fifteen (15) days prior to the scheduled site visit (as indicated in the Monitoring Tool). CMHSP site review team members shall be copied on this communication.

- G. Fifteen (15) days prior to the review, the lead reviewer will send a communication to the provider with links to the document management system identifying information for those cases selected for review.
- H. As applicable to provider type, the provider will be directed to provide a list of all employees are serving the selected Participants. *Note:* Additional charts may be selected to ensure a sufficient sample for each CMHSP.
- I. Fifteen (15) days prior to the review, the provider must upload all pre-site review documentation as outlined in the monitoring tool.
- J. Two (2) weeks prior to the review, the lead reviewer will communicate with team, including the alternate, through a scheduled conference call to confirm date, time, and logistics of the review, as well as other roles/responsibilities to be assigned such as pre-audit documentation review.

On-Site Review:

- A. An entrance conference will be scheduled at the beginning of the review. The entrance conference will be conducted by the lead reviewer and will consist of a review of the agenda, overview of the day, and identification of materials to be reviewed.
- B. The site review will consist of utilizing the approved Monitoring Tool(s). *Note:* Evidence listed on tools are examples of possible evidence – other evidence may be acceptable.
- C. Prior to the exit conference, the site review team shall dedicate time to discuss findings, consult with other reviewers for inter-rater reliability, finalize exit conference report out, etc.
- D. An optional exit conference will be scheduled at the end of the review to discuss a summary of the results of the review and answer questions from the provider staff.

Post-Site Review:

- A. As needed, the site review team will debrief to discuss the final report, process improvement (what worked and what didn't) to recommend changes to the process as necessary and determine if an immediate focused follow up review is necessary.
- B. In accordance with the Monitoring and Oversight Policy, the lead reviewer will deliver to the provider a written report that includes the results of the review within 30 days of the conclusion.
 - a. All reviewers will be responsible for submitting a narrative based on their scope of the review to the lead reviewer and include in the plan of correction document.
 - b. The lead reviewer is responsible for compiling and editing, as necessary.
 - c. A final draft will be circulated to the site review team prior to sending to the provider.
- C. The lead reviewer will send the final report to the provider along with instructions for completing the corrective action plan, if necessary. The lead reviewer will ensure all contracting CMHSPs receive the final report.
- D. The lead reviewer is responsible for monitoring compliance with the receipt of the Corrective Action Plan (CAP) on behalf of the CMHSP Participants holding the contract. The lead reviewer will communicate and coordinate the review and response to the CAP with the review team and all CMHSP's currently contracting with the entity being reviewed. The CAP response will indicate whether or not the CAP is acceptable or if additional information is needed.
 - a. Recipient rights staff(s) assigned to the review teams should communicate findings and corrective action needs to the provider directly and ensure the Lead and other review team members are included in the correspondences.
- E. Once the CAP is accepted in its entirety, the team lead will send the final CAP to the provider. The lead reviewer will ensure all contracting CMHSPs receive the final CAP.
- F. If a focused follow-up review is necessary, the site review lead shall coordinate according to the provider monitoring and oversight policy and procedure. *Note:* timelines may be modified per the review team recommendation, in order to ensure consumer safety.

Applies to

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

Definitions

- CAP: Corrective Action Plan
- CMHSP: Community Mental Health Service Program Participant
- MDHHS: Michigan Department of Health & Human Services
- MSHN: Mid-State Health Network
- PHI: Protected Health Information
- QAPI: Quality Assurance and Performance Improvement

Other Related Materials

N/A

Regional monitoring review tools

References/Legal Authority

1. The Code of Federal Regulations (CFRs)
2. PIHP managed care administrative delegations made to the CMHSP
3. PIHP/CMHSP contract
4. CMH/Provider Regional contracts
5. Medicaid Provider Manual
6. MDHHS/PIHP Contract
7. MDHHS Reciprocity Standards

Change Log:

Date of Change	Description of Change	Responsible Party
08.2017	New Procedure	Director of Provider Network Management Services
03.2018	Annual Review	Director of Compliance, Customer Service & Quality
03.2019	Annual Review removed box file structure and timeline process mapping. Changed timeline to be consistent with practice	Director of Compliance, Customer Service & Quality
04.2020	Language added to replace QAPI Manager with Lead Reviewer. Added language to ensure RR Officers have sole authority to approve RR CAPs	Director of Compliance, Customer Service & Quality
10.2022	Biennial Review	Quality Manager
11.2024	Biennial Review	Compliance Administrator