

Michigan Department of Health and Human Services

**SFY 2025 External Quality Review
Compliance Review Report
for Prepaid Inpatient Health Plans
Region 5—Mid-State Health Network**

September 2025



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Background

In accordance with Title 42 of the Code of Federal Regulations (42 CFR) §438.358, the Michigan Department of Health and Human Services (MDHHS) or an external quality review organization (EQRO) may perform the mandatory and optional external quality review (EQR) activities, and the data from these activities must be used for the annual EQR technical report described in 42 CFR §438.350 and §438.364. One of the four mandatory activities required by the Centers for Medicare & Medicaid Services (CMS) is:

- A review, conducted within the previous three-year period, to determine the managed care organization's (MCO's), prepaid inpatient health plan's (PIHP's), or prepaid ambulatory health plan's (PAHP's) compliance with the standards set forth in Subpart D of this part (42 CFR §438), the disenrollment requirements and limitations described in §438.56, the enrollee rights requirements described in §438.100, the emergency and poststabilization services requirements described in §438.114, and the quality assessment and performance improvement requirements described in §438.330.

As MDHHS' EQRO, Health Services Advisory Group, Inc. (HSAG) is contracted to conduct the compliance review activity with each of the contracted PIHPs delivering services to members enrolled in the Behavioral Health Managed Care Program. When conducting the compliance review, HSAG adheres to the guidelines established in the CMS EQR *Protocol 3. Review of Compliance With Medicaid and CHIP [Children's Health Insurance Program] Managed Care Regulations: A Mandatory EQR-Related Activity*, February 2023 (CMS EQR Protocol 3).¹

Description of the External Quality Review Compliance Review

MDHHS requires its PIHPs to undergo periodic compliance reviews to ensure that an assessment is conducted to meet federal requirements. State fiscal year (SFY) 2025 was Year Two of the three-year cycle of compliance reviews for the Behavioral Health Managed Care Program. The reviews focus on standards identified in 42 CFR §438.358(b)(1)(iii) and applicable state-specific contract requirements. The compliance reviews for the Michigan PIHPs consist of 13 program areas referred to as standards. Table 1-1 outlines the standards that will be reviewed over the three-year review cycle for **Mid-State Health Network (MSHN)**.

¹ Department of Health and Human Services, Centers for Medicare & Medicaid Services. *Protocol 3. Review of Compliance With Medicaid and CHIP Managed Care Regulations: A Mandatory EQR-Related Activity*, February 2023. Available at: <https://www.medicaid.gov/sites/default/files/2023-03/2023-eqr-protocols.pdf>. Accessed on: July 31, 2025.

Table 1-1—PIHP Three-Year Cycle of Compliance Reviews

Standard	Associated Federal Citation ^{1,2}		Year One (SFY 2024)	Year Two (SFY 2025)	Year Three (SFY 2026)
	Medicaid	CHIP			
Standard I—Member Rights and Member Information	§438.10 §438.100	§457.1207 §457.1220	✓		No compliance review required
Standard II—Emergency and Poststabilization Services ³	§438.114	§457.1228		✓	
Standard III—Availability of Services	§438.206	§457.1230(a)	✓		
Standard IV—Assurances of Adequate Capacity and Services	§438.207	§457.1230(b) §457.1218	✓		
Standard V—Coordination and Continuity of Care	§438.208	§457.1230(c)	✓		
Standard VI—Coverage and Authorization of Services	§438.210	§457.1230(d)	✓		
Standard VII—Provider Selection	§438.214	§457.1233(a)		✓	
Standard VIII—Confidentiality	§438.224	§457.1233(e)		✓	
Standard IX—Grievance and Appeal Systems	§438.228	§457.1260		✓	
Standard X—Subcontractual Relationships and Delegation	§438.230	§457.1233(b)		✓	
Standard XI—Practice Guidelines	§438.236	§457.1233(c)		✓	
Standard XII—Health Information Systems ⁴	§438.242	§457.1233(d)		✓	
Standard XIII—Quality Assessment and Performance Improvement Program	§438.330	§457.1240		✓	

¹ The compliance review standards comprise a review of all requirements, known as elements, under the associated federal citation, including all requirements that are cross-referenced within each federal standard, as applicable (e.g., Standard IX—Grievance and Appeal Systems includes a review of §438.228 and all requirements under 42 CFR Subpart F).

² The Disenrollment: Requirements and Limitations standard under §438.56 does not apply to the Michigan PIHPs as disenrollment requests are handled through the Michigan Medicaid health plans. Therefore, these requirements are not reviewed as part of the PIHPs' three-year compliance review cycle.

³ MDHHS requested that the review of the Emergency and Poststabilization Services standard be delayed until SFY 2025 to give MDHHS time to provide further guidance to the PIHPs regarding the applicability of the requirements.

⁴ This standard includes a comprehensive assessment of the PIHP's information systems (IS) capabilities.

Summary of Findings

Review of the Standards

Table 1-2 presents an overview of the results of the standards reviewed during the SFY 2025 compliance review for **MSHN**. HSAG assigned a score of *Met* or *Not Met* to each of the individual elements it reviewed based on a scoring methodology, which is detailed in Section 2. If a requirement was not applicable to **MSHN** during the period covered by the review, HSAG used a *Not Applicable* (*NA*) designation. In addition to an aggregated score for each standard, HSAG assigned an overall percentage-of-compliance score across all eight standards. Refer to Appendix A for a detailed description of the findings.

Table 1-2—Summary of Standard Compliance Scores

Standard	Total Elements	Total Applicable Elements	Number of Elements			Total Compliance Score
			<i>M</i>	<i>NM</i>	<i>NA</i>	
Standard II—Emergency and Poststabilization Services	13	13	13	0	0	100%
Standard VII—Provider Selection	25	25	22	3	0	88%
Standard VIII—Confidentiality	22	22	21	1	0	95%
Standard IX—Grievance and Appeal Systems	39	39	31	8	0	79%
Standard X—Subcontractual Relationships and Delegation	6	6	6	0	0	100%
Standard XI—Practice Guidelines	7	7	7	0	0	100%
Standard XII—Health Information Systems	9	9	7	2	0	78%
Standard XIII—Quality Assessment and Performance Improvement Program	24	24	24	0	0	100%
Total	145	145	131	14	0	90%

M = *Met*; *NM* = *Not Met*; *NA* = *Not Applicable*

Total Elements: The total number of elements within each standard.

Total Applicable Elements: The total number of elements within each standard minus any elements that were *NA*. This represents the denominator.

Total Compliance Score: The overall percentages were obtained by adding the number of elements that received a score of *Met* (1 point), then dividing this total by the total number of applicable elements.

MSHN achieved an overall compliance score of 90 percent, indicating adherence to most of the reviewed federal and State requirements. However, opportunities for improvement were identified in the areas of *Provider Selection*, *Grievance and Appeal Systems*, and *Health Information Systems*, as these program areas received performance scores below 90 percent. Detailed findings, including recommendations for program enhancements, are documented in Appendix A.

Corrective Action Process

For any elements scored *Not Met*, **MSHN** is required to submit a corrective action plan (CAP) to bring the element into compliance with the applicable standard(s).

The CAP must be submitted to MDHHS and HSAG within 30 days of receipt of the final report. For each element that requires correction, **MSHN** must identify the planned interventions to achieve compliance with the requirement(s), the individual(s) responsible, and the timeline. HSAG has prepared a customized template under Appendix B to facilitate **MSHN**'s submission and MDHHS' and HSAG's review of corrective actions. The template includes each standard with findings that require a CAP.

MDHHS and HSAG will review **MSHN**'s corrective actions to determine the sufficiency of the CAP. If an action plan is determined to be insufficient, **MSHN** will be required to revise its CAP until deemed acceptable by HSAG and MDHHS.

2. Methodology

Activity Objectives

According to 42 CFR §438.358, a state or its EQRO must conduct a review within a three-year period to determine the PIHPs' compliance with standards set forth in 42 CFR §438—Managed Care Subpart D, the disenrollment requirements and limitations described in §438.56, the enrollee rights requirements described in §438.100, the emergency and poststabilization services requirements described in §438.114, and the quality assessment and performance improvement requirements described in §438.330. To complete this requirement, HSAG, through its EQRO contract with MDHHS, performed compliance reviews of the PIHPs contracted with MDHHS to deliver services to Michigan's Behavioral Health Managed Care Program members.

MDHHS requires its PIHPs to undergo periodic compliance reviews to ensure that an assessment is conducted to meet federal requirements. The reviews focus on standards identified in 42 CFR §438.358(b)(1)(iii) and applicable state-specific contract requirements. The compliance reviews for the Michigan PIHPs consist of 13 program areas referred to as standards, with the current three-year cycle of compliance reviews spanning from SFY 2024 through SFY 2026. MDHHS requested that HSAG conduct a review of the first half of the standards (with the exception of Standard II) in Year One (SFY 2024) and a review of the remaining half of the standards (and Standard II) in Year Two (SFY 2025). For SFY 2026, MDHHS elected not to conduct a compliance review activity. However, monitoring of the CAPs will occur through the annual EQR technical report process and/or State monitoring activities. Table 2-1 outlines the standards that will be reviewed over the three-year review cycle.

Table 2-1—Compliance Review Standards

Standards	Associated Federal Citation ^{1,2}		Year One (SFY 2024)	Year Two (SFY 2025)	Year Three (SFY 2026)
	Medicaid	CHIP			
Standard I—Member Rights and Member Information	§438.10 §438.100	§457.1207 §457.1220	✓		No compliance review required
Standard II—Emergency and Poststabilization Services ³	§438.114	§457.1228		✓	
Standard III—Availability of Services	§438.206	§457.1230(a)	✓		
Standard IV—Assurances of Adequate Capacity and Services	§438.207	§457.1230(b) §457.1218	✓		
Standard V—Coordination and Continuity of Care	§438.208	§457.1230(c)	✓		
Standard VI—Coverage and Authorization of Services	§438.210	§457.1230(d)	✓		
Standard VII—Provider Selection	§438.214	§457.1233(a)		✓	
Standard VIII—Confidentiality	§438.224	§457.1233(e)		✓	

Standards	Associated Federal Citation ^{1,2}		Year One (SFY 2024)	Year Two (SFY 2025)	Year Three (SFY 2026)
	Medicaid	CHIP			
Standard IX—Grievance and Appeal Systems	§438.228	§457.1260		✓	
Standard X—Subcontractual Relationships and Delegation	§438.230	§457.1233(b)		✓	
Standard XI—Practice Guidelines	§438.236	§457.1233(c)		✓	
Standard XII—Health Information Systems ⁴	§438.242	§457.1233(d)		✓	
Standard XIII—Quality Assessment and Performance Improvement Program	§438.330	§457.1240		✓	

¹ The compliance review standards comprise a review of all requirements, known as elements, under the associated federal citation, including all requirements that are cross-referenced within each federal standard, as applicable (e.g., Standard IX—Grievance and Appeal Systems includes a review of §438.228 and all requirements under 42 CFR Subpart F).

² The Disenrollment: Requirements and Limitations standard under §438.56 does not apply to the Michigan PIHPs as disenrollment requests are handled through the Michigan Medicaid health plans. Therefore, these requirements are not reviewed as part of the PIHPs' three-year compliance review cycle.

³ MDHHS requested that the review of the Emergency and Poststabilization Services standard be delayed until SFY 2025 to give MDHHS time to provide further guidance to the PIHPs regarding the applicability of the requirements.

⁴ This standard includes a comprehensive assessment of the PIHP's IS capabilities

This report presents the results of the SFY 2025 review period. MDHHS and the individual PIHPs use the information and findings from the compliance reviews to:

- Evaluate the quality, timeliness, and accessibility of healthcare services furnished by the PIHPs.
- Identify, implement, and monitor system interventions to improve quality.
- Evaluate current performance processes.
- Plan and initiate activities to sustain and enhance current performance processes.

Review of Standards

Technical Methods of Data Collection and Analysis

Prior to beginning the compliance review, HSAG developed data collection tools, referred to as compliance review tools, to document the review. The content of the tools was selected based on applicable federal and State regulations and laws and on the requirements set forth in the contract between MDHHS and the PIHP as they related to the scope of the review. The review processes used by HSAG to evaluate the PIHP's compliance were consistent with CMS EQR Protocol 3.

HSAG's review consisted of the following activities for each of the PIHPs:

Pre-Site Review Activities:

- Collaborated with MDHHS to develop the scope of work, compliance review methodology, and compliance review tools.
- Prepared and forwarded to the PIHP a timeline, description of the compliance process, pre-site review information packet, a submission requirements checklist, and a post-site review documentation tracker.
- Scheduled the site review with the PIHP.
- Hosted a pre-site review preparation session with all PIHPs.
- Generated a list of five sample records for grievances, appeals, practitioner credentialing, and organizational credentialing, and three delegation case file reviews.
- Conducted a desk review of supporting documentation that the PIHP submitted to HSAG.
- Followed up with the PIHP, as needed, based on the results of HSAG's preliminary desk review.
- Developed an agenda for the one-day site review interview session and provided the agenda to the PIHP to facilitate preparation for HSAG's review.

Site Review Activities:

- Conducted an opening conference, with introductions and a review of the agenda and logistics for HSAG's review activities.
- Interviewed PIHP key program staff members.
- Conducted a review of grievances, appeals, practitioner credentialing, organizational credentialing, and delegation records.
- Conducted an IS review of the data systems that the PIHP used in its operations, applicable to the standards/elements under review.
- Conducted a closing conference during which HSAG reviewers summarized their preliminary findings, as appropriate.

Post-Site Review Activities:

- Conducted a review of additional documentation submitted by the PIHP.
- Documented findings and assigned each element a score of *Met*, *Not Met*, or *NA* (as described in the Data Aggregation and Analysis section) within the compliance review tool.
- Prepared a report and CAP template for the PIHP to develop and submit its remediation plans for each element that received a *Not Met* score.

Data Aggregation and Analysis:

HSAG used scores of *Met* and *Not Met* to indicate the degree to which the PIHP's performance complied with the requirements. A designation of *NA* was used when a requirement was not applicable

to the PIHP during the period covered by HSAG's review. This scoring methodology is consistent with CMS EQR Protocol 3. The protocol describes the scoring as follows:

Met indicates full compliance defined as *all* of the following:

- All documentation listed under a regulatory provision, or component thereof, is present.
- Staff members are able to provide responses to reviewers that are consistent with each other and with the documentation.
- Documentation, staff responses, case file reviews, and IS reviews confirmed implementation of the requirement.

Not Met indicates noncompliance defined as *one or more* of the following:

- There is compliance with all documentation requirements, but staff members are unable to consistently articulate processes during interviews.
- Staff members can describe and verify the existence of processes during the interviews, but documentation is incomplete or inconsistent with practice.
- Documentation, staff responses, case file reviews, and IS reviews did not demonstrate adequate implementation of the requirement.
- No documentation is present and staff members have little or no knowledge of processes or issues addressed by the regulatory provisions.
- For those provisions with multiple components, key components of the provision could not be identified and any findings of *Not Met* would result in an overall provision finding of noncompliance, regardless of the findings noted for the remaining components.

From the scores that it assigned for each of the requirements, HSAG calculated a total percentage-of-compliance score for each standard and an overall percentage-of-compliance score across the standards. HSAG calculated the total score for each standard by totaling the number of *Met* (1 point) elements and the number of *Not Met* (0 points) elements, then dividing the summed score by the total number of applicable elements for that standard. Elements not applicable to the PIHP were scored *NA* and were not included in the denominator of the total score.

HSAG determined the overall percentage-of-compliance score across the areas of review by following the same method used to calculate the scores for each standard (i.e., by summing the total values of the scores and dividing the result by the total number of applicable elements).

HSAG conducted file reviews of the PIHP's records for grievances, appeals, practitioner credentialing, organizational credentialing, and delegation to verify that the PIHP had implemented what the PIHP had documented in its policy. HSAG selected five each for grievances, appeals, practitioner credentialing, and organizational credentialing, and three delegation records from the full universe of records provided by the PIHP. The file reviews were not intended to be a statistically significant representation of all the PIHP's files. Rather, the file reviews highlighted instances in which practices described in policy were not followed by the PIHP staff members. Based on the results of the file reviews, the PIHP must determine whether any area found to be out of compliance was the result of an anomaly or if a more

serious breach in policy occurred. Findings from the file reviews and the universe files were documented within the applicable standard and element in the compliance review tool.

To draw conclusions about the quality, timeliness, and accessibility of care and services the PIHP provided to members, HSAG aggregated and analyzed the data resulting from its desk and site review activities. The data that HSAG aggregated and analyzed included:

- Documented findings describing the PIHP’s progress in achieving compliance with State and federal requirements.
- Scores assigned to the PIHP’s performance for each requirement.
- The total percentage-of-compliance score calculated for each of the standards.
- The overall percentage-of-compliance score calculated across the standards.
- Documented actions required to bring performance into compliance with the requirements for which HSAG assigned a score of *Not Met*.
- Documented recommendations for program enhancement, when applicable.

Description of Data Obtained

To assess the PIHP’s compliance with federal regulations, State rules, and contract requirements, HSAG obtained information from a wide range of written documents produced by the PIHP, including, but not limited to:

- Committee meeting agendas, minutes, and handouts.
- Written policies and procedures.
- Management/monitoring reports and audits.
- Narrative and/or data reports across a broad range of performance and content areas.
- Records for service and payment denials.

HSAG obtained additional information for the compliance review through interactions, discussions, and interviews with the PIHP’s key staff members. Table 2-2 lists the major data sources HSAG used to determine the PIHP’s performance in complying with requirements and the time period to which the data applied.

Table 2-2—Description of PIHP Data Sources and Applicable Time Period

Data Obtained	Time Period to Which the Data Applied
Documentation submitted for HSAG’s desk review and additional documentation available to HSAG during or after the site review	January 1, 2024, through December 31, 2024
Information obtained from a review of a sample of practitioner initial credentialing and recredentialing case files	April 1, 2024, through September 30, 2024

Data Obtained	Time Period to Which the Data Applied
Information obtained from a review of a sample of organizational initial credentialing and recredentialing case files	April 1, 2024, through September 30, 2024
Information obtained from a review of a sample of grievance and appeal files	April 1, 2024, through September 30, 2024
Information obtained from a review of a sample of delegation files	January 1, 2024, through December 31, 2024
Information obtained through interviews	June 6, 2025

Appendix A. Compliance Review Tool

Standard II—Emergency and Poststabilization Services

Standard II—Emergency and Poststabilization Services		
Requirement	Supporting Documentation	Score
Definitions		
<p>1. The PIHP defines “emergency medical condition” as a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) that a prudent layperson, who possesses an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention to result in the following:</p> <ol style="list-style-type: none"> Placing the health of the individual (or, for a pregnant woman, the health of the woman or her unborn child) in serious jeopardy. Serious impairment to bodily functions. Serious dysfunction of any bodily organ or part. <p>Note: “Emergency medical condition” applies to the scope of services the PIHP is responsible for (e.g., emergency behavioral health condition).</p> <p style="text-align: right;">42 CFR §438.114(a) 42 CFR §457.1228</p>	<p>HSAG Required Evidence:</p> <ul style="list-style-type: none"> Policies and procedures Member materials, such as the member handbook Provider materials, such as the provider manual <p>Evidence as Submitted by the PIHP:</p> <ul style="list-style-type: none"> Emergency Services and Poststabilization Policy, pg. 1 MSHN Guide to Services Handbook, pg. 34 	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA
PIHP Description of Process: N/A		
HSAG Findings: HSAG has determined that the PIHP met the requirements for this element.		
Recommendations: Refer to Element 13 for related recommendations.		
Required Actions: None.		



Appendix A. Compliance Review Tool SFY 2025 PIHP Compliance Review for Mid-State Health Network

Standard II—Emergency and Poststabilization Services		
Requirement	Supporting Documentation	Score
<p>2. The PIHP defines “emergency services” as covered inpatient and outpatient services that are as follows:</p> <ul style="list-style-type: none">a. Furnished by a provider that is qualified to furnish these services under Title 42.b. Needed to evaluate or stabilize an emergency medical condition. <p style="text-align: right;">42 CFR §438.114(a) 42 CFR §457.1228</p>	<p>HSAG Required Evidence:</p> <ul style="list-style-type: none">• Policies and procedures• Member materials, such as the member handbook• Provider materials, such as the provider manual• A list of services considered to be emergency services to evaluate or stabilize an emergency medical condition (emergency services cannot require a prior authorization) <p>Evidence as Submitted by the PIHP:</p> <ul style="list-style-type: none">• Emergency Services and Poststabilization Policy, pg. 2-3• MSHN Guide to Services Handbook, pg. 66-69	<p><input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA</p>
<p>PIHP Description of Process: The Emergency Services and Poststabilization Policy contains the federal definition of “emergency services” as well as a list of specific services considered to be emergency services by the PIHP. The specific emergency services are also defined in the MSHN Guide to Services Handbook.</p>		
<p>HSAG Findings: HSAG has determined that the PIHP met the requirements for this element.</p>		
<p>Recommendations: Refer to Element 13 for related recommendations.</p>		
<p>Required Actions: None.</p>		
<p>3. The PIHP defines “poststabilization care services” as covered services, related to an emergency medical condition that are provided after a member is stabilized to maintain the stabilized condition, or, under the circumstances described in 42 CFR §438.114(e), to improve or resolve the member’s condition.</p> <p style="text-align: right;">42 CFR §438.114(a) 42 CFR §438.114(e) 42 CFR §457.1228</p> <p style="text-align: right;">Contract Schedule C—Definitions/Explanation of Terms</p>	<p>HSAG Required Evidence:</p> <ul style="list-style-type: none">• Policies and procedures• Member materials, such as the member handbook• Provider materials, such as the provider manual• Examples of services considered to be poststabilization care services related to an emergency medical condition that are provided after a member is stabilized to maintain the stabilized condition <p>Evidence as Submitted by the PIHP:</p> <ul style="list-style-type: none">• Emergency Services and Poststabilization Policy, pg. 3-4	<p><input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA</p>



Appendix A. Compliance Review Tool SFY 2025 PIHP Compliance Review for Mid-State Health Network

Standard II—Emergency and Poststabilization Services		
Requirement	Supporting Documentation	Score
	<ul style="list-style-type: none">MSHN Guide to Services Handbook, pg. 66-69	
PIHP Description of Process: The Emergency Services and Poststabilization Policy contains the federal definition of “poststabilization services” as well as a list of specific services considered to be poststabilization services by the PIHP. The specific poststabilization services are also defined in the MSHN Guide to Services Handbook.		
HSAG Findings: HSAG has determined that the PIHP met the requirements for this element.		
Recommendations: Refer to Element 13 for related recommendations.		
Required Actions: None.		
Coverage and Payment		
4. The PIHP covers and pays for emergency services regardless of whether the provider that furnishes the services has a contract with the PIHP. 42 CFR §438.114(c)(1)(i) 42 CFR §438.114(b)(1) 42 CFR §457.1228	HSAG Required Evidence: <ul style="list-style-type: none">Policies and proceduresMember materials, such as the member handbookProvider materials, such as the provider manualClaim payment algorithm for emergency services, with the place of service and/or other code(s) that identifies emergency servicesThree case examples of a provider submitted claim for emergency services with screenshots of the adjudicated claim (one example must be from an out-of-network provider)	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA
	Evidence as Submitted by the PIHP: <ul style="list-style-type: none">Emergency Services and Poststabilization Policy, pg. 3MDHHS BH SUD Authorization Payment Responsibility GridMSHN FY 2025 MEDICAID SUBCONTRACTING AGREEMENT, pg. 3-4FY25 Q1 Encounter Report Inpatient Screening	



Appendix A. Compliance Review Tool SFY 2025 PIHP Compliance Review for Mid-State Health Network

Standard II—Emergency and Poststabilization Services		
Requirement	Supporting Documentation	Score
<p>PIHP Description of Process: The MDHHS Behavioral Health and Substance Use Disorder Authorization and Payment Responsibility Grid identifies the emergency services the PIHP is responsible for authorizing and paying for in Medical Emergency Departments and Mental Health Crisis Centers, which MSHN PIHP delegates to its CMHs.</p> <p>In addition, the Michigan Mental Health Code 330.1206 (1)(a) requires that all Community Mental Health Service Programs must provide 24/7 crisis emergency service and stabilization for persons experiencing acute emotional, social, or behavioral dysfunctions. The MSHN FY 2025 MEDICAID SUBCONTRACTING AGREEMENT (pgs. 3-4) requires CMHs in the MSHN region to comply with all requirements of the Michigan Mental Health Code, MDHHS PIHP Master Agreement, and MDHHS policies.</p> <p>Thus, the provision of emergency services in the MSHN region is delegated by the PIHP to the CMHs. CMHs are funded to provide the emergency services through the per eligible per month (PEPM) sub-capitation payment the CMH receives from the PIHP, therefore there is no claims adjudication process for emergency services. CMHs submit encounters to the PIHP for emergency services they provide, including the total expenditure to provide the required emergency services. The FY25 Q1 Encounter Report for Inpatient Screening services (referred to as PAR or Pre-Admission Review in the MDHHS BH SUD Authorization Payment Responsibility Grid) is provided as supporting evidence of the emergency services provided by CMHs and paid for by the PIHP via PEPM sub-capitation payment. The PIHP does not receive claims from hospital rooms or emergency departments for any emergency services, so there are no claims from out-of-network providers to submit as evidence.</p> <p>HSAG Findings: HSAG has determined that the PIHP met the requirements for this element.</p> <p>Recommendations: Refer to Element 13 for related recommendations.</p> <p>Required Actions: None.</p>		
5. The PIHP does not deny payment for treatment obtained under either of the following circumstances: a. A member had an emergency medical condition, including cases in which the absence of immediate medical attention would not have had the outcomes as specified in the definition of “emergency medical condition.” b. A representative of the PIHP instructs the member to seek emergency services. <div>42 CFR §438.114(a) 42 CFR §438.114(c)(1)(ii)</div>	<p>HSAG Required Evidence:</p> <ul style="list-style-type: none">• Policies and procedures• Member materials, such as the member handbook• Provider materials, such as the provider manual• Claim payment algorithm for emergency services• Process to track when a PIHP representative instructs a member to seek emergency services (e.g., member services, care management)• Three case examples of a provider submitted claim for emergency services with screenshots of the adjudicated claim (one example must be from an out-of-network provider)	<div><input checked="" type="checkbox"/> Met</div> <div><input type="checkbox"/> Not Met</div> <div><input type="checkbox"/> NA</div>



Appendix A. Compliance Review Tool

SFY 2025 PIHP Compliance Review

for Mid-State Health Network

Standard II—Emergency and Poststabilization Services		
Requirement	Supporting Documentation	Score
42 CFR §457.1228 Contract Schedule A—1(C)(3)(f)	Evidence as Submitted by the PIHP: <ul style="list-style-type: none">Emergency Services and Poststabilization Policy, pg. 4	
PIHP Description of Process: As noted above for Standard II.5, provision of emergency services in the MSHN region is delegated by the PIHP to the CMHs. CMHs are funded to provide the emergency services through the per eligible per month (PEPM) sub-capitation payment the CMH receives from the PIHP, therefore there is no claims adjudication process for emergency services and the PIHP does not have any instances where payment was denied for emergency services. The PIHP does not receive claims from hospital rooms or emergency departments for any emergency services, so there are no claims from out-of-network providers to submit as evidence.		
HSAG Findings: HSAG has determined that the PIHP met the requirements for this element.		
Recommendations: Refer to Element 13 for related recommendations.		
Required Actions: None.		
Additional Rules for Emergency Services		
6. The PIHP does not: <ul style="list-style-type: none">a. Limit what constitutes an emergency medical condition on the basis of lists of diagnoses or symptoms.b. Refuse to cover emergency services based on the emergency room provider, hospital, or fiscal agent not notifying the member's primary care provider, the PIHP, or MDHHS of the member's screening and treatment within 10 calendar days of presentation for emergency services.	HSAG Required Evidence: <ul style="list-style-type: none">Policies and proceduresMember materials, such as the member handbookProvider materials, such as the provider manualClaim payment algorithm for emergency servicesThree case examples of a provider submitted claim for emergency services with screenshots of the adjudicated claim (one example must be from an out-of-network provider) Evidence as Submitted by the PIHP: <ul style="list-style-type: none">Emergency Services and Poststabilization Policy, pg. 2-3	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA
42 CFR §438.114(d)(1) 42 CFR §457.1228		
PIHP Description of Process: As noted above, emergency services are funded through the per eligible per month (PEPM) sub-capitation payment the CMHSP receives from the PIHP, therefore there is no claims adjudication process for emergency services. The PIHP does not receive claims from hospital rooms or emergency departments for any emergency services.		
HSAG Findings: HSAG has determined that the PIHP met the requirements for this element.		
Recommendations: Refer to Element 13 for related recommendations.		



Appendix A. Compliance Review Tool SFY 2025 PIHP Compliance Review for Mid-State Health Network

Standard II—Emergency and Poststabilization Services		
Requirement	Supporting Documentation	Score
Required Actions: None.		
7. A member who has an emergency medical condition may not be held liable for payment of subsequent screening and treatment needed to diagnose the specific condition or stabilize the member. 42 CFR §438.114(d)(2) 42 CFR §457.1228 Contract Schedule A—1(C)(3)(g)	HSAG Required Evidence: <ul style="list-style-type: none">• Policies and procedures• Member materials, such as the member handbook• Provider materials, such as the provider manual• Claim payment algorithm for emergency and poststabilization services• Three case examples of a provider submitted claim for emergency services with screenshots of the adjudicated claim (one example must be from an out-of-network provider)	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA
	Evidence as Submitted by the PIHP: <ul style="list-style-type: none">• Emergency Services and Poststabilization Policy, pg. 3	
PIHP Description of Process: As noted above, emergency services are funded through the per eligible per month (PEPM) sub-capitation payment the CMHSP receives from the PIHP, therefore there is no claims adjudication process for emergency services. The PIHP does not receive claims from hospital rooms or emergency departments for any emergency services.		
HSAG Findings: HSAG has determined that the PIHP met the requirements for this element.		
Recommendations: Refer to Element 13 for related recommendations.		
Required Actions: None.		
8. The attending emergency physician, or the provider actually treating the member, is responsible for determining when the member is sufficiently stabilized for transfer or discharge, and that determination is binding on the PIHP. 42 CFR §438.114(d)(3) 42 CFR §457.1228 Contract Schedule A—1(C)(3)(f)	HSAG Required Evidence: <ul style="list-style-type: none">• Policies and procedures• Provider materials, such as the provider manual• Three case examples of a peer-to-peer discussion between the PIHP and emergency provider pertaining to emergency services	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA
	Evidence as Submitted by the PIHP: <ul style="list-style-type: none">• Emergency Services and Poststabilization Policy, pg. 3	



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Standard II—Emergency and Poststabilization Services		
Requirement	Supporting Documentation	Score
	<ul style="list-style-type: none">MDHHS BH SUD Authorization Payment Responsibility Grid	
PIHP Description of Process: Per the MDHHS Behavioral Health and Substance Use Disorder Authorization and Payment Responsibility Grid, the Medicaid Health Plan or Fee For Service (MHP/FFS) is responsible for medical stabilization treatment services. After medical screening and stabilization, if a medical health professional believes that pre-screening for inpatient psychiatric hospital services is indicated, then they should contact the PIHP for a pre-admission review (PAR). There is not a peer-to-peer discussion process between the PIHP and emergency service provider since the PIHP (or delegated CMH entity) is not contacted to resolve the psychiatric aspect of the emergency until after the attending emergency physician or provider determines the patient is sufficiently stabilized.		
HSAG Findings: HSAG has determined that the PIHP met the requirements for this element.		
Recommendations: Refer to Element 13 for related recommendations.		
Required Actions: None.		
Coverage and Payment of Poststabilization Care Services		
9. The PIHP is financially responsible for poststabilization care services obtained within or outside the PIHP that are pre-approved by a plan provider or other PIHP representative. 42 CFR §422.113(c)(2)(i) 42 CFR §438.114(e) 42 CFR §457.1228 Contract Schedule A—1(C)(3)(c)	HSAG Required Evidence: <ul style="list-style-type: none">Policies and proceduresProvider materials, such as the provider manualWorkflow for claims review process for poststabilization care servicesThree case examples of a provider submitted claim for poststabilization care services with screenshots of the adjudicated claim (one example must be from an out-of-network provider) Evidence as Submitted by the PIHP: <ul style="list-style-type: none">Emergency Services and Poststabilization Policy, pg. 4Finance Claims Procedure, pg. 1. Section BII.9 Out of Network Claim ExampleII.9 Claim Example 1II.9 Claim Example 2	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA



Appendix A. Compliance Review Tool SFY 2025 PIHP Compliance Review for Mid-State Health Network

Standard II—Emergency and Poststabilization Services		
Requirement	Supporting Documentation	Score
PIHP Description of Process: The PIHP does not have a separate claims review process specific to poststabilization care services. The Finance Claims Procedure is provided as it is applicable to all services, including poststabilization care services. The Finance Claims Procedure is applicable to all CMHSPs.		
HSAG Findings: HSAG has determined that the PIHP met the requirements for this element.		
Recommendations: Refer to Element 13 for related recommendations.		
Required Actions: None.		
10. The PIHP is financially responsible for poststabilization care services obtained within or outside the PIHP that are not pre-approved by a plan provider or other PIHP representative, but administered to maintain the member's stabilized condition within one hour of a request to the PIHP for pre-approval of further poststabilization care services. 42 CFR §422.113(c)(2)(ii) 42 CFR §438.114(e) 42 CFR §457.1228	HSAG Required Evidence: <ul style="list-style-type: none">• Policies and procedures• Provider materials, such as the provider manual• Workflow for claims review process for poststabilization care services Evidence as Submitted by the PIHP: <ul style="list-style-type: none">• Emergency Services and Poststabilization Policy, pg. 4• Finance Claims Procedure, pg. 1. Section B	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA
PIHP Description of Process: The PIHP does not have a separate claims review process specific to poststabilization care services. The Finance Claims Procedure is provided as it is applicable to all services, including poststabilization care services. The Finance Claims Procedure is applicable to all CMHSPs.		
HSAG Findings: HSAG has determined that the PIHP met the requirements for this element.		
Recommendations: Refer to Element 13 for related recommendations.		
Required Actions: None.		
11. The PIHP is financially responsible for poststabilization care services obtained within or outside the PIHP that are not pre-approved by a plan provider or PIHP representative, but administered to maintain, improve, or resolve the member's stabilized condition if:	HSAG Required Evidence: <ul style="list-style-type: none">• Policies and procedures• Provider materials, such as the provider manual• Workflow for claims review process for poststabilization care services	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA



Appendix A. Compliance Review Tool SFY 2025 PIHP Compliance Review for Mid-State Health Network

Standard II—Emergency and Poststabilization Services		
Requirement	Supporting Documentation	Score
<p>a. The PIHP does not respond to a request for pre-approval within one hour.</p> <p>b. The PIHP cannot be contacted.</p> <p>c. The PIHP representative and the treating physician cannot reach an agreement concerning the member's care and a plan physician is not available for consultation. In this situation, the PIHP must give the treating physician the opportunity to consult with a plan physician and the treating physician may continue with care of the patient until a plan physician is reached or one of the criteria in 42 CFR §422.113(c)(3) is met.</p> <p>42 CFR §422.113(c)(2)(iii) 42 CFR §422.113(c)(3) 42 CFR §438.114(e) 42 CFR §457.1228 Contract Schedule A—1(C)(3)(d) DHHS-BPHASA-Memo-Poststabilization Timeframe Clarification 9.26.24</p>	<ul style="list-style-type: none">Process to track requests for pre-approval of poststabilization care services and timeliness of the PIHP's responseOne case example of a peer-to-peer discussion between the PIHP and the treating provider pertaining to poststabilization care services <p>Evidence as Submitted by the PIHP:</p> <ul style="list-style-type: none">MDHHS Clarification MemoMSHN FY 2025 MEDICAID SUBCONTRACTING AGREEMENT, pg. 50	
<p>PIHP Description of Process: Per guidance issued by MDHHS on this subject, “The most common scenario in Michigan is for the PIHP to delegate the authorization component to the community mental health service program who performs the screening. In this case the one-hour time frame is met in that the disposition and authorization are simultaneous. In situations where the PIHP does not delegate the authorization to the entity who is performing the screening, the PIHP should ensure that it meets the one-hour time frame for authorizing poststabilization care services outline in 42 CFR 422.113”</p> <p>MSHN delegates screening and authorization to the CMHSPs, as outlined in the delegation grid (pg.49) of the MSHN FY 2025 MEDICAID SUBCONTRACTING AGREEMENT.</p>		
<p>HSAG Findings: HSAG has determined that the PIHP met the requirements for this element.</p> <p>Recommendations: Refer to Element 13 for related recommendations.</p>		
<p>Required Actions: None.</p>		



Appendix A. Compliance Review Tool

SFY 2025 PIHP Compliance Review

for Mid-State Health Network

Standard II—Emergency and Poststabilization Services		
Requirement	Supporting Documentation	Score
12. The PIHP limits charges to members for poststabilization care services to an amount no greater than what the PIHP would charge the member if he or she had obtained the services through the PIHP. For purposes of cost-sharing, poststabilization care services begin upon inpatient admission. 42 CFR §422.113(c)(2)(iv) 42 CFR §438.114(e) 42 CFR §457.1228	HSAG Required Evidence: <ul style="list-style-type: none">• Policies and procedures• Member materials, such as the member handbook• Workflow for claims review process for poststabilization care services• Three case examples of a provider submitted claim for poststabilization care services with screenshots of the adjudicated claim (one example must be from an out-of-network provider)	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA
	Evidence as Submitted by the PIHP: <ul style="list-style-type: none">• MSHN FY 2025 MEDICAID SUBCONTRACTING AGREEMENT, pg. 13	
PIHP Description of Process: The MSHN FY 2025 MEDICAID SUBCONTRACTING AGREEMENT, (pg. 13) prohibits CMHSPs and CMHSP sub-contractors from requiring co-payments, recipient pay amounts, or other cost-sharing arrangements for services provided to Medicaid beneficiaries, including poststabilization care services.		
HSAG Findings: HSAG has determined that the PIHP met the requirements for this element.		
Recommendations: Refer to Element 13 for related recommendations.		
Required Actions: None.		
End of the PIHP’s Financial Responsibility		
13. The PIHP’s financial responsibility for poststabilization care services it has not pre-approved ends when: a. A plan physician with privileges at the treating hospital assumes responsibility for the member’s care. b. A plan physician assumes responsibility for the member’s care through transfer. c. An PIHP representative and the treating physician reach an agreement concerning the member’s care.	HSAG Required Evidence: <ul style="list-style-type: none">• Policies and procedures• Provider materials, such as the provider manual	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA
	Evidence as Submitted by the PIHP: <ul style="list-style-type: none">•	



Appendix A. Compliance Review Tool SFY 2025 PIHP Compliance Review for Mid-State Health Network

Standard II—Emergency and Poststabilization Services		
Requirement	Supporting Documentation	Score
d. The member is discharged. 42 CFR §422.113(c)(3) 42 CFR §438.114(e) 42 CFR §457.1228		
PIHP Description of Process: This element is not included in the PIHP’s current Emergency & Poststabilization Services Policy. This will be added to future policy revision.		
HSAG Findings: HSAG has determined that the PIHP met the requirements for this element. Recommendations: While not specific to this element but to the entire standard in general, HSAG confirmed that the PIHP developed a standalone emergency and poststabilization services policy that incorporated some coverage and payment rules and could speak to the PIHP’s processes for implementation when prompted by questions from HSAG (resulting in a <i>Met</i> score for all elements). However, as some provisions were missing or not clearly described, HSAG recommends that the PIHP update policy to include: <ul style="list-style-type: none">• A list of services considered to be emergency services covered under the PIHP’s scope of work (e.g., preadmission screening, crisis intervention). Of note, emergency services do not require prior authorization (PA). Of note, the <i>Emergency Services and Poststabilization Policy</i> listed crisis residential and partial hospitalization as emergency services; however, the PIHP confirmed that these services do require a PA and should be removed from the PIHP’s list of emergency services.• All federal provisions under Elements 4–13 (HSAG recommends including verbatim to the federal rule) with an explanation for how the PIHP meets the intent of each requirement.• The guidance issued by MDHHS in the <i>Clarification of the Michigan Mission Based Performance Indicator System (MMBPIS) three-hour prescreen decision indicator in relation to one-hour requirement for authorization of poststabilization care services (42 CFR 422.113 & 42 CFR 438.114)</i> memorandum dated September 26, 2024. HSAG recommends that the PIHP consult with MDHHS for further guidance as needed. If the PIHP does not demonstrate adequate implementation of HSAG’s recommendations during future compliance reviews, the PIHP will automatically receive a <i>Not Met</i> score for each individual element within this standard if not addressed.		
Required Actions: None.		



