

POLICIES AND PROCEDURE MANUAL

Chapter:	Quality		
Title:	Regional Monitoring & Oversight Procedure		
Policy: <input type="checkbox"/> Procedure: <input checked="" type="checkbox"/> Version: 1.0 Page: 1 of 5	Review Cycle: Annually Author: Director, of Provider Network Management Systems	Adopted Date: 08.2017 Review Date: 03.28.2018 Revision Eff. Date:	Related Policies: Regional Monitoring & Oversight Policy

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. At the time regional site reviews are scheduled, teams including a MSHN Quality Assurance and Performance Improvement (QAPI) Manager and CMHSP auditing representatives will be identified, and regional site review team meetings (site-based or telephone) will be scheduled to include a pre and post- review meeting.
- B. The MSHN QAPI scope of responsibility includes:
 1. Responsible for the leadership, effectiveness and efficiency of the site review process;
 2. Conducts related desk audits and communicates findings, in consultation with site review team members as appropriate;
 3. On behalf and in coordination 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;
 4. Development of case selections for reviews consistent with sampling methodology
 5. Communicates with the site review team with regard to schedule, assigning responsibility, final reports, corrective action plan review and response;
 6. Ensures documentation is clear and consistent; collaborates with the site review team to ensure interrater reliability;
 7. Coordinates the Corrective Action Plan (CAP) review and response on behalf and in coordination with the CMHSP Participants holding the contract responsibility;
 8. Ensures all documentation is saved in MSHN's file management system (currently "Box") with final reports/CAPs are saved in non-editable PDF versions;
 9. Monitors the site review process to promote team effectiveness and adherence to timelines as defined in this procedure and related policy.
- C. To ensure adequate review team staffing, team composition will be based in part on the number of consumer, employee or other on-site files that are required to be reviewed.
- D. At least 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. random sample list will be available to site review team members at the time of the review.

- E. At least thirty (30) days prior to the site review, the MSHN QAPI Manager 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 (currently "Box") 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 communicate.
- F. At least twenty-one (21) days prior to the review, the MSHN QAPI Manager will send a communication to the provider with Box links to the identifying information for those cases selected for review.
- G. 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
- H. At least fifteen (15) days prior to the review, the provider must upload all pre-site review documentation as outlined in the monitoring tool.
- I. At least two (2) weeks prior to the review, the MSHN QAPI Manager 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 MSHN QAPI Manager under the responsibility of the CMHSP contract holder 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 exit conference will be scheduled at the end of the review to discuss a summary of the results of the review and answer question from the provider staff.