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Standard II—Emergency and Poststabilization Services						
Met	=	13	X	1	=	13
Not Met	=	0	X	0	=	0
Not Applicable	=	0				
Total Applicable	=	13	Total Score		=	13
Total Score ÷ Total Applicable					=	100%



Appendix A. Compliance Review Tool SFY 2025 PIHP Compliance Review for Mid-State Health Network

Standard VII—Provider Selection

Standard VII—Provider Selection		
Requirement	Supporting Documentation	Score
General Rules		
<p>1. The PIHP implements written policies and procedures for selection and retention of network providers and those policies and procedures, at a minimum, meet the requirements of 42 CFR §438.214. <i>The PIHPs written credentialing policy reflects the scope, criteria, timeliness, and process for credentialing and re-credentialing organizational providers and individual practitioners. The policy is approved by the PIHPs governing body, and:</i></p> <p>a. <i>Identifies the PIHP administrative staff member and/or entity (e.g., credentialing committee) responsible for oversight and implementation of the process and delineate their role.</i></p> <p>b. <i>Describes any use of participating providers or practitioners in making credentialing decisions.</i></p> <p>c. <i>Describes the methodology to be used by PIHP staff members or designees to provide documentation that each credentialing or re-credentialing file was complete and reviewed prior to presentation to the credentialing committee for evaluation.</i></p> <p>d. <i>Describes how the findings of the PIHP's Quality Assessment Performance Improvement Program (QAPI) are incorporated into the re-credentialing process.</i></p> <p>42 CFR §438.214(a) 42 CFR §438.214(e) 42 CFR §457.1233(a) Contract Schedule A—1(O)(1)(a) Credentialing and Re-Credentialing Processes—B(1) Credentialing and Re-Credentialing Processes—B(5)</p>	<p>HSAG Required Evidence:</p> <ul style="list-style-type: none">• Policies and procedures <p>Evidence as Submitted by the PIHP:</p> <ul style="list-style-type: none">• PNM_Credentialing_Recredentialing_Policy• PNM_Credentialing - Individual Practitioner• PNM_Credentialing - Organizational Provider• HR_Personnel_Manual, (p. 9, Credentialing and Recredentialing)• MSHN_FY2024_QAPIP_Plan (P. 23.24, X. Provider Standards, A. Provider Qualifications; and P.34 XI. QAPIP Priorities, Provider Qualifications)• MSHN Delegated Managed Care Tool (P. 35, #11.17 and #11.18)	<p><input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA</p>



Appendix A. Compliance Review Tool SFY 2025 PIHP Compliance Review for Mid-State Health Network

Standard VII—Provider Selection		
Requirement	Supporting Documentation	Score
PIHP Description of Process: MSHN completes organizational credentialing and delegates individual credentialing/recredentialing to the CMHSPs and the SUD Providers. MSHN completes individual credentialing/recredentialing for employees of MSHN. Written policies and procedures outline the requirements, including attachments for best practice (such as checklists). Compliance Committees (MSHN or Delegated) are responsible for oversight and approval for credentialing. The QAPIP includes a summary of the credentialing requirements and incorporates monitoring and improvement targets.		
HSAG Findings: HSAG has determined that the PIHP has met the requirements of this element.		
Required Actions: None.		
2. The PIHP follows a documented process for credentialing and recredentialing of network providers that meets MDHHS' requirements for each of the following provider types <i>and health care professionals</i> : <ul style="list-style-type: none">a. Acute.b. Primary.c. Mental health.d. Substance use disorders (SUD).e. Long-term Services and Supports (LTSS) providers.f. <i>Physicians (Doctor of Medicine [MDs] and Doctor of Osteopathic Medicine [DOs]).</i>g. <i>Physician's Assistants (PAs).</i>h. <i>Psychologists (Licensed, Limited License, and Temporary License).</i>i. <i>Licensed Master's Social Workers (LMSWs).</i>j. <i>Licensed Bachelor's Social Workers (LBSWs).</i>k. <i>Limited License Social Workers (LLSWs).</i>l. <i>Registered Social Service Technicians (RSSTs).</i>m. <i>Licensed Professional Counselors (LPCs).</i>n. <i>Nurse Practitioners (NPs).</i>o. <i>Registered Nurses (RNs).</i>p. <i>Licensed Practical Nurses (LPNs).</i>	HSAG Required Evidence: <ul style="list-style-type: none">• Policies and procedures Evidence as Submitted by the PIHP: <ul style="list-style-type: none">• PNM_Credentialing_Recredentialing_Policy• PNM_Credentialing - Individual Practitioner (P.1)• PNM_Credentialing - Organizational Provider• MSHN Delegated Managed Care Tool (P.31, #11.6)	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA



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Standard VII—Provider Selection		
Requirement	Supporting Documentation	Score
<p>q. <i>Occupational Therapists (OTs).</i></p> <p>r. <i>Occupational Therapist Assistants.</i></p> <p>s. <i>Physical Therapists (PTs).</i></p> <p>t. <i>Physical Therapist Assistants (PTAs).</i></p> <p>u. <i>Speech Pathologists (SLPs).</i></p> <p>v. <i>Board Certified Behavior Analysts (BCBAs).</i></p> <p>w. <i>Licensed Family and Marriage Therapists (LFMTs).</i></p> <p>x. <i>Other behavioral healthcare specialists licensed, certified, or registered by the State, as appropriate.</i></p> <p>42 CFR §438.214(b)</p> <p>42 CFR §438.214(e)</p> <p>42 CFR §457.1233(a)</p> <p>Credentialing and Re-Credentialing Processes—C(1)</p>		
PIHP Description of Process: MSHN delegates the credentialing process to CMH's. MSHN did not conduct a delegated credentialing review of the CMH's during the timeframe being reviewed by HSAG. MSHN has provided the previously used Delegated Managed Care Tool Template to show past review. This template is currently being revised for FY26 reviews.		
HSAG Findings: HSAG has determined that the PIHP has met the requirements of this element.		
Required Actions: None.		
Nondiscrimination		
<p>3. The PIHP network provider selection policies and procedures do not discriminate against particular providers that serve high-risk populations or specialize in conditions that require costly treatment, consistent with 42 CFR §438.12.</p> <p>42 CFR §438.214(c)</p> <p>42 CFR §438.12</p>	<p>HSAG Required Evidence:</p> <ul style="list-style-type: none">• Policies and procedures• Nondiscrimination statement for credentialing committee members• Mechanism for monitoring for discriminatory practices <p>Evidence as Submitted by the PIHP:</p> <ul style="list-style-type: none">• PNM Credentialing Recredentialing Policy (P.1)	<p><input checked="" type="checkbox"/> Met</p> <p><input type="checkbox"/> Not Met</p> <p><input type="checkbox"/> NA</p>



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Standard VII—Provider Selection		
Requirement	Supporting Documentation	Score
42 CFR §457.1233(a) Contract Schedule A—1(F)(6)(a)(iii) Credentialing and Re-Credentialing Processes—B(2)(a)(ii)	<ul style="list-style-type: none">MSHN Credentialing Committee CharterMSHN Delegated Managed Care Tool (p 36, Standard 11.22)VII. MSHN FY 2025 Medicaid Subcontracting Agreement Section XII(C) Pg. 9VII. FY25 SUD Treatment Section II(C)(2) Pg. 16	
PIHP Description of Process: MSHN includes the requirement in the PNM Credentialing Recredentialing Policy and as outlined in the CMHSP (Medicaid Subcontracting Agreement and the SUD (SUD Treatment) contract. MSHN monitors compliance with the requirement using the DMC Review Tool Credentialing Section.		
HSAG Findings: HSAG has determined that the PIHP has met the requirements of this element. Recommendations: HSAG recommends that the PIHP have its credentialing committee members sign off on a nondiscrimination attestation to ensure an understanding of nondiscriminatory practices.		
Required Actions: None.		
4. The PIHP may not discriminate in the participation, reimbursement, or indemnification of any provider who is acting within the scope of his or her license or certification under applicable State law, solely on the basis of that license or certification. a. If the PIHP declines to include individual or groups of providers in its provider network, it gives the affected providers written notice of the reason for its decision. b. In all contracts with network providers, the PIHP complies with the requirements specified in 42 CFR §438.214. 42 CFR §438.12(a) 42 CFR §438.214 42 CFR §457.1233(a)	HSAG Required Evidence: <ul style="list-style-type: none">Policies and proceduresProvider notice template(s) for adverse credentialing and/or contracting decisionsExamples of one individual and one organizational executed provider contractsNondiscrimination statement for credentialing committee membersMechanism for monitoring for discriminatory practicesHSAG will also use the results of the Practitioner and Organizational Credentialing and Recredentialing File Reviews Evidence as Submitted by the PIHP:	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA



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Standard VII—Provider Selection		
Requirement	Supporting Documentation	Score
Contract Schedule A—1(F)(6)(a)(i–ii) Credentialing and Re-Credentialing Processes—B(2)(a)(i)	<ul style="list-style-type: none">• PNM_Credentialing_Recredentialing_Policy (P.1, P. 3)• MSHN Delegated Managed Care Tool (p 36, Standard 11.22)• TRD_FY25 Provider Network Review (p. 2)• FY25 MSHN-CMH Medicaid Subcontract (P. 46-17, Delegation Grid)• VII. MSHN FY 2025 Medicaid Subcontracting Agreement Section XII(C) Pg. 9• VII. BABHA MSHN FY25 Medicaid Subcontracting Agreement – Fully Executed 10.7.24 (Example) Section XII(C) Pg. 8• VII. FY22 SUD Treatment Section II(C)(2) Pg. 16• VII. MSHN Credentialing Committee Agenda - Template	
<p>PIHP Description of Process: As of 10/2024, MSHN has utilized the MDHHS Universal Credentialing system (as required) for credentialing activity. Decision letters are auto generated from the system and provided to the individual or organization being credentialed. There were no credentialing denials/adverse decisions for MSHN or for the CMH in the MSHN region during the time frame being reviewed by HSAG (2024).</p> <p>MSHN delegates credentialing to the CMH network. MSHN conducted delegated reviews to ensure compliance with all delegated credentialing activities. During the time frame for this HSAG review, there were no delegated credentialing reviews conducted. The MSHN Delegated Managed Care Tool used previously has been provided to show monitoring. MSHN is currently updating the review tool for FY26 reviews. MSHN includes the requirement in the PNM Credentialing Recredentialing Policy and as outlined in the CMHSP (Medicaid Subcontracting Agreement and the SUD (SUD Treatment) contract. MSHN monitors compliance with the requirement using the DMC Review Tool Credentialing Section. Nondiscrimination statement for credentialing committee members has been added to the agenda template moving forward.</p>		
<p>HSAG Findings: HSAG has determined that the PIHP has met the requirements of this element.</p>		
<p>Required Actions: None.</p>		



Appendix A. Compliance Review Tool SFY 2025 PIHP Compliance Review for Mid-State Health Network

Standard VII—Provider Selection		
Requirement	Supporting Documentation	Score
Excluded Providers		
<p>5. The PIHP may not employ or contract with providers excluded from participation in Federal health care programs under either section 1128 or section 1128A of the Social Security Act.</p> <p>42 CFR §438.214(d)(1) 42 CFR §457.1233(a) 42 CFR §1002.3 Contract Schedule A—1(F)(6)(a)(iii) Credentialing and Re-Credentialing Processes—B(2)(b)</p>	<p>HSAG Required Evidence:</p> <ul style="list-style-type: none">• Policies and procedures• List of required sources the PIHP uses to screen for sanctions/exclusions (e.g., Office of the Inspector General [OIG], State-specific sanctions)• Name of vendor or application used by the PIHP to perform screenings, including confirmation of the sources used to screen for sanctions/exclusions• List of delegates responsible for screening for sanctions/exclusions of employees and/or providers• Written agreement with delegated entity(ies) responsible for the initial and ongoing monitoring of sanctions/exclusions• Three consecutive monthly examples of documentation supporting the routine screening of employees for sanctions/exclusions (proof of screening sources must be included)• Three consecutive monthly examples of documentation supporting the routine screening of providers for sanctions/exclusions (proof of screening sources must be included)• HSAG will also use the results of the Practitioner and Organizational Credentialing and Recredentialing File Reviews <p>Evidence as Submitted by the PIHP:</p> <ul style="list-style-type: none">• PN_Background_Checks_Procedure (P.2, Federal and State Medicare/Medicaid Exclusion/Sanction)• PN_Disclosure Procedure (P. 1 and P. 2, Monitoring Provider Networks)	<p><input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA</p>



Appendix A. Compliance Review Tool SFY 2025 PIHP Compliance Review for Mid-State Health Network

Standard VII—Provider Selection		
Requirement	Supporting Documentation	Score
	<ul style="list-style-type: none">• MSHN Disqualified Providers Policy (P.1, and P.2)• FY25 MSHN-CMH Medicaid Subcontract (P. 22, P. 25, P. 46)• Staff Credentialing File Review Tool (P. 2, #14 and P. 3-4, #9)• TRD_FY25 Provider Network Review (p. 1-3, 7-9)• TBHS_FY25 Provider Network Review (p 1-2, 5-8)• MCN_FY25 Provider Network Review (p. 1-2, 7-10)• VII. Verify Comply List Summary 10.27.24• VII. Verify Comply List Summary 11.24.24• VII. Verify Comply List Summary 12.22.24• VII. Verify Comply Federal Exclusion Database List• VII. Verify Comply State Exclusion Database List• VII. Verify Comply MSHN LIP List 7.26.24• VII. Verify Comply SUD Provider List 7.26.24• VII. MSHN FY 2025 Medicaid Subcontracting Agreement Section XII(D) Pg. 9• Section XXVI(B)(3) Pg. 23• VII. FY25 SUD Treatment Section II(C)(2) Pg. 16	
PIHP Description of Process: N/A		
HSAG Findings: HSAG has determined that the PIHP has met the requirements of this element.		
Required Actions: None.		



Appendix A. Compliance Review Tool SFY 2025 PIHP Compliance Review for Mid-State Health Network

Standard VII—Provider Selection		
Requirement	Supporting Documentation	Score
Practitioner Verification of Credentials		
6. <i>For credentialing and recredentialing, the PIHP primary source verifies that the practitioner has a current and valid license or certification.</i> 42 CFR §438.214(e) Credentialing and Re-Credentialing Processes—C(3)(a)	HSAG Required Evidence: <ul style="list-style-type: none">• Policies and procedures• HSAG will also use the results of the Practitioner Credentialing and Recredentialing File Reviews Evidence as Submitted by the PIHP: <ul style="list-style-type: none">• PNM_Credentialing - Individual_Practitioner (P.1 and P.6)• Staff Credentialing File Review Tool (P. 2 #10, P. 3, #7)• FY25 MSHN-CMH Medicaid Subcontract (P. 46, Delegation Grid)	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA
PIHP Description of Process: MSHN has in place policies and procedures, contract language, and monitoring and oversight practices to ensure credentialing is completed as required. MSHN delegates credentialing to the CMHSPs and conducts delegated reviews of the CMHs which includes policies, procedures, and credentialing files. During the timeframe of this HSAG review, MSHN did not complete a delegated credentialing review of CMH staff files. The past review template (Staff Credentialing File Review Tool) has been provided to show that this has been included in our review process and the tool is currently being updated in preparation for FY26 reviews.		
HSAG Findings: HSAG has determined that the PIHP has met the requirements of this element.		
Required Actions: None.		
7. <i>For credentialing and recredentialing, the PIHP primary source verifies:</i> a. <i>Board certification, or highest level of credentials attained, if applicable, or completion of any required internships/residency programs, or other postgraduate training.</i> 42 CFR §438.214(e) Credentialing and Re-Credentialing Processes—C(3)(b)	HSAG Required Evidence: <ul style="list-style-type: none">• Policies and procedures• HSAG will also use the results of the Practitioner Credentialing and Recredentialing File Reviews Evidence as Submitted by the PIHP: <ul style="list-style-type: none">• PNM_Credentialing - Individual_Practitioner (P.1 and P.7)• Staff Credentialing File Review Tool (P. 2 #11, P. 3, #8)• FY25 MSHN-CMH Medicaid Subcontract (P. 46, Delegation Grid)	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA



Appendix A. Compliance Review Tool SFY 2025 PIHP Compliance Review for Mid-State Health Network

Standard VII—Provider Selection		
Requirement	Supporting Documentation	Score
PIHP Description of Process: MSHN has in place policies and procedures, contract language, and monitoring and oversight practices to ensure credentialing is completed as required. MSHN delegates credentialing to the CMHSPs and conducts delegated reviews of the CMHs which includes policies, procedures, and credentialing files. During the timeframe of this HSAG review, MSHN did not complete a delegated credentialing review of CMH staff files. The past review template (Staff Credentialing File Review Tool) has been provided to show that this has been included in our review process and the tool is currently being updated in preparation for FY26 reviews.		
HSAG Findings: HSAG has determined that the PIHP has met the requirements of this element.		
Required Actions: None.		
8. <i>For credentialing, the PIHP primary source verifies:</i> a. <i>Official transcript of graduation from an accredited school and/or the Michigan Department of Licensing and Regulatory Affairs (LARA) license.</i> <div style="text-align: right;">42 CFR §438.214(e) Credentialing and Re-Credentialing Processes—C(3)(c)</div>	HSAG Required Evidence: <ul style="list-style-type: none">• Policies and procedures• HSAG will also use the results of the Practitioner Credentialing and Recredentialing File Reviews Evidence as Submitted by the PIHP: <ul style="list-style-type: none">• PNM_Credentialing_-_Individual_Practitioner (P.1 and P.7)• FY25 MSHN-CMH Medicaid Subcontract (P. 46, Delegation Grid)• Staff Credentialing File Review Tool (P. 2 #12)	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA
PIHP Description of Process: MSHN has in place policies and procedures, contract language, and monitoring and oversight practices to ensure credentialing is completed as required. MSHN delegates credentialing to the CMHSPs and conducts delegated reviews of the CMHs which includes policies, procedures, and credentialing files. During the timeframe of this HSAG review, MSHN did not complete a delegated credentialing review of CMH staff files. The past review template (Staff Credentialing File Review Tool) has been provided to show that this has been included in our review process and the tool is currently being updated in preparation for FY26 reviews.		
HSAG Findings: HSAG has determined that the PIHP has met the requirements of this element.		
Required Actions: None.		



Appendix A. Compliance Review Tool SFY 2025 PIHP Compliance Review for Mid-State Health Network

Standard VII—Provider Selection		
Requirement	Supporting Documentation	Score
<p>9. <i>For credentialing and recredentialing, if the individual practitioner undergoing credentialing is a physician, then physician profile information obtained from the American Medical Association (AMA) or American Osteopathic Association (AOA) may be used to satisfy the primary source requirements of Elements 6, 7, and 8.</i></p> <p style="text-align: right;">42 CFR §438.214(e) Credentialing and Re-Credentialing Processes—C(3)(e)</p>	<p>HSAG Required Evidence:</p> <ul style="list-style-type: none">• Policies and procedures• HSAG will also use the results of the Practitioner Credentialing and Recredentialing File Reviews <p>Evidence as Submitted by the PIHP:</p> <ul style="list-style-type: none">• PNM_Credentialing_-_Individual_Practitioner (P.2 and P.7)• Staff Credentialing File Review Tool (P. 2, #13, and P. 4, #10)• FY25 MSHN-CMH Medicaid Subcontract (P. 46, Delegation Grid)	<p><input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA</p>
<p>PIHP Description of Process: MSHN has in place policies and procedures, contract language, and monitoring and oversight practices to ensure credentialing is completed as required. MSHN delegates credentialing to the CMHSPs and conducts delegated reviews of the CMHs which includes policies, procedures, and credentialing files. During the timeframe of this HSAG review, MSHN did not complete a delegated credentialing review of CMH staff files. The past review template (Staff Credentialing File Review Tool) has been provided to show that this has been included in our review process and the tool is currently being updated in preparation for FY26 reviews.</p>		
<p>HSAG Findings: HSAG has determined that the PIHP has met the requirements of this element.</p>		
<p>Required Actions: None.</p>		
<p>10. <i>For credentialing and recredentialing, the PIHP primary source verifies:</i></p> <p>a. <i>Official National Practitioner Databank (NPDB)/Healthcare Integrity and Protection Databank (HIPDB) query or, in lieu of the NPDB/HIPDB query, all the following must be verified:</i></p> <p>i. <i>Minimum five-year history of professional liability claims resulting in a judgment or settlement.</i></p> <p>ii. <i>Disciplinary status with regulatory board or agency.</i></p> <p>iii. <i>Medicare/Medicaid sanctions.</i></p> <p style="text-align: right;">42 CFR §438.214(e) Credentialing and Re-credentialing Processes—C(3)(d)</p>	<p>HSAG Required Evidence:</p> <ul style="list-style-type: none">• Policies and procedures• HSAG will also use the results of the Practitioner Credentialing and Recredentialing File Reviews <p>Evidence as Submitted by the PIHP:</p> <ul style="list-style-type: none">• PNM_Credentialing_-_Individual_Practitioner (P.2 and PP. 7-8)• Staff Credentialing File Review Tool (P. 1, #14, P.3-4, #9)• FY25 MSHN-CMH Medicaid Subcontract (P. 46, Delegation Grid)	<p><input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA</p>



Appendix A. Compliance Review Tool SFY 2025 PIHP Compliance Review for Mid-State Health Network

Standard VII—Provider Selection		
Requirement	Supporting Documentation	Score
PIHP Description of Process: MSHN has in place policies and procedures, contract language, and monitoring and oversight practices to ensure credentialing is completed as required. MSHN delegates credentialing to the CMHSPs and conducts delegated reviews of the CMHs which includes policies, procedures, and credentialing files. During the timeframe of this HSAG review, MSHN did not complete a delegated credentialing review of CMH staff files. The past review template (Staff Credentialing File Review Tool) has been provided to show that this has been included in our review process and the tool is currently being updated in preparation for FY26 reviews.		
HSAG Findings: HSAG has determined that the PIHP has met the requirements of this element.		
Required Actions: None.		
11. <i>For credentialing, the PIHP verifies the practitioner's work history (minimum of the most recent five years of work history).</i> <i>a. If a gap in employment exceeds six months or more, the practitioner clarifies the gap in writing.</i> 42 CFR §438.214(e) Credentialing and Re-Credentialing Processes—C(2)	HSAG Required Evidence: <ul style="list-style-type: none">• Policies and procedures• HSAG will also use the results of the Practitioner Credentialing File Reviews Evidence as Submitted by the PIHP: <ul style="list-style-type: none">• PNM_Credentialing_-_Individual_Practitioner (P.2)• Staff Credentialing File Review Tool (P. 1, #2 and #3)	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA
PIHP Description of Process: MSHN has in place policies and procedures, contract language, and monitoring and oversight practices to ensure credentialing is completed as required. MSHN delegates credentialing to the CMHSPs and conducts delegated reviews of the CMHs which includes policies, procedures, and credentialing files. During the timeframe of this HSAG review, MSHN did not complete a delegated credentialing review of CMH staff files. The past review template (Staff Credentialing File Review Tool) has been provided to show that this has been included in our review process and the tool is currently being updated in preparation for FY26 reviews.		
HSAG Findings: HSAG has determined that the PIHP has met the requirements of this element.		
Required Actions: None.		
12. <i>For credentialing and recredentialing, the PIHP conducts a search that reveals information substantially similar to information found on an Internet Criminal History Access Tool (ICHAT) check and a national and State sex offender registry</i>	HSAG Required Evidence: <ul style="list-style-type: none">• Policies and procedures• HSAG will also use the results of the Practitioner Credentialing and Recredentialing File Reviews	<input type="checkbox"/> Met <input checked="" type="checkbox"/> Not Met <input type="checkbox"/> NA



Appendix A. Compliance Review Tool SFY 2025 PIHP Compliance Review for Mid-State Health Network

Standard VII—Provider Selection		
Requirement	Supporting Documentation	Score
<p><i>check for each new direct-hire or contractually employed practitioner.</i></p> <p>a. <i>ICHAT: https://apps.michigan.gov.</i></p> <p>b. <i>Michigan Public Sex Offender Registry: https://mbsp.com.</i></p> <p>c. <i>National Sex Offender Registry: http://www.nsopw.gov.</i></p> <p>42 CFR §438.214(e) Credentialing and Re-Credentialing Processes—C</p>	<p>Evidence as Submitted by the PIHP:</p> <ul style="list-style-type: none">• PN_Background_Checks_Procedure (P. 1, and 2-3)• Staff Credentialing File Review Tool (P.2 #15 and #16, and P. 4 #17 and #18)• MSHN Delegated Managed Care Tool (P. 30, 11.3)	
<p>PIHP Description of Process: MDHHS did not add criminal background checks as part of the credentialing process until the policy was released on 11.18.24 with a retroactive date of 10/1/24. While criminal background checks were required, they were not associated with credentialing process but rather at time of hire and at minimum, every two years.</p> <p>MSHN conducts delegated reviews of the CMH's to ensure compliance. MSHN did not conduct any credentialing related delegation reviews completed in the timeframe for this HSAG review. The past review template (Staff Credentialing File Review Tool) has been provided to show that criminal history has been reviewed in the past when reviewing personnel files/credentialing files. MDHHS did not require sex offender registry checks at time of this review tool. MSHN is in the process of updating the CMH staff file review tool in preparation for FY26 reviews.</p> <p>MSHN has updated policies and procedures to reflect the changes that are going through the formal review process which includes review by committees, leadership, Operation's council and the MSHN Board of Directors.</p> <p>PIHPs and CMHs are required to utilize the MDHHS Universal Credentialing system for all credentialing, criminal background checks are being conducted at time of credentialing and recredentialing and uploaded to the Universal Credentialing system as a requirement to approve credentialing applications.</p> <p>MSHN has provided the current criminal background check procedure that was in place during the time of the HSAG review time period. The draft procedure can be provided upon request.</p>		
<p>HSAG Findings: One case file (Sample 2) was missing search results from the Michigan Public Sex Offender Registry (MPSOR). Another two case files (Samples 4 and 5) were missing both the MPSOR and the National Sex Offender Registry search results as well as criminal background checks. It should be noted that these background checks were included in MDHHS' policy dated March 24, 2023.</p>		
<p>Required Actions: For credentialing and recredentialing, the PIHP must ensure it conducts a search that reveals information substantially similar to information found on an Internet Criminal History Access Tool (ICHAT) check and a national and State sex offender registry check for each new direct-hire or contractually employed practitioner.</p>		



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Requirement	Supporting Documentation	Score
Practitioner Credentialing Application/Attestation		
<p>13. <i>For credentialing and recredentialing, the written application is completed, signed, and dated by the individual practitioner and attests to the following elements:</i></p> <ol style="list-style-type: none"> <i>Lack of present illegal drug use.</i> <i>History of loss of license, registration, certification, and/or felony convictions.</i> <i>Any history of loss or limitation of privileges or disciplinary action.</i> <i>Attestation by the applicant of the correctness and completeness of the application.</i> <i>Attestation by the applicant that they are able to perform the essential functions of the position with or without accommodation.</i> <p style="text-align: right;">42 CFR §438.214(e) Credentialing and Re-Credentialing Processes—C(1)</p>	<p>HSAG Required Evidence:</p> <ul style="list-style-type: none"> Policies and procedures HSAG will also use the results of the Practitioner Credentialing and Recredentialing File Reviews <p>Evidence as Submitted by the PIHP:</p> <ul style="list-style-type: none"> PNM Credentialing - Individual Practitioner (P.2 and P.13) Staff Credentialing File Review Tool (P.1-2 and P. 3) 	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA
<p>PIHP Description of Process: MSHN has in place policies and procedures, contract language, and monitoring and oversight practices to ensure credentialing is completed as required. MSHN delegates credentialing to the CMHSPs and conducts delegated reviews of the CMHs which includes policies, procedures, and credentialing files. During the timeframe of this HSAG review, MSHN did not complete a delegated credentialing review of CMH staff files. The past review template (Staff Credentialing File Review Tool) has been provided to show that this has been included in our review process and the tool is currently being updated in preparation for FY26 reviews.</p> <p>During FY25Q1, MDHHS trained our region on the MDHHS Universal Credentialing system, and our region has started using the system as required. The system has all required attestations and requires that they be completed in order submit the application.</p>		
<p>HSAG Findings: HSAG has determined that the PIHP has met the requirements of this element.</p>		
<p>Required Actions: None.</p>		



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Standard VII—Provider Selection		
Requirement	Supporting Documentation	Score
Organizational Verification of Credentials		
14. <i>For credentialing and recredentialing, the PIHP confirms the provider completed the current credentialing application.</i> 42 CFR §438.214(e) Credentialing and Re-Credentialing Processes—D(1)(a)	HSAG Required Evidence: <ul style="list-style-type: none">• Policies and procedures• List of organizational provider types and corresponding licensing body in the State• HSAG will also use the results of the Organizational Credentialing and Recredentialing File Reviews Evidence as Submitted by the PIHP: <ul style="list-style-type: none">• VII. PN – Provider Directory Procedure• Org Provider Licensing	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA
PIHP Description of Process: At the time re-credentialing is necessary, Provider will complete the application through the MDHHS-Universal Credentialing system. During the previous re-credentialing cycle, providers completed the application through the MSHN website.		
HSAG Findings: HSAG has determined that the PIHP has met the requirements of this element.		
Required Actions: None.		
15. <i>For credentialing and recredentialing, the PIHP confirms that the provider licensed or certified and in good standing with State and federal regulatory bodies.</i> 42 CFR §438.214(e) Credentialing and Re-Credentialing Processes—D(1)(b)	HSAG Required Evidence: <ul style="list-style-type: none">• Policies and procedures• List of organizational provider types and corresponding licensing body in the State• HSAG will also use the results of the Organizational Credentialing and Recredentialing File Reviews Evidence as Submitted by the PIHP: <ul style="list-style-type: none">• VII. PN – Provider Directory Procedure• TRD_FY25 Provider Network Review (p. 1-3, 7-9)• TBHS_FY25 Provider Network Review (p. 2, 5-8)• MCN_FY25 Provider Network Review (p. 1-2, 8-10)• Org Provider Licensing	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA



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Standard VII—Provider Selection		
Requirement	Supporting Documentation	Score
PIHP Description of Process: At the time re-credentialing is necessary, Provider will complete the application through the MDHHS-Universal Credentialing system. During the previous re-credentialing cycle, providers completed the application through the MSHN website. As part of that application process, provider is required to submit copies of organizational license and other required agency credentialing documentation.		
HSAG Findings: HSAG has determined that the PIHP has met the requirements of this element.		
Recommendations: For one case file (Sample 1), the date of the license verification was unclear. HSAG strongly recommends that the PIHP ensure its delegates clearly document dates of verification for all license and certifications that are reviewed for credentialing. If the PIHP does not demonstrate adequate implementation of HSAG’s recommendations during future compliance reviews, the PIHP may receive a <i>Not Met</i> score.		
Required Actions: None.		
16. <i>For credentialing and recredentialing, the PIHP confirms that the provider has been approved by an accrediting body.</i> a. <i>If the provider is not accredited, the PIHP performs an onsite quality assessment.</i> b. <i>For solely community-based providers (e.g., applied behavioral analysis [ABA] or community living supports [CLS] in private residences), an onsite review is not required, and an alternative quality assessment is acceptable.</i> 42 CFR §438.214(e) Credentialing and Re-Credentialing Processes—D(1)(c) Credentialing and Re-Credentialing Processes—D(1)(h)	HSAG Required Evidence: <ul style="list-style-type: none">• Policies and procedures• Onsite assessment review tool/template• Requirements for an alternative quality assessment• HSAG will also use the results of the Organizational Credentialing and Recredentialing File Reviews	<input type="checkbox"/> Met <input checked="" type="checkbox"/> Not Met <input type="checkbox"/> NA
	Evidence as Submitted by the PIHP: <ul style="list-style-type: none">• VII. New Provider-Service Checklist• VII. New Satellite Office Form• VII. PNM_Credentialing Recredentialing Policy• VII. MCN FY25 Provider Network Review Tool• VII. TBHS FY25 Provider Network Review Tool• VII. TRD FY25 Provider Network Review Tool	
PIHP Description of Process: MSHN has not credentialed or recredentialed any providers during the review period.		
HSAG Findings: One case file (Sample 1), which was not accredited, did not include evidence of a completed onsite quality assessment. HSAG requested the onsite quality assessment be submitted after the site review. The PIHP submitted an <i>Audit Checklist for Licensed Residential</i> facilities; however, this was a general checklist and not specific to the provider in the sample submitted. Therefore, HSAG could not determine whether an onsite quality assessment occurred for this provider. The PIHP’s policy states that an organizational provider is either approved by an accredited body or the PIHP must perform an onsite quality assessment.		



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Requirement	Supporting Documentation	Score
Required Actions: For credentialing and recredentialing, the PIHP must ensure that the provider has been approved by an accrediting body. If the provider is not accredited, the PIHP performs an onsite quality assessment.		
17. <i>For credentialing and recredentialing, the PIHP confirms the provider has no malpractice lawsuits that resulted in conviction of criminal neglect or misconduct, settlements, and/or judgements within the last five years.</i> 42 CFR §438.214(e) Credentialing and Re-Credentialing Processes—D(1)(d)	HSAG Required Evidence: <ul style="list-style-type: none">• Policies and procedures• HSAG will also use the results of the Organizational Credentialing and Recredentialing File Reviews Evidence as Submitted by the PIHP: <ul style="list-style-type: none">• VII. PNM_Disclosure_of_Ownership_Control_and_Criminal• VII. PNM_Disclosure_Procedure• VII. FY25 Disclosure O & C I Statement Template• PNM-Credentialing - Organizational_Provider, p. 1, Credentialing and Recredentialing, 1.d.• Examples: OP-Northern Behavioral Solutions (CMHCM Application) (Pg. 3) OP-Superior Care of Michigan (BABHA Application) (Pg. 3)	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA
PIHP Description of Process: MSHN has not credentialed or recredentialed any providers during the review period. MSHN's SUD Treatment providers submit a completed disclosure form annually when contracts are fully executed. Organization files requested also include this information.		
HSAG Findings: HSAG has determined that the PIHP has met the requirements of this element. Recommendations: This element has been a challenge for all PIHPs to implement as demonstrated through the 2025 Compliance Review. Therefore, all PIHPs received a <i>Met</i> score to allow time for the PIHPs to obtain guidance from MDHHS regarding this requirement. As such, HSAG strongly recommends that the PIHP consult with MDHHS on the appropriate mechanism to use to verify the provider has no malpractice lawsuits that resulted in conviction of criminal neglect or misconduct, settlements, and/or judgements within the last five years. HSAG further recommends that the PIHP develop and implement a clear policy and procedure to reflect the guidance provided by MDHHS. If the PIHP does not demonstrate adequate implementation of HSAG's recommendations during future compliance reviews, the PIHP may receive a <i>Not Met</i> score.		
Required Actions: None.		