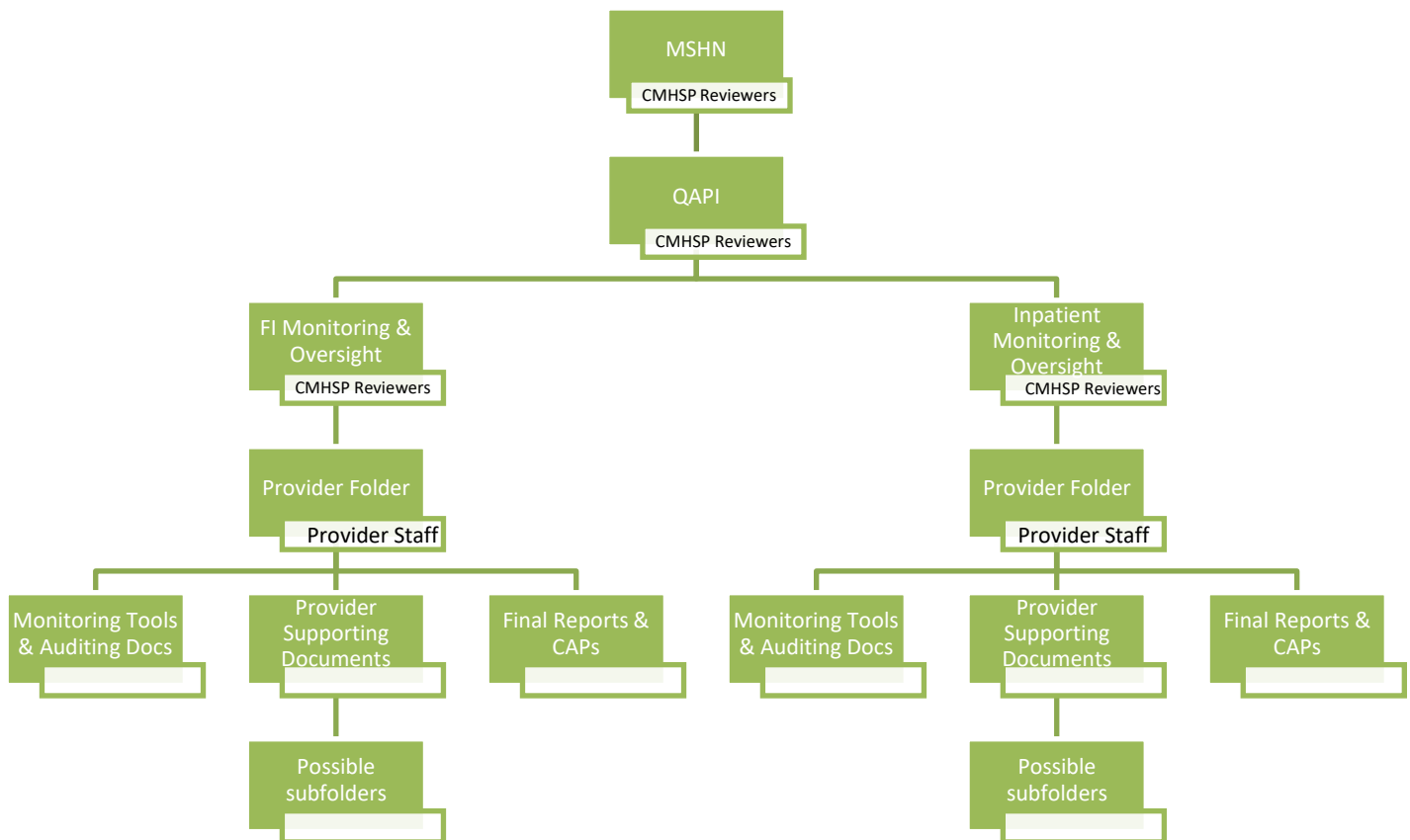
Post-Site Review:

- A. Within a week of the review, 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, MSHN 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 to submit a narrative based on their scope of the review to the MSHN QAPI Manager.
 - b. The MSHN QAPI Manager 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 MSHN QAPI Manager will send a link to the final report in Box to the provider along with instructions for completing the corrective action plan, if necessary. The review team and contracting CMHSPs shall be copied. The report should also be saved to Box in a non-editable PDF format.

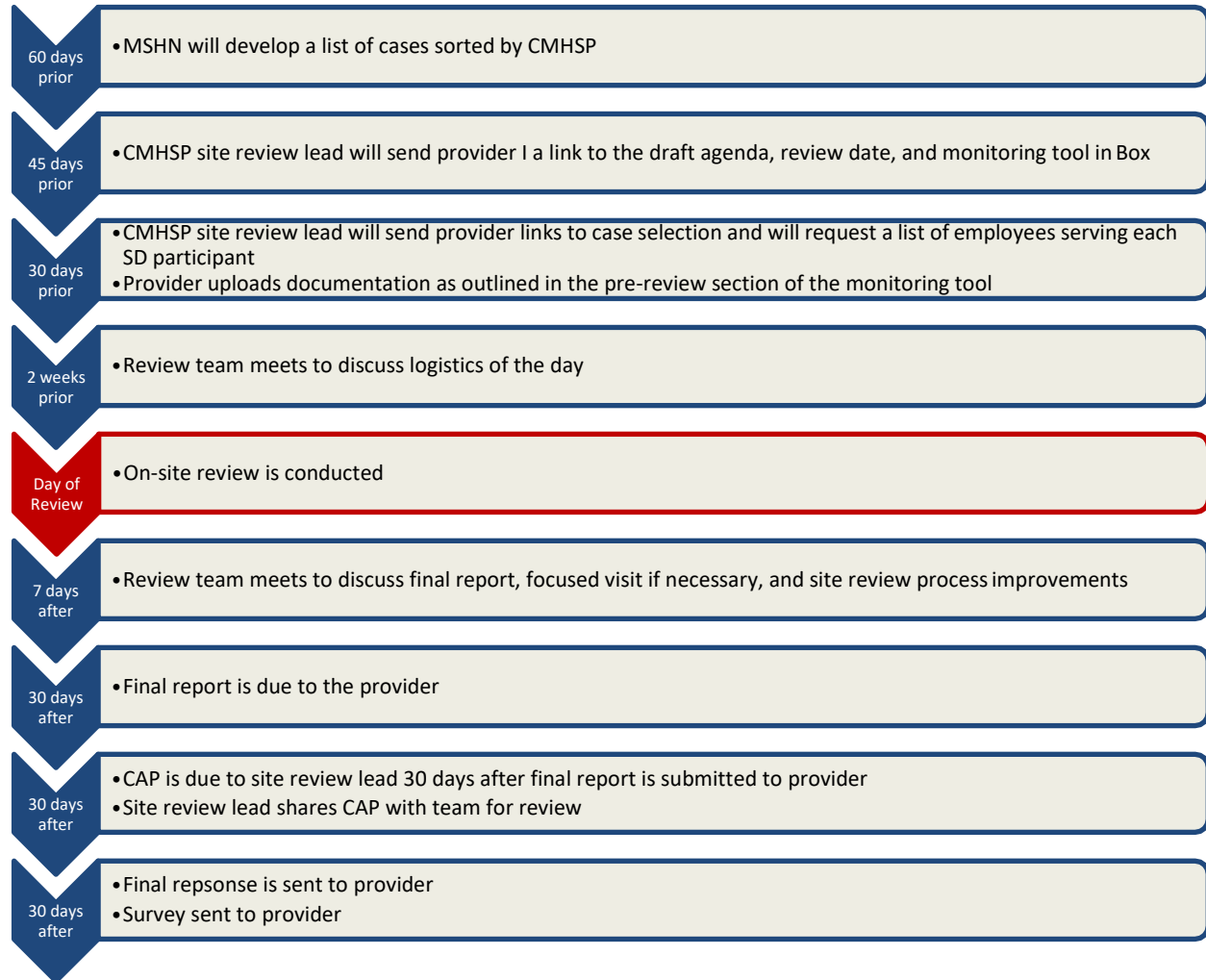
- D. The MSHN QAPI Manager is responsible for monitoring compliance with the receipt of the Corrective Action Plan (CAP) on behalf of the CMHSP Participants holding the contract. The MSHN QAPI Manager will communicate and coordinate the review and response to the CAP with the review team and all CMHSP's 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.
- E. Once the CAP is accepted in its entirety, the team lead will send a link to the final CAP in Box to the provider. The review team and contracting CMHSPs shall be copied. The CAP should also be saved to Box in a non-editable PDF format.
- 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 MSHN QAPI Manager recommendation, in order to ensure consumer safety.
- G. Once the site review process is complete, the MSHN QAPI Manager shall notify MSHN's Director of Provider Network Management Systems. MSHN will send a survey to the provider within 30 days of completion to allow feedback regarding the site visit and to ensure MSHN and its CMHSPs provide an opportunity for continuous quality improvement.

Box File Structure:

CMHSP reviewers and PNMC committee members have Editor access to all folders. Provider staff members, as identified by provider administration, will have Viewer Uploader/Previewer Uploader access to their respective folder in Box along with subfolders.



Timeline:



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 Participant

MDHHS: Michigan Department of Health & Human Services

MSHN: Mid-State Health Network

Other Related Materials

FI Monitoring Tool

[SD Participant Case Selection template](#)

FI Site Review Satisfaction Survey (via Survey Monkey)

Box Training Videos

- [Upload and Create Content](#)
- [Send a Link to a File](#)
- [Adjust Your Notifications](#)

Inpatient Protocol Bundle

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. PIHP policies, standards and protocols, including both MDHHS and PIHP 'practice guidelines.
5. Medicaid Provider Manual
6. Medicaid Managed Specialty Supports and Services Concurrent 1915(b)(c) Waiver Program (which includes attachment P7.3.1.1)
7. MDHHS Reciprocity Guidelines
8. SD Implementation Technical Advisory

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