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Standard VII—Provider Selection		
Requirement	Supporting Documentation	Score
18. <i>For credentialing and recredentialing, the PIHP confirms that the provider is not excluded from participation:</i> a. <i>In Medicare, Medicaid, or federal contracts.</i> b. <i>Through the MDHHS Sanctioned Provider List.</i> 42 CFR §438.214(e) Credentialing and Re-Credentialing Processes—D(1)(e–f)	HSAG Required Evidence: <ul style="list-style-type: none">• Policies and procedures• HSAG will also use the results of the Organizational Credentialing and Recredentialing File Reviews	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA
	Evidence as Submitted by the PIHP: <ul style="list-style-type: none">• VII. Verify Comply List Summary 10.27.24• VII. Verify Comply List Summary 11.24.24• VII. Verify Comply List Summary 12.22.24• PNM_Credentialing - Organizational Providers, P.1, Primary Source Verification, bullet #3 and P. 1 Credentialing and Recredentialing, (1.e.).• TRD_FY25 Provider Network Review (p. 1-3, 7-9)• TBHS_FY25 Provider Network Review (p 1-2, 5-8)• MCN_FY25 Provider Network Review (p. 1-2, 7-10)	
PIHP Description of Process: MSHN includes the requirement in the PNM Credentialing Recredentialing Policy and as outlined in the CMHSP (Medicaid Subcontracting Agreement and the SUD (SUD Treatment) contract. MSHN monitors Provider compliance with the requirement using the DMC Review Tool Credentialing Section. MSHN utilizes Verify Comply to monitor providers for exclusions on an ongoing basis via monthly checks.		
HSAG Findings: HSAG has determined that the PIHP has met the requirements of this element.		
Required Actions: None.		
19. <i>For credentialing and recredentialing, current insurance coverage meeting contractual expectations is on file with the PIHP.</i> 42 CFR §438.214(e) Credentialing and Re-Credentialing Processes—D(1)(g)	HSAG Required Evidence: <ul style="list-style-type: none">• Policies and procedures• HSAG will also use the results of the Organizational Credentialing and Recredentialing File Reviews	<input type="checkbox"/> Met <input checked="" type="checkbox"/> Not Met <input type="checkbox"/> NA
	Evidence as Submitted by the PIHP: <ul style="list-style-type: none">• VII. MSHN FY 2025 Medicaid Subcontracting Agreement Section XXVII Pg. 26	



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Standard VII—Provider Selection		
Requirement	Supporting Documentation	Score
	<ul style="list-style-type: none">VII. FY25 SUD Treatment – FinalPNM_Credentialing_ - Organizational Provider (p. 1, 1.f.)TRD_FY25 Provider Network Review (p. 1-2, 7-8)TBHS_FY25 Provider Network Review (p 6-7)MCN_FY25 Provider Network Review (p. 1-2, 8-10)	
PIHP Description of Process: SUD organization agencies submit their current certificate of insurance to MSHN on an annual basis. MDHHS CRM tracks expiration dates for insurance coverages for all newly credentialed providers		
HSAG Findings: Three of the five samples did not meet liability insurance coverage required in the PIHP's contracts between the provider and its delegates. One case file (Sample 1) did not have cyber liability coverage and did not have enough professional liability coverage as was required in the contract. The certificate of insurance (COI) showed \$2 million in annual aggregate coverage for professional liability, but the contract required \$3 million. The contract also required cyber liability coverage in the amount of \$1 million per occurrence and \$1 million aggregate, but no evidence was submitted to demonstrate they had these coverages. For one case file (Sample 3), there was no evidence provided demonstrating the contract included cyber liability insurance coverage in the required amounts. For one case file (Sample 5), there was no evidence provided that demonstrated the contract included employer liability coverage in the amount of \$3 million for each occurrence and the aggregate.		
Required Actions: For credentialing and recredentialing, the PIHP must ensure current insurance coverage meeting contractual expectations is on file with the PIHP.		
20. <i>The contract between the PIHP and any organizational provider specifies the requirement that the organizational provider must credential and recredential their direct employees, as well as subcontracted service providers and individual practitioners in accordance with the PIHPs credentialing/re-credentialing policies and procedures (which must conform to MDHHS credentialing process).</i> 42 CFR §438.214(e) Credentialing and Re-Credentialing Processes—D(1)(i)	HSAG Required Evidence: <ul style="list-style-type: none">Policies and proceduresHSAG will also use the results of the Organizational Credentialing and Recredentialing File Reviews	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA
	Evidence as Submitted by the PIHP: <ul style="list-style-type: none">VII. MSHN FY 2025 Medicaid Subcontracting Agreement Section XII(D) Pg. 9VII. FY25 Medicaid Subcontract Delegation Grid – Section VI; Page 12VII. FY25 SUD Treatment	



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Standard VII—Provider Selection		
Requirement	Supporting Documentation	Score
	Section II(C)(2) Pg. 16 <ul style="list-style-type: none"> • TRD_FY25 Provider Network Review (p. 1-2, 7-9) • TBHS_FY25 Provider Network Review (p.1, 6-7) • MCN_FY25 Provider Network Review (p. 2 (1). 	
PIHP Description of Process: MSHN includes the requirements as outlined in the CMHSP (Medicaid Subcontracting Agreement – including the delegation grid) and the SUD (SUD Treatment) contract.		
HSAG Findings: HSAG has determined that the PIHP has met the requirements of this element.		
Required Actions: None.		
Time Frames		
<p>21. <i>The PIHP ensures that the initial credentialing of all individual practitioners and organizational providers applying for inclusion in the PIHP network must be completed within 90 calendar days of application submission.</i></p> <p>a. <i>The start time begins when the PIHP has received a completed signed and dated credentialing application from the provider.</i></p> <p>b. <i>Completion time is indicated when written communication is sent to the provider notifying them of the PIHP's decision.</i></p> <p style="text-align: right;">42 CFR §438.214(e) Credentialing and Re-Credentialing Processes—C(4) Credentialing and Re-Credentialing Processes—D(2)</p>	<p>HSAG Required Evidence:</p> <ul style="list-style-type: none"> • Policies and procedures • Tracking and reporting mechanisms for timeliness • HSAG will also use the results of the Practitioner and Organizational Credentialing and Recredentialing File Reviews <p>Evidence as Submitted by the PIHP:</p> <ul style="list-style-type: none"> • PNM_Credentialing_-_Individual_Practitioner (P. 2, yellow highlight) • PNM_Credentialing_-_Organizational_Provider (P. 2, yellow highlight) • Staff Credentialing File Review Tool (P. 2 and P.4) • Credentialing Reporting Monitoring Procedure (P.2) • CMHCM_FY24Q3 Cred Report CAP (See Corrective Action Plan and FY24Q3 CAP Update tab showing ongoing monitoring.) • FY24Q1-Q2 Credentialing Report Monitoring Summary 	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA



Appendix A. Compliance Review Tool

SFY 2025 PIHP Compliance Review

for Mid-State Health Network

Standard VII—Provider Selection		
Requirement	Supporting Documentation	Score
	<ul style="list-style-type: none"> • TRD_FY25 Provider Network Review (P. 1) • MCN_FY25 Provider Network Review (P.1) • TBHS_FY25 Provider Network Review (P. 1) • VII. SUD Recredentialing 2023 • VII. Arbor Circle Credentialing Screenshot 	
<p>PIHP Description of Process: MSHN has in place policies and procedures, contract language, and monitoring and oversight practices to ensure credentialing is completed as required. MSHN delegates credentialing to the CMHSPs and conducts delegated reviews of the CMHs which includes policies, procedures, and credentialing files. During the timeframe of this HSAG review, MSHN did not complete a delegated credentialing review of CMHs. The past review template (Staff Credentialing File Review Tool) has been provided to show that this has been included in our review process and is being updated for FY26 reviews. MSHN conducts ongoing credentialing report monitoring which is conducted to ensure timeliness of credentialing. Summaries of the process, an example plan of correction, and the procedure have been provided.</p> <p>During FY25Q1, MDHHS trained our region on the MDHHS Universal Credentialing system, and our region has started using the system as required. The system automatically tracks timeliness and automatically sends credentialing decisions to providers to ensure timeliness.</p>		
<p>HSAG Findings: HSAG has determined that the PIHP has met the requirements of this element.</p>		
<p>Required Actions: None.</p>		
<p>22. <i>The PIHP ensures that the credentialing process provides for mandatory recredentialing at least every two years.</i></p> <p><i>Note: While recredentialing is required every three years with implementation of universal credentialing, during the look-back period for the file review, PIHPs were required to recredential providers every two years.</i></p> <p style="text-align: right;">42 CFR §438.214(e)</p> <p style="text-align: right;">Credentialing and Re-Credentialing Processes—C</p> <p style="text-align: right;">Credentialing and Re-Credentialing Processes—D</p>	<p>HSAG Required Evidence:</p> <ul style="list-style-type: none"> • Policies and procedures • Tracking and reporting mechanisms for timeliness • HSAG will also use the results of the Practitioner and Organizational Credentialing and Recredentialing File Reviews <p>Evidence as Submitted by the PIHP:</p> <ul style="list-style-type: none"> • PNM_Credentialing_Recredentialing Policy (P. 1) • PNM_Credentialing_ - Individual_Practitioner (P. 3) • PNM_Credentialing_ - Organizational_Provider (P. 1) • MSHN Delegated Managed Care Tool, (Standard 11.9; P. 33) • Credentialing Reporting Monitoring Procedure (P.2) 	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA



Appendix A. Compliance Review Tool

SFY 2025 PIHP Compliance Review

for Mid-State Health Network

Standard VII—Provider Selection		
Requirement	Supporting Documentation	Score
	<ul style="list-style-type: none">• CMHCM_FY24Q3 Cred Report CAP (See Corrective Action Plan and FY24Q3 CAP Update tab showing ongoing monitoring.)• FY24Q1-Q2 Credentialing Report Monitoring Summary• FY25 MSHN-CMH Medicaid Subcontract (Delegation grid- P. 45 and P. 46)• Staff Credentialing File Review Tool (P. 4)• TRD_FY25 Provider Network Review (P. 1)• MCN_FY25 Provider Network Review (P.1-2)• TBHS_FY25 Provider Network Review (P.6-7)• VII. SUD Recredentialing 2023• VII. Arbor Circle Credentialing Screenshot	
<p>PIHP Description of Process: MSHN has in place policies and procedures, contract language, and monitoring and oversight practices to ensure credentialing is completed as required. MSHN delegates credentialing to the CMHSPs and conducts delegated reviews of the CMHs which includes policies, procedures, and credentialing files. During the timeframe of this HSAG review, MSHN did not complete a delegated credentialing review of CMHs. The past review template (Staff Credentialing File Review Tool) has been provided to show that this has been included in our review process and is being updated for FY26 reviews. MSHN conducts ongoing credentialing report monitoring which is conducted to ensure timeliness of credentialing. Summaries of the process, an example plan of correction, and the procedure have been provided.</p> <p>During FY25Q1, MDHHS trained our region on the MDHHS Universal Credentialing system, and our region has started using the system as required. The system automatically tracks timeliness and generates emails 90-60-30 days prior to credentialing expiration. MSHN and our CMHs will utilize this system for tracking as provider credentialing is entered into the system.</p>		
HSAG Findings: HSAG has determined that the PIHP has met the requirements of this element.		
Required Actions: None.		



Appendix A. Compliance Review Tool SFY 2025 PIHP Compliance Review for Mid-State Health Network

Standard VII—Provider Selection		
Requirement	Supporting Documentation	Score
Provider Monitoring		
<p>23. <i>The PIHP conducted ongoing monitoring, and intervention, if appropriate, of organizational providers and/or individual practitioners as it relates to sanctions, complaints, and quality issues. This process includes, at a minimum, review of:</i></p> <ul style="list-style-type: none">a. <i>Monthly Medicare/Medicaid sanction checks.</i>b. <i>Monthly State sanction checks.</i>c. <i>Any limitations on licensure, registration, or certification.</i>d. <i>Member concerns which include appeals and grievances (complaints) information.</i>e. <i>Noted quality issues at the PIHP level.</i> <p style="text-align: right;">42 CFR §438.214(e) Credentialing and Re-Credentialing Processes—B(7)</p>	<p>HSAG Required Evidence:</p> <ul style="list-style-type: none">• Policies and procedures• Provider monitoring tracking forms• Credentialing committee meeting minutes• Three consecutive months (October, November, and December 2024) of provider monitoring of sanction (must include evidence for all sub-elements) <p>Evidence as Submitted by the PIHP:</p> <ul style="list-style-type: none">• PNM_Credentialing_-_Individual_Practitioner (P. 3)• PNM_Credentialing_-_Organizational_Provider (P. 1)• MSHN Delegated Managed Care Tool, (P. 30 Standard 11.4; P. 32 Standard 11.9; P. 33, Standard 11.13; P. 35, Standard 11.15)• PN_Background_Checks_Procedure (P. 2)• Staff Credentialing File Review Tool (P. 4)• VII. Verify Comply List Summary 10.27.24• VII. Verify Comply List Summary 11.24.24• VII. Verify Comply List Summary 12.22.24	<p><input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA</p>
<p>PIHP Description of Process: MSHN has in place policies and procedures outlining ongoing monitoring. MSHN delegates credentialing to the CMHSPs and conducts delegated reviews of the CMHs which includes policies, procedures, and credentialing files. During the timeframe of this HSAG review, MSHN did not complete a delegated credentialing review of CMHs. The past review template (Staff Credentialing File Review Tool) has been provided to show that this has been included in our review process and is being updated for FY26 reviews. No examples have been provided as MSHN or the CMHs had adverse credentialing decisions during the timeframe of this HSAG review. MSHN includes the requirement in the PNM Credentialing Recredentialing Policy and as outlined in the CMHSP (Medicaid Subcontracting Agreement and the SUD (SUD Treatment) contract. MSHN monitors Provider compliance with the requirement using the DMC Review Tool Credentialing Section. MSHN utilizes Verify Comply to monitor providers for exclusions on an ongoing basis via monthly checks. MSHN Credentialing Committee did not have any re-credentialing activity during the review period.</p>		



Appendix A. Compliance Review Tool

SFY 2025 PIHP Compliance Review

for Mid-State Health Network

Standard VII—Provider Selection		
Requirement	Supporting Documentation	Score
HSAG Findings: HSAG has determined that the PIHP has met the requirements of this element.		
Required Actions: None.		
Adverse Credentialing Decisions		
<p>24. <i>The PIHP has a written appeal process that is available when credentialing or recredentialing is denied, suspended, or terminated for any reason other than lack of need.</i></p> <p>a. <i>The written appeal process is consistent with applicable federal and State requirements.</i></p> <p>b. <i>The appeal process is included as part of an adverse credentialing decision notification letter.</i></p> <p>c. <i>An individual practitioner or organizational provider that is denied credentialing or recredentialing by the PIHP is informed of the reasons for the adverse credentialing decision in writing by the PIHP within 30 days of the decision.</i></p> <p style="text-align: right;">42 CFR §438.214(e) Credentialing and Re-Credentialing Processes—F–G</p>	<p>HSAG Required Evidence:</p> <ul style="list-style-type: none">• Policies and procedures• One case example of an adverse credentialing decision, including the notice to the provider• HSAG will also use the results of the Practitioner and Organizational Credentialing and Recredentialing File Reviews <p>Evidence as Submitted by the PIHP:</p> <ul style="list-style-type: none">• PNM_Provider_Appeals_Procedure• PNM_Credentialing_Recredentialing Policy (P. 3)• PNM_Credentialing - _Organizational_Providers_Procedure• MSHN Delegated Managed Care Tool, (P. 33, Standard 11.10; and P. 35, Standard 11.16)• FY25 MSHN-CMH Medicaid Subcontract (Delegation grid- P. 45 and P. 46)• Staff Credentialing File Review Tool (P. 3 and P.5)	<p><input checked="" type="checkbox"/> Met</p> <p><input type="checkbox"/> Not Met</p> <p><input type="checkbox"/> NA</p>
<p>PIHP Description of Process: MSHN has in place policies and procedures outlining the MSHN appeal process and ensuring that the appeal process is included with the credentialing decision letter sent within 30 days of the decision. MSHN delegates credentialing to the CMHs and conducts delegated reviews of the CMHs which includes policies, procedures, and credentialing files. During the timeframe of this HSAG review, MSHN did not complete a delegated credentialing review of CMHs. The past review template (Staff Credentialing File Review Tool) has been provided to show that this has been included in our review process and is being updated for FY26 reviews. No examples of adverse decisions have been provided as MSHN or the CMHs had adverse credentialing decisions during the timeframe of this HSAG review.</p> <p>During FY25Q1, MSHN and the CMHs in our region were trained on and began using the MDHHS Universal Credentialing system as required. The system generates credentialing decision letters and for adverse credentialing, requires that the appeal process be attached to the letter.</p>		



Appendix A. Compliance Review Tool SFY 2025 PIHP Compliance Review for Mid-State Health Network

Standard VII—Provider Selection		
Requirement	Supporting Documentation	Score
HSAG Findings: HSAG has determined that the PIHP has met the requirements of this element.		
Required Actions: None.		
25. The PIHP reports improper known organizational provider or individual practitioner conduct which could result in suspension or termination from the PIHP’s provider network to appropriate authorities (i.e., MDHHS, the provider's regulatory board or agency, the Attorney General, etc.). 42 CFR §438.214(e) Credentialing and Re-Credentialing Processes—H	HSAG Required Evidence: <ul style="list-style-type: none">• Policies and procedures• One case example of improper conduct of a provider, including reporting to appropriate authorities• HSAG will also use the results of the Practitioner and Organizational Credentialing and Recredentialing File Reviews	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA
	Evidence as Submitted by the PIHP: <ul style="list-style-type: none">• PNM_Credentialing_Recredentialing_Policy (P. 3)• 2024 MSHN Compliance Plan (P. 17)• MSHN Disqualified Provider Policy (P.1)• OIG Fraud Referral-The Right Door_Redacted• MSHN Delegated Managed Care Tool, (P. 33-34, Standard 11.11)	
PIHP Description of Process: MSHN has in place policies and procedures outlining the process for reporting improper conduct to the appropriate authorities. MSHN reporting processes. MSHN delegates credentialing to the CMHSPs and conducts delegated reviews of the CMHSPs which includes policies, procedures, and credentialing files. During the timeframe of this HSAG review, MSHN did not complete a delegated credentialing review of CMHs. The review template has been provided to show that it is included in our review process. An example of improper conduct reported to the OIG within the timeframe of the review has been provided.		
HSAG Findings: HSAG has determined that the PIHP has met the requirements of this element.		
Required Actions: None.		



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Standard VII—Provider Selection						
Met	=	22	X	1	=	22
Not Met	=	3	X	0	=	0
Not Applicable	=	0				
Total Applicable	=	25	Total Score		=	22
Total Score ÷ Total Applicable					=	88%



Appendix A. Compliance Review Tool SFY 2025 PIHP Compliance Review for Mid-State Health Network

Standard VIII—Confidentiality

Standard VIII—Confidentiality		
Requirement	Supporting Documentation	Score
General Rule and Administrative Requirements		
<p>1. For medical records and any other health and enrollment information that identifies a particular member, the PIHP uses and discloses such individually identifiable health information in accordance with the privacy requirements in 45 CFR parts 160 and 164, subparts A and E, to the extent that these requirements are applicable.</p> <p>a. The PIHP designates a privacy official who is responsible for the development and implementation of the policies and procedures of the PIHP.</p> <p>b. The PIHP designates a contact person or office who is responsible for receiving privacy-related complaints and who is able to provide further information about matters covered by the notice required by 45 CFR §164.520.</p> <p>c. The PIHP trains all members of its workforce on the policies and procedures with respect to protected health information as necessary and appropriate for the members of the workforce to carry out their functions within the PIHP as outlined in 45 CFR §164.530.</p> <p>d. The PIHP has appropriate administrative, technical, and physical safeguards to protect the privacy of protected health information (PHI).</p> <p>e. The PIHP has written policies and procedures for maintaining the confidentiality of data, including medical records, member information, and appointment records.</p>	<p>HSAG Required Evidence:</p> <ul style="list-style-type: none">• Policies and procedures (should address all components of 45 CFR part 164 subpart E)• Workflow for adhering to Michigan State law for addressing confidentiality of information about minors, privacy of minors, and substance use disorder records• Provider materials, such as provider contract and provider manual, requiring providers to have mechanisms to guard against unauthorized or inadvertent disclosure of confidential information• Employee-facing materials• Organizational chart that includes the PIHP’s privacy official(s)• Staff training materials <p>Evidence as Submitted by the PIHP:</p> <ul style="list-style-type: none">• Chief Compliance and Quality Officer Job Description, Pg. 1: Position Overview; Pg. 2: Responsibilities• MSHN Organizational Chart• MSHN Privacy Notice, Pgs. 5 -6: Complaints About Privacy Practices• MSHN Compliance Plan Training Acknowledgement Form• MSHN 2025 Compliance Plan, Pgs.7, 11, 13, and 14• MSHN Relias Training, Slides 25 – 36• MSHN Breach Notification Policy• MSHN Breach Notification Procedure	<p><input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA</p>



Appendix A. Compliance Review Tool

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for Mid-State Health Network

Standard VIII—Confidentiality		
Requirement	Supporting Documentation	Score
42 CFR §438.224 42 CFR §457.1110 45 CFR §164.520 45 CFR §164.530 45 CFR Parts 160 and 164, Subparts A and E 42 CFR Part 2 Contract Schedule A—1(R)(4) Contract Schedule A—1(R)(9)(a-d) Contract Schedule A—1(R)(9)(h-i)	<ul style="list-style-type: none">• MSHN Consent to Share Information Policy• MSHN Member Rights Requests Procedure• MSHN Confidentiality and Notice of Privacy Policy• MSHN Data Encryption Policy• MSHN Information Management Policy• MSHN Password Security Procedure• MSHN Controlled Access and Least Privilege Policy• MSHN FY2025 Medicaid Subcontracting Agreement, Business Associates Template, Pgs. 59 - 65	
PIHP Description of Process: N/A		
<p>HSAG Findings: HSAG has determined that the PIHP met the requirements for this element.</p> <p>Recommendations: Although the PIHP explained that most Health Insurance Portability and Accountability Act of 1996 (HIPAA)-related incidents and member rights requests under the HIPAA Privacy Rule are handled through delegated entities since these are the entities primarily serving members, HSAG continues to strongly recommend that the PIHP have detailed and comprehensive HIPAA-related policies, procedures, and training materials in place to support awareness of all confidentiality-related requirements under the HIPAA Privacy Rule and Michigan Mental Health Code, and ensure that the policies, procedures, and training materials outline the responsibilities of both the PIHP and its entities delegated to manage privacy and security incidents and member rights requests. Additionally, HSAG recommends that the PIHP enhance its <i>HealthSource_2024 Delegated Functions Tool-Final</i> to incorporate the PIHP's mechanisms to ensure all staff and delegated entities are adhering to member privacy rights under the HIPAA Privacy Rule. Lastly, although the PIHP discussed expectations and monitoring processes for staff training, both upon hire and annually, HSAG strongly recommends that the PIHP document and track staff training as completed (e.g., obtaining signed attestations, storing certifications). Of note, some of the recommendations listed in this Standard are similar recommendations from the prior compliance review that still apply to the PIHP. If the PIHP does not demonstrate adequate implementation of HSAG's recommendations during future compliance reviews, the PIHP may receive a <i>Not Met</i> score.</p>		
Required Actions: None.		



Appendix A. Compliance Review Tool SFY 2025 PIHP Compliance Review for Mid-State Health Network

Standard VIII—Confidentiality		
Requirement	Supporting Documentation	Score
Uses and Disclosures of PHI		
<p>2. The PIHP and its business associates may not use or disclose PHI except as permitted or required by 45 CFR §164.502 or by 45 CFR §160 subpart C. The PIHP is permitted to use or disclose PHI as follows:</p> <ol style="list-style-type: none"> To the individual. For treatment, payment, or health care operations, as permitted by and in compliance with 45 CFR §164.506. Incident to a use or disclosure otherwise permitted or required by 45 CFR §164.502, provided that the PIHP has complied with the applicable requirements of 45 CFR §§164.502(b), 164.514(d), and 164.530(c). Except for uses and disclosures prohibited under 45 CFR §164.502(a)(5)(i), pursuant to and in compliance with a valid authorization under 45 CFR §164.508. Pursuant to an agreement under, or as otherwise permitted by 45 CFR §164.510. As permitted by and in compliance with 45 CFR §164.512, §164.514(e), (f), or (g). <p style="text-align: right;"> 45 CFR §164.502(a)(1) 45 CFR §164.502(a)(5)(i) 45 CFR §164.502(b) 45 CFR §164.506 45 CFR §164.508 45 CFR §164.510 45 CFR §164.512 45 CFR §164.514(d–g) 45 CFR §164.530(c)(2)(ii) </p>	<p>HSAG Required Evidence:</p> <ul style="list-style-type: none"> • Policies and procedures • Business associate agreement template • One example of an executed business associate agreement • Staff training materials <p>Evidence as Submitted by the PIHP:</p> <ul style="list-style-type: none"> • MSHN FY2025 Medicaid Subcontracting Agreement, Business Associates Template, Pgs. 59 - 65 • BABHA MSHN FY25 Medicaid Subcontracting Agreement, Pgs. 59 – 65 • MSHN Confidentiality and Notice of Privacy Policy, Permitted Uses, Disclosures and Restrictions section, Pgs. 1 - 2 • MSHN Member Rights Requests Procedure • MSHN Privacy Notice. Pgs. 2 -3 • MSHN Compliance Plan Training Acknowledgement Form • MSHN Relias Training, Slides 25 -36 	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA



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Standard VIII—Confidentiality		
Requirement	Supporting Documentation	Score
42 CFR §457.1110(a–b) 45 CFR §160 Subpart C Contract Schedule A—1(R)(9)		
PIHP Description of Process: N/A		
HSAG Findings: HSAG has determined that the PIHP met the requirements for this element.		
Required Actions: None.		
3. The PIHP, and its business associate as permitted or required by its business associate contract, is required to disclose PHI: a. To an individual, when requested under, and required by 45 CFR §164.524 or §164.528. b. When required by the Secretary to investigate or determine the PIHP's compliance with 45 CFR §160 subpart C. 45 CFR §164.502(a)(2–4) 45 CFR §164.524 45 CFR §164.528 42 CFR §457.1110(d) 45 CFR §160 Subpart C Contract Schedule A—1(R)(9)	HSAG Required Evidence: <ul style="list-style-type: none">• Policies and procedures• Business associate agreement template• One example of an executed business associate agreement• Staff training materials Evidence as Submitted by the PIHP: <ul style="list-style-type: none">• MSHN FY2025 Medicaid Subcontracting Agreement, Business Associates Template, Pgs. 59 - 65• BABHA MSHN FY25 Medicaid Subcontracting Agreement, Pgs. 59 – 65• MSHN Confidentiality and Notice of Privacy Policy, Permitted Uses, Disclosures and Restrictions section, 2a. and 2b.• MSHN Privacy Notice, Pg. 4, 1st bullet point• MSHN Compliance Plan Training Acknowledgement Form• MSHN 2025 Compliance Plan, Pgs. 13 - 14	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA
PIHP Description of Process: N/A		
HSAG Findings: HSAG has determined that the PIHP met the requirements for this element.		
Required Actions: None.		



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Standard VIII—Confidentiality		
Requirement	Supporting Documentation	Score
Minimum Necessary		
4. When using or disclosing PHI or when requesting PHI from another covered entity or business associate, the PIHP makes reasonable efforts to limit PHI to the minimum necessary to accomplish the intended purpose of the use, disclosure, or request. 45 CFR §164.502(b) 42 CFR §457.1110 Contract Schedule A—1(R)(9)(c)	HSAG Required Evidence: <ul style="list-style-type: none">• Policies and procedures• Three examples of requests for PHI from another covered entity (e.g., member’s previous PIHP, dental benefits administrator, provider)• Staff training materials Evidence as Submitted by the PIHP: <ul style="list-style-type: none">• MSHN Confidentiality and Notice of Privacy Policy, Pg. 2: 1a. – 1.f.• MSHN Consent to Share Information Policy, Pg. 5: Minimum Necessary• MSHN Compliance Plan Training Acknowledgement Form• MSHN Relias Training, Slide 31• 3 Examples of Disclosure of PHI to Covered Entity<ul style="list-style-type: none">○ Right Door – Disclosure of PHI to Covered Entity○ GIHN – Disclosure of PHI to Covered Entity○ BABH – Disclosure of PHI to Covered Entity	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA
PIHP Description of Process: MSHN provided three examples from the Community Mental Health Services Participants (CMHSP) as MSHN does not hold the client records. The CMHSPs have the client records within their electronic health records (EHR) and therefore are responsible for the disclosures of PHI as appropriate.		
HSAG Findings: HSAG has determined that the PIHP met the requirements for this element.		
Required Actions: None.		



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Standard VIII—Confidentiality		
Requirement	Supporting Documentation	Score
<p>5. Minimum necessary does not apply to:</p> <ul style="list-style-type: none">a. Disclosures to or requests by a health care provider for treatment.b. Uses or disclosures made to the individual.c. Uses or disclosures made pursuant to an authorization under 42 CFR §164.508.d. Disclosures made to the Secretary regarding compliance and investigations under 45 CFR Part 160.e. Uses or disclosures that are required by law as described in 45 CFR §164.512(a).f. Uses or disclosures that are required for compliance with applicable requirements of 45 CFR §164.502. <p style="text-align: right;">45 CFR §164.502(b)(2) 45 CFR §164.508 45 CFR §164.512(a) 45 CFR Part 160 42 CFR §457.1110</p>	<p>HSAG Required Evidence:</p> <ul style="list-style-type: none">• Policies and procedures• Staff training materials <p>Evidence as Submitted by the PIHP:</p> <ul style="list-style-type: none">• MSHN Confidentiality and Notice of Privacy Policy, Pg. 2: 1a. – 1.f.• Mid-State Health Network Compliance Plan Training Acknowledgement Form• MSHN Relias Training, Slide 31	<p><input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA</p>
PIHP Description of Process: N/A		
HSAG Findings: HSAG has determined that the PIHP met the requirements for this element.		
Required Actions: None.		
Uses and Disclosures Requiring Authorizations		
<p>6. Except as otherwise permitted or required by 45 CFR Part 164 Subpart E, a covered entity may not use or disclose PHI without a valid authorization. When a covered entity obtains or receives a valid authorization for its use or disclosure of PHI such use or disclosure must be consistent with such authorization.</p>	<p>HSAG Required Evidence:</p> <ul style="list-style-type: none">• Policies and procedures• Authorization for use and disclosure form template• Two examples of signed authorizations for the purposes outlined in 45 CFR §164.508	<p><input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA</p>



Appendix A. Compliance Review Tool

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Standard VIII—Confidentiality		
Requirement	Supporting Documentation	Score
<p>a. If a covered entity seeks an authorization from an individual for a use or disclosure of PHI, the covered entity provides the individual with a copy of the signed authorization.</p> <p>45 CFR §164.508 45 CFR Part 164 Subpart E 42 CFR §457.1110</p>	<ul style="list-style-type: none">Staff training materials <p>Evidence as Submitted by the PIHP:</p> <ul style="list-style-type: none">MSHN Consent to Share Information Policy, Pg. 1 - 2MSHN Compliance Plan Training Acknowledgement FormMSHN Relias Training, Slides 26 and 31MDHHS Consent to Share Behavioral Health Information2 examples of signed authorizations<ul style="list-style-type: none">Newaygo – Signed AuthorizationSHW – Signed Authorization	
<p>PIHP Description of Process: MSHN provided two examples from the Community Mental Health Services Participants (CMHSP) as MSHN does not hold the client records. The CMHSPs have the client records within their electronic health records (EHR) and therefore are responsible for ensuring signed releases are used as required.</p>		
<p>HSAG Findings: HSAG has determined that the PIHP met the requirements for this element.</p> <p>Recommendations: Although the PIHP required the use of the MDHHS-5515 Consent to Share Behavioral Health Information form, which included a section for members to confirm whether they received or declined a copy of the form, should the PIHP (or its delegates) obtain consent for disclosing PHI for reasons outlined in 45 CFR §164.508, HSAG strongly recommends that the PIHP (or its delegates) ensure it has an appropriate HIPAA authorization form available as well as a process outlined in a policy or procedure to further demonstrate that members are provided a copy of the signed authorization form as required under 45 CFR §164.508(c)(4). Additionally, HSAG continues to strongly recommend that the PIHP ensure its oversight process of its delegates include a component to evaluate the procedures for providing each member with a copy of any signed authorization or consent form to ensure compliance with the requirements under this element (e.g., enhance its <i>HealthSource_2024 Delegated Functions Tool-Final</i>). If the PIHP does not demonstrate adequate implementation of HSAG’s recommendations during future compliance reviews, the PIHP may receive a <i>Not Met</i> score.</p>		
<p>Required Actions: None.</p>		



Appendix A. Compliance Review Tool SFY 2025 PIHP Compliance Review for Mid-State Health Network

Standard VIII—Confidentiality		
Requirement	Supporting Documentation	Score
Privacy Rights		
7. The PIHP complies with the member's right to request privacy protection for PHI and the requirements under 45 CFR §164.522. 45 CFR §164.522 42 CFR §457.1110	HSAG Required Evidence: <ul style="list-style-type: none">• Policies and procedures• Process workflow• Member request forms for privacy protection• Two examples of member's request for privacy protection, including documentation of the request and evidence to support completion of the privacy protection request• Staff training materials Evidence as Submitted by the PIHP: <ul style="list-style-type: none">• MSHN Privacy Policy, Pg. 5: Right to Request Restrictions• MSHN Confidentiality and Notice of Privacy Policy, Pg. 2• MDHHS Consent to Share Behavioral Health Information• MSHN Compliance Plan Training Acknowledgement Form• MSHN Compliance Plan, Pgs. 13- 14• MSHN Relias Training, Slides 26 and 31• 2 examples of member requests for privacy protection<ul style="list-style-type: none">○ CMHCM – Request for Privacy Protection○ MCN – Request for Privacy Protection	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA
PIHP Description of Process: MSHN provided two examples from the Community Mental Health Services Participants (CMHSP) as MSHN does not hold the client records. The CMHSPs have the client records within their electronic health records (EHR) and therefore are responsible for ensuring requests for privacy protection. Both examples provided are showing the member is either refusing to sign, or is revoking consent, on the MDHHS required consent to share behavioral health information and therefore requesting their privacy related to treatment be respected.		
HSAG Findings: HSAG has determined that the PIHP met the requirements for this element. Recommendations: Although the PIHP confirmed that most privacy rights requests are managed by the contracted CMHSPs, it is important that the PIHP have policies and procedures in place to detail the delineation of responsibilities between the PIHP and its CMHSPs and to ensure that procedures are in place should the PIHP receive a request directly from a member. The PIHP's Notice of Privacy Practices informs members of their privacy rights; however, HSAG continues to strongly recommend that the PIHP develop detailed policies and procedures that outline the requirements and steps the PIHP takes (or		



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<p>requires its CMHSPs to take) to ensure compliance with member rights requests under the HIPAA Privacy Rule. At a minimum, the written documentation should include the procedures for intaking the request from the member (e.g., use of a template to be completed by the member, field in the system to note the request, staff responsible for intaking the request and staff responsible for responding to the request, etc.); the system(s) and fields used to document the privacy rights request; tracking mechanism(s) for monitoring completion of the request to ensure time frame compliance (when applicable); steps taken to update the health information system to notate any implemented requests (e.g., alerts, record modifications); internal notification requirements to obtain information as necessary and to ensure the appropriate individuals (e.g., staff members, providers) are informed of the right(s) exercised by the member; location of the system where copies of information provided to members (when required) are maintained; and the method for providing the member with confirmation of completion of the rights request (e.g., mailed notices, copies of documentation requested when appropriate). The PIHP should also consider developing request forms (as applicable) and notification template letters specific to each privacy right request. Further, the PIHP's formal oversight process of its delegated entities should include a component for assessing each entity's procedures for complying with members' requests to exercise their privacy rights under the HIPAA Privacy Rule (e.g., enhance its <i>HealthSource_2024 Delegated Functions Tool-Final</i>). Of note, these recommendations apply to all member rights requests outlined in elements 7–10. If the PIHP does not demonstrate adequate implementation of HSAG's recommendations during future compliance reviews, the PIHP may receive a <i>Not Met</i> score.</p>		
Required Actions: None.		
<p>8. The PIHP complies with the member's right to access PHI and the requirements under 45 CFR §164.524.</p> <p>a. The PIHP acts on a request for access no later than 30 days after receipt of the request.</p> <p>b. The PIHP provides the member with access to the PHI in the form and format requested by the member, if it is readily producible in such form and format, or if not, in a readable hard copy form or such other form and format as agreed to by the PIHP and member.</p> <p>45 CFR §164.524 42 CFR §457.1110</p>	<p>HSAG Required Evidence:</p> <ul style="list-style-type: none">• Policies and procedures• Process workflow• Member request form to access PHI• Two examples of member's request to access PHI, including documentation of the request and evidence to support timely completion of the PHI access request• Staff training materials <p>Evidence as Submitted by the PIHP:</p> <ul style="list-style-type: none">• MSHN Privacy Notice; Pg. 4: Right to Inspect and Copy section• MSHN Member Rights Requests Procedure, Pg. 1: Timely Action for Access to PHI section• MSHN 2025 Compliance Plan, Pgs. 13 - 14• MSHN Compliance Plan Training Acknowledgement Form	<p><input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA</p>



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	<ul style="list-style-type: none">2 examples of member requests to access PHI<ul style="list-style-type: none">CEI - Member Request for RecordsCMHCM – Member Request for Records – 1CMHCM – Member Request for Records - 3	
PIHP Description of Process: MSHN provided two examples from the Community Mental Health Services Participants (CMHSP) as MSHN does not hold the client records. The CMHSPs have the client records within their electronic health records (EHR) and therefore are responsible for providing member records upon request.		
HSAG Findings: HSAG has determined that the PIHP met the requirements for this element.		
Required Actions: None.		
<p>9. The PIHP complies with the member’s right to have the PIHP amend PHI or a record about the member in a designated record set for as long as the PHI is maintained in the designated record set. The PIHP complies with the requirements under 45 CFR §164.526.</p> <p>a. The PIHP acts on the member’s request for an amendment no later than 60 days after receipt of such a request.</p> <p>45 CFR §164.526 42 CFR §457.1110(e)</p>	<p>HSAG Required Evidence:</p> <ul style="list-style-type: none">Policies and proceduresProcess workflowMember request form to amend PHITwo examples of member’s request to amend PHI, including documentation of the request and evidence to support timely completion of the amendment requestOne example of a denial of an amendment and notification to the memberStaff training materials <p>Evidence as Submitted by the PIHP:</p> <ul style="list-style-type: none">MSHN Privacy Notice, Pg. 4: Right to Amend Your RecordMSHN Member Rights Requests Procedure. Pg. 1: Right to Ament PHI: 1.a.i.MSHN 2025 Compliance Plan, Pgs. 13 - 14MSHN Network Compliance Plan Training Acknowledgement FormBABH – Amend Health Record - Template	<p><input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA</p>



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	<ul style="list-style-type: none">SHW- Sample Template for Denial to Amend Record	
PIHP Description of Process: MSHN provided two examples from the Community Mental Health Services Participants (CMHSP) as MSHN does not hold the client records. The CMHSPs have the client records within their electronic health records (EHR) and therefore are responsible for ensuring members have the right to amend records. The example provided for the denial of a request to amend a record is a template used by SHW. A completed request was not submitted as there were no denials of request to amend during the timeframe. There are no examples provided of a members' request to amend PHI as there have been no requests during the time period. A template used for requesting an amendment to the record has been submitted.		
HSAG Findings: HSAG has determined that the PIHP met the requirements for this element.		
Required Actions: None.		
10. The PIHP complies with the member's right to receive an accounting of disclosures of PHI made by the PIHP in the six years prior to the date on which the accounting is requested, in compliance with the requirements under 45 CFR §164.528. a. The PIHP acts on the member's request for an accounting, no later than 60 days after receipt of such a request. b. The PIHP documents the accounting of disclosures and retains the documentation as required by 45 CFR §164.530(j). 45 CFR §164.528 45 CFR §164.530(j) 42 CFR §457.1110	HSAG Required Evidence: <ul style="list-style-type: none">Policies and proceduresProcess workflowMember request form for an accounting of disclosures of PHIMechanism to track disclosures (e.g. where reports to Adult Protective Services are documented within the system for retrieval for the accounting of disclosure)Two examples of member's request for an accounting of disclosures, including documentation of the request and evidence to support timely completion of the accounting of disclosure requestDocumentation to demonstrate how the record of the accounting of disclosures is retainedStaff training materials Evidence as Submitted by the PIHP: <ul style="list-style-type: none">MSHN Member Rights Requests Procedure, Pg. 2: Accounting of Disclosures and Documentation of Request for DisclosuresMSHN 2025 Compliance Plan, Pgs. 13 - 14	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA



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	<ul style="list-style-type: none">Mid-State Health Network Compliance Plan Training Acknowledgement Form2 examples of member requests for accounting of disclosures<ul style="list-style-type: none">LifeWays – Accounting of Disclosures Log – 1Lifeways – Accounting of Disclosures Log – 2CEI - Accounting of Disclosures	
PIHP Description of Process: MSHN provided two examples from the Community Mental Health Services Participants (CMHSP) as MSHN does not hold the client records. The CMHSPs have the client records within their electronic health records (EHR) and therefore are responsible for keeping an accounting of disclosures.		
HSAG Findings: HSAG has determined that the PIHP met the requirements for this element.		
Required Actions: None.		
Breach of Unsecured PHI		
<p>11. The PIHP, following the discovery of a breach of unsecured PHI, notifies each individual whose unsecured PHI has been, or is reasonably believed by the PIHP to have been accessed, acquired, used, or disclosed as a result of such breach.</p> <p>a. Breach and unsecured PHI are as defined in 45 CFR §164.402.</p> <p>b. Except as provided in 45 CFR §164.412, the PIHP must provide the notification without unreasonable delay and in no case later than 60 calendar days after discovery of such a breach.</p> <p>45 CFR §164.404(a)(1) 45 CFR §164.402 45 CFR §164.404(b) 45 CFR §164.412</p>	<p>HSAG Required Evidence:</p> <ul style="list-style-type: none">Policies and proceduresBreach notification letter templateIncident risk assessment toolUnauthorized disclosure/breach tracking mechanismList of all breaches of unsecured PHI during the time period under review, including the date of discovery and the date of notification to members <p>Evidence as Submitted by the PIHP:</p> <ul style="list-style-type: none">MSHN Breach Notification Policy, Pg. 1: Notification by a Business Associate to Mid-State Health Network as a Covered EntityMSHN Breach Notification Procedure, Pg. 1: A.3.c.; Pg. 2A. Individual NoticeBreach Notification Letter Template	<p><input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA</p>



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	<ul style="list-style-type: none">MSHN 2025 Compliance Plan, Pgs. 13 - 14MSHN Compliance Plan Training Acknowledgement FormMSHN Relias Training, Slide 35List of breaches with evidence of the date of discovery and notification to members<ul style="list-style-type: none">MCN<ul style="list-style-type: none">MCN - List of BreachesMCN - Client Notification Letter – 2-26-24Right Door<ul style="list-style-type: none">Right Door - List of BreachesRight Door – Breach Notification Letter – 10-28-24CMHCM<ul style="list-style-type: none">CMHCM – Data Breach Log 2024CMHCM – Breach Notification Letter – 06-07-2024	
PIHP Description of Process: MSHN provided a list of breaches from the Community Mental Health Services Participants (CMHSP) as MSHN does not hold client records. The CMHSPs have the client records within their electronic health records (EHR) and therefore are responsible for keeping a list of all breaches inclusive of the required information. The lists and example of a notification letter provided are for MCN, the Right Door, and CMHCM as they are the only CMHSPs reporting having a breach during the time period.		
HSAG Findings: HSAG has determined that the PIHP met the requirements for this element.		
Required Actions: None.		
12. The PIHP has a policy and procedure to immediately report to MDHHS any suspected or confirmed unauthorized use or disclosure of protected health data and information that falls under the Health Insurance Portability and Accountability Act (HIPAA) requirements of which the PIHP becomes aware.	HSAG Required Evidence: <ul style="list-style-type: none">Policies and procedures Evidence as Submitted by the PIHP: <ul style="list-style-type: none">MSHN Breach Notification Policy, Pg. 1: Notification by a Business Associate to Mid-State Health Network as a Covered Entity	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA



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<p>a. The PIHP will work with MDHHS to mitigate the breach and will provide assurances to MDHHS of corrective actions to prevent further unauthorized uses or disclosures.</p> <p>Contract Schedule A—1(R)(9)(e)</p>	<ul style="list-style-type: none">MSHN Breach Notification Procedure, Pg. 1: A.3.e.f.MSHN 2025 Compliance Plan, Pgs. 13 - 14	
PIHP Description of Process: N/A		
HSAG Findings: HSAG has determined that the PIHP met the requirements for this element. Recommendations: Although the requirements for this element were discussed during the site review, HSAG strongly recommends that the PIHP have a process to ensure immediate notification of any suspected or confirmed unauthorized use or disclosure of PHI to MDHHS as outlined in the Contract. Additionally, the PIHP should confirm reporting expectations with MDHHS and update its policies and procedures accordingly. If the PIHP does not demonstrate adequate implementation of HSAG's recommendations during future compliance reviews, the PIHP may receive a <i>Not Met</i> score.		
Required Actions: None.		
<p>13. The PIHP for the purposes of 45 CFR §164.404(a)(1), 45 CFR §164.406(a), and 45 CFR §164.408(a), a breach is treated as discovered by the PIHP as of the first day on which such breach is known to the PIHP, or, by exercising reasonable diligence would have been known to the PIHP.</p> <p>a. The PIHP shall be deemed to have knowledge of a breach if such breach is known, or by exercising reasonable diligence would have been known, to any person, other than the person committing the breach, who is a workforce member or agent of the PIHP.</p> <p>45 CFR §164.404(a) 45 CFR §164.406(a) 45 CFR §164.408(a)</p>	<p>HSAG Required Evidence:</p> <ul style="list-style-type: none">Policies and proceduresIncident risk assessment toolUnauthorized disclosure/breach tracking mechanismList of all breaches of unsecured PHI during the time period under review, including the date of discovery <p>Evidence as Submitted by the PIHP:</p> <ul style="list-style-type: none">MSHN Breach Notification Policy, Pg. 1: Notification by a Business Associate to Mid-State Health Network as a Covered EntityMSHN Breach Notification Procedure, Pg. 1: A.1.List of breaches with evidence of the date of discovery and notification to members<ul style="list-style-type: none">MCN<ul style="list-style-type: none">MCN - List of BreachesMCN - Client Notification Letter – 2-26-24	<p><input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA</p>



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	<ul style="list-style-type: none">○ Right Door<ul style="list-style-type: none">▪ Right Door - List of Breaches▪ Right Door – Breach Notification Letter – 10-28-24○ CMHCM<ul style="list-style-type: none">▪ CMHCM – Data Breach Log 2024▪ CMHCM – Breach Notification Letter – 06-07-2024• MCN - Example of Risk Assessment: Page 2	
PIHP Description of Process: MSHN provided a list of breaches from the Community Mental Health Services Participants (CMHSP) as MSHN does not hold client records. The CMHSPs have the client records within their electronic health records (EHR) and therefore are responsible for keeping a list of all breaches inclusive of the required information. The lists and example of a notification letter provided are for MCN, the Right Door, and CMHCM as they are the only CMHSPs reporting having a breach during the time period. An example of a risk assessment was provided for MCN. Each agency is able to utilize their own risk assessment as long as it follows established standards.		
HSAG Findings: HSAG has determined that the PIHP met the requirements for this element.		
Required Actions: None.		
14. Except as provided in 45 CFR §164.412, the PIHP must provide the notification without unreasonable delay and in no case later than 60 calendar days after discovery of such a breach. 45 CFR §164.404(b) 45 CFR §164.412	HSAG Required Evidence: <ul style="list-style-type: none">• Policies and procedures• List of all breaches of unsecured PHI during the time period under review, including the date of discovery and date of notification to members• Three examples of breach notification letters to members	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA
	Evidence as Submitted by the PIHP: <ul style="list-style-type: none">• MSHN Breach Notification Procedure, Pg. 1: A.3.c.• List of breaches of unsecured PHI including the date of discovery and notification date to members<ul style="list-style-type: none">○ MCN<ul style="list-style-type: none">▪ MCN - List of Breaches	



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	<ul style="list-style-type: none">▪ MCN - Client Notification Letter – 2-26-24○ Right Door<ul style="list-style-type: none">▪ Right Door - List of Breaches▪ Right Door – Breach Notification Letter – 10-28-24○ CMHCM<ul style="list-style-type: none">▪ CMHCM – Data Breach Log 2024▪ CMHCM – Breach Notification Letter – 06-07-2024	
PIHP Description of Process: MSHN provided a list of breaches from the Community Mental Health Services Participants (CMHSP) as MSHN does not hold client records. The CMHSPs have the client records within their electronic health records (EHR) and therefore are responsible for keeping a list of all breaches inclusive of the required information. The lists and example of a notification letter provided are for MCN, the Right Door, and CMHCM as they are the only CMHSPs reporting having a breach during the time period.		
HSAG Findings: HSAG has determined that the PIHP met the requirements for this element.		
Required Actions: None.		
15. The notification (to individuals, and to media outlets, if required) must be written in plain language and include, to the extent possible: <ul style="list-style-type: none">a. A brief description of what happened, including the date of the breach and the date of the discovery of the breach, if known.b. A description of the types of unsecured PHI that were involved in the breach (such as whether full name, social security number, date of birth, home address, account number, diagnosis, disability code, or other types of information were involved).c. Any steps individuals should take to protect themselves from potential harm resulting from the breach.	HSAG Required Evidence: <ul style="list-style-type: none">• Policies and procedures• Breach notification letter template• Reading grade level of breach notification letter template• Three examples of breach notification letters to members• One example of notification to media outlet, if applicable during the review period	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA
	Evidence as Submitted by the PIHP: <ul style="list-style-type: none">• MSHN Breach Notification Procedure, Pg. 2: A. Individual Notice, 1a. – 1.e.• Breach Notification Letter Template• Breach Notification Template Reading Level Analysis	



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<p>d. A brief description of what the PIHP is doing to investigate the breach, to mitigate harm to individuals, and to protect against any further breaches.</p> <p>e. Contact procedures for individuals to ask questions or learn additional information, which shall include a toll-free telephone number, an email address, web site, or postal address.</p> <p>45 CFR §164.404(c) 45 CFR §164.406(c)</p>	<ul style="list-style-type: none">Three examples of breach notification letters to members<ul style="list-style-type: none">MCN - Client Notification Letter – 2-26-24Right Door – Breach Notification Letter – 10-28-24CMHCM – Breach Notification Letter – 06-07-2024	
<p>PIHP Description of Process: MSHN does not hold the client records. The CMHSPs have the client records within their electronic health records (EHR) and therefore are responsible for keeping a list of all breaches inclusive of the required information and sending out notification letters. The examples of letters are for MCN, the Right Door, and CMHCM as they are the only CMHSPs reporting having a breach during the time period. There were no breaches during the time frame that required notification to a media outlet.</p>		
<p>HSAG Findings: HSAG has determined that the PIHP met the requirements for this element.</p> <p>Recommendations: Although the PIHP has a process in place to ensure notification letters are reviewed for plain language, HSAG strongly recommends that the PIHP review its <i>Breach Notification Letter Template</i> to ensure this written material adheres to contract requirements (e.g., be written at or below the 6.9 grade reading level, when possible). If the PIHP does not demonstrate adequate implementation of HSAG’s recommendations during future compliance reviews, the PIHP may receive a <i>Not Met</i> score.</p>		
<p>Required Actions: None.</p>		
<p>16. The notification must be provided in the following form:</p> <p>a. Written notice by first-class mail to the individual at the last known address of the individual or, if the individual agrees to electronic notice and such agreement has not been withdrawn, by electronic mail.</p> <p>b. If the PIHP knows the individual is deceased and has the address of the next of kin or personal representative of the</p>	<p>HSAG Required Evidence:</p> <ul style="list-style-type: none">Policies and proceduresConfirmation of first-class mailing <p>Evidence as Submitted by the PIHP:</p> <ul style="list-style-type: none">MSHN Breach Notification Procedure, Pg. 2: A. Individual Notice	<p><input checked="" type="checkbox"/> Met</p> <p><input type="checkbox"/> Not Met</p> <p><input type="checkbox"/> NA</p>



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<p>individual, written notification by first-class mail to either the next of kin or personal representative of the individual.</p> <p>c. The notification may be provided in one or more mailings as information is available.</p> <p>45 CFR §164.404(d)(1)</p>		
PIHP Description of Process: MSHN does not hold the client records. The CMHSPs have the client records within their electronic health records (EHR) and therefore are responsible for keeping a list of all breaches inclusive of the required information and sending out notification letters. The only CMHSPs that reported experiencing a breach during the time period were MCN, the Right Door, and CMHCM. All notification letters are sent to clients via first class mail. The breach log includes the date the notification letters were sent to the client.		
HSAG Findings: HSAG has determined that the PIHP met the requirements for this element.		
Required Actions: None.		
<p>17. In the case in which there is insufficient or out-of-date contact information that precludes written notification to the individual, a substitute form of notice reasonably calculated to reach the individual must be provided.</p> <p>a. If there is insufficient or out-of-date contact information for fewer than 10 individuals, then such notice may be provided by an alternative form of written notice, telephone, or other means.</p> <p>b. If there is insufficient or out-of-date contact information for 10 or more individuals, then such substitute notice must:</p> <p>i. Be in the form of either a conspicuous posting for a period of 90 days on the home page of the PIHP's website, or conspicuous notice in major print or broadcast media in geographic areas where the individuals affected by the breach likely reside.</p>	<p>HSAG Required Evidence:</p> <ul style="list-style-type: none">• Policies and procedures• One example of a substitute notice for when there was insufficient or out-of-date contact information for fewer than 10 members, if applicable during the review period• One example of a substitute notice for when there was insufficient or out-of-date contact information for more than 10 members, if applicable during the review period <p>Evidence as Submitted by the PIHP:</p> <ul style="list-style-type: none">• MSHN Breach Notification Procedure, Pg. 2: B. Substitute Notice- Insufficient or Out-of-Date Contact Information	<p><input checked="" type="checkbox"/> Met</p> <p><input type="checkbox"/> Not Met</p> <p><input type="checkbox"/> NA</p>



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<p>ii. Include a toll-free phone number that remains active for at least 90 days where an individual can learn whether the individual's unsecured PHI may be included in the breach.</p> <p>c. Substitute notice need not be provided in the case in which there is insufficient or out-of-date contact information that precludes written notification to the next of kin or personal representative of the individual under 45 CFR §164.404(d)(1)(ii).</p> <p>45 CFR §164.404(d)(1)(ii) 45 CFR §164.404(d)(2)</p>		
PIHP Description of Process: MSHN does not hold the client records. The CMHSPs have the client records within their electronic health records (EHR) and therefore are responsible for keeping a list of all breaches inclusive of the required information and sending out notification letters. The only CMHSPs that reported experiencing a breach during the time period were MCN, the Right Door, and CMHCM. There were no substitute notices required during this reporting period.		
HSAG Findings: HSAG has determined that the PIHP met the requirements for this element.		
Required Actions: None.		
<p>18. In any case deemed by the PIHP to require urgency because of possible imminent misuse of unsecured PHI, the covered entity may provide information to individuals by telephone or other means, as appropriate, in addition to notice provided under 45 CFR §164.404(d)(1).</p> <p>45 CFR §164.404(d)(1) 45 CFR §164.404(d)(3)</p>	<p>HSAG Required Evidence:</p> <ul style="list-style-type: none">• Policies and procedures• One example of notice provided to members for an urgent situation, if applicable during the review period <p>Evidence as Submitted by the PIHP:</p> <ul style="list-style-type: none">• MSHN Breach Notification Procedure, Pg. 2: C. Additional Notice in Urgent Situations	<p><input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA</p>
PIHP Description of Process: MSHN does not hold the client records. The CMHSPs have the client records within their electronic health records (EHR) and therefore are responsible for keeping a list of all breaches inclusive of the required information and sending out notification letters. The only CMHSPs		



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that reported experiencing a breach during the time period were MCN, the Right Door, and CMHCM. There were no urgent situations reported during this time period.		
HSAG Findings: HSAG has determined that the PIHP met the requirements for this element.		
Required Actions: None.		
19. For a breach of unsecured PHI involving more than 500 residents of a State or jurisdiction, the PIHP must, following the discovery of the breach, notify prominent media outlets serving the State or jurisdiction, without unreasonable delay and in no case later than 60 calendar days after discovery of the breach. 45 CFR §164.406(a-b) 45 CFR §164.404(c)	HSAG Required Evidence: <ul style="list-style-type: none">• Policies and procedures• One example of breach of unsecured PHI involving more the 500 members, including the date of discovery and date of notification to media outlets, if applicable during the review period Evidence as Submitted by the PIHP: <ul style="list-style-type: none">• MSHN Breach Notification Procedure, Pg. 2: D. Notification to the Media	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA
PIHP Description of Process: MSHN does not hold the client records. The CMHSPs have the client records within their electronic health records (EHR) and therefore are responsible for keeping a list of all breaches inclusive of the required information and sending out notification letters. The only CMHSPs that reported experiencing a breach during the time period were MCN, the Right Door, and CMHCM. There were no breaches during the time frame that required notification to a media outlet.		
HSAG Findings: HSAG has determined that the PIHP met the requirements for this element.		
Required Actions: None.		
20. The PIHP must, following the discovery of a breach of unsecured PHI, notify the Secretary. a. For breaches of unsecured PHI involving 500 or more individuals, the PIHP must, except as provided in 45 CFR §164.412, provide the notification contemporaneously with the notice required by 45 CFR §164.404(a) and in the manner specified on the HHS website.	HSAG Required Evidence: <ul style="list-style-type: none">• Policies and procedures• List of breaches of unsecured PHI, including whether the breach involved 500 or more members or less than 500 members• Annual notification to HHS of breaches of unsecured PHI, including the date of notification	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA



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<p>b. For breaches of unsecured PHI involving less than 500 individuals, the PIHP must maintain a log or other documentation of such breaches and, not later than 60 days after the end of each calendar year, provide the notification for breaches discovered during the preceding calendar year, in the manner specified on the HHS website.</p> <p>45 CFR §164.404(a) 45 CFR §164.408 45 CFR §164.412</p>	<p>Evidence as Submitted by the PIHP:</p> <ul style="list-style-type: none">MSHN Breach Notification Procedure, Pg. 3: E. Notification to the Secretary of Health and Human ServicesList of breaches of unsecured PIHP including the date of discovery and notification date to members<ul style="list-style-type: none">MCN - List of BreachesRight Door - List of BreachesCMHCM – Data Breach Log 2024Examples of notifications to HHS<ul style="list-style-type: none">MCN – HHS Notification 2-26-2024Right Door – HHS Notification 2-28-25CMHCM- HHS Notification 06-07-2024	
<p>PIHP Description of Process: MSHN does not hold the client records. The CMHSPs have the client records within their electronic health records (EHR) and therefore are responsible for keeping a list of all breaches inclusive of the required information and sending out notification letters. The only CMHSPs that reported experiencing a breach during the time period were MCN, the Right Door, and CMHCM. There were no breaches involving 500 or more individuals during the reporting period. The list of all breaches is included as well as notification to the HHS.</p>		
<p>HSAG Findings: HSAG has determined that the PIHP met the requirements for this element.</p>		
<p>Required Actions: None.</p>		
<p>21. The PIHP must require its business associates (i.e., subcontractors) to, following the discovery of a breach of unsecured PHI, notify the PIHP of such breach.</p> <p>a. A breach shall be treated as discovered by a business associate as of the first day on which such breach is known to the business associate or, by exercising reasonable diligence, would have been known to the business associate. A business associate shall be deemed to have knowledge of a breach if the breach is known, or by exercising reasonable diligence would have been known, to any person, other than the person</p>	<p>HSAG Required Evidence:</p> <ul style="list-style-type: none">Policies and proceduresList of breaches of unsecured PHI reported by subcontractorsOne example of executed business associate agreementOne example of executed subcontractor contract <p>Evidence as Submitted by the PIHP:</p> <ul style="list-style-type: none">MSHN Breach Notification Procedure, Pg.1-2: Breach Notification Requirements, Pg. 3: F. Notification to a Covered Entity	<p><input type="checkbox"/> Met <input checked="" type="checkbox"/> Not Met <input type="checkbox"/> NA</p>



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Standard VIII—Confidentiality		
Requirement	Supporting Documentation	Score
<p>committing the breach, who is an employee, officer, or other agent of the business associate.</p> <p>b. Except as provided in 45 CFR §164.412, the PIHP must require a business associate to provide the notification without unreasonable delay and in no case later than 60 calendar days after discovery of a breach.</p> <p>c. The notification must include, to the extent possible, the identification of each individual whose unsecured protected health information has been or is reasonably believed by the business associate to have been, accessed, acquired, used, or disclosed during the breach.</p> <p>d. The PIHP must require a business associate to provide the PIHP with any other available information that the PIHP is required to include in notification to the individual under 45 CFR §164.404(c) at the time of the notification or promptly thereafter as information becomes available.</p> <p>45 CFR §164.410 45 CFR §164.404(c) 45 CFR §164.412</p>	<ul style="list-style-type: none">• BABHA MSHN FY25 Medicaid Subcontracting Agreement. Pg. 21• BABHA MSHN FY25 Medicaid Subcontracting Agreement, Business Associates Agreement, Pgs. 59 – 65• List of breaches of unsecured PHI including the date of discovery and notification date to members<ul style="list-style-type: none">○ MCN - List of Breaches○ Right Door - List of Breaches○ CMHCM – Data Breach Log 2024	
PIHP Description of Process: N/A		
<p>HSAG Findings: Although the PIHP requires its business associates to notify the PIHP within 30 days of a breach discovery in writing as outlined in the business associate agreement submitted as evidence (e.g., <i>BABHA MSHN FY25 Medicaid Subcontracting Agreement, Business Associates Agreement</i>), HSAG did not see evidence that the PIHP received notification within 30 days from its business associates for each of the lists of breaches provided as evidence (e.g., <i>MCN - List of Breaches, Right Door - List of Breaches</i>, and <i>CMHCM – Data Breach Log 2024</i>). In follow-up, HSAG requested that the PIHP submit evidence demonstrating when MCN (Montcalm), Right Door, and CMHCM (Community Mental Health for Central MI) notified the PIHP of the breaches provided as examples. HSAG received the <i>TRD Disclosure Notice Email – 10-03-2024</i> document in follow-up, however, this did not meet the entire request for follow-up documentation demonstrating that the PIHP received notification from all of the CMHSPs. Therefore, HSAG was unable to</p>		



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Standard VIII—Confidentiality		
Requirement	Supporting Documentation	Score
confirm that MCN and CMHCM notified the PIHP timely of the breaches that occurred according to the <i>MCN - List of Breaches</i> and <i>CMHCM – Data Breach Log 2024</i> .		
Required Actions: The PIHP must require its business associates (i.e., subcontractors), upon the discovery of a breach of unsecured PHI, to notify the PIHP of such a breach.		
Notice of Privacy Practices		
22. The PIHP’s members have a right to adequate notice of the uses and disclosures of PHI that may be made by the PIHP, and of the member’s rights and the PIHP’s legal duties with respect to PHI. a. The PIHP provides a notice that is written in plain language and that contains the elements required by 45 CFR §164.520(b)(1). b. The PIHP makes the notice available to its members on request as required by 45 CFR §164.520(c). 45 CFR §164.520(a)(1) 45 CFR §164.520(b)(1) 45 CFR §164.520(c) 42 CFR §457.1110	HSAG Required Evidence: <ul style="list-style-type: none">• Policies and procedures• Copy of Notice of Privacy Practices• Link to Notice of Privacy Practices on the PIHP’s website• Staff training materials Evidence as Submitted by the PIHP: <ul style="list-style-type: none">• MSHN Confidentiality and Notice of Privacy Policy, Pg, 2-3: Privacy Notice• MSHN Privacy Notice• Link to MSHN Privacy Notice on MSHN Website: https://midstatehealthnetwork.org/consumers-resources/customer-services/privacy-notice• MSHN Relias Training: Slides 31-33• MSHN 2025 Compliance Plan, Pgs. 13 - 14• MSHN Compliance Plan Training Acknowledgement Form	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA
PIHP Description of Process: N/A		
HSAG Findings: HSAG has determined that the PIHP met the requirements for this element. Recommendations: Federal rule under 45 CFR §164.520(b)(1)(i-viii) requires the Notice of Privacy Practices to specifically include a statement indicating, “This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.” The PIHP’s Notice of Privacy Practices indicated, “...describes how health information...” HSAG continues to strongly recommend that the PIHP update the statement to mirror the statement required under federal rule. If the PIHP does not demonstrate adequate implementation of HSAG’s recommendations during future compliance reviews, the PIHP will automatically receive a <i>Not Met</i> score. Additionally, although the new requirements		



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outlined in 45 CFR §164.520 effective in February 2026 were discussed during the site review, HSAG strongly recommends that the PIHP ensure it is adhering to updates made to 45 CFR §164.520, as applicable.		
Required Actions: None.		

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Met	=	21	X	1	=	21
Not Met	=	1	X	0	=	0
Not Applicable	=	0				
Total Applicable	=	22	Total Score		=	21
Total Score ÷ Total Applicable					=	95%



Appendix A. Compliance Review Tool SFY 2025 PIHP Compliance Review for Mid-State Health Network

Standard IX—Grievance and Appeal Systems

Standard IX—Grievance and Appeal Systems		
Requirement	Supporting Documentation	Score
Grievance System General Requirements		
<p>1. The PIHP defines a grievance as an expression of dissatisfaction about any matter other than an adverse benefit determination (ABD). Grievances may include, but are not limited to the quality of care or services provided; aspects of interpersonal relationships such as rudeness of a provider or employee, or failure to respect the member's rights regardless of whether remedial action is requested. Grievance includes a member's right to dispute an extension of time proposed by the PIHP to make an authorization decision.</p> <p>42 CFR §438.228 42 CFR §438.400(b) 42 CFR §457.1260(a)(2)(ii) Appeal and Grievance Resolution Processes Technical Requirement—II</p>	<p>HSAG Required Evidence:</p> <ul style="list-style-type: none">• Policies and procedures• Member materials, such as the member handbook <p>Evidence as Submitted by the PIHP:</p> <ul style="list-style-type: none">• FY24 MSHN Guide To Services.MSHN SUD, pg. 86• CS_Medicaid_Enrollee_Appeals_Grievances_FY24• CS_Medicaid_Enrollee_Appeals_Grievances_Procedure_FY24, pg. 6• Appeal-and-Grievance-Resolution-Processes-Technical-Requirement.2024, pg. 4• FY25_SUD_Provider_Manual_-_10.1.24, pg. 12	<p><input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA</p>
PIHP Description of Process: N/A		
<p>HSAG Findings: HSAG has determined that the PIHP met the requirements for this element.</p> <p>Recommendations: HSAG is concerned that, across the entire behavioral health system, grievances related to member rights complaints are not being consistently identified, tracked, reported, or resolved as a grievance and instead are handled by the Office of Recipient Rights (ORR). However, grievances related to member rights complaints meet the definition of a grievance and should follow the PIHP's grievance resolution process. HSAG has recommended that MDHHS review the delineation of responsibilities between the PIHP's grievance process and the ORR and provide guidance to the PIHPs on MDHHS' expectations for how grievances related to member rights complaints must be handled. HSAG recommends that the PIHP implement any future guidance issued by MDHHS. If the PIHP does not demonstrate adequate implementation of HSAG's recommendations during future compliance reviews, the PIHP may receive a <i>Not Met</i> score.</p>		
Required Actions: None.		



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Requirement	Supporting Documentation	Score
<p>2. A member may file a grievance with the PIHP at any time.</p> <p>a. With the written consent of the member, a provider or an authorized representative may file a grievance on behalf of a member.</p> <p>42 CFR §438.228 42 CFR §438.402(c)(1)(ii) 42 CFR §438.402(c)(2)(i) 42 CFR §457.1260(b)(1) 42 CFR §457.1260(b)(3) Contract Schedule A—M(1)(d) Appeal and Grievance Resolution Processes Technical Requirement—III Appeal and Grievance Resolution Processes Technical Requirement—VIII(B)(2)</p>	<p>HSAG Required Evidence:</p> <ul style="list-style-type: none">• Policies and procedures• Member materials, such as the member handbook• Member consent form template• System screenshot of the field where the individual who filed the grievance is documented• System screenshot of the field where written consent of the member is documented• Three case examples of a grievance filed by someone other than the member, including the member’s written consent• HSAG will also use the results of the Grievances File Review <p>Evidence as Submitted by the PIHP:</p> <ul style="list-style-type: none">• FY24 MSHN Guide To Services.MSHN SUD, pg. 39• CS_Medicaid_Enrollee_Appeals_Grievances_Procedure_FY24, pg. 4• Appeal-and-Grievance-Resolution-Processes-Technical-Requirement.2024, pg. 15• CustomerServiceCommitteeMeetingSnapshot 23_11_20• MSHN.REMI.Grievance Authorized Rep Screenshot	<p><input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA</p>
<p>PIHP Description of Process: The member’s consent is recorded within the Appeal / Grievance record, and the individual completes a MDHHS release of information for the member to designate a provider or other authorized representative to act on their behalf to file an Appeal or Grievance. MSHN Customer Service Committee discussed creating a designated form and determined that the form would create an additional step and be a barrier. There were no examples of a grievance filed by someone other than the member that required the member’s written consent during the review period.</p>		
<p>HSAG Findings: HSAG has determined that the PIHP met the requirements for this element.</p>		
<p>Required Actions: None.</p>		



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Requirement	Supporting Documentation	Score
3. The member may file a grievance either orally or in writing. 42 CFR §438.228 42 CFR §438.402(c)(3)(i) 42 CFR §457.1260(b)(1) Contract Schedule A—M(1)(d)	HSAG Required Evidence: <ul style="list-style-type: none">• Policies and procedures• Member materials, such as the member handbook• System screenshot of the field where the filing mode is documented (i.e., orally or in writing)• HSAG will also use the results of the system demonstration Evidence as Submitted by the PIHP: <ul style="list-style-type: none">• FY24 MSHN Guide To Services.MSHN SUD, pg. 39• CS_Medicaid_Enrollee_Appeals_Grievances_FY24• CS_Medicaid_Enrollee_Appeals_Grievances_Procedure_FY24, pg. 4• Appeal-and-Grievance-Resolution-Processes-Technical-Requirement.2024• MSHN.REMI.Grievance How Received Screenshot	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA
PIHP Description of Process: N/A		
HSAG Findings: HSAG has determined that the PIHP met the requirements for this element.		
Required Actions: None.		
Handling of Grievances		
4. The PIHP acknowledges receipt of each grievance, <i>within five business days</i> . 42 CFR §438.228 42 CFR §438.406(b)(1) 42 CFR §457.1260(d)	HSAG Required Evidence: <ul style="list-style-type: none">• Policies and procedures• Grievance acknowledgment notice template• Tracking and reporting mechanisms• System screenshot of the field where the date of receipt of the grievance is documented	<input type="checkbox"/> Met <input checked="" type="checkbox"/> Not Met <input type="checkbox"/> NA



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Requirement	Supporting Documentation	Score
Contract Schedule A—M(2)(e) Appeal and Grievance Resolution Processes Technical Requirement—VIII(C)(2)	<ul style="list-style-type: none">• System screenshot of the field where the date of oral/written acknowledgement and the acknowledgement notice/call notes are documented• Report of all grievances during the review period, including the date of receipt of the appeals and the date of acknowledgement• HSAG will also use the results of the Grievances File Review Evidence as Submitted by the PIHP: <ul style="list-style-type: none">• FY24 MSHN Guide To Services.MSHN SUD, pg. 39• CS_Medicaid_Enrollee_Appeals_Grievances_FY24• CS_Medicaid_Enrollee_Appeals_Grievances_Procedure_FY24, pg. 4• Appeal-and-Grievance-Resolution-Processes-Technical-Requirement.2024, pg. 15• MSHN_FY_2025_MEDICAID_SUBCONTRACTING_AGREEMENT, pg. 34• FY25_SUD_Provider_Manual_-_10.1.24, pg. 17• MSHN.Grievance Notice of Receipt• MSHN.REMI.Grievance Acknowledgment Screenshot• R5_MSHN_File_Review_Grievances	
PIHP Description of Process: The grievance acknowledgment is required within five business days, there is no requirement for oral notice via a call regarding a grievance.		
HSAG Findings: HSAG required a report of all grievances during the review period, including the date of receipt of the grievance and the date of acknowledgement; however, this report was not submitted as evidence for HSAG’s desk review. While HSAG also requested that a report be submitted after the site review, one was still not provided. The PIHP explained that there is no established report to calculate the number of days between the date of receipt and the date of acknowledgement but will be incorporated in the acknowledgement turnaround times (TATs) in its delegated managed care review process.		



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Requirement	Supporting Documentation	Score
<p>However, as the PIHP’s system has dedicated fields for the date of receipt of the grievance and the date of acknowledgement, it is unclear why the PIHP could not report on these two dates to monitor acknowledgement TATs.</p> <p>Recommendations: HSAG recommends that the PIHP implement mechanisms to monitor adherence to this requirement by reviewing periodic reports on acknowledgement TATs. If the PIHP does not demonstrate adequate implementation of HSAG’s recommendations during future compliance reviews, the PIHP may receive a <i>Not Met</i> score.</p> <p>Required Actions: The PIHP must acknowledge receipt of each grievance within five business days.</p>		
<p>5. The PIHP ensures that the individuals who make decisions on grievances are individuals:</p> <p>a. Who are not involved in any previous level of review or decision-making, nor a subordinate of any such individual.</p> <p>b. Who, if deciding any of the following, are individuals who have the appropriate clinical expertise, as determined by the State, in treating the member’s condition or disease:</p> <p>i. A grievance regarding denial of expedited resolution of an appeal.</p> <p>ii. A grievance that involves clinical issues.</p> <p>c. Who take into account all comments, documents, records, and other information submitted by the member or their representative.</p> <p>42 CFR §438.228 42 CFR §438.406(b)(2) 42 CFR §457.1260(d) Contract Schedule A—M(2)(f) Appeal And Grievance Resolution Processes Technical Requirement—VIII(C)(4)</p>	<p>HSAG Required Evidence:</p> <ul style="list-style-type: none">• Policies and procedures• Organizational chart of grievance staff members, including credentials• System screenshot of the field where the decision-maker (name and credentials) on grievances is documented• System screenshot of the field where the results of the review are documented• HSAG will also use the results of the Grievances File Review <p>Evidence as Submitted by the PIHP:</p> <ul style="list-style-type: none">• CS_Medicaid_Enrollee_Appeals_Grievances_FY24• CS_Medicaid_Enrollee_Appeals_Grievances_Procedure_FY24, pg. 4• MSHN_FY_2025_MEDICAID_SUBCONTRACTING_AGREEMENT, pg. 34• Appeal-and-Grievance-Resolution-Processes-Technical-Requirement.2024, pg. 15• MSHN Organizational Chart• MSHN Grievance Inquiry Summary• MSHN.REMI.Grievance Staff Screenshot	<p><input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA</p>
PIHP Description of Process: N/A		



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Standard IX—Grievance and Appeal Systems		
Requirement	Supporting Documentation	Score
<p>HSAG Findings: HSAG has determined that the PIHP met the requirements for this element.</p> <p>Recommendations: While the decision-maker on grievances was documented within the “Steps Taken” or “Involved Staff” sections of the record, HSAG recommends that the PIHP ensure that the responsible decision-maker and the credentials of the decision-maker are clearly identified within the record. For example, while the “Involved Staff” section had a field to specifically document the individual’s credentials, if the decision-maker was documented in the “Steps Taken,” the notes indicated the position of the individual (e.g., supervisor) but not the credentials (e.g., licensed master’s social worker [LMSW], qualified mental health professional [QMHP]). Of note, this was also a recommendation made by HSAG during the SFY 2022 compliance review activity. If the PIHP does not demonstrate adequate implementation of HSAG’s recommendations during future compliance reviews, the PIHP may receive a <i>Not Met</i> score.</p> <p>Required Actions: None.</p>		
Timely Resolution and Notification of Grievances		
<p>6. The PIHP resolves each grievance and provides <i>written</i> notice of resolution, as expeditiously as the member’s health condition requires, within MDHHS-established time frames that do not exceed the time frames specified in 42 CFR §438.408.</p> <p>a. The PIHP resolves the grievance and sends written notice to the affected parties within 90 calendar days from the day the PIHP receives the grievance.</p> <p>42 CFR §438.228 42 CFR §438.408(a) 42 CFR §438.408(b)(1) 42 CFR §457.1260(e)(12) Contract Schedule A—M(1)(e)(v) Appeal and Grievance Resolution Processes Technical Requirement—VIII(D)(1)</p>	<p>HSAG Required Evidence:</p> <ul style="list-style-type: none">• Policies and procedures• Grievance resolution notice template or oral notification script• Tracking and reporting mechanisms• System screenshot of the field where the date of receipt of the grievance is documented• System screenshot of the field where the date of oral/written resolution and the resolution notice/call notes are documented• HSAG will also use data reported on the grievance universe file/MDHHS reporting template• HSAG will also use the results of the Grievances File Review <p>Evidence as Submitted by the PIHP:</p> <ul style="list-style-type: none">• FY24 MSHN Guide To Services.MSHN SUD, pg. 39• CS Medicaid Enrollee Appeals Grievances FY24	<p><input type="checkbox"/> Met <input checked="" type="checkbox"/> Not Met <input type="checkbox"/> NA</p>



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Standard IX—Grievance and Appeal Systems		
Requirement	Supporting Documentation	Score
	<ul style="list-style-type: none">CS_Medicaid_Enrollee_Appeals_Grievances_Procedure_FY24, pg. 4Appeal-and-Grievance-Resolution-Processes-Technical-Requirement.2024, pgs. 2, 16MSHN_FY_2025_MEDICAID_SUBCONTRACTING_AGREEMENT, pgs. 34-35FY25_SUD_Provider_Manual_-_10.1.24, pg. 17MSHN.Grievance Notice of Resolution	
PIHP Description of Process: A grievance resolution is required within 90 calendar days, there is no requirement for oral notice via a call regarding the grievance resolution.		
HSAG Findings: The case file review identified one record (Sample 4) in which the grievance was not resolved timely. It was resolved on day 91. Additionally, the universe file identified one grievance that was not resolved until day 94. The universe file also identified two grievances that were reported to be resolved on day 90 (one of which was Sample 4); however, in review of the “Date of Receipt” and “Resolution Date,” both cases were resolved on day 91. Recommendations: HSAG has recommended to MDHHS to establish an expedited review process (e.g., 72-hour resolution time frame) for when a grievance resolution time frame should be completed on an expedited basis (e.g., clinically urgent grievances, grievances related to a denied request for an expedited appeal, grievances related to resolution extension time frames). HSAG recommends that the PIHP implement any future guidance or policy changes implemented by MDHHS. If the PIHP does not demonstrate adequate implementation of HSAG’s recommendations during future compliance reviews, the PIHP may receive a <i>Not Met</i> score.		
Required Actions: The PIHP must resolve each grievance and send written notice to the affected parties within 90 calendar days from the day the PIHP receives the grievance.		
7. The PIHP may extend the time frame for resolving grievances by up to 14 calendar days if: a. The member requests the extension; or b. The PIHP shows (to the satisfaction of MDHHS upon its request) that there is need for additional information and how the delay is in the member’s interest.	HSAG Required Evidence: <ul style="list-style-type: none">Policies and proceduresTracking and reporting mechanismsSystem screenshot of the field where the date and time of receipt of the grievance is documentedSystem screenshot of the field documenting that an extension was applied	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA



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Requirement	Supporting Documentation	Score
42 CFR §438.228 42 CFR §438.408(c)(1) 42 CFR §457.1260(e)(1) Contract Schedule A—M(1)(e)(ix) Appeal and Grievance Resolution Processes Technical Requirement—VIII(D)(2)	<ul style="list-style-type: none">• System screenshot of the field where the date the extension was applied is documented• System screenshot of the field where the reason for the extension is documented• Three case examples of a grievance with an extension applied, including the date of receipt of the grievance and the date the extension was applied• HSAG will also use data reported on the grievance universe file/MDHHS reporting template• HSAG will also use the results of the Grievances File Review Evidence as Submitted by the PIHP: <ul style="list-style-type: none">• FY24 MSHN Guide To Services.MSHN SUD, pg. 39• CS_Medicaid_Enrollee_Appeals_Grievances_FY24• CS_Medicaid_Enrollee_Appeals_Grievances_Procedure_FY24, pg. 2• Appeal-and-Grievance-Resolution-Processes-Technical-Requirement.2024, pgs. 16• Grievance Extension Template-Final• MSHN.REMI.Grievance System Screenshot• MSHN.REMI.Grievance Steps Taken Screenshot	
PIHP Description of Process: There were no case examples of a grievance with an extension applied during the case review period. The extension process would be documented in the Steps Taken section of the grievance record. It is rare to extend a grievance beyond the 90-day timeframe; thus, standalone fields within the grievance record for the extension process are not necessary.		
HSAG Findings: HSAG has determined that the PIHP met the requirements for this element. Of note, the PIHP confirmed it had no grievance resolution time frame extensions during the time period of review.		
Recommendations: The PIHP’s system did not have a dedicated reportable field to track extensions and could only document an extension in the notes section of the module. While the PIHP had no grievance resolution time frame extensions, as it is a contractual requirement (for the PIHP to apply an extension		



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Standard IX—Grievance and Appeal Systems		
Requirement	Supporting Documentation	Score
and for members to request an extension), HSAG recommends that the PIHP enhance its system to track and report on the extension provisions. If the PIHP does not demonstrate adequate implementation of HSAG’s recommendations during future compliance reviews, the PIHP may receive a <i>Not Met</i> score.		
Required Actions: None.		
8. If the PIHP extends the grievance resolution time frame not at the request of the member, it completes all of the following: a. Makes reasonable efforts to give the member prompt oral notice of the delay. b. Within two calendar days gives the member written notice of the reason for the decision to extend the time frame and informs the member of the right to file a grievance if he or she disagrees with that decision. <div>42 CFR §438.228 42 CFR §438.408(c)(2) 42 CFR §457.1260(e)(1) Contract Schedule A—M(1)(e)(vi) Appeal and Grievance Resolution Processes Technical Requirement—VIII(D)(2)(a)</div>	HSAG Required Evidence: <ul style="list-style-type: none">• Policies and procedures• Grievance extension template letter• System screenshot of field where oral notice of the extension is documented• System screenshot of field where written notice of the extension is documented, including the date of the notice• Three case examples of a grievance with an extension applied, including oral and written notice of the extension• HSAG will also use the results of the Grievances File Review Evidence as Submitted by the PIHP: <ul style="list-style-type: none">• FY24 MSHN Guide To Services.MSHN SUD, pg. 39• CS_Medicaid_Enrollee_Appeals_Grievances_FY24• CS_Medicaid_Enrollee_Appeals_Grievances_Procedure_FY24, 2• Appeal-and-Grievance-Resolution-Processes-Technical-Requirement.2024, pgs. 16• Grievance Extension Template-Final• MSHN.REMI.Grievance Steps Taken Screenshot	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA
PIHP Description of Process: There were no case examples of a grievance with an extension applied during the case review period. The extension process would be documented in the Steps Taken section of the grievance record. It is rare to extend a grievance beyond the 90-day timeframe; thus, standalone fields within the grievance record for the extension process are not necessary.		



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Standard IX—Grievance and Appeal Systems		
Requirement	Supporting Documentation	Score
<p>HSAG Findings: HSAG has determined that the PIHP met the requirements for this element. Of note, the PIHP confirmed it had no grievance resolution time frame extensions during the time period of review.</p> <p>Recommendations: The PIHP's system did not have a dedicated reportable field to track oral and written notice of extensions and could only document extension notices in the notes section of the module. While the PIHP had no grievance resolution time frame extensions, as it is a contractual requirement (for the PIHP to apply an extension and for members to request an extension), HSAG recommends that the PIHP enhance its system to track and report on the extension provisions. If the PIHP does not demonstrate adequate implementation of HSAG's recommendations during future compliance reviews, the PIHP may receive a <i>Not Met</i> score.</p> <p>Required Actions: None.</p>		
<p>9. <i>The notice of grievance resolution includes:</i></p> <p>a. <i>The results of the grievance process.</i></p> <p>b. <i>The date the grievance process was concluded.</i></p> <p>42 CFR §438.10(c)(1) Appeal and Grievance Resolution Processes Technical Requirement—VIII(D)(3)</p>	<p>HSAG Required Evidence:</p> <ul style="list-style-type: none">• Policies and procedures• Grievance extension template letter• HSAG will also use the results of the Grievances File Review <p>Evidence as Submitted by the PIHP:</p> <ul style="list-style-type: none">• CS_Medicaid_Enrollee_Appeals_Grievances_Procedure_FY24, pg. 4• Appeal-and-Grievance-Resolution-Processes-Technical-Requirement.2024, pgs. 16• MSHN_FY_2025_MEDICAID_SUBCONTRACTING_AGREEMENT, pgs. 34-35• FY25_SUD_Provider_Manual_-10.1.24, pg. 17• MSHN.Grievance Notice of Resolution• Grievance Extension Template-Final	<p><input checked="" type="checkbox"/> Met</p> <p><input type="checkbox"/> Not Met</p> <p><input type="checkbox"/> NA</p>
<p>PIHP Description of Process: N/A</p>		
<p>HSAG Findings: HSAG has determined that the PIHP met the requirements for this element.</p>		
<p>Required Actions: None.</p>		



Appendix A. Compliance Review Tool SFY 2025 PIHP Compliance Review for Mid-State Health Network

Standard IX—Grievance and Appeal Systems		
Requirement	Supporting Documentation	Score
Appeals General Requirements		
10. The PIHP defines an appeal as a review by the PIHP of ABD. 42 CFR §438.228 42 CFR §438.400(b) 42 CFR §457.1260(a)(2)(ii) Appeal and Grievance Resolution Processes Technical Requirement—II	HSAG Required Evidence: <ul style="list-style-type: none">• Policies and procedures• Member materials, such as the member handbook• Provider materials, such as the provider manual Evidence as Submitted by the PIHP: <ul style="list-style-type: none">• FY24 MSHN Guide To Services.MSHN SUD, pg. 87• CS_Medicaid_Enrollee_Appeals_Grievances_FY24• CS_Medicaid_Enrollee_Appeals_Grievances_Procedure_FY24, pg. 6• Appeal-and-Grievance-Resolution-Processes-Technical-Requirement.2024, pgs. 4• FY25_SUD_Provider_Manual_-_10.1.24, pg. 11	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA
PIHP Description of Process: N/A		
HSAG Findings: HSAG has determined that the PIHP met the requirements for this element.		
Required Actions: None.		
11. The PIHP has only one level of appeal for members. 42 CFR §438.228 42 CFR §438.402(b) 42 CFR §457.1260(b)(1) Contract Schedule A—1(M)(e)(iii) Appeal and Grievance Resolution Processes Technical Requirement—VII(A)	HSAG Required Evidence: <ul style="list-style-type: none">• Policies and procedures• Member materials, such as the member handbook• Provider materials, such as the provider manual Evidence as Submitted by the PIHP: <ul style="list-style-type: none">• FY24 MSHN Guide To Services.MSHN SUD, pg. 40• CS_Medicaid_Enrollee_Appeals_Grievances_FY24• CS_Medicaid_Enrollee_Appeals_Grievances_Procedure_FY24, pgs. 1	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA



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Standard IX—Grievance and Appeal Systems		
Requirement	Supporting Documentation	Score
	<ul style="list-style-type: none">Appeal-and-Grievance-Resolution-Processes-Technical-Requirement.2024, pgs. 5, 7, 11	
PIHP Description of Process: N/A		
HSAG Findings: HSAG has determined that the PIHP met the requirements for this element.		
Required Actions: None.		
12. The PIHP establishes and maintains an expedited review process for appeals, when the PIHP determines (for a request from the member) or the provider indicates (in making the request on the member's behalf or supporting the member's request) that taking the time for a standard resolution could seriously jeopardize the member's life, physical or mental health, or ability to attain, maintain, or regain maximum function. a. The PIHP ensures that punitive action is not taken against a provider who requests an expedited resolution or supports a member's appeal. <div style="text-align: right;">42 CFR §438.228 42 CFR §438.410(a–b) 42 CFR §457.1260(f) Contract Schedule A—1(M)(8)(a) Contract Schedule A—1(M)(8)(b)(vi) Appeal and Grievance Resolution Processes Technical Requirement—VII(C)(2)</div>	HSAG Required Evidence: <ul style="list-style-type: none">Policies and proceduresMember materials, such as the member handbookProvider materials, such as the provider manual Evidence as Submitted by the PIHP: <ul style="list-style-type: none">FY24 MSHN Guide To Services.MSHN SUD, pg. 40CS_Medicaid_Enrollee_Appeals_Grievances_FY24CS_Medicaid_Enrollee_Appeals_Grievances_Procedure_FY24, pg. 3Appeal-and-Grievance-Resolution-Processes-Technical-Requirement.2024, pg. 13	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA
PIHP Description of Process: N/A		
HSAG Findings: HSAG has determined that the PIHP met the requirements for this element.		
Recommendations: While the <i>CS_Medicaid_Enrollee_Appeals_Grievances_Procedure</i> confirmed that an expedited appeal resolution would be granted when supported by the provider, a specific statement assuring that punitive action will not be taken against a provider who requests or supports a member's appeal was not located. HSAG recommends that the PIHP add this statement to its procedure and in provider-facing materials, such as the provider manual. Of note,		



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for Mid-State Health Network

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Requirement	Supporting Documentation	Score
the PIHP also received this recommendation during the SFY 2022 compliance review. If the PIHP does not demonstrate adequate implementation of HSAG’s recommendations during future compliance reviews, the PIHP may receive a <i>Not Met</i> score.		
Required Actions: None.		
13. Following receipt of a notification of an ABD by the PIHP, the member has 60 calendar days from the date on the ABD notice in which to file a request for an appeal to the PIHP. 42 CFR §438.228 42 CFR §438.402(c)(2)(ii) 42 CFR §457.1260(b)(1) Contract Schedule A—1(M)(2)(c) Contract Schedule A—1(M)(8)(b)(ii) Appeal and Grievance Resolution Processes Technical Requirement—VII(A)(1)	HSAG Required Evidence: <ul style="list-style-type: none">• Policies and procedures• Tracking mechanisms• Member materials, such as the member handbook• ABD notice template• Provider materials, such as the provider manual• System screenshot of the field where the mailing date of the ABD is documented• System screenshot of the field where the date of receipt of the appeal is documented Evidence as Submitted by the PIHP: <ul style="list-style-type: none">• FY24 MSHN Guide To Services.MSHN SUD, pg. 40• CS_Medicaid_Enrollee_Appeals_Grievances_FY24• CS_Medicaid_Enrollee_Appeals_Grievances_Procedure_FY24, pg.2• Appeal-and-Grievance-Resolution-Processes-Technical-Requirement.2024, pg. 11• MSHN.Adverse Benefit Determination• MSHN.REMI.Appeal Information Screenshot	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA
PIHP Description of Process: N/A		
HSAG Findings: HSAG has determined that the PIHP met the requirements for this element. Recommendations: The member handbook incorrectly informed members that they only had 10 calendar days to file an expedited appeal; however, members have 60 calendar day for all appeals whether they are standard or expedited requests. As all other member-facing materials (e.g., ABD notices) included the correct filing time frame, the PIHP received a <i>Met</i> score. However, HSAG recommends that the PIHP immediately update its member handbook. If the PIHP		



Appendix A. Compliance Review Tool SFY 2025 PIHP Compliance Review for Mid-State Health Network

Standard IX—Grievance and Appeal Systems		
Requirement	Supporting Documentation	Score
does not demonstrate adequate implementation of HSAG’s recommendations during future compliance reviews, the PIHP will automatically receive a <i>Not Met</i> score.		
Required Actions: None.		
<p>14. The member may file an appeal orally or in writing.</p> <p>a. With the written consent of the member, a provider or an authorized representative may request an appeal on behalf of the member.</p> <p>b. <i>If an appeal is submitted by a third party but does not include a signed document authorizing the third party to act as an authorized representative for the member, the 30-day time frame begins on the date an authorized representative document is received by the PIHP. The PIHP must notify the member that an authorized representative form or document is required. For purposes of section Schedule A—1(M)(1)(e)(vii), “third party” includes, but is not limited to, health care providers.</i></p> <p>42 CFR §438.228 42 CFR §438.402(c)(1)(ii) 42 CFR §438.402(c)(3)(ii) 42 CFR §457.1260(b)(1) 42 CFR §457.1260(b)(3) Contract Schedule A—1(M)(1)(d) Contract Schedule A—1(M)(1)(e)(vii) Contract Schedule A—1(M)(8)(b)(i) Appeal and Grievance Resolution Processes Technical Requirement—III Appeal and Grievance Resolution Processes Technical Requirement—VII(A)(2)</p>	<p>HSAG Required Evidence:</p> <ul style="list-style-type: none">• Policies and procedures• Member materials, such as the member handbook• Member consent form template• System screenshot of the field of where the individual who filed the appeal is documented• System screenshot of the field where written consent of the member is documented• System screenshot of the field where the filing mode is documented (i.e., orally or in writing)• Three case examples of an appeal filed by someone other than the member, including the member’s written consent• HSAG will also use the results of the Appeal File Review <p>Evidence as Submitted by the PIHP:</p> <ul style="list-style-type: none">• FY24 MSHN Guide To Services.MSHN SUD, pg. 40• CS_Medicaid_Enrollee_Appeals_Grievances_FY24• CS_Medicaid_Enrollee_Appeals_Grievances_Procedure_FY24• Appeal-and-Grievance-Resolution-Processes-Technical-Requirement.2024, pgs. 6, 11• MSHN.REMI.Appeal Authorized Rep Screenshot• MSHN.REMI.Appeal Information Screenshot• CustomerServiceCommitteeMeetingSnapshot 23_11_20	<p><input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA</p>
PIHP Description of Process: No case examples of an appeal filed by someone other than the member requiring the member’s written consent occurred during the review period. The member’s consent is recorded within the Appeal / Grievance record, and the individual completes a MDHHS release of		



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Requirement	Supporting Documentation	Score
information for the member to designate a provider or other authorized representative to act on their behalf to file an Appeal or Grievance. MSHN Customer Service Committee discussed creating a designated form and determined that the form would create an additional step and be a barrier.		
HSAG Findings: HSAG has determined that the PIHP met the requirements for this element. Recommendations: HSAG recommends that the PIHP update policy to include the requirements of sub-element (b). Additionally, while the PIHP reported that it had no appeals filed by someone other than the member or the member's legally authorized representative, the consent form used by the region was the release of information form. However, this form is not an appropriate form to use for the member to provide written consent for an individual to file an appeal on the member's behalf. The release of information form only authorizes the disclosure of PHI and does not give the individual the authority to act on the member's behalf. As such, HSAG recommends that the PIHP educate its entire region on the acceptable forms of written consent that allow an individual to file an appeal and act on the member's behalf. If the PIHP does not demonstrate adequate implementation of HSAG's recommendations during future compliance reviews, the PIHP may receive a <i>Not Met</i> score.		
Required Actions: None.		
Handling of Appeals		
15. If the PIHP denies a request for expedited resolution of an appeal, it: a. Transfers the appeal to the time frame for standard resolution in accordance with 42 CFR §438.408(b)(2). b. Follows the requirements in 42 CFR §438.408(c)(2), including: i. Makes reasonable efforts to give the member prompt oral notice of the delay. ii. Within two calendar days, gives the member written notice of the reason for the decision to deny the expedited appeal resolution time frame and informs the member of the right to file a grievance if the member disagrees with that decision. 42 CFR §438.228 42 CFR §438.408(b)(2) 42 CFR §438.408(c)(2) 42 CFR §438.410(c) 42 CFR §457.1260(f)	HSAG Required Evidence: <ul style="list-style-type: none">• Policies and procedures• Denied expedited resolution letter template• System screenshot of the field where the type of appeal request is documented (i.e., standard versus expedited)• System screenshot of the field where the denial of an expedited appeal resolution time frame is documented• System screenshot of the field where oral and written notice of the denied request for an expedited appeal resolution time frame is documented• Three case examples of a denied request for an expedited appeal resolution time frame, including oral and written notice of the denied request• HSAG will also use the results of the Appeal File Review Evidence as Submitted by the PIHP: <ul style="list-style-type: none">• FY24 MSHN Guide To Services.MSHN SUD, pg. 40	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA



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Requirement	Supporting Documentation	Score
Contract Schedule A—1(M)(8)(b)(v) Appeal and Grievance Resolution Processes Technical Requirement—VII(C)(2)(c)(i–iii)	<ul style="list-style-type: none">CS_Medicaid_Enrollee_Appeals_Grievances_FY24CS_Medicaid_Enrollee_Appeals_Grievances_Procedure_FY24, pg. 3Appeal-and-Grievance-Resolution-Processes-Technical-Requirement.2024, pgs. 13Expedited Appeal Transfer Template-FinalMSHN.REMI.Appeal Information ScreenshotCase.Denied expedited appeal.CEI	
PIHP Description of Process: Only one case example of a denied request for an expedited appeal resolution was available during the review period.		
HSAG Findings: HSAG has determined that the PIHP met the requirements for this element. Recommendations: The PIHP did not demonstrate having the system capability to report on denied requests for expedited appeal resolution time frames, as the only place to document this scenario was in a narrative note. HSAG recommends that the PIHP enhance its system to identify, track, and report on denied requests for expedited appeal resolutions including the date of oral and written notice of the denied request. If the PIHP does not demonstrate adequate implementation of HSAG’s recommendations during future compliance reviews, the PIHP may receive a <i>Not Met</i> score.		
Required Actions: None.		
16. The PIHP acknowledges receipt of each appeal. a. <i>Standard appeals are acknowledged within 5 business days of receipt.</i> b. <i>Expedited appeals are acknowledged within 72 hours of receipt.</i> 42 CFR §438.228 42 CFR §438.406(b)(1) 42 CFR §457.1260(d) Contract Schedule A—1(M)(2)(e) Appeal and Grievance Resolution Processes Technical Requirement—VII(B)(2)	HSAG Required Evidence: <ul style="list-style-type: none">Policies and proceduresAppeal acknowledgment templateTracking and reporting mechanismsSystem screenshot of the field where the date of receipt of the appeal is documentedSystem screenshot of the field where the date of oral/written acknowledgement and the acknowledgement notice/call notes are documentedReport of all appeals during the review period, including the date of receipt of the appeals and the date of acknowledgement	<input type="checkbox"/> Met <input checked="" type="checkbox"/> Not Met <input type="checkbox"/> NA



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Standard IX—Grievance and Appeal Systems		
Requirement	Supporting Documentation	Score
	<ul style="list-style-type: none">HSAG will also use the results of the Appeal File Review <p>Evidence as Submitted by the PIHP:</p> <ul style="list-style-type: none">FY24 MSHN Guide To Services.MSHN SUD, pg. 40CS_Medicaid_Enrollee_Appeals_Grievances_FY24CS_Medicaid_Enrollee_Appeals_Grievances_Procedure_FY24, pg. 2Appeal-and-Grievance-Resolution-Processes-Technical-Requirement.2024, pgs. 11MSHN_FY_2025_MEDICAID_SUBCONTRACTING_AGREEMENT, pg. 34MSHN.REMI.Appeal Information ScreenshotMSHN.REMI.Expedited Appeal Notice ScreenshotMSHN.REMI.Appeal Documentation ScreenshotR5_MSHN_File Review_Appeals	
PIHP Description of Process: N/A		
<p>HSAG Findings: HSAG required a report of all appeals during the review period, including the date of receipt of the appeal and the date of acknowledgement; however, this report was not submitted as evidence for HSAG’s desk review. While HSAG also requested that a report be submitted after the site review, one was still not provided. The PIHP explained that there was no established report to calculate the number of days between the date of receipt and the date of acknowledgement, but the PIHP will be incorporating the acknowledgement TATs in its delegated managed care review process. However, as the PIHP’s system has dedicated fields for the date of receipt of the appeal and the date of acknowledgement, it is unclear why the PIHP could not report on these two dates to monitor acknowledgement TATs. Additionally, while the PIHP included the five-business day acknowledgement time frame for standard appeals, it did not include the 72-hour acknowledgement time frame for expedited appeals. Of note, the MDHHS model notice effective during the time period of review for the case files included incorrect information regarding requesting a State fair hearing (SFH) and continuation of benefits. MDHHS’ model notice effective October 1, 2024, has been updated and remediates this finding.</p> <p>Recommendations: HSAG recommends that the PIHP implement mechanisms to monitor adherence to timely acknowledgements by reviewing periodic reports on acknowledgement TATs. If the PIHP does not demonstrate adequate implementation of HSAG’s recommendations during future compliance reviews, the PIHP may receive a <i>Not Met</i> score.</p>		



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Standard IX—Grievance and Appeal Systems		
Requirement	Supporting Documentation	Score
Required Actions: The PIHP must acknowledge receipt of each standard appeal within five business days of receipt and expedited appeals within 72 hours of receipt.		
17. The PIHP ensures that the individuals who made decisions on appeals are individuals: a. Who are not involved in any previous level of review or decision-making, nor a subordinate of any such individual. b. Who, if deciding any of the following, are individuals who have the appropriate clinical expertise, as determined by the MDHHS, in treating the member's condition or disease: i. An appeal of a denial that is based on lack of medical necessity. ii. An appeal that involves clinical issues. c. Who take into account all comments, documents, records, and other information submitted by the member or their representative without regard to whether such information was submitted or considered in the initial ABD. 42 CFR §438.228 42 CFR §438.406(b)(2) 42 CFR §457.1260(d) Contract Schedule A—1(M)(2)(f) Appeal and Grievance Resolution Processes Technical Requirement—VII(B)(4)	HSAG Required Evidence: <ul style="list-style-type: none">• Policies and procedures• Organizational chart of appeal staff members, including credentials• System screenshot of the field where the decision-maker (name and credentials) on appeals is documented• System screenshot of the field where the results of the review are documented• HSAG will also use the results of the Appeal File Review Evidence as Submitted by the PIHP: <ul style="list-style-type: none">• FY24 MSHN Guide To Services.MSHN SUD, pg. 40• CS_Medicaid_Enrollee_Appeals_Grievances_FY24• CS_Medicaid_Enrollee_Appeals_Grievances_Procedure_FY24, pg. 2-3• Appeal-and-Grievance-Resolution-Processes-Technical-Requirement.2024, pgs. 11-12• MSHN Organizational Chart• MSHN.REMI.Appeal Decision Maker Screenshot	<input type="checkbox"/> Met <input checked="" type="checkbox"/> Not Met <input type="checkbox"/> NA
PIHP Description of Process: N/A		
HSAG Findings: Based on the documentation provided by the PIHP within the case files, HSAG had challenges determining who the decision-makers were for the initial ABD and/or the appeal decision. After the site review, the PIHP submitted a table that included staff names and credentials of the responsible staff. For one record (Sample 4), the documentation in the case file included no reference to the appeal decision-maker listed in the table and the case file included a written statement of the appeal decision, which was completed by a different staff person. This finding confirms a need to better document the responsible decision-makers for appeals. Additionally, for a second record (Sample 5), the PIHP reported the appeal decision-maker, related to medical necessity for applied behavioral analysis (ABA) services, to be the customer service supervisor who is not a licensed clinician. While the record confirmed that		



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Standard IX—Grievance and Appeal Systems		
Requirement	Supporting Documentation	Score
<p>the customer service supervisor spoke with several other individuals, the decision-maker on appeals must be individuals who have the appropriate clinical expertise in treating the member's condition or disease.</p> <p>Recommendations: HSAG recommends that the PIHP enhance its mechanisms to ensure that the responsible decision-maker and the credentials of the decision-maker are clearly identified with each appeal record. Of note, the PIHP also received this recommendation during the SFY 2022 compliance review. If the PIHP does not demonstrate adequate implementation of HSAG's recommendations during future compliance reviews, the PIHP may receive a <i>Not Met</i> score.</p> <p>Required Actions: The PIHP must ensure that the individuals who made decisions on appeals are individuals who are not involved in any previous level of review or decision-making, nor a subordinate of any such individual, and have the appropriate clinical expertise in treating the member's condition or disease.</p>		
18. The PIHP treats oral inquiries seeking to appeal an ABD as appeals. 42 CFR §438.228 42 CFR §438.406(b)(3) 42 CFR §457.1260(d) Contract Schedule A—1(M)(2)(g) Appeal and Grievance Resolution Processes Technical Requirement—VII(A)(2)	<p>HSAG Required Evidence:</p> <ul style="list-style-type: none">• Policies and procedures• Member materials, such as the member handbook• HSAG will also use the results of the Appeal File Review <p>Evidence as Submitted by the PIHP:</p> <ul style="list-style-type: none">• FY24 MSHN Guide To Services.MSHN SUD, pg. 40• CS_Medicaid_Enrollee_Appeals_Grievances_FY24• CS_Medicaid_Enrollee_Appeals_Grievances_Procedure_FY24, pg. 2• Appeal-and-Grievance-Resolution-Processes-Technical-Requirement.2024, pgs. 11	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA
PIHP Description of Process: N/A		
HSAG Findings: HSAG has determined that the PIHP met the requirements for this element.		
Required Actions: None.		
19. The PIHP provides the member a reasonable opportunity, in person and in writing, to present evidence and testimony and make legal and factual arguments.	<p>HSAG Required Evidence:</p> <ul style="list-style-type: none">• Policies and procedures• Member communications, such as ABD notice template, member acknowledgment template, and/or call script	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA



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Standard IX—Grievance and Appeal Systems		
Requirement	Supporting Documentation	Score
<p>a. The PIHP informs the member of the limited time available for this sufficiently in advance of the resolution time frame for appeals as specified in 42 CFR §438.408(b) and (c) in the case of expedited resolution.</p> <p>42 CFR §438.228 42 CFR §438.406(b)(4) 42 CFR §438.408(b-c) 42 CFR §457.1260(d) Contract Schedule A—1(M)(2)(h) Appeal and Grievance Resolution Processes Technical Requirement—VII(B)(5)</p>	<ul style="list-style-type: none">HSAG will also use the results of the Appeal File Review <p>Evidence as Submitted by the PIHP:</p> <ul style="list-style-type: none">FY24 MSHN Guide To Services.MSHN SUD, pg. 40CS_Medicaid_Enrollee_Appeals_Grievances_FY24CS_Medicaid_Enrollee_Appeals_Grievances_Procedure_FY24, pg. 3Appeal-and-Grievance-Resolution-Processes-Technical-Requirement.2024, pgs. 12MSHN.Adverse Benefit DeterminationMSHN.Appeal Notice of Receipt	
<p>PIHP Description of Process: N/A</p> <p>HSAG Findings: HSAG has determined that the PIHP met the requirements for this element.</p> <p>Recommendations: MDHHS’ model ABD notice effective October 1, 2024, was updated and included a statement informing members of the limited time to provide information for expedited appeals. HSAG has recommended that MDHHS update this template to include a statement informing the member that information may be presented in person or in writing. HSAG recommends that the PIHP implement any future guidance or policy changes issued by MDHHS. If the PIHP does not demonstrate adequate implementation of HSAG’s recommendations during future compliance reviews, the PIHP may receive a <i>Not Met</i> score.</p> <p>Required Actions: None.</p>		
<p>20. The PIHP provides the member and his or her representative the member’s case file, including medical records, other documents and records, and any new or additional evidence considered, relied upon, or generated by the PIHP (or at the direction of the PIHP) in connection with the appeal of the ABD.</p> <p>a. This information is provided free of charge and sufficiently in advance of the resolution time frame for appeals as specified in 42 CFR §438.408(b) and (c).</p>	<p>HSAG Required Evidence:</p> <ul style="list-style-type: none">Policies and proceduresMember communications, such as ABD notice template, member acknowledgment template, and/or call scriptHSAG will also use the results of the Appeal File Review <p>Evidence as Submitted by the PIHP:</p> <ul style="list-style-type: none">FY24 MSHN Guide To Services.MSHN SUD, pg. 40CS_Medicaid_Enrollee_Appeals_Grievances_FY24	<p><input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA</p>



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Standard IX—Grievance and Appeal Systems		
Requirement	Supporting Documentation	Score
42 CFR §438.228 42 CFR §438.406(b)(5) 42 CFR §438.408(b-c) 42 CFR §457.1260(d) Contract Schedule A—1(M)(2)(i) Appeal and Grievance Resolution Processes Technical Requirement—VII(B)(6)	<ul style="list-style-type: none">CS_Medicaid_Enrollee_Appeals_Grievances_Procedure_FY24, pg. 3Appeal-and-Grievance-Resolution-Processes-Technical-Requirement.2024, pgs. 12MSHN.Adverse Benefit DeterminationMSHN.Appeal Notice of Receipt	
PIHP Description of Process: N/A		
HSAG Findings: HSAG has determined that the PIHP met the requirements for this element. Recommendations: The member handbook informed members that they may ask to look over the information used in making the appeal decision. However, the appeal decision hasn't been made yet and the intent is to provide the member the ABD case file for the member to review prior to the appeal decision. HSAG recommends that the PIHP update the member handbook accordingly. If the PIHP does not demonstrate adequate implementation of HSAG's recommendations during future compliance reviews, the PIHP may receive a <i>Not Met</i> score.		
Required Actions: None.		
Resolution and Notification of Appeals		
21. The PIHP resolves standard appeals and sends notice to the affected parties as expeditiously as the member's health condition requires, but <i>no later than 30 calendar days from the day the PIHP receives the appeal.</i> 42 CFR §438.228 42 CFR §438.408(a) 42 CFR §438.408(b)(2) 42 CFR §457.1260(e)(1–2) Contract Schedule A—1(M)(1)(e)(iv) Appeal and Grievance Resolution Processes Technical Requirement—VII(C)(1)	HSAG Required Evidence: <ul style="list-style-type: none">Policies and proceduresTracking and reporting mechanismsSystem screenshot of the field where the type of appeal request is documented (i.e., standard appeal)System screenshot of the field where the date of receipt of the appeal is documentedSystem screenshot of the field where the date of the mailing of the resolution notice is documentedHSAG will also use data reported on the appeal universe file/MDHHS reporting templateHSAG will also use the results of the Appeal File Review	<input type="checkbox"/> Met <input checked="" type="checkbox"/> Not Met <input type="checkbox"/> NA



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Standard IX—Grievance and Appeal Systems		
Requirement	Supporting Documentation	Score
	Evidence as Submitted by the PIHP: <ul style="list-style-type: none">• FY24 MSHN Guide To Services.MSHN SUD, pg. 40• CS_Medicaid_Enrollee_Appeals_Grievances_FY24• CS_Medicaid_Enrollee_Appeals_Grievances_Procedure_FY24, pg. 3• Appeal-and-Grievance-Resolution-Processes-Technical-Requirement.2024, pgs. 2, 12• MSHN.Appeal Notice of Receipt• MSHN.REMI.Appeal Information Screenshot• MSHN.REMI.Appeal Sent Screenshot	
PIHP Description of Process: N/A		
HSAG Findings: The universe file identified three appeals that were not resolved timely. Two appeals were not resolved until day 36 and one appeal was not resolved until day 46.		
Required Actions: The PIHP must resolve standard appeals and send notice to the affected parties as expeditiously as the member’s health condition requires, but no later than 30 calendar days from the day the PIHP receives the appeal.		
22. The PIHP resolves expedited appeals and sends notice to the affected parties no later than 72 hours after the PIHP receives the expedited appeal. 42 CFR §438.228 42 CFR §438.408(b)(3) 42 CFR §457.1260(e)(1) Contract Schedule A—1(M)(8)(b)(iii) Appeal and Grievance Resolution Processes Technical Requirement—VII(C)(2)(d)	HSAG Required Evidence: <ul style="list-style-type: none">• Policies and procedures• Tracking and reporting mechanisms• System screenshot of the field where the type of appeal request is documented (i.e., expedited appeal)• System screenshot of the field where the date and time of receipt of the appeal is documented• System screenshot of the field where the date and time of the mailing of the resolution notice is documented• HSAG will also use data reported on the appeal universe file/MDHHS reporting template• HSAG will also use the results of the Appeal File Review	<input type="checkbox"/> Met <input checked="" type="checkbox"/> Not Met <input type="checkbox"/> NA



Appendix A. Compliance Review Tool SFY 2025 PIHP Compliance Review for Mid-State Health Network

Standard IX—Grievance and Appeal Systems		
Requirement	Supporting Documentation	Score
	Evidence as Submitted by the PIHP: <ul style="list-style-type: none">FY24 MSHN Guide To Services.MSHN SUD, pg. 40CS_Medicaid_Enrollee_Appeals_Grievances_FY24CS_Medicaid_Enrollee_Appeals_Grievances_Procedure_FY24, pg. 3Appeal-and-Grievance-Resolution-Processes-Technical-Requirement.2024, pgs. 2, 13MSHN.Appeal Notice of ReceiptMSHN.REMI.Appeal Information ScreenshotMSHN.REMI.Expedited Appeal Notice Screenshot	
PIHP Description of Process: N/A		
HSAG Findings: The universe file and case file review confirmed that two expedited appeals were not resolved timely. Both appeals were not resolved until 88 hours.		
Required Actions: The PIHP must resolve expedited appeals and send notice to the affected parties no later than 72 hours after the PIHP receives the expedited appeal.		
23. The PIHP may extend the standard or expedited appeal resolution time frames by up to 14 calendar days if: <ul style="list-style-type: none">a. The member requests the extension; orb. The PIHP shows (to the satisfaction of the MDHHS agency, upon its request) that there is need for additional information and how the delay is in the member's interest. <p style="text-align: right;">42 CFR §438.228 42 CFR §438.408(c)(1) 42 CFR §457.1260(e)(1) Contract Schedule A—I(M)(1)(e)(iv)</p>	HSAG Required Evidence: <ul style="list-style-type: none">Policies and proceduresTracking and reporting mechanismsSystem screenshot of the field where the date and time of receipt of the appeal is documentedSystem screenshot of the field documenting that an extension was appliedSystem screenshot of the field where the date the extension was applied is documentedSystem screenshot of the field where the reason for the extension is documented	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA



Appendix A. Compliance Review Tool

SFY 2025 PIHP Compliance Review

for Mid-State Health Network

Standard IX—Grievance and Appeal Systems		
Requirement	Supporting Documentation	Score
Appeal and Grievance Resolution Processes Technical Requirement—VII(C)(3)	<ul style="list-style-type: none">Three examples of appeals with an extension applied, including the date of receipt of the appeal and the date of the extensionHSAG will also use data reported on the appeal universe file/MDHHS reporting templateHSAG will also use the results of the Appeal File Review <p>Evidence as Submitted by the PIHP:</p> <ul style="list-style-type: none">CS_Medicaid_Enrollee_Appeals_Grievances_FY24CS_Medicaid_Enrollee_Appeals_Grievances_Procedure_FY24, pg. 2Appeal-and-Grievance-Resolution-Processes-Technical-Requirement.2024, pgs. 2, 13Appeal Extension Template-FinalMSHN.Appeal Notice of ExtensionMSHN.REMI.Appeal Information ScreenshotMSHN.REMI.Appeal Extension ScreenshotCase.Appeal extension.CEI	
PIHP Description of Process: Two case examples of appeals with an extension applied were included with the case file review and an additional case (Case.Appeal extension.CEI) is included to meet the three requested cases.		
HSAG Findings: HSAG has determined that the PIHP met the requirements for this element.		
Recommendations: The <i>MSHN.Appeal Notice of Extension</i> template informed members that benefits may be continued while the appeal is pending if the appeal was filed within 10 calendar days from the date of the ABD notice. However, this time frame for continuing benefits would already be expired. HSAG recommends that the PIHP remove this information from its template. If the PIHP does not demonstrate adequate implementation of HSAG’s recommendations during future compliance reviews, the PIHP may receive a <i>Not Met</i> score.		
Required Actions: None.		



Appendix A. Compliance Review Tool SFY 2025 PIHP Compliance Review for Mid-State Health Network

Standard IX—Grievance and Appeal Systems		
Requirement	Supporting Documentation	Score
<p>24. If the PIHP extends the standard or expedited appeal resolution time frames not at the request of the member, it completes all of the following:</p> <ul style="list-style-type: none">a. Makes reasonable efforts to give the member prompt oral notice of the delay.b. Within two calendar days gives the member written notice of the reason for the decision to extend the time frame and informs the member of the right to file a grievance if he or she disagrees with that decision.c. Resolves the appeal as expeditiously as the member's health condition requires and no later than the date the extension expires. <p style="text-align: right;">42 CFR §438.228 42 CFR §438.408(c)(2) 42 CFR §457.1260(e)(1-2) Contract Schedule A—I(M)(1)(e)(vi) Appeal and Grievance Resolution Processes Technical Requirement—VII(C)(3)(a)</p>	<p>HSAG Required Evidence:</p> <ul style="list-style-type: none">• Policies and procedures• Three examples of appeals with extended time frame• Appeal extension template letter• System screenshot of field where oral notice of the extension is documented• System screenshot of field where written notice of the extension is documented, including the date of the notice• Three case examples of an appeal with an extension applied, including the oral and written notice of the extension• HSAG will also use the results of the Appeal File Review <p>Evidence as Submitted by the PIHP:</p> <ul style="list-style-type: none">• FY24 MSHN Guide To Services.MSHN SUD, pg. 40• CS_Medicaid_Enrollee_Appeals_Grievances_FY24• CS_Medicaid_Enrollee_Appeals_Grievances_Procedure_FY24, pg. 2• Appeal-and-Grievance-Resolution-Processes-Technical-Requirement.2024, pgs. 2, 13• Appeal Extension Template-Final• MSHN.Appeal Notice of Extension• MSHN.REMI.Appeal Extension Screenshot• Case.Appeal extension.CEI	<p><input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA</p>
PIHP Description of Process: Two case examples of appeals with an extension applied were included with the case file review and an additional case (Case.Appeal extension.CEI) is included to meet the three requested cases.		
HSAG Findings: HSAG has determined that the PIHP met the requirements for this element.		
Required Actions: None.		



Appendix A. Compliance Review Tool SFY 2025 PIHP Compliance Review for Mid-State Health Network

Standard IX—Grievance and Appeal Systems		
Requirement	Supporting Documentation	Score
<p>25. In the case that the PIHP fails to adhere to the appeal notice and timing requirements, the member is deemed to have exhausted the PIHP's appeals process. The member may initiate a State fair hearing (SFH).</p> <p>42 CFR §438.228 42 CFR §438.408(c)(3) 42 CFR §438.408(f)(1)(i) 42 CFR §457.1260(e)(3) Contract Schedule A—1(M)(7)(c)(i) Appeal and Grievance Resolution Processes Technical Requirement—VII(B)(8) Appeal and Grievance Resolution Processes Technical Requirement—IX(A)(2)</p>	<p>HSAG Required Evidence:</p> <ul style="list-style-type: none">• Policies and procedures• Tracking and reporting mechanisms• Member materials, such as the member handbook• Appeal notice template for untimely appeal resolution• Three case examples of an appeal that was denied due to an untimely resolution• HSAG will also use data reported on the appeal universe file/MDHHS reporting template• HSAG will also use the results of the Appeal File Review <p>Evidence as Submitted by the PIHP:</p> <ul style="list-style-type: none">• FY24 MSHN Guide To Services.MSHN SUD, pg. 40• CS_Medicaid_Enrollee_Appeals_Grievances_FY24• CS_Medicaid_Enrollee_Appeals_Grievances_Procedure_FY24, pg. 5• Appeal-and-Grievance-Resolution-Processes-Technical-Requirement. 2024, pgs. 5, 12, 16	<p><input type="checkbox"/> Met <input checked="" type="checkbox"/> Not Met <input type="checkbox"/> NA</p>
PIHP Description of Process: No case examples of an appeal that was denied due to an untimely resolution occurred during the review period.		
HSAG Findings: The universe file confirmed four appeals in which the PIHP failed to adhere to the appeal notice and timing requirements. Based on the data included in the universe file, the appeals were continued (i.e., the appeal was not exhausted and the member was not provided SFH rights at that time). During the site review, the PIHP confirmed that they would continue the appeal. Additionally, HSAG requested that a notice template for untimely appeal resolutions be submitted; however, one was not provided. The PIHP explained its intent to develop a notice for these circumstances.		
Required Actions: In the case that the PIHP fails to adhere to the appeal notice and timing requirements, the member is deemed to have exhausted the PIHP's appeals process, and the member may initiate a SFH.		



Appendix A. Compliance Review Tool SFY 2025 PIHP Compliance Review for Mid-State Health Network

Standard IX—Grievance and Appeal Systems		
Requirement	Supporting Documentation	Score
<p>26. For all appeals, the PIHP provides written notice of the appeal resolution that includes:</p> <p>a. The results of the resolution process and the date it was completed.</p> <p>b. For appeals not resolved wholly in favor of the member:</p> <p>i. The right to request a SFH, and how to do so.</p> <p>ii. The right to request and receive benefits while the hearing is pending, and how to make the request.</p> <p>iii. That the member may, consistent with MDHHS policy, be held liable for the cost of those benefits if the hearing decision upholds the PIHP's ABD related to the appeal.</p> <p>42 CFR §438.228 42 CFR §438.408(d)(2)(i) 42 CFR §438.408(e)(1–2) 42 CFR §457.1260(e)(1) 42 CFR §457.1260(e)(4) Contract Schedule A—1(M)(2)(k) Contract Schedule A—1(M)(8)(b)(iv) Appeal and Grievance Resolution Processes Technical Requirement—VII(C)(5)</p>	<p>HSAG Required Evidence:</p> <ul style="list-style-type: none">• Policies and procedures• Appeal resolution notice template• System screenshot of the field where the appeal resolution notice is maintained• HSAG will also use the results of the Appeal File Review <p>Evidence as Submitted by the PIHP:</p> <ul style="list-style-type: none">• FY24 MSHN Guide To Services.MSHN SUD, pg. 40• CS_Medicaid_Enrollee_Appeals_Grievances_FY24• CS_Medicaid_Enrollee_Appeals_Grievances_Procedure_FY24, pg. 3• Appeal-and-Grievance-Resolution-Processes-Technical-Requirement.2024, pg. 14• MSHN.Appeal Notice of Resolution• MSHN.REMI.Appeal Notice Screenshot	<p><input checked="" type="checkbox"/> Met</p> <p><input type="checkbox"/> Not Met</p> <p><input type="checkbox"/> NA</p>
PIHP Description of Process: N/A		
HSAG Findings: HSAG has determined that the PIHP met the requirements for this element. Of note, MDHHS' appeal resolution denial model notice that was applicable during the time period of review for the case files did not include a statement that the member may be liable for the cost of continued benefits if the decision upholds the PIHP's ABD related to the appeal. Therefore, the requirements of sub-element (b)(iii) were considered NA for this review. MDHHS' model notice effective October 1, 2024, was updated to include this provision and remediates this finding.		
Required Actions: None.		



Appendix A. Compliance Review Tool

SFY 2025 PIHP Compliance Review

for Mid-State Health Network

Standard IX—Grievance and Appeal Systems		
Requirement	Supporting Documentation	Score
<p>27. For notice of an expedited appeal resolution, the PIHP makes reasonable efforts to provide oral notice.</p> <p>42 CFR §438.228 42 CFR §438.408(d)(2)(ii) 42 CFR §457.1260(e)(1) Contract Schedule A—1(M)(8)(b)(iv)(1) Appeal and Grievance Resolution Processes Technical Requirement—VII(C)(4)</p>	<p>HSAG Required Evidence:</p> <ul style="list-style-type: none">• Policies and procedures• System screenshot of field where oral notice of an expedited appeal resolution is documented• Three case examples of an expedited appeal, including the oral notice of the appeal resolution• HSAG will also use the results of the Appeal File Review <p>Evidence as Submitted by the PIHP:</p> <ul style="list-style-type: none">• FY24 MSHN Guide To Services.MSHN SUD, pg. 40• CS_Medicaid_Enrollee_Appeals_Grievances_FY24• CS_Medicaid_Enrollee_Appeals_Grievances_Procedure_FY24, pg. 3• Appeal-and-Grievance-Resolution-Processes-Technical-Requirement.2024, pg. 14• MSHN.REMI.Expedited Appeal Notice Screenshot• Case.Expedited appeal.CEI	<p><input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA</p>
PIHP Description of Process: Two case examples of expedited appeals were included with the case file review, and an additional case (Case.Expedited appeal.CEI) is included to meet the three requested cases.		
HSAG Findings: HSAG has determined that the PIHP met the requirements for this element.		
Required Actions: None.		
State Fair Hearings and State External Review		
<p>28. The member may request a SFH only after receiving notice that the PIHP is upholding the ABD related to the appeal.</p> <p>a. With the written consent of the member, a provider or an authorized representative may request a SFH on behalf of the member.</p>	<p>HSAG Required Evidence:</p> <ul style="list-style-type: none">• Policies and procedures• Appeal resolution notice template• Member materials, such as the member handbook and/or ABD notice	<p><input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA</p>



Appendix A. Compliance Review Tool SFY 2025 PIHP Compliance Review for Mid-State Health Network

Standard IX—Grievance and Appeal Systems		
Requirement	Supporting Documentation	Score
42 CFR §438.228 42 CFR §438.402(c)(1)(ii) 42 CFR §438.408(f)(1)(i) 42 CFR §457.1260(e)(5) Contract Schedule A—1(M)(8)(b)(iv) Appeal and Grievance Resolution Processes Technical Requirement—III Appeal and Grievance Resolution Processes Technical Requirement—IX(A)(1)	<ul style="list-style-type: none">System screenshot of field indicating that a SFH was requested and documentation of the PIHP’s participation Evidence as Submitted by the PIHP: <ul style="list-style-type: none">FY24 MSHN Guide To Services.MSHN SUD, pg. 42CS_Medicaid_Enrollee_Appeals_Grievances_FY24CS_Medicaid_Enrollee_Appeals_Grievances_Procedure_FY24, pg. 5Appeal-and-Grievance-Resolution-Processes-Technical-Requirement.2024, pg. 6MSHN.Appeal Denied Notice of ResolutionSTATE_HEARING_REQUEST_FORMCase.Overtured Appeal SFH.CMHCM	
PIHP Description of Process: N/A		
HSAG Findings: HSAG has determined that the PIHP met the requirements for this element.		
Required Actions: None.		
29. The member has no more than 120 calendar days from the date of the PIHP’s notice of appeal resolution to request a SFH. 42 CFR §438.228 42 CFR §438.408(f)(2) 42 CFR §457.1260(e)(5) Contract Schedule A—1(M)(7)(d) Appeal and Grievance Resolution Processes Technical Requirement—IX(D)	HSAG Required Evidence: <ul style="list-style-type: none">Policies and proceduresMember materials, such as the member handbook and/or ABD noticeAppeal resolution notice templateHSAG will also use the results of the Appeal File Review Evidence as Submitted by the PIHP: <ul style="list-style-type: none">FY24 MSHN Guide To Services.MSHN SUD, pg. 40CS_Medicaid_Enrollee_Appeals_Grievances_FY24CS_Medicaid_Enrollee_Appeals_Grievances_Procedure_FY24, pg. 5	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA



Appendix A. Compliance Review Tool SFY 2025 PIHP Compliance Review for Mid-State Health Network

Standard IX—Grievance and Appeal Systems		
Requirement	Supporting Documentation	Score
	<ul style="list-style-type: none">Appeal-and-Grievance-Resolution-Processes-Technical-Requirement.2024, pg. 17MSHN.Appeal Denied Notice of Resolution	
PIHP Description of Process: N/A		
HSAG Findings: HSAG has determined that the PIHP met the requirements for this element.		
Required Actions: None.		
Continuation of Benefits		
<p>30. The PIHP continues the member’s benefits if all of the following occur:</p> <ol style="list-style-type: none">The member files the request for an appeal timely (within 60 calendar days from the date on the ABD notice).The appeal involves the termination, suspension, or reduction of previously authorized services.The services were ordered by an authorized provider.The period covered by the original authorization has not expired.The member timely files for continuation of benefits. <p><i>Timely files</i> means on or before the later of the following: within 10 calendar days of the PIHP sending the notice of ABD, or the intended effective date of the PIHP’s proposed ABD.</p> <p style="text-align: right;">42 CFR §438.228 42 CFR §438.420(a–b) Contract Schedule A—1(M)(5)(h) Appeal and Grievance Resolution Processes Technical Requirement—VI(A)</p>	<p>HSAG Required Evidence:</p> <ul style="list-style-type: none">Policies and proceduresABD notice templateAppeal resolution notice templateSystem screenshot of the field where documentation of continuation of benefits is appliedThree case examples of an appeal in which benefits were continuedHSAG will also use the results of the Appeal File Review <p>Evidence as Submitted by the PIHP:</p> <ul style="list-style-type: none">FY24 MSHN Guide To Services.MSHN SUD, pg. 41CS_Medicaid_Enrollee_Appeals_Grievances_FY24CS_Medicaid_Enrollee_Appeals_Grievances_Procedure_FY24, pg. 6,Appeal-and-Grievance-Resolution-Processes-Technical-Requirement.2024, pg. 3MSHN.Adverse Benefit DeterminationMSHN.Appeal Denied Notice of ResolutionMSHN.REMI.Appeal Service Cont Screenshot	<p><input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA</p>



Appendix A. Compliance Review Tool SFY 2025 PIHP Compliance Review for Mid-State Health Network

Standard IX—Grievance and Appeal Systems		
Requirement	Supporting Documentation	Score
PIHP Description of Process: No case examples of an appeal in which benefits were continued occurred during the review period.		
HSAG Findings: HSAG has determined that the PIHP met the requirements for this element. Of note, the PIHP reported that it had no appeals in which benefits were continued during the time period of review.		
Required Actions: None.		
<p>31. If, at the member's request, the PIHP continues or reinstates the member's benefits while the appeal or SFH is pending, the benefits must be continued until one of the following occurs:</p> <ul style="list-style-type: none">a. The member withdraws the appeal or request for SFH.b. The member fails to request a SFH and continuation of benefits within 10 calendar days after the PIHP sends the notice of an adverse resolution to the member's appeal.c. A SFH office issues a hearing decision adverse to the member.d. <i>The authorization expires or authorization service limits are met.</i> <p style="text-align: right;">42 CFR §438.228 42 CFR §438.420(c) Contract Schedule A—1(M)(5)(i) Appeal and Grievance Resolution Processes Technical Requirement—VI(B)</p>	<p>HSAG Required Evidence:</p> <ul style="list-style-type: none">• Policies and procedures• ABD notice template• HSAG will also use the results of the Appeal File Review <p>Evidence as Submitted by the PIHP:</p> <ul style="list-style-type: none">• FY24 MSHN Guide To Services.MSHN SUD, pg. 41• CS_Medicaid_Enrollee_Appeals_Grievances_FY24• CS_Medicaid_Enrollee_Appeals_Grievances_Procedure_FY24, pg. 4• Appeal-and-Grievance-Resolution-Processes-Technical-Requirement.2024, pg. 10• MSHN.Adverse Benefit Determination• MSHN.Appeal Denied Notice of Resolution	<p><input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA</p>
PIHP Description of Process: N/A		
HSAG Findings: HSAG has determined that the PIHP met the requirements for this element.		
Recommendations: HSAG recommends that the PIHP update policy to include the requirements of sub-element (d). Of note, the PIHP also received this recommendation during the SFY 2022 compliance review. If the PIHP does not demonstrate adequate implementation of HSAG's recommendations during future compliance reviews, the PIHP may receive a <i>Not Met</i> score.		
Required Actions: None.		



Appendix A. Compliance Review Tool SFY 2025 PIHP Compliance Review for Mid-State Health Network

Standard IX—Grievance and Appeal Systems		
Requirement	Supporting Documentation	Score
<p>32. If the final resolution of the appeal or SFH is adverse to the member, that is, upholds the PIHP's ABD, the PIHP may, consistent with the state's usual policy on recoveries under 42 CFR §431.230(b) and as specified in the PIHP's contract, recover the cost of services furnished to the member while the appeal and SFH was pending, to the extent that they were furnished solely because of the requirements under 42 CFR §438.420.</p> <p>42 CFR §438.228 42 CFR §438.420(d) Contract Schedule A—I(M)(6)(d) Appeal and Grievance Resolution Processes Technical Requirement—VI(C)</p>	<p>HSAG Required Evidence:</p> <ul style="list-style-type: none">• Policies and procedures• ABD notice template• Appeal resolution notice template• HSAG will also use the results of the Appeal File Review <p>Evidence as Submitted by the PIHP:</p> <ul style="list-style-type: none">• FY24 MSHN Guide To Services.MSHN SUD, pg. 41• CS_Medicaid_Enrollee_Appeals_Grievances_FY24• CS_Medicaid_Enrollee_Appeals_Grievances_Procedure_FY24, pgs. 1, 3• Appeal-and-Grievance-Resolution-Processes-Technical-Requirement.2024, pg. 10• MSHN.Adverse Benefit Determination• MSHN.Appeal Denied Notice of Resolution	<p><input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA</p>
PIHP Description of Process: N/A		
<p>HSAG Findings: HSAG has determined that the PIHP met the requirements for this element.</p> <p>Recommendations: While the <i>CS_Medicaid_Enrollee_Appeals_Grievances_Procedure</i> required the appeal resolution letter to include notification of the member's potential financial liability for the cost of continued services, the requirements of this element were not specifically included under the "Continuation of Benefits" section of the policy. HSAG recommends that the PIHP update its policy accordingly. If the PIHP does not demonstrate adequate implementation of HSAG's recommendations during future compliance reviews, the PIHP may receive a <i>Not Met</i> score.</p>		
Required Actions: None.		
<p>33. If the PIHP or the SFH officer reverses a decision to deny authorization of services, and the member received the disputed services while the appeal was pending, the PIHP must pay for those services, in accordance with State policy and regulations.</p>	<p>HSAG Required Evidence:</p> <ul style="list-style-type: none">• Policies and procedures• Three case examples of an overturned appeal/SFH in which services were continued, including evidence that the continued services were paid for	<p><input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA</p>



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Standard IX—Grievance and Appeal Systems		
Requirement	Supporting Documentation	Score
42 CFR §438.228 42 CFR §438.424(b) Contract Schedule A—1(M)(5)(k) Appeal and Grievance Resolution Processes Technical Requirement—VI(E)	Evidence as Submitted by the PIHP: <ul style="list-style-type: none">FY24 MSHN Guide To Services.MSHN SUD, pg. 40CS_Medicaid_Enrollee_Appeals_Grievances_FY24CS_Medicaid_Enrollee_Appeals_Grievances_Procedure_FY24Appeal-and-Grievance-Resolution-Processes-Technical-Requirement.2024, pg. 13Case.Overturned Appeal SFH.CMHCMCase.Appeal Continuation.BABH	
PIHP Description of Process: One case example (Case.Overturned Appeal SFH.CMHCM) of an overturned appeal that went to SFH in which services were continued occurred during the review period. One case example (Case.Appeal Continuation.BABH) included a continuation of benefits. No other overturned appeals with a continuation of benefits occurred during the review period.		
HSAG Findings: HSAG has determined that the PIHP met the requirements for this element.		
Recommendations: HSAG recommends that the PIHP clearly document the requirements of this element in policy. If the PIHP does not demonstrate adequate implementation of HSAG’s recommendations during future compliance reviews, the PIHP may receive a <i>Not Met</i> score.		
Required Actions: None.		
Reinstatement of Services		
34. If the PIHP or the SFH officer reverses a decision to deny, limit, or delay services that were not furnished while the appeal was pending, the PIHP authorizes or provides the disputed services promptly and as expeditiously as the member’s health condition requires but no later than 72 hours from the date it receives notice reversing the determination. 42 CFR §438.228 42 CFR §438.424(a) 42 CFR §457.1260(i) Contract Schedule A—1(M)(5)(j) Appeal and Grievance Resolution Processes Technical Requirement—VI(F)	HSAG Required Evidence: <ul style="list-style-type: none">Policies and proceduresTracking and reporting mechanismsThree case examples of an overturned appeal/SFH, including the date and time of the decision and the date and time services were authorized or provided (e.g., evidence of the date/time when authorization was added to system)HSAG will also use the results of the Appeal File Review Evidence as Submitted by the PIHP: <ul style="list-style-type: none">FY24 MSHN Guide To Services.MSHN SUD, pg. 42	<input type="checkbox"/> Met <input checked="" type="checkbox"/> Not Met <input type="checkbox"/> NA



Appendix A. Compliance Review Tool SFY 2025 PIHP Compliance Review for Mid-State Health Network

Standard IX—Grievance and Appeal Systems		
Requirement	Supporting Documentation	Score
	<ul style="list-style-type: none">CS_Medicaid_Enrollee_Appeals_Grievances_FY24CS_Medicaid_Enrollee_Appeals_Grievances_Procedure_FY24Appeal-and-Grievance-Resolution-Processes-Technical-Requirement.2024, pg. 10Case.Overtured Appeal SFH.CMHCMCase.Appeal.Overtured.Right Door1Case.Appeal.Overtured.Right Door2	
PIHP Description of Process: Three case examples of an overturned appeal/SFH that occurred during the review period: Case.Overtured Appeal SFH.CMHCM, Case.Appeal.Overtured.Right Door1, and Case.Appeal.Overtured.Right Door2.		
HSAG Findings: The case file review identified one record (Sample 2) which did not include documentation confirming services were authorized or provided within 72 hours of the decision. After the site review, the PIHP explained that there was no documentation showing the service was in place within 72 hours, as the member/guardian was deciding which provider to go to for services. However, the appeal decision occurred on September 13, 2024, and the next documentation provided for the case file was dated October 9, 2024. While HSAG understands that there are nuances which may prevent services from being authorized or provided within 72 hours (e.g., member needs to choose a provider in order to authorize the service), at minimum, HSAG expects that the PIHP begin steps to reinstate services within 72 hours. The PIHP did not provide documentation supporting that this occurred (i.e., no documentation was provided for almost a month after the appeal decision).		
Recommendations: While the PIHP's system documented the date of the appeal decision, it did not capture both the date and time of the appeal decision. The system also did not include a dedicated reportable field to document, track, and report the date and time that services were either provided or authorized. As such, monitoring of adherence to the 72-hour TAT for reinstatement of services is a manual process. HSAG recommends that the PIHP enhance its system to document, track, and report TATs for reinstating services (i.e., for appeals: date and time of the appeal decision to the date and time services were provided or authorized; for SFHs: the date and time the PIHP was notified of the SFH decision to the date and time services were provided or authorized). The PIHP should also consider system enhancements to document how the services were reinstated (e.g., evidence when the authorization was entered and the effective dates of the authorization). System enhancements could better assist the PIHP in reporting and monitoring adherence to this metric. If the PIHP does not demonstrate adequate implementation of HSAG's recommendations during future compliance reviews, the PIHP may receive a <i>Not Met</i> score.		
Required Actions: If the PIHP or the SFH officer reverses a decision to deny, limit, or delay services that were not furnished while the appeal was pending, the PIHP must authorize or provide the disputed services promptly and as expeditiously as the member's health condition requires but no later than 72 hours from the date it receives notice reversing the determination.		



Appendix A. Compliance Review Tool SFY 2025 PIHP Compliance Review for Mid-State Health Network

Standard IX—Grievance and Appeal Systems		
Requirement	Supporting Documentation	Score
Grievances, Appeals, and State Fair Hearings		
<p>35. In handling grievances and appeals, the PIHP gives members any reasonable assistance in completing forms and taking other procedural steps related to a grievance or appeal. This includes, but is not limited to, auxiliary aids and services upon request, such as providing interpreter services and toll-free numbers that have adequate Teletypewriter and Telecommunications Device for the Deaf (TTY/TDD) and interpreter capability.</p> <p>42 CFR §438.228 42 CFR §438.406(a) 42 CFR §457.1260(d) Contract Schedule A—1(M)(2)(d) Appeal and Grievance Resolution Processes Technical Requirement—VII(B)(1) Appeal and Grievance Resolution Processes Technical Requirement—VIII(C)(1)</p>	<p>HSAG Required Evidence:</p> <ul style="list-style-type: none">• Policies and procedures• Member materials, such as the member handbook <p>Evidence as Submitted by the PIHP:</p> <ul style="list-style-type: none">• FY24 MSHN Guide To Services.MSHN SUD, pg. 39-41• CS_Medicaid_Enrollee_Appeals_Grievances_FY24• CS_Medicaid_Enrollee_Appeals_Grievances_Procedure_FY24, pgs. 2, 4• Appeal-and-Grievance-Resolution-Processes-Technical-Requirement.2024, pgs. 11, 15• MSHN.Appeal Denied Notice of Resolution	<p><input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA</p>
PIHP Description of Process: N/A		
HSAG Findings: HSAG has determined that the PIHP met the requirements for this element.		
Required Actions: None.		
<p>36. The PIHP provides written notice of the grievance and appeal resolution in a format and language that, at a minimum, meets the requirements in accordance with 42 CFR §438.10.</p> <p>42 CFR §438.10 42 CFR §438.228 42 CFR §438.408(d)(1) 42 CFR §438.408(d)(2)(i) 42 CFR §457.1260(e)(1)</p>	<p>HSAG Required Evidence:</p> <ul style="list-style-type: none">• Policies and procedures• Mechanisms to assess reading grade level of member notices• Grievance and appeal resolution templates, including taglines• HSAG will also use the results of the Grievance and Appeal File Reviews	<p><input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA</p>



Appendix A. Compliance Review Tool

SFY 2025 PIHP Compliance Review

for Mid-State Health Network

Standard IX—Grievance and Appeal Systems		
Requirement	Supporting Documentation	Score
	Evidence as Submitted by the PIHP: <ul style="list-style-type: none">• FY24 MSHN Guide To Services.MSHN SUD, pg. 39-40• CS_Medicaid_Enrollee_Appeals_Grievances_FY24• CS_Medicaid_Enrollee_Appeals_Grievances_Procedure_FY24, pgs. 3, 4,• Appeal-and-Grievance-Resolution-Processes-Technical-Requirement.2024, pgs. 14, 16• MSHN.Appeal Approved Notice of Resolution• MSHN.Appeal Denied Notice of Resolution• MSHN.Grievance Notice of Resolution• CustomerServiceCommitteeMeetingSnapshot 22_07_18• MSHN Regional Grade Level Technical Advisory Guidelines	
PIHP Description of Process: MSHN developed the MSHN Regional Grade Level Technical Advisory Guidelines to assist providers in determining the reading level for materials provided to members served. Additionally, MSHN is working with PCE systems to add functionality to assess the Flesch-Kincaid Grade Level for narrative fields within the Adverse Benefit Determination, Appeal, and Grievance modules.		
HSAG Findings: HSAG has determined that the PIHP met the requirements for this element. Recommendations: The grievance and appeal resolution notices were not written at or below the 6.9 reading grade level. HSAG recommends that the PIHP require that each grievance and appeal resolution notice be assessed for reading grade level prior to mailing. The reading grade level must be written at or below the 6.9 reading grade level. The reading grade level of the notice and efforts to reduce the reading grade level, when applicable, should be documented within the member's record. If notices are consistently written at or below 6.9, the PIHP could then determine whether the reading grade level should continue to be assessed for each notice, or whether the reading grade level could be evaluated during the PIHP's routine monitoring of grievance and appeal resolution notices. Of note, HSAG also made a similar recommendation during the 2022 compliance review. Additionally, HSAG recommends that the PIHP continue quality assurance (QA) processes to ensure that all member written communications (i.e., grievance and appeal acknowledgement and resolution notices) are professional, grammatically correct, free of errors, have abbreviations spelled out with first use, and are written to the member. If the PIHP does not demonstrate adequate implementation of HSAG's recommendations during future compliance reviews, the PIHP may receive a <i>Not Met</i> score		
Required Actions: None.		



Appendix A. Compliance Review Tool SFY 2025 PIHP Compliance Review for Mid-State Health Network

Standard IX—Grievance and Appeal Systems		
Requirement	Supporting Documentation	Score
<p>37. The PIHP provides information specified in 42 CFR §438.10(g)(2)(xi) about the grievance and appeal system to all providers and subcontractors at the time they enter into a contract.</p> <p>42 CFR §438.10(g)(2)(xi) 42 CFR §438.228 42 CFR §438.414 42 CFR §457.1260(g)</p>	<p>HSAG Required Evidence:</p> <ul style="list-style-type: none">• Policies and procedures• Provider manual• Provider contract• Subcontractor/delegation agreement template <p>Evidence as Submitted by the PIHP:</p> <ul style="list-style-type: none">• MSHN_FY_2025_MEDICAID_SUBCONTRACTING_AGREEMENT, pgs. 20,• FY25_SUD_Provider_Manual_-_10.1.24, pg 17	<p><input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA</p>
PIHP Description of Process: N/A		
HSAG Findings: HSAG has determined that the PIHP met the requirements for this element.		
Required Actions: None.		
<p>38. The PIHP includes as parties to the appeal and SFH:</p> <p>a. The member and his or her representative. b. The legal representative of a deceased member's estate. c. For SFH, the PIHP.</p> <p>42 CFR §438.228 42 CFR §438.406(b)(6) 42 CFR §438.408(f)(3) 42 CFR §457.1260(e)(5) Contract Schedule A—1(M)(2)(j) Contract Schedule A—1(M)(7)(b) Appeal And Grievance Resolution Processes Technical Requirement—VII(B)(7) Appeal And Grievance Resolution Processes Technical Requirement—IX(G)</p>	<p>HSAG Required Evidence:</p> <ul style="list-style-type: none">• Policies and procedures• Member materials, such as the member handbook and/or notice templates <p>Evidence as Submitted by the PIHP:</p> <ul style="list-style-type: none">• FY24 MSHN Guide To Services.MSHN SUD, pg. 40, 42• CS_Medicaid_Enrollee_Appeals_Grievances_FY24• CS_Medicaid_Enrollee_Appeals_Grievances_Procedure_FY24, pg. 3• Appeal-and-Grievance-Resolution-Processes-Technical-Requirement.2024, pg. 13	<p><input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA</p>
PIHP Description of Process: N/A		



Appendix A. Compliance Review Tool SFY 2025 PIHP Compliance Review for Mid-State Health Network

Standard IX—Grievance and Appeal Systems		
Requirement	Supporting Documentation	Score
HSAG Findings: HSAG has determined that the PIHP met the requirements for this element.		
Required Actions: None.		
Recordkeeping Requirements		
<p>39. Grievance and appeal records are accurately maintained in a manner accessible to MDHHS and available upon request to CMS, and contain, at a minimum, all of the following information:</p> <ol style="list-style-type: none">A general description of the reason for the appeal or grievance.The date received.The date of each review or, if applicable, review meeting.Resolution at each level of the appeal or grievance, if applicable.Date of resolution at each level, if applicable.Name of the member for whom the appeal or grievance was filed. <p style="text-align: right;">42 CFR §438.228 42 CFR § 438.416(b–c) 42 CFR §457.1260(h) Contract Schedule A—1(M)(9)(a–b) Appeal And Grievance Resolution Processes Technical Requirement—IV</p>	<p>HSAG Required Evidence:</p> <ul style="list-style-type: none">Policies and proceduresHSAG will also use the results of the Appeals and Grievances File Reviews and the system demonstration <p>Evidence as Submitted by the PIHP:</p> <ul style="list-style-type: none">CS_Medicaid_Enrollee_Appeals_Grievances_FY24CS_Medicaid_Enrollee_Appeals_Grievances_Procedure_FY24Appeal-and-Grievance-Resolution-Processes-Technical-Requirement.2024, pgs. 6, 13MSHN_FY_2025_MEDICAID_SUBCONTRACTING_AG REEMENT, Pg. 35FY25_SUD_Provider_Manual_- 10.1.24, pg. 17	<p><input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA</p>
PIHP Description of Process: N/A		
HSAG Findings: HSAG has determined that the PIHP met the requirements for this element. Of note, while the PIHP’s policy did not identify the specific information that must be included in each grievance and appeal record, the case file review confirmed that each record included the required information.		
Required Actions: None.		



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Standard IX—Grievance and Appeal Systems						
Met	=	31	X	1	=	31
Not Met	=	8	X	0	=	0
Not Applicable	=	0				
Total Applicable	=	39	Total Score		=	31
Total Score ÷ Total Applicable					=	79%



Appendix A. Compliance Review Tool SFY 2025 PIHP Compliance Review for Mid-State Health Network

Standard X—Subcontractual Relationships and Delegation

Standard X—Subcontractual Relationships and Delegation		
Requirement	Supporting Documentation	Score
General Rule		
<p>1. Notwithstanding any relationship(s) that the PIHP may have with any delegate (i.e., subcontractor), PIHP maintains ultimate responsibility for adhering to and otherwise fully complying with all terms and conditions of its contract with MDHHS.</p> <p>42 CFR §438.230(b)(1) 42 CFR §457.1233(b) Contract Schedule A—2(2.7)(E)</p>	<p>HSAG Required Evidence:</p> <ul style="list-style-type: none">• Policies and procedures <p>Evidence as Submitted by the PIHP:</p> <ul style="list-style-type: none">• X. MSHN FY 2025 Medicaid Subcontracting Agreement Pg. 2 Pg. 6, Section IX (A)• X. FY25 Medicaid Subcontract Delegation Grid Pg. 34• X. FY25 SUD Treatment Contract Pg. 19, Section II (C)(18)	<p><input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA</p>
<p>PIHP Description of Process: Compliance with delegated functions is monitored through the desk review and on-site review process. Delegated functions are included in the Medicaid Subcontracting Agreements with all CMHs within the MSHN Region in the form of a delegation grid. The sanction language within the contracts identifies the steps that can lead to revocation of delegated functions should the delegate meet contractual requirements or take necessary corrective action steps to resolve matters of not compliance. Both SUD contracts as well as the Medicaid Subcontracts address the compliance with the MDHHS/PIHP Master Agreement and incorporates, by reference those terms into the respective contracts.</p>		
<p>HSAG Findings: HSAG has determined that the PIHP met the requirements for this element.</p> <p>Recommendations: While the delegation agreements included language that met the intent of the requirements of this element, HSAG recommends that the PIHP enhance the language in the delegation agreements to more closely align with the language in federal rule to clearly indicate that the PIHP maintains the ultimate responsibility for adhering to and complying with all terms and conditions of its contract with the State. If the PIHP does not demonstrate adequate implementation of HSAG’s recommendations during future compliance reviews, the PIHP may receive a <i>Not Met</i> score.</p>		
<p>Required Actions: None.</p>		



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Standard X—Subcontractual Relationships and Delegation		
Requirement	Supporting Documentation	Score
Contract or Written Arrangement		
<p>2. Each contract or written arrangement with a delegate must specify:</p> <ul style="list-style-type: none">a. The delegated activities or obligations, and related reporting responsibilities, are specified in the contract or written agreement.b. The delegate agrees to perform the delegated activities and reporting responsibilities specified in compliance with the PIHPs contract obligations.c. The contract or written arrangement must either provide for revocation of the delegation of activities or obligations or specify other remedies in instances where MDHHS or the PIHP determine that the delegate has not performed satisfactorily. <p style="text-align: right;">42 CFR §438.230(c)(1) 42 CFR §438.230(b)(2) 42 CFR §457.1233(b) Contract Schedule A—2(2.7)(G)</p>	<p>HSAG Required Evidence:</p> <ul style="list-style-type: none">• Delegation agreement/contract template• HSAG will also use the results from the Delegation File Review <p>Evidence as Submitted by the PIHP:</p> <ul style="list-style-type: none">• X. MSHN FY 2025 Medicaid Subcontracting Agreement Pg. 6, Section IX (C) Pg. 16, Section XVII (A) Pg. 30, Section XXX (D) Pg. 70, Exhibit F• X. FY25 Medicaid Subcontract Delegation Grid Pg. 34• X. FY25 MSHN SUD Reporting Requirements• X. FY25 SUD Treatment Contract Pg. 21, II (C) (21)(d) Pg. 27, VI (B)(1) Pg. 38, J (1)(f) Pg. 51, Attachment C	<p><input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA</p>
<p>PIHP Description of Process: Delegated functions are included in the Medicaid Subcontracting Agreements with all CMH's within the MSHN Region in the form of a delegation grid. The sanction language within the Medicaid Subcontracts as well as the SUD contract identify the steps that can lead to revocation of delegated functions should the delegate meet contractual requirements or take necessary corrective action steps to resolve matters of not compliance.</p>		
<p>HSAG Findings: HSAG has determined that the PIHP met the requirements for this element.</p>		
<p>Required Actions: None.</p>		



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Standard X—Subcontractual Relationships and Delegation		
Requirement	Supporting Documentation	Score
3. The contract or written arrangement indicates that the delegate agrees to comply with all applicable Medicaid laws, regulations, including applicable subregulatory guidance and contract provisions. <div>42 CFR §438.230(c)(2) 42 CFR §457.1233(b) Contract Schedule A—2(2.7)(C)</div>	HSAG Required Evidence: <ul style="list-style-type: none">Delegation agreement/contract templateHSAG will also use the results from the Delegation File Review	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA
	Evidence as Submitted by the PIHP: <ul style="list-style-type: none">X. MSHN FY 2025 Medicaid Subcontracting Agreement Pg. 3, Section III (A-D) Pg. 18, Section XIX (A-F)X. FY25 SUD Treatment Contract Pg. 19, Section II (C)(18) Pg. 21, II (C)(20)(d) Pg. 27, VI (B)(1)	
PIHP Description of Process: Medicaid subcontracts include delegation agreement grids which clearly delineates the functions delegated to the CMHSP and functions retained by MSHN. Refer to Medicaid Subcontracting Agreement and delegation grid. Reporting requirements are also included in contracts. MSHN’s contract compliance procedure indicates MSHN reserves the right to revoke delegated functions. SUD contracts, while they do not have a specific delegation grid attached, identify specific functions the provider is required to perform.		
HSAG Findings: HSAG has determined that the PIHP met the requirements for this element.		
Required Actions: None.		
4. The contract or written arrangement indicates, and the delegate agrees that: <div>a. MDHHS, the Centers for Medicare & Medicaid Services (CMS), the Health and Human Services (HHS) Inspector General, the Comptroller General, or their designees have the right to audit, evaluate, and inspect any books, records, contracts, computer or other electronic systems of the delegate, or of the delegate's subcontractor, that pertain to any</div>	HSAG Required Evidence: <ul style="list-style-type: none">Delegation agreement/contract templateHSAG will also use the results from the Delegation File Review	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA
	Evidence as Submitted by the PIHP: <ul style="list-style-type: none">X. MSHN FY 2025 Medicaid Subcontracting Agreement Pg. 17, Section XVIII (A-E & G)	



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Standard X—Subcontractual Relationships and Delegation		
Requirement	Supporting Documentation	Score
<p>aspect of services and activities performed, or determination of amounts payable under the PIHPs contract with the MDHHS.</p> <p>b. The delegate will make available, for purposes of an audit, evaluation, or inspection, its premises, physical facilities, equipment, books, records, contracts, computer or other electronic systems relating to its Medicaid members.</p> <p>c. The delegate agrees that the right to audit will exist through 10 years from the final date of the contract period or from the date of completion of any audit, whichever is later.</p> <p>d. If MDHHS, CMS, or the HHS Inspector General determines that there is a reasonable possibility of fraud or similar risk, the MDHHS, CMS, or the HHS Inspector General may inspect, evaluate, and audit the delegate at any time.</p> <p>42 CFR §438.230(c)(3) 42 CFR §457.1233(b) Contract Schedule A—2(2.7)(O)</p>	<ul style="list-style-type: none">• X. FY25 SUD Treatment Contract Pg. 15, Section II (C)(1) Pg. 18, Section II (C)(11) Pg. 20, Section II (C)(18) Pg. 21, Section II (C)(20)(A-G)	
PIHP Description of Process: Contracts include language specific to this standard and have been identified by section and page number. Please refer to the Medicaid Subcontract and SUD treatment contract as noted above. MSHN contracts include the 10-year requirement; Please see the referenced contracts and highlighted sections/page numbers referenced above. Contracts refer to the inspection standards required.		
HSAG Findings: HSAG has determined that the PIHP met the requirements for this element. Recommendations: The <i>SUD Treatment Contract</i> included statements related to the right to audit requirements, and although the language did not align with federal rule verbatim, the contract language met the intent of the requirement. Additionally, although the contract did not include any language pertaining to the right to audit at any time when there is a reasonable possibility of fraud or similar risk, the contract included reference to 42 CFR §438.230(c)(3). Therefore, the PIHP received a <i>Met</i> score for this element. However, HSAG strongly recommends that the PIHP update its <i>SUD Treatment Contract</i> templates and future contracts with SUD providers to include the specific language outlined in 42 CFR §438.230(c)(3) and documented under sub-elements (a) through (d). If the PIHP does not demonstrate adequate implementation of HSAG’s recommendations during future compliance reviews, the PIHP may receive a <i>Not Met</i> score.		



Appendix A. Compliance Review Tool SFY 2025 PIHP Compliance Review for Mid-State Health Network

Standard X—Subcontractual Relationships and Delegation		
Requirement	Supporting Documentation	Score
Required Actions: None.		
Monitoring and Auditing		
<p>5. <i>The PIHP audits and monitors the delegates' performance, data, and data submission, including evaluation of prospective delegates' abilities prior to contracting with the subcontractor to perform services, collection of performance and financial data to monitor performance on an ongoing basis and conducting formal, periodic, and random reviews.</i></p> <p>42 CFR §438.230 42 CFR §457.1233(b) Contract Schedule A—2(2.7)(H)</p>	<p>HSAG Required Evidence:</p> <ul style="list-style-type: none">• Delegation agreement/contract template• HSAG will also use the results from the Delegation File Review <p>Evidence as Submitted by the PIHP:</p> <ul style="list-style-type: none">• X. MSHN FY 2025 Medicaid Subcontracting Agreement Pg. 18, Section XIX (A-F) Pg. 30, Section XXX (D)• X. FY25 Medicaid Subcontract Delegation Grid• X. FY25 SUD Treatment Contract Pg. 18, Section II (C)(11) Pg. 21, Section II (C)(20) Pg. 38, Section VI (J)(1) Pg. 41, Attachment A (9) Pg. 51, Attachment C• X. FY25 MSHN SUD Reporting Requirements	<p><input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA</p>
PIHP Description of Process: Medicaid subcontracts include delegation agreement grids which clearly delineates the functions delegated to the CMHSP and functions retained by MSHN. Refer to Medicaid Subcontracting Agreement and delegation grid. Reporting requirements are also included in each contract (Medicaid Subcontract (CMH's) and SUD). MSHN's contract compliance procedure indicates MSHN reserves the right to revoke delegated functions.		
HSAG Findings: HSAG has determined that the PIHP met the requirements for this element.		
Required Actions: None.		



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Standard X—Subcontractual Relationships and Delegation		
Requirement	Supporting Documentation	Score
<p>6. <i>If the PIHP identifies deficiencies or areas for improvement, the PIHP and the delegate must take corrective action, including when appropriate, revoking delegation or imposing other sanctions if the delegate’s performance is inadequate.</i></p> <p>a. <i>If the PIHP determines revocation of a delegation to a delegated entity is appropriate, the PIHP provides notice of such action to MDHHS 10 business days in advance of issuing such notice to the delegate.</i></p> <p>42 CFR §438.230 42 CFR §457.1233(b) Contract Schedule A—2(2.7)(G)(1–2)</p>	HSAG Required Evidence: <ul style="list-style-type: none">• Delegation agreement/contract template• HSAG will also use the results from the Delegation File Review	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA
	Evidence as Submitted by the PIHP: <ul style="list-style-type: none">• X. MSHN FY 2025 Medicaid Subcontracting Agreement Pg. 4, Section V (E) Pg. 30, Section XXX (D)• X. FY25 Medicaid Subcontract Exhibit A Delegation Grid• X. TBHS FY25 Provider Network Review Tool• X. Compliance_Provider_Non-Compliance_Procedure	
PIHP Description of Process: Medicaid subcontracts include delegation agreement grids which clearly delineates the functions delegated to the CMHSP and functions retained by MSHN. Refer to Medicaid Subcontracting Agreement and delegation grid. Reporting requirements are also included in each contract (Medicaid Subcontract (CMH’s) and SUD). MSHN’s contract compliance procedure indicates MSHN reserves the right to revoke delegated functions.		
HSAG Findings: HSAG has determined that the PIHP met the requirements for this element.		
Recommendations: The PIHP confirmed that it had not revoked delegation for poor performance during the time period under review but indicated that the PIHP would keep MDHHS involved in any discussions related to delegate non-compliance resulting in revocation of delegated responsibilities and would provide advanced notification to MDHHS as required. Therefore, the PIHP received a <i>Met</i> score for this element. However, as the reporting requirement was not documented within a policy or procedural document, HSAG strongly recommends that the PIHP include the 10-day advance notice to MDHHS reporting requirement in a policy and/or procedural document to ensure staff members are aware that MDHHS must be notified 10 business days in advance of issuing a notice of revocation to its delegate(s). If the PIHP does not demonstrate adequate implementation of HSAG’s recommendations during future compliance reviews, the PIHP may receive a <i>Not Met</i> score.		
Required Actions: None.		



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Standard X—Subcontractual Relationships and Delegation						
Met	=	6	X	1	=	6
Not Met	=	0	X	0	=	0
Not Applicable	=	0				
Total Applicable	=	6	Total Score		=	6
Total Score ÷ Total Applicable					=	100%



Appendix A. Compliance Review Tool SFY 2025 PIHP Compliance Review for Mid-State Health Network

Standard XI—Practice Guidelines

Standard XI—Practice Guidelines		
Requirement	Supporting Documentation	Score
Adoption of Practice Guidelines		
<p>1. The PIHP adopts practice guidelines that are based on valid and reliable clinical evidence or a consensus of providers in the particular field.</p> <p>a. <i>The Quality Assessment and Performance Improvement Program (QAPIP) describes the process for the adoption, development, implementation, and continuous monitoring and evaluation of practice guidelines when there are nationally accepted or mutually agreed-upon (by MDHHS and the PIHPs) clinical standards, evidence-based practices, practice-based evidence, and promising practices that are relevant to the individuals served.</i></p> <p>42 CFR §438.236(b)(1) 42 CFR §457.1233(c) QAPIPs for Specialty PIHPs—XI Contract Schedule A—1(L)(2)</p>	<p>HSAG Required Evidence:</p> <ul style="list-style-type: none">• Policies and procedures• QAPIP description• List of adopted practice guidelines• PIHP-specific meeting minutes documenting committee review and approval <p>Evidence as Submitted by the PIHP:</p> <ul style="list-style-type: none">• FY2024 QAPIP Plan, Section IX.c (pp. 21-22)• Service_Delivery_System_Evidence_Based_Practices_Policy 062024• Service_Delivery_System_Trauma_Policy062024• Practice Guidelines-Mid-State Health Network• 2024-06-27 CLC_UMC Agenda	<p><input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA</p>
PIHP Description of Process: MSHN follows MDHHS evidence-based practices and guidelines. MSHN also developed practice guidelines consistent with Home and Community-Based Services in conjunction with provider input and approval.		
HSAG Findings: HSAG has determined that the PIHP met the requirements for this element.		
Required Actions: None.		



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Standard XI—Practice Guidelines		
Requirement	Supporting Documentation	Score
2. The PIHP adopts practice guidelines that consider the needs of the PIHP’s members. 42 CFR §438.236(b)(2) 42 CFR §457.1233(c)	HSAG Required Evidence: <ul style="list-style-type: none">• Policies and procedures• List of adopted practice guidelines• PIHP-specific meeting minutes documenting committee review and approval• List of practice guidelines selected for adoption that are unique to the PIHP’s program	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA
	Evidence as Submitted by the PIHP: <ul style="list-style-type: none">• FY2024 QAPIP Plan, Section IX.c (pp. 21-22)• Service_Delivery_System_Evidence_Based_Practices_Policy_062024• Service_Delivery_System_Trauma_Policy062024• Service_Delivery_System_1915i_SPA_Policy• 1915iSPA_Enrollment_and_Annual_Recertification_Procedure (pp. 1-5)• Practice Guidelines-Mid-State Health Network• 2024-06-27 CLC_UMC Agenda• MSHN Guide to Services Handbook (pp. 46-47, 66-71, 82-83)• Service Delivery System_Person Family Centered Plan of Service_Policy_062024	
PIHP Description of Process: MSHN has developed practices consistent with person-centered planning principles, MDHHS QAPIP requirements, and evidence-based practices as well as applies these to system benefits (i.e., 1915(i) SPA). MSHN shares these with its members through its guide to services and posts these to its public-facing website. The Person Family Centered Plan of Service Policy has been kept in draft/comment mode due to changes relative to the Home and Community-Based Services Rule and Conflict Free Access and Planning (Policy review in June 2024).		
HSAG Findings: HSAG has determined that the PIHP met the requirements for this element.		
Required Actions: None.		



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Standard XI—Practice Guidelines		
Requirement	Supporting Documentation	Score
3. The PIHP adopts practice guidelines that are adopted in consultation with network providers. 42 CFR §438.236(b)(3) 42 CFR §457.1233(c)	HSAG Required Evidence: <ul style="list-style-type: none">• Policies and procedures• List of adopted practice guidelines• PIHP-specific meeting minutes documenting committee review and approval• Evidence of consultation with network providers	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA
	Evidence as Submitted by the PIHP: <ul style="list-style-type: none">• CLC Charter 2025• FY2024 QAPIP Plan, Section IX.c (pp. 21-22)• 2024-09-26 CLC_UMC_Agenda• 2024-06-27 CLC_UMC Agenda	
PIHP Description of Process: CLC charter includes assurances of developing effective and efficient delivery systems that include evidence-based practices, communication, and compliance with contracting and regulatory bodies.		
HSAG Findings: HSAG has determined that the PIHP met the requirements for this element.		
Recommendations: HSAG recommends that the PIHP include additional detail regarding any discussions that take place regarding the adoption, review, and approval of clinical practice guidelines in committee meeting minutes to provide additional clarity and enhance the PIHP’s documentation practices.		
Required Actions: None.		
4. The PIHP adopts practice guidelines that are reviewed and updated periodically as appropriate. 42 CFR §438.236(b)(4) 42 CFR §457.1233(c)	HSAG Required Evidence: <ul style="list-style-type: none">• Policies and procedures• List of adopted practice guidelines• PIHP-specific meeting minutes documenting committee review and approval• Schedule for periodic review of adopted practice guidelines	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA
	Evidence as Submitted by the MCO: <ul style="list-style-type: none">• Practice Guidelines-Mid-State Health Network• GM Policy Procedure Development Procedure (pp. 1, 4)	



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Standard XI—Practice Guidelines		
Requirement	Supporting Documentation	Score
	<ul style="list-style-type: none">Practice Guideline_H2014 Skill Building AssistancePractice Guideline_H2015, H2016 Community Living SupportsPractice Guideline_H2023 Supported EmploymentPractice Guideline_S5110, S5111 Family support & TrainingPractice Guideline_S5150, S5151, H0045, T1005 Respite CarePractice Guideline_S5165 Environmental ModificationPractice Guideline_T1999 Enhanced PharmacyPractice Guideline_T2025 Fiscal Intermediary ServicesPractice Guideline_T2028, T2029 Specialized Medical EquipmentPractice Guideline_T2038 Housing Assistance	
PIHP Description of Process: The full set of practices guidelines are included.		
HSAG Findings: HSAG has determined that the PIHP met the requirements for this element. Recommendations: HSAG recommends that the PIHP include additional details regarding any discussions that take place regarding the adoption, review, and approval of clinical practice guidelines in committee meeting minutes to enhance the PIHP's documentation practices. HSAG also strongly recommends that the PIHP update its policies to clearly specify which PIHP committee(s) are responsible for the review, approval, and adoption of practice guidelines. If the PIHP does not demonstrate adequate implementation of HSAG's recommendations during future compliance reviews, the PIHP may receive a <i>Not Met</i> score.		
Required Actions: None.		
Dissemination of Guidelines		
5. The PIHP disseminates the guidelines to: a. All affected providers. b. Members and potential members, upon request. 42 CFR §438.236(c) 42 CFR §457.1233(c) Contract Schedule A—1(L)(5)	HSAG Required Evidence: <ul style="list-style-type: none">Policies and proceduresEvidence of dissemination to providers (i.e., provider newsletter, provider manual, provider website)Evidence of dissemination to members (i.e., member newsletter, member handbook, member website)	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA



Appendix A. Compliance Review Tool SFY 2025 PIHP Compliance Review for Mid-State Health Network

Standard XI—Practice Guidelines		
Requirement	Supporting Documentation	Score
	Evidence as Submitted by the PIHP: <ul style="list-style-type: none">GM_Policy_Procedure_Development_ProcedurePractice Guidelines-Mid-State Health Network (website)FY25 MSHN Guide to Services HandbookCS_MSHN Customer_Handbook_PolicyMember Handbook - Mid-State Health Network Website PageRCAC Meeting Snapshot 2024_02_09	
PIHP Description of Process: All practice guidelines, policies, and procedures are available to the general public, members, and providers on the MSHN website: Practice Guidelines - Mid-State Health Network (midstatehealthnetwork.org) . The customer handbook policy guides development of a member handbook that contains a description of the practice guidelines and is discussed in regional consumer advocacy meetings. The Member Handbook is also available publicly at: Member Handbook - Mid-State Health Network		
HSAG Findings: HSAG has determined that the PIHP met the requirements for this element.		
Required Actions: None.		
6. <i>The PIHP assures services are planned and delivered in a manner that reflects the values and expectations contained in the:</i> <ul style="list-style-type: none">a. <i>Inclusion Practice Guideline.</i>b. <i>Housing Practice Guideline.</i>c. <i>Consumerism Practice Guideline.</i>d. <i>Personal Care in Non-Specialized Residential Settings Technical Requirement.</i>e. <i>Family-Driven and Youth-Guided Policy and Practice Guideline.</i>f. <i>Employment Works! Policy.</i> <p>Contract Schedule A—1(L)(5)</p>	HSAG Required Evidence: <ul style="list-style-type: none">Policies and proceduresEvidence of dissemination to providers (i.e., provider newsletter, provider manual, provider website)Staff training materialsProvider training materials Evidence as Submitted by the PIHP: <ul style="list-style-type: none">Service_Delivery_System_Evidence_Based_Practices_Policy 062024, Section A.a.i-vii (p.1)Audit Record 03.05.24_iSPAAudit record 04.09.2024_SEDW (Family Driven)Audit record 06.10.2024_HSWPractice Guidelines-Mid-State Health Network (website)	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA



Appendix A. Compliance Review Tool SFY 2025 PIHP Compliance Review for Mid-State Health Network

Standard XI—Practice Guidelines		
Requirement	Supporting Documentation	Score
PIHP Description of Process: MSHN ensures that services are planned and delivered consistently with the values and expectations of the practice guidelines through a delegated managed care site review process. Review tools incorporate standards to assess that practice guidelines are being implemented in all aspects of service planning and delivery.		
HSAG Findings: HSAG has determined that the PIHP met the requirements for this element.		
Required Actions: None.		
Application of Guidelines		
7. Decisions for utilization management, member education, coverage of services, and other areas to which the guidelines apply are consistent with the guidelines. 42 CFR §438.236(d) 42 CFR §457.1233(c) Contract Schedule A—1(L)(5)	HSAG Required Evidence: <ul style="list-style-type: none">• Policies and procedures• Hierarchy of coverage criteria• Member educational guidance (i.e., disease management)• Member materials (i.e., member handbook, member newsletters)• Three examples of coverage decisions, including the service, decision, and associated practice guideline Evidence as Submitted by the PIHP: <ul style="list-style-type: none">• MSHN Guide to Services Handbook• MSHN_UM_Access_System Procedure• Practice Guidelines-Mid-State Health Network (website)• UM_Level_of_Care_Procedure_Rev._02_2024	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA
PIHP Description of Process: The MSHN Guide to Services (pp.65-71) provides member education regarding the coverage of services consistent with MSHN practice guidelines. The guideline use is incorporated into policy and procedure and carried out in service delivery as per eligibility standards.		
HSAG Findings: HSAG has determined that the PIHP met the requirements for this element.		
Required Actions: None.		



Appendix A. Compliance Review Tool SFY 2025 PIHP Compliance Review for Mid-State Health Network

Standard XI—Practice Guidelines						
Met	=	7	X	1	=	7
Not Met	=	0	X	0	=	0
Not Applicable	=	0				
Total Applicable	=	7	Total Score		=	7
Total Score ÷ Total Applicable					=	100%



Appendix A. Compliance Review Tool SFY 2025 PIHP Compliance Review for Mid-State Health Network

Standard XII—Health Information Systems

Standard XII—Health Information Systems		
Requirement	Supporting Documentation	Score
General Rule		
<p>1. The PIHP maintains a health information system that collects, analyzes, integrates, and reports data and can achieve the objectives of Medicaid managed care requirements. The systems provide information on areas including, but not limited to:</p> <ul style="list-style-type: none">a. Utilization.b. Claims.c. Grievances and appeals.d. Disenrollments for other than loss of Medicaid eligibility. <p style="text-align: right;">42 CFR §438.242(a) 42 CFR §457.1233(d) Contract Schedule A—1(P)(2)</p>	<p>HSAG Required Evidence:</p> <ul style="list-style-type: none">• Policies, procedures, and workflows• Systems integration mapping documentation• Most current completed Information Systems Capabilities Assessment Tool (ISCAT) through recent EQR activities (i.e., performance measure validation [PMV], encounter data validation [EDV])• Technical manual(s)• List of disenrollment codes (i.e., reasons for disenrollment) provided by MDHHS• Screenshot of disenrollment codes available in the disenrollment system• HSAG will use the results from the information systems demonstration, including reporting capabilities• HSAG will use the results from the systems demonstrations included as part of the Disenrollment Requirements and Limitations Standard, Coverage and Authorization of Services Standard, and the Grievance and Appeal Systems Standard <p>Evidence as Submitted by the PIHP:</p> <ul style="list-style-type: none">• 1a_Data Flow Diagram MSHN -2024• 1b_UM_Utilization_Management_Procedure• 1c_Finance_Claims_Procedure• CS_ReportingMedicaidAppealsGrievancesSFHProcedure_FY24• 1e_PNM_Provider_Network_Management_Policy• 1f_FY25 MDHHS Master Agreement	<p><input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA</p>



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for Mid-State Health Network

Standard XII—Health Information Systems		
Requirement	Supporting Documentation	Score
	<ul style="list-style-type: none">MSHN Dec Medicaid Closure file v2024-12-18.xlsxMSHN Reg 5 - 2024 NAV PMV PIHP ISCAT - FINAL	
PIHP Description of Process: MSHN delegates a-d above to the CMHSPs. Each CMHSP has their own health information system that is used to collect data, analyze and report data regarding their clients. Specifically, for utilization, any subcontracted claims, grievances, appeals, disenrollment and eligibility, their systems allow them to manage these areas internally and provide any data to be reported up to the PIHP as needed. At the PIHP level, we can also collect, integrate, analyze and report on all these areas. MSHN utilizes REMI, (MSHN's Managed Care software) that allows us to gather data from our CMHs via 837 encounters and claims, BH TEDS records and spreadsheets of grievance and appeals, and provider enrollment data. REMI is used to manage SUD provider enrollment, utilization, grievances, appeals and claims. REMI also gathers Medicaid enrollment data via the 834 and 820 files from MDHHS and eligibility data from the State via the 270/271 process. Having all this data together in one system allows a multitude of reporting and analytical possibilities.		
HSAG Findings: HSAG has determined that the PIHP met the requirements for this element. Recommendations: Across all PIHPs, HSAG received conflicting information regarding whether disenrollment reasons/codes are provided to the PIHPs from MDHHS. HSAG recommends that all PIHPs consult with MDHHS regarding the disenrollment data being shared. If MDHHS is providing disenrollment reasons to the PIHPs, HSAG strongly recommends that the PIHP ensure that its information system has the capability to store these disenrollment reasons/codes. If the PIHP does not demonstrate adequate implementation of HSAG's recommendations during future compliance reviews, the PIHP will automatically receive a <i>Not Met</i> score.		
Required Actions: None.		
Basic Elements of a Health Information System		
2. The PIHP collects data on member and provider characteristics as specified by MDHHS and on all services furnished to members through an encounter data system or other method as may be specified by MDHHS. 42 CFR §438.242(b)(2) 42 CFR §457.1233(d) Contract Schedule A—1(P)(2)(a)(ii) Contract Schedule E—Contractor Financial Reporting Requirements	HSAG Required Evidence: <ul style="list-style-type: none">Policies, procedures, and workflowsClaims data collection and processing guidelinesEncounter data collection and submission guidelinesHSAG will use the completed ISCAT and results from the information systems demonstration, including reporting capabilities Evidence as Submitted by the PIHP: <ul style="list-style-type: none">1c_Finance_Claims_Procedure	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA



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Standard XII—Health Information Systems		
Requirement	Supporting Documentation	Score
	<ul style="list-style-type: none">2b_IT_Information_Management_Policy3a_MDCH_5010A1_CG_837P_Enc_PIHP_CMHSP_11V203b_MDCH_5010A1_CG_837I_Enc_PIHP_CMHSP_11V202	
PIHP Description of Process: MSHN uses the HIPAA 837 transaction set standard and the MDHHS companion guides and validates all encounter transactions. All encounter transaction must meet these validations or REMI will not process them. All SUD Claims must meet the requirements to allow encounter submission as well. MSHN also collects provider data and stores it in REMI and is also displayed on the midstatehealthnetwork.org website.		
HSAG Findings: HSAG has determined that the PIHP met the requirements for this element.		
Required Actions: None.		
<p>3. The PIHP ensures that data received from providers is accurate and complete by:</p> <ul style="list-style-type: none">a. Verifying the accuracy and timeliness of reported data, including data from network providers the PIHP is compensating on the basis of capitation payments.b. Screening the data for completeness, logic, and consistency.c. Collecting data from providers in standardized formats to the extent feasible and appropriate, including secure information exchanges and technologies utilized for MDHHS quality improvement and care coordination efforts. <p style="text-align: right;">42 CFR §438.242(b)(3) 42 CFR §457.1233(d) Contract Schedule A—1(P)(2)(a)(iii) Contract Schedule E—Contractor Financial Reporting Requirements</p>	<p>HSAG Required Evidence:</p> <ul style="list-style-type: none">Policies, procedures, and workflowsClaims submission requirements documentClaims data collection and processing guidelinesClaim validation processesClaim timeliness reportsProcess to collect services rendered by providers or subcontractors through a capitated arrangement (e.g., collection through encounter data, claims with a zero-dollar payment)HSAG will use the completed ISCAT and results from the information systems demonstration, including reporting capabilities <p>Evidence as Submitted by the PIHP:</p> <ul style="list-style-type: none">1a_Data Flow Diagram MSHN 20241c_Finance_Claims_Procedure3a_MDCH_5010A1_CG_837P_Enc_PIHP_CMHSP_11V2023b_MDCH_5010A1_CG_837I_Enc_PIHP_CMHSP_11V202	<p><input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA</p>



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Standard XII—Health Information Systems		
Requirement	Supporting Documentation	Score
	<ul style="list-style-type: none">3c.BH TEDS File-Specs-FY253d.BH-TEDS_Coding_Instructions_FY255a_EncounterVolume	
PIHP Description of Process: Accuracy of data is ensured by the validation edits applied to incoming data. Both BH TEDS and Encounters are validated using edits that are very similar to the edits at the State. Both data types are collected using the same format that is required at the State level. Timeliness of data is monitored regularly to ensure that we meet or exceed the contract requirements. BH TEDS and encounter data are processed weekly by MSHN. CMHSPs are required to submit their data monthly or more often as appropriate for their situation. All SUD Claims must meet the requirements to allow encounter submission as well.		
HSAG Findings: HSAG has determined that the PIHP met the requirements for this element.		
Required Actions: None.		
4. The PIHP makes all collected data available to MDHHS and upon request to CMS. 42 CFR § 438.242(b)(4) 42 CFR §457.1233(d) Contract Schedule A—1(P)(2)(a)(iv) Contract Schedule E—Contractor Financial Reporting Requirements	HSAG Required Evidence: <ul style="list-style-type: none">Policies, procedures, and workflowsHSAG will use the completed ISCAT and results from the information systems demonstration, including reporting capabilities Evidence as Submitted by the PIHP: <ul style="list-style-type: none">1a_Data Flow Diagram MSHN 20241f_FY25 MDHHS Master Agreement2b_IT_Information_Management_Policy6a.EncounterProcessingResultsReports	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA
PIHP Description of Process: All data collected for contract requirements are submitted to the State as specified, and the data is continuously available to be reviewed upon request.		
HSAG Findings: HSAG has determined that the PIHP met the requirements for this element.		
Required Actions: None.		



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Standard XII—Health Information Systems		
Requirement	Supporting Documentation	Score
Claims Processing		
<p>5. The PIHP complies with section 6504(a) of the Affordable Care Act and ensures its claims processing and retrieval systems are able to collect data elements necessary to enable the mechanized claims processing and information retrieval systems in operation by MDHHS to meet the requirements of section 1903(r)(1)(F) of the Act (electronic claims submission).</p> <p>42 CFR §438.242(b)(1) 42 CFR §457.1233(d) Affordable Care Act, Section 6504(a) Affordable Care Act, Section 1903(r)(1)(F) Contract Schedule A—1(P)(2)(a)(i) Contract Schedule A—1(S)(13)(a)(xii) Contract Schedule E—Contractor Financial Reporting Requirements</p>	<p>HSAG Required Evidence:</p> <ul style="list-style-type: none">• Policies, procedures, and workflows• Claims data collection and processing guidelines• Provider manual• HSAG will use the completed ISCAT and results from the information systems demonstration, including reporting capabilities <p>Evidence as Submitted by the PIHP:</p> <ul style="list-style-type: none">• 1c_Finance_Claims_Procedure• 3a_MDCH_5010A1_CG_837P_Enc_PIHP_CMHSP_11V202• 3b_MDCH_5010A1_CG_837I_Enc_PIHP_CMHSP_11V202	<p><input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA</p>
PIHP Description of Process: MSHN uses the HIPAA 837 transaction set standard and the MDHHS companion guides and validates all encounter transactions. All encounter transactions must meet these validations or REMI will not process them. All SUD Claims must meet the requirements to allow encounter submission as well. MSHN ensures compliance of the CMHSPs through the delegated managed care review.		
HSAG Findings: HSAG has determined that the PIHP met the requirements for this element.		
Required Actions: None.		
Application Programming Interface		
<p>6. The PIHP implements and maintains an Application Programming Interface (API) as specified in 42 CFR §431.60 (member access to and exchange of data) as if such requirements applied directly to the PIHP. Information is made accessible to its current members or the members' personal representatives through the API as follows:</p>	<p>HSAG Required Evidence:</p> <ul style="list-style-type: none">• Policies, procedures, and workflows• API documentation such as project plan(s), testing and monitoring plan/results• Member educational materials, website materials, etc.• Informational materials for developers on website	<p><input type="checkbox"/> Met <input checked="" type="checkbox"/> Not Met <input type="checkbox"/> NA</p>



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Standard XII—Health Information Systems		
Requirement	Supporting Documentation	Score
<p>a. Data concerning adjudicated claims, including claims data for payment decisions that may be appealed, were appealed, or are in the process of appeal, and provider remittances and member cost-sharing pertaining to such claims, no later than one business day after a claim is processed.</p> <p>b. Encounter data no later than one business day after receiving the data from providers compensated on the basis of capitation payments.</p> <p>c. All data classes and data elements included in a content standard in 45 CFR §170.213 (United States Core Data for Interoperability [USCDI]) that are maintained by the PIHP no later than one business day after the PIHP receives the data.</p> <p>d. Information about covered outpatient drugs and updates to such information, including, where applicable, preferred drug list information, no later than one business day after the effective date of any such information or updates to such information.</p> <p>42 CFR §438.242(b)(5) 42 CFR §431.60 42 CFR §457.1233(d) 45 CFR §170.213 Contract Schedule A—1(R)(18)</p>	<ul style="list-style-type: none">• Programming language that includes required information (e.g., parameters for claims, USCDI data elements)• Mechanisms to ensure data is updated within one business day of receipt• List of registered third-party applications• HSAG will use the results from the API demonstration <p>Evidence as Submitted by the PIHP:</p> <ul style="list-style-type: none">• 7a_Payer Data Exchange - PCE User Manual• 7b_PIX_9_3_API_Documentation• https://fhir.pcesecondure.com:9443/PCEFhirServer/MSH/Organization• https://fhir.pcesecondure.com:9443/PCEFhirServer/MSH/Practitioner?name=a• https://midstatehealthnetwork.org/consumers-resources/customer-services/application-programming-interface-api	
<p>PIHP Description of Process: REMI provides access to the required data as data becomes available. There is no delay from receipt or entry of data to when it becomes available. Consumers must request and register for data to be made available. The MSHN web page explains everything a consumer needs to know about this process. Consumers and application developers must register in order to get access to this data. There are currently no consumers or developers registered to access this data.</p>		
<p>HSAG Findings: While the PIHP implemented a Patient Access API and provided <i>7b_PIX_9_3_API_Documentation</i> and <i>7a_Payer Data Exchange - PCE User Manual</i>, these documents did not verify the specific USCDI data elements that would be available within the PIHP's information systems that could be accessible to members via the Patient Access API. Without further documentation, HSAG could not confirm that the PIHP was fully compliant.</p>		



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Standard XII—Health Information Systems		
Requirement	Supporting Documentation	Score
<p>Recommendations: HSAG strongly recommends that the PIHP develop its own policies and procedures for its Patient Access API. Within these policies and procedures, the PIHP should include:</p> <ul style="list-style-type: none">• All Patient Access API federal provisions under 42 CFR §431.60 and any applicable cross references.• A description of how the PIHP’s API meets the intent of each federal provision.• A table that includes all USCDI data elements and a cross-reference to which data elements the PIHP has available within its system and the specific data fields that these data elements are being extracted from (and therefore accessible via the API).• A description of how the PIHP oversees PCE to ensure the Patient Access API meets all federal provisions, including timeliness requirements.• A description of how the PIHP incorporates a mechanism to conduct routine testing of the API.• All new requirements outlined under the CMS Interoperability and Prior Authorization Final Rule (CMS-0057-F). <p>If the PIHP does not demonstrate adequate implementation of HSAG’s recommendations during future compliance reviews, the PIHP may receive a <i>Not Met</i> score.</p> <p>Required Actions: The PIHP’s Patient Access API must comply with all data elements in the CMS interoperability final rules.</p>		
<p>7. The PIHP maintains a publicly accessible standards-based API described in 42 CFR §431.70 (access to published provider directory information) which is conformant with the technical requirements at 45 CFR §431.60(c), excluding the security protocols related to user authentication and authorization and any other protocols that restrict the availability of this information to particular persons or organizations, the documentation requirements at 45 CFR §431.60(d), and is accessible via a public-facing digital endpoint on the PIHP’s website.</p> <p>42 CFR §438.242(b)(6) 45 CFR §431.60(c–d) 42 CFR §431.70 42 CFR §438.10(h)(1–2) 42 CFR §457.1233(d)</p>	<p>HSAG Required Evidence:</p> <ul style="list-style-type: none">• Policies, procedures, and workflows• API documentation such as project plan(s), testing and monitoring plans/results• Stakeholder educational materials, website materials, etc.• Informational materials for developers on website• Mechanisms to ensure data is updated within 30 calendar days of receipt of updated provider information• Programming language that includes required information (e.g., parameters for all information included in 42 CFR §438.10(h)(1–2))• List of registered third-party applications• HSAG will use the results from the web-based provider directory demonstration	<p><input type="checkbox"/> Met <input checked="" type="checkbox"/> Not Met <input type="checkbox"/> NA</p>

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Standard XII—Health Information Systems		
Requirement	Supporting Documentation	Score
	Evidence as Submitted by the PIHP: <ul style="list-style-type: none"> • 7a_Payer Data Exchange - PCE User Manual • 8a.PNM_Provider Directory Policy • 8b.PNM_Provider Directory Procedure • 8c.Provider Directory Upload • 8d_PN_-_Provider_Directory_Procedure • Directory - Mid-State Health Network (midstatehealthnetwork.org) • https://midstatehealthnetwork.org/consumers-resources/customer-services/application-programming-interface-api 	
<p>PIHP Description of Process: The MSHN web site has a provider directory page that allows users to search any and all of the contract and sub-contract providers of any type in the MSHN region. Each entry for a provider contains providers name, address and phone number as well as fields for the providers website, specialty information, service types provided, whether accepting new enrollees, languages offered, disability accommodations, accreditations and counties served. There is also a page that explains API requirements for developers to use as needed. Application developers must register in order to get access to this data. There are currently no developers registered to access this data.</p>		
<p>HSAG Findings: While the PIHP implemented the Provider Directory API, the CMS Interoperability and Patient Access Final Rule requires the Provider Directory API to include all information specified in 42 CFR §438.10(h)(1-2), which includes:</p> <ul style="list-style-type: none"> • The provider’s name as well as any group affiliation. • Street address(es). • Telephone number(s). • Website uniform resource locator (URL), as appropriate. • Specialty, as appropriate. • Whether the provider will accept new members. • The provider’s cultural and linguistic capabilities, including languages (including American Sign Language) offered by the provider or a skilled medical interpreter at the provider’s office. • Whether the provider’s office/facility has accommodations for people with physical disabilities, including offices, exam room(s), and equipment. <p>HSAG reviewed the data within the links, https://fhir.pcsecure.com:9443/PCEFhirServer/MSH/Practitioner?name=a and https://fhir.pcsecure.com:9443/PCEFhirServer/MSH/Organization, provided by the PIHP. HSAG located parameters for the provider’s name, street</p>		



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Standard XII—Health Information Systems		
Requirement	Supporting Documentation	Score
<p>address, telephone number, and provider specialty. However, parameters for accepting new patients, the provider’s cultural and linguistic capabilities, and whether the provider’s office/facility had accommodations for people with physical disabilities were not located. After the site review, the PIHP provided https://fhir.pcesecure.com:9443/PCEFhirServer/MSH/Organization/22612, which only confirmed the parameters that the HSAG reviewers had located during the desk review. Without further documentation, HSAG could not confirm that the PIHP was fully compliant.</p> <p>Recommendations: HSAG strongly recommends that the PIHP develop its own policies and procedures for its Provider Directory API and includes a description of how it implements the federal provisions. Additionally, the PIHP must ensure it implements all new requirements outlined under the CMS Interoperability and Prior Authorization Final Rule (CMS-0057-F). If the PIHP does not demonstrate adequate implementation of HSAG’s recommendations during future compliance reviews, the PIHP may receive a <i>Not Met</i> score.</p> <p>Required Actions: The PIHP’s provider directory must comply with all data elements required by 42 CFR §438.242(b)(6) and 42 CFR §438.10(h)(1-2).</p>		
Member Encounter Data		
<p>8. The PIHP collects and maintains sufficient member encounter data to identify the provider who delivers any item(s) or service(s) to members.</p> <p>42 CFR §438.242(c)(1) 42 CFR §457.1233(d) Contract Schedule A—1(P)(2)(b)(i)</p>	<p>HSAG Required Evidence:</p> <ul style="list-style-type: none">• Policies, procedures, and workflows• Encounter data collection requirements• Two samples/screenshots of encounter data with rendering provider and item/service data fields (one sample must include encounter data from a sub-capitated source)• HSAG will use the completed ISCAT and results from the information systems demonstration, including reporting capabilities <p>Evidence as Submitted by the PIHP:</p> <ul style="list-style-type: none">• 1c_Finance_Claims_Procedure_2.3.21• 9a.Quality_Medicaid_Event_Verification• 9b.Quality-Medicaid_Event_Verification_Procedure_3.0_Draft• Screenshot Encounter with Rendering Provider 1.png• Screenshot Encounter with Rendering Provider 2.png	<p><input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA</p>
<p>PIHP Description of Process: MSHN uses the HIPAA 837 transaction set standard and the MDHHS companion guides and validates all encounter transactions. All encounter transaction must meet these validations in order to be allowed into the REMI system. SUD Claims must meet all</p>		



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Standard XII—Health Information Systems		
Requirement	Supporting Documentation	Score
the requirements to be submitted as encounters to MDHHS as well. REMI uses this data for quality and utilization management and for submission to the State. Data sent to MDHHS is used for rate calculation and other reporting requirements.		
HSAG Findings: HSAG has determined that the PIHP met the requirements for this element.		
Required Actions: None.		
9. The PIHP submits member encounter data to MDHHS at a frequency and level of detail specified by CMS and the State, based on program administration, oversight, and program integrity needs. a. The member encounter data includes all MDHHS-specific requirements for encounter data submissions, including allowed amount and paid amount, that MDHHS is required to report to CMS under 42 CFR §438.818. b. The member encounter data is submitted to MDHHS in standardized ASC X12N 837 and NCPDP formats, and the ASC X12N 835 format as appropriate. <div>42 CFR §438.242(c)(2–4) 42 CFR §438.818 42 CFR §457.1233(d) Contract Schedule A—I(P)(2)(b)(i–ii) Contract Schedule E—Contractor Financial Reporting Requirements</div>	HSAG Required Evidence: <ul style="list-style-type: none">• Policies, procedures, and workflows• Encounter data submission requirements• Encounter data submission timeliness reports• Three concurrent months of submission compliance (acceptance/rejection reports)• Two samples/screenshots of encounter data with allowed amount and paid amount fields (one sample must include encounter data from a sub-capitated source)• HSAG will use the completed ISCAT and results from the information systems demonstration, including reporting capabilities Evidence as Submitted by the PIHP: <ul style="list-style-type: none">• 1c_Finance_Claims_Procedure• 3a_MDCH_5010A1_CG_837P_Enc_PIHP_CMHSP_11V202• 3b_MDCH_5010A1_CG_837I_Enc_PIHP_CMHSP_11V202• 3c.BH TEDS File-Specs-FY25• 3d.BH-TEDS_Coding_Instructions_FY25• 6a.EncounterProcessingResultsReport• Screenshot Encounter with Rendering Provider 1.png• Screenshot Encounter with Rendering Provider 2.png	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA
PIHP Description of Process: MSHN uses the ASC X12N 837 transaction set standard and the MDHHS companion guides and validates all encounter transactions. REMI validates this data before submission to the State. Data sent to MDHHS is used to meet the financial reporting requirements.		



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Standard XII—Health Information Systems		
Requirement	Supporting Documentation	Score
SUD claims data must meet all the requirements to be submitted as encounters to MDHHS as well.		
HSAG Findings: HSAG has determined that the PIHP met the requirements for this element.		
Required Actions: None.		

Standard XII—Health Information Systems						
Met	=	7	X	1	=	7
Not Met	=	2	X	0	=	0
Not Applicable	=	0				0
Total Applicable	=	9	Total Score		=	7
Total Score ÷ Total Applicable					=	78%



Appendix A. Compliance Review Tool SFY 2025 PIHP Compliance Review for Mid-State Health Network

Standard XIII—Quality Assessment and Performance Improvement Program

Standard XIII—Quality Assessment and Performance Improvement Program		
Requirement	Supporting Documentation	Score
General Rules		
<p>1. The PIHP establishes and implements an ongoing comprehensive quality assessment and performance improvement (QAPI) program (<i>referred to as the Quality Assessment and Performance Improvement Program [QAPIP] in Michigan</i>) for the services it furnishes to its members.</p> <p>42 CFR §438.330(a)(1) 42 CFR §457.1240(b) Contract Schedule A—1(L)(2)(a) QAPIPs for Specialty PIHPs</p>	<p>HSAG Required Evidence:</p> <ul style="list-style-type: none">• Policies and procedures• QAPI program description• QAPI work plan <p>Evidence as Submitted by the PIHP:</p> <ul style="list-style-type: none">• 01. FY2025 QAPIP Plan• 02. Attachment 1 - FY2025 Work Plan and Priorities• 54. Quality Management Policy• MSHN Website Quality Policies• MSHN Website Quality Procedures	<p><input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA</p>
PIHP Description of Process: N/A		
HSAG Findings: HSAG has determined that the PIHP met the requirements for this element.		
Required Actions: None.		
<p>2. <i>The PIHP has a written description of its QAPIP which specifies:</i></p> <p>a. <i>An adequate organizational structure which allows for clear and appropriate administration and evaluation of the QAPIP.</i></p> <p>b. <i>The components and activities of the QAPIP including those as required by the QAPIP Technical Requirement.</i></p> <p>c. <i>The role for recipients of service in the QAPIP.</i></p> <p>d. <i>The mechanisms or procedures to be used for adopting and communicating process and outcome improvement.</i></p>	<p>HSAG Required Evidence:</p> <ul style="list-style-type: none">• QAPI program description <p>Evidence as Submitted by the PIHP:</p> <ul style="list-style-type: none">• 01. FY2025 QAPIP Plan<ul style="list-style-type: none">○ Pages 5-9<ul style="list-style-type: none">▪ Section IV. Organizational Structure and Leadership begins on page 5▪ Recipients section on page 6▪ Section IV. Structure section on page 5	<p><input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA</p>



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Standard XIII—Quality Assessment and Performance Improvement Program		
Requirement	Supporting Documentation	Score
Contract Schedule A—1(L)(2)(a) QAPIs for Specialty PIHPs—I	<ul style="list-style-type: none">02. Attachment 1 - FY2025 Work Plan and Priorities<ul style="list-style-type: none">Section on Organizational Structure and Leadership- Pages 1-2	
PIHP Description of Process: N/A		
HSAG Findings: HSAG has determined that the PIHP met the requirements for this element.		
Required Actions: None.		
3. <i>The PIHP submits the updated QAPIP description and associated work plan to MDHHS annually by February 28. The report will include a list of the members of the Governing Body.</i> Contract Schedule A—1(L)(2)(a) QAPIs for Specialty PIHPs—I QAPIs for Specialty PIHPs—II(d)	HSAG Required Evidence: <ul style="list-style-type: none">QAPI program descriptionQAPI work planEvidence of submission of the QAPIP documents Evidence as Submitted by the PIHP: <ul style="list-style-type: none">01. FY2025 QAPIP Plan<ul style="list-style-type: none">Page 5 (Section IV. Organizational Structure and Leadership, Governance, Board of Directors)02. Attachment 1 - FY2025 Work Plan and Priorities<ul style="list-style-type: none">Page 103. QAPIP Submission- MDHHS Confirmation of FTP upload	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA
PIHP Description of Process: MSHN submits the QAPIP Plan and Report to MDHHS prior to February 28 th each year. For FY25, confirmation and approval has not yet been obtained, however, the document “QAPIP Submission- MDHHS Confirmation of FTP upload” shows evidence of a successful FTP upload of these documents for this fiscal year. By the time of review, MSHN should have an email confirmation of acceptance of the FY25 QAPIP Plan and FY24 QAPIP Report. In addition, approval along with supplementary documentation can be provided for the FY2024 QAPIP plan upon request.		
HSAG Findings: HSAG has determined that the PIHP met the requirements for this element.		
Required Actions: None.		



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Requirement	Supporting Documentation	Score
<p>4. <i>The QAPIP is accountable to a Governing Body that is a PIHP Regional Entity. Responsibilities of the Governing Body for monitoring, evaluating, and making improvements to care include:</i></p> <p>a. <i>Oversight of QAPIP—There is documentation that the Governing Body has approved the overall QAPIP and an annual Quality Improvement (QI) plan.</i></p> <p>b. <i>QAPIP progress reports—The Governing Body routinely receives written reports from the QAPIP describing performance improvement projects undertaken, the actions taken, and the results of those actions.</i></p> <p>c. <i>Annual QAPIP review—The Governing Body formally reviews on a periodic basis (but no less frequently than annually) a written report on the operation of the QAPIP.</i></p> <p>Contract Schedule A—1(L)(2)(a) QAPIPs for Specialty PIHPs—II(a–c)</p>	<p>HSAG Required Evidence:</p> <ul style="list-style-type: none">• QAPI program description• Governing Body charter• Minutes from Governing Body demonstrating approval of the QAPIP and quality improvement plan• Examples of concurrent QAPIP progress reports• Minutes from Governing Body demonstrating review of QAPIP progress reports and the annual QAPIP review <p>Evidence as Submitted by the PIHP:</p> <ul style="list-style-type: none">• 01. FY2025 QAPIP Plan<ul style="list-style-type: none">○ Page 1 names and dates of approvers of QAPIP plan and Page 5, Section IV. Organizational Structure and Leadership• 05. FY2024 QAPIP Report<ul style="list-style-type: none">○ Page 1 names and dates of review and approvers of QAPIP Report• 31. Attachment 01 QAPIP Communication• 32. 2025-01-07 Board Meeting Packet<ul style="list-style-type: none">○ Section 5 on agenda for approval of QAPIP by the Board of Directors○ Section 5 on agenda for review of FY24 QAPIP Report/Annual effectiveness and evaluation report• 33. 2025-01-07 MSHN Board Mtg Minutes<ul style="list-style-type: none">○ Section 5 on agenda for approval of QAPIP by the Board of Directors○ Section 5 on agenda for review of FY24 QAPIP Report/Annual effectiveness and evaluation report• 44. 2024-07-02 MSHN Board Mtg Minutes – APPROVED	<p><input checked="" type="checkbox"/> Met</p> <p><input type="checkbox"/> Not Met</p> <p><input type="checkbox"/> NA</p>



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Standard XIII—Quality Assessment and Performance Improvement Program		
Requirement	Supporting Documentation	Score
	<ul style="list-style-type: none">○ Page 2 (Section 8: Deputy Director Report update on Balanced Scorecard measures- this occurs quarterly)• 56. 2024-01-30 MSHN Board Mtg Minutes – APPROVED<ul style="list-style-type: none">○ Page 2 (provides evidence of FY2024 QAPIP Plan approval)• 57. 2024-03-05 Board Meeting Packet<ul style="list-style-type: none">○ Pages 96-97 (MMBPIS Update to Board)• 58. 2024-07-02 Board Meeting Packet<ul style="list-style-type: none">○ Pages 61-80 (Balanced Score Card Updates to Board)• 59. 2024-11-12 Board Meeting Packet<ul style="list-style-type: none">○ Page 32 (Performance Improvement Project Update to Board)	
PIHP Description of Process: N/A		
HSAG Findings: HSAG has determined that the PIHP met the requirements for this element. Recommendations: HSAG continues to recommend the PIHP enhance its meeting minutes to capture Governing Board discussion and feedback on the QAPIP description, work plan activities, evaluation, and progress reports. HSAG made this recommendation during the 2022 compliance review, which was not fully addressed by the PIHP.		
Required Actions: None.		
5. <i>There is a designated senior official responsible for the QAPIP implementation.</i> Contract Schedule A—1(L)(2)(a) QAPIPs for Specialty PIHPs—III	HSAG Required Evidence: <ul style="list-style-type: none">• QAPI program description• Job description Evidence as Submitted by the PIHP: <ul style="list-style-type: none">• 01. FY2025 QAPIP Plan<ul style="list-style-type: none">○ Page 5-6 (Structure section and then Chief Executive Officer paragraph)• 12. Chief Compliance and Quality Officer Job Description• 13. Quality Manager Job Description	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA



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Standard XIII—Quality Assessment and Performance Improvement Program		
Requirement	Supporting Documentation	Score
PIHP Description of Process: N/A		
HSAG Findings: HSAG has determined that the PIHP met the requirements for this element.		
Required Actions: None.		
<p>6. <i>There is active participation of providers and individuals in the QAPIP processes.</i></p> <p>Contract Schedule A—1(L)(2)(a) QAPIPs for Specialty PIHPs—IV</p>	<p>HSAG Required Evidence:</p> <ul style="list-style-type: none">• Policies, procedures, and workflows• QAPI program description• Meeting minutes demonstrating active participation of providers and PIHP members in the QAPIP processes <p>Evidence as Submitted by the PIHP:</p> <ul style="list-style-type: none">• 01. FY2025 QAPIP Plan<ul style="list-style-type: none">○ Pages 6-7 (Provider Network section)• 04. Quality Improvement Updates RCAC August 2024• 15. 2024.11.21 QIC Meeting Snapshot<ul style="list-style-type: none">○ Page 3- QAPIP Plan Review• 16. 2024-12-16 Operations Council Key Decisions<ul style="list-style-type: none">○ Page 1 (Sections: FY24 QAPIP Report and FY25 QAPIP Plan review)• 31. Attachment 01 QAPIP Communication	<p><input checked="" type="checkbox"/> Met</p> <p><input type="checkbox"/> Not Met</p> <p><input type="checkbox"/> NA</p>
PIHP Description of Process: N/A		
HSAG Findings: HSAG has determined that the PIHP met the requirements for this element.		
Required Actions: None.		



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Standard XIII—Quality Assessment and Performance Improvement Program		
Requirement	Supporting Documentation	Score
Basic Elements of QAPI Programs		
7. The QAPI program includes mechanisms to assess both underutilization and overutilization of services. 42 CFR §438.330(b)(3) 42 CFR §457.1240(b) Contract Schedule A—1(L)(2)(a) Contract Schedule A—1(L)(4)(a) QAPIs for Specialty PIHPs—XIV(B)	HSAG Required Evidence: <ul style="list-style-type: none">• Policies and procedures• QAPI program description• QAPI program work plan• QAPI program evaluation• Evidence demonstrating assessment of underutilization and overutilization of services (e.g., committee meeting minutes, reports)• Evidence demonstrating assessment of overutilization of services (e.g., committee meeting minutes, reports) Evidence as Submitted by the PIHP: <ul style="list-style-type: none">• 01. FY2025 QAPIP Plan<ul style="list-style-type: none">○ Pages 17-18 (Section X. Clinical Quality Standards, a.) Utilization Management)• 05. FY2024 QAPIP Report<ul style="list-style-type: none">○ Pages 21-22 (Section d.) Utilization Management)• 17. QAPIP Report Attachment 7 ACT Utilization FY24 Q2• 18. MSHN UM Plan FY24<ul style="list-style-type: none">○ Pages 12-13 (Section a. Metrics)	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA
PIHP Description of Process: N/A		
HSAG Findings: HSAG has determined that the PIHP met the requirements for this element.		
Required Actions: None.		



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Requirement	Supporting Documentation	Score
<p>8. The QAPI program includes mechanisms to assess the quality and appropriateness of care furnished to members with special health care needs, as defined by MDHHS in the quality strategy.</p> <p>42 CFR §438.330(b)(4) 42 CFR §457.1240(b) Contract Schedule A—1(L)(2)(a)</p>	<p>HSAG Required Evidence:</p> <ul style="list-style-type: none">• Policies and procedures• QAPI program description• QAPI work plan• QAPI program evaluation• Definition of members with special health care needs• Assessment tools• Clinical guidance/criteria• Metrics/performance measures to assess special health care needs	<p><input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA</p>
	<p>Evidence as Submitted by the PIHP:</p> <ul style="list-style-type: none">• 01. FY2025 QAPIP Plan<ul style="list-style-type: none">○ Pages 19-20 (Section e. Long Term Supports and Services/Home and Community Based Standards)○ Page 22 (Section XII. Annual Review of Effectiveness)• 05. FY2024 QAPIP Report• 06. Service Delivery System 1915i SPA Policy• 07. Practice Guidelines - Mid-State Health Network - Regional Practice Guidelines by Service can be found on the MSHN website (these contain 1915(i) services which rely on the 1915(i) eligibility and enrollment process)• 08. 1915iSPA Disenrollment and Transfer Procedure• 09. 1915iSPA Enrollment and Annual Recertification Procedure• 10. HCBS On-Site Review Tool• 19. Service Delivery System Habilitation Supports Waiver Policy• 20. Service Delivery System CWP Policy	



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Standard XIII—Quality Assessment and Performance Improvement Program		
Requirement	Supporting Documentation	Score
	<ul style="list-style-type: none">21. Service Delivery System SEDW Policy34. FY25 CMH Delegated Managed Care Tool - PSV37. FY25 CMH Clinical Chart Review Tool (Section 6 Delivery and Evaluation and Section 7 Program Service Delivery))38. FY25 Program Specific Review Tool Non-Waiver PSV46. Attachment 2 FY24 PBIP Narrative MSHN_FINAL55. Service Delivery System HCBS Compliance Monitoring Policy62. Service Delivery System HSW Private Duty Nursing Procedure	
PIHP Description of Process: N/A		
HSAG Findings: HSAG has determined that the PIHP met the requirements for this element.		
Required Actions: None.		
9. The QAPI program includes mechanisms to assess the quality and appropriateness of care furnished to members using long-term services and supports (LTSS), including: <ul style="list-style-type: none">a. Assessment of care between care settings.b. Comparison of services and supports received with those set forth in the member's treatment/service plan, if applicable.c. <i>Identify ongoing special conditions of the member that require a course of treatment or regular care monitoring.</i> <p>42 CFR §438.330(b)(5)(i) 42 CFR §457.1240(b) Contract Schedule A—1(L)(2)(a) Contract Schedule A—1(L)(2)(c)</p>	HSAG Required Evidence: <ul style="list-style-type: none">Policies and proceduresQAPI program descriptionQAPI program work planQAPI program evaluationAssessment toolsClinical guidance/criteriaMetrics/performance measures to assess LTSSMedical record audit tools and results Evidence as Submitted by the PIHP: <ul style="list-style-type: none">01. FY2025 QAPI Plan<ul style="list-style-type: none">Pages 14-15 (Section VII. Stakeholder Experience of Care)	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA



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Requirement	Supporting Documentation	Score
	<ul style="list-style-type: none">○ Pages 19-20 (Section e. Long Term Supports and Services/Home and Community Based Standards)○ Page 22 (Section XII. Annual Review of Effectiveness)● 02. Attachment 1 - FY2025 Work Plan and Priorities<ul style="list-style-type: none">○ Pages 3, 5, 8, and 9● 05. FY2024 QAPIP Report<ul style="list-style-type: none">○ Page 15 (Section Stakeholder and Assessment of Member Experiences)○ Page 33, 35, 38, 48● 06. Service Delivery System 1915i SPA Policy● 07. Practice Guidelines - Mid-State Health Network - Regional Practice Guidelines by Service can be found on the MSHN website (these contain 1915(i) services which rely on the 1915(i) eligibility and enrollment process)● 08. 1915iSPA Disenrollment and Transfer Procedure● 09. 1915iSPA Enrollment and Annual Recertification Procedure● 10. HCBS On-Site Review Tool● 22. MSHN Critical Incident Process Improvement Summary FY24● 37. FY25 CMH Clinical Chart Review Tool (Sections 6, 7, 8, and 9)● 39. MSHN Critical Incident Performance Report SUDTP FY24● 55. Service Delivery System HCBS Compliance Monitoring Policy● 62. Service Delivery System HSW Private Duty Nursing Procedure	



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Requirement	Supporting Documentation	Score
PIHP Description of Process: The quality and appropriateness of care is monitored through the number of and severity of critical incidents reported to the PIHP, key priority measures, and individual clinical chart reviews.		
HSAG Findings: HSAG has determined that the PIHP met the requirements for this element.		
Required Actions: None.		
Performance Measurement		
10. The QAPI program includes the collection and submission of performance measurement data. The PIHP annually: a. Measures and reports to MDHHS on its performance, using the standard measures required by MDHHS; b. Submits to MDHHS data, specified by MDHHS, which enables MDHHS to calculate the PIHP's performance using the standard measures identified by MDHHS; or c. Performs a combination of the activities described in sub-elements (a) and (b). 42 CFR §438.330(b)(2) 42 CFR §438.330(c)(2) 42 CFR §457.1240(b) Contract Schedule A—I(L)(2)(a) QAPIs for Specialty PIHPs—V Contract Schedule E—Contractor Non-Financial Reporting Requirements	HSAG Required Evidence: <ul style="list-style-type: none">• Policies and procedures• QAPI program description• QAPI work plan• QAPI program evaluation• Performance measures reports• Evidence of submission of performance measurement reports to MDHHS Evidence as Submitted by the PIHP: <ul style="list-style-type: none">• 01. FY2025 QAPIP Plan<ul style="list-style-type: none">○ Page 13 (Section VI. Performance Measurement)• 02. Attachment 1 - FY2025 Work Plan and Priorities<ul style="list-style-type: none">○ Page 2• 05. FY2024 QAPIP Report<ul style="list-style-type: none">○ Pages 4-5 (Section a. Michigan Mission Based Performance Indicator System)○ Pages 32-33○ Page 47 (Section A. Past Year Accomplishments)• 23. Michigan Mission Based Performance Indicator System FY24 Summary• 24. Attachment 1 MMBPIS FY24 Project Summary	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA



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Standard XIII—Quality Assessment and Performance Improvement Program		
Requirement	Supporting Documentation	Score
	<ul style="list-style-type: none">42. RE_ Mid-State Health Network- PI Data 4th Qtr FY2024 MDHHS Confirmation	
PIHP Description of Process: N/A		
HSAG Findings: HSAG has determined that the PIHP met the requirements for this element.		
Required Actions: None.		
Performance Improvement Projects		
<p>11. The QAPI program includes performance improvement projects (PIPs).</p> <p>a. The PIHP conducts PIPs that focus on both clinical and nonclinical areas, <i>and engages in at least two projects during the waiver renewal period.</i></p> <p>i. <i>Clinical areas would include, but not be limited to, high-volume services, high-risk services, and continuity and coordination of care.</i></p> <p>ii. <i>Nonclinical areas would include, but not be limited to, appeals, grievances, trends, and patterns of substantiated Recipient Rights complaints as well as access to, and availability of, services.</i></p> <p>iii. <i>Project topics should be selected in a manner which takes into account the prevalence of a condition among, or need for a specific service by, the organization's individuals; consumer demographic characteristics and health risks; and the interest of individuals in the aspect of service to be addressed.</i></p> <p>42 CFR §438.330(b)(1) 42 CFR §438.330(d)(1)</p>	<p>HSAG Required Evidence:</p> <ul style="list-style-type: none">Policies and proceduresQAPI program descriptionQAPI work planQAPI program evaluationList of all active PIPs, including which PIPs are considered clinical or non-clinicalPIP documentation for all active PIPs (excluding HSAG-validated PIPs) <p>Evidence as Submitted by the PIHP:</p> <ul style="list-style-type: none">01. FY2025 QAPIP Plan<ul style="list-style-type: none">Pages 13-14 (Section VI. Performance Measurement, b.) Performance Improvement Projects)Page 22 (Section XII. Annual Review of Effectiveness)02. Attachment 1 - FY2025 Work Plan and Priorities<ul style="list-style-type: none">Pages 4, 1405. FY2024 QAPIP Report<ul style="list-style-type: none">Pages 9-10 (Section e.) Performance Improvement Projects)	<p><input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA</p>



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Requirement	Supporting Documentation	Score
42 CFR §457.1240(b) Contract Schedule A—1(L)(2)(a) QAPIs for Specialty PIHPs—VII(A-B) QAPIs for Specialty PIHPs—VII(E)	<ul style="list-style-type: none">○ Pages 28-29 (Section Performance Improvement Projects Validation Report)○ Page 34 (PIP sections)● 25. Quality Performance Improvement Policy	
PIHP Description of Process: N/A		
HSAG Findings: HSAG has determined that the PIHP met the requirements for this element.		
Required Actions: None.		
12. Each PIP is designed to achieve significant improvement, sustained over time, in health outcomes and member satisfaction, and includes the following elements: <ul style="list-style-type: none">a. Measurement of performance using objective quality indicators.b. Implementation of interventions to achieve improvement in the access to and quality of care.c. Evaluation of the effectiveness of the interventions based on the performance measures required by MDHHS.d. Planning and initiation of activities for increasing or sustaining improvement. 42 CFR §438.330(d)(2) 42 CFR §457.1240(b) QAPIs for Specialty PIHPs—VII QAPIs for Specialty PIHPs—VII(F) Contract Schedule A—1(L)(2)(a)	HSAG Required Evidence: <ul style="list-style-type: none">● QAPI program description● QAPI work plan● QAPI program evaluation● Policies and procedures● PIP documentation for all active PIPs Evidence as Submitted by the PIHP: <ul style="list-style-type: none">● 01. FY2025 QAPIP Plan<ul style="list-style-type: none">○ Pages 13-14 (Section VI. Performance Measurement, b.) Performance Improvement Projects)○ Page 22 (Section XII. Annual Review of Effectiveness)● 25. Quality Performance Improvement Policy● 40. PIP-Start of Services within 14 days of Assessment (Ind. 3)● 47. Attachment 4 MSHN Experience of Care Executive Summary 2024● 61. PIPs Disparity Summary CY21-CY24	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA
PIHP Description of Process: N/A		



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Requirement	Supporting Documentation	Score
HSAG Findings: HSAG has determined that the PIHP met the requirements for this element.		
Required Actions: None.		
13. The PIHP reports the status and results of each PIP to MDHHS as requested, but not less than once per year. 42 CFR §438.330(d)(3) 42 CFR §457.1240(b)	HSAG Required Evidence: <ul style="list-style-type: none">• Policies and procedures• Evidence of annual submission of all PIPs to MDHHS Evidence as Submitted by the PIHP: <ul style="list-style-type: none">• 03. QAPIP Submission- MDHHS Confirmation of FTP upload• 05. FY2024 QAPIP Report	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA
PIHP Description of Process: MDHHS has not required the PIPs to be submitted annually separately, however, MSHN completes a review of the PIP and includes this within the QAPIP Report which is provided to MDHHS. MSHN submits the QAPIP Report containing this information to MDHHS prior to February 28 th each year. For FY25, confirmation and approval has not yet been obtained, however, the document “QAPIP Submission- MDHHS Confirmation of FTP upload” shows evidence of a successful FTP upload of the QAPIP Report document for this fiscal year.		
HSAG Findings: HSAG has determined that the PIHP met the requirements for this element.		
Required Actions: None.		
Sentinel Events and Critical Incidents		
14. The QAPI program includes participation in efforts by MDHHS to prevent, detect, and remediate critical incidents (consistent with assuring beneficiary health and welfare per 42 CFR §441.302 and §441.730(a) that are based, at a minimum, on the requirements for home and community-based waiver programs per 42 CFR §441.302(h). a. <i>The QAPIP describes, and the PIHP implements or delegates, the process of the review and follow-up of sentinel events and</i>	HSAG Required Evidence: <ul style="list-style-type: none">• Policies and procedures• QAPI program description• QAPI program work plan• QAPI program evaluation• Three examples of sentinel event/critical incident reports• Committee meeting minutes• Provider remediation plan template(s)	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA



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Requirement	Supporting Documentation	Score
<i>other critical incidents and events that put individuals at risk of harm.</i> 42 CFR §438.330(b)(5)(ii) 42 CFR §441.302 42 CFR §441.302(h) 42 CFR §441.730(a) 42 CFR §457.1240(b) Contract Schedule A—1(L)(2)(a) Contract Schedule A—1(O)(12) QAPIPs for Specialty PIHPs—VIII	Evidence as Submitted by the PIHP: <ul style="list-style-type: none">01. FY2025 QAPIP Plan<ul style="list-style-type: none">Pages 15-16 (Section VIII. Adverse Events)02. Attachment 1 - FY2025 Work Plan and Priorities<ul style="list-style-type: none">Page 505. FY2024 QAPIP Report<ul style="list-style-type: none">Page 36 (Goal- Event Monitoring and Report)22. MSHN Critical Incident Process Improvement Summary FY2426. Quality Sentinel Events Policy27. Quality Critical Incidents Policy28. Quality Incident Review for SUD Providers34. FY25 CMH Delegated Managed Care Tool - PSV35. FY25 Critical incident PSV Supplemental Tool36. FY25 MSHN-CMH MEDICAID SUBCONTRACT (delegation grid begins on page 34)Examples of Critical Incident/Sentinel Event Reports:<ul style="list-style-type: none">50. Lifeways CERT Report for FY2451. Critical Incident Review from Utilization Management Shiawassee52. Metric Report - Critical Incident Review Committee 3.202553. INCIDENT TRENDING REPORT FY21 - FY24	
PIHP Description of Process: The identification and review of adverse events (sentinel, critical, risk) is delegated to the CMHSP participants and the SUD Providers. Oversight is provided during the Delegated Managed Care Reviews using the Critical Incident Review Tool. The data is aggregated regionally and reviewed on a quarterly basis for regional action based on the individual provider issues that have been identified. Areas that require additional development or improvement are included within the QAPIP Work Plan.		
HSAG Findings: HSAG has determined that the PIHP met the requirements for this element.		



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Standard XIII—Quality Assessment and Performance Improvement Program		
Requirement	Supporting Documentation	Score
Required Actions: None.		
15. <i>At a minimum, sentinel events as defined in the MDHHS contract are reviewed and acted upon as appropriate.</i> <i>a. The PIHP or its delegate has three business days after a critical incident occurred to determine if it is a sentinel event.</i> <i>b. If the critical incident is classified as a sentinel event, the PIHP or its delegate has two subsequent business days to commence a root cause analysis of the event.</i> <div>Contract Schedule A—1(L)(2)(a) Contract Schedule A—1(O)(12) QAPIs for Specialty PIHPs—VIII(A)</div>	HSAG Required Evidence: <ul style="list-style-type: none">• Policies, procedures, and workflows• QAPI program description• Tracking and reporting mechanisms• Three examples of the review of critical incidents/sentinel events (date of incident, date incident determined to be a root cause event, and date root cause analysis completed must be provided)	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA
	Evidence as Submitted by the PIHP: <ul style="list-style-type: none">• 01. FY2025 QAPIP Plan<ul style="list-style-type: none">○ Pages 15-16 (Section VIII. Adverse Events)• 26. Quality Sentinel Events Policy• 29. Attachment 5 MSHN Critical Incident Performance Report FY24Q3• 36. FY25 MSHN-CMH MEDICAID SUBCONTRACT (delegation grid begins on page 34)• Sentinel Event/Critical Incident Example Folders	
PIHP Description of Process: The identification and review of sentinel events is delegated to the CMHSP participants and the SUD Providers. Oversight is provided during the Delegated Managed Care Reviews using the Critical Incident Review Tool. Any areas that do not meet the expectations result in a recommendation for further improvement/development or a finding which results in a corrective action plan. The corrective action plan is then followed up on during the interim review to ensure it was completed and effective.		
HSAG Findings: HSAG has determined that the PIHP met the requirements for this element. Recommendations: HSAG continues to recommend that the PIHP develop a root cause analysis (RCA) template for all CMHSPs and SUD providers to use so the PIHP can ensure that all required components are included. HSAG made this recommendation during the 2022 compliance review, which was not fully addressed by the PIHP.		
Required Actions: None.		



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Requirement	Supporting Documentation	Score
16. <i>Individuals involved in the review of sentinel events have the appropriate credentials to review the scope of care. For example, sentinel events that involve client death, or other serious medical conditions, involve a physician or nurse.</i> Contract Schedule A—1(L)(2)(a) QAPIPs for Specialty PIHPs—VIII(B)	HSAG Required Evidence: <ul style="list-style-type: none">• Policies and procedures• QAPI program description• Job description• Three examples of the review of critical incidents/sentinel events (credentials of the review staff must be provided)	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA
	Evidence as Submitted by the PIHP: <ul style="list-style-type: none">• 01. FY2025 QAPIP Plan<ul style="list-style-type: none">○ Pages 15-16 (Section VIII. Adverse Events)• 26. Quality Sentinel Events Policy• 35. FY25 Critical incident PSV Supplemental Tool• 36. FY25 MSHN-CMH MEDICAID SUBCONTRACT (delegation grid begins on page 34)• Sentinel Event/Critical Incident Example Folders	
PIHP Description of Process: The identification and review of sentinel events is delegated to the CMHSP participants and the SUD Providers. Oversight is provided during the Delegated Managed Care Reviews using the Critical Incident Review Tool to ensure the staff involved in the root cause analysis and review include the appropriate scope of care. The qualifications of staff that are members of the committee/council to review the events is reviewed as well as any ad hoc members that are included within the RCA process and/or meeting. Any areas that do not meet the expectations result in a recommendation for further improvement/development or a finding which results in a corrective action plan. The corrective action plan is then followed up on during the interim review to ensure it was completed and effective.		
HSAG Findings: HSAG has determined that the PIHP met the requirements for this element.		
Required Actions: None.		



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Requirement	Supporting Documentation	Score
<p>17. <i>All unexpected deaths of Medicaid members, who at the time of their deaths were receiving specialty supports and services, are reviewed and include:</i></p> <p>a. <i>Screens of individual deaths with standard information (e.g., coroner’s report, death certificate).</i></p> <p>b. <i>Involvement of medical personnel in the mortality reviews.</i></p> <p>c. <i>Documentation of the mortality review process, findings, and recommendations.</i></p> <p>d. <i>Use of mortality information to address quality of care.</i></p> <p>e. <i>Aggregation of mortality data over time to identify possible trends.</i></p> <p><i>Note: “Unexpected deaths” include those that resulted from suicide, homicide, an undiagnosed condition, were accidental, or were suspicious for possible abuse or neglect.</i></p> <p>Contract Schedule A—1(L)(2)(a) Contract Schedule A—1(O)(12) QAPIs for Specialty PIHPs—VIII(C)</p>	<p>HSAG Required Evidence:</p> <ul style="list-style-type: none">• Policies and procedures• QAPI program description• Tracking and reporting mechanisms• Three examples of the review of critical incidents/sentinel events involving deaths <p>Evidence as Submitted by the PIHP:</p> <ul style="list-style-type: none">• 01. FY2025 QAPIP Plan<ul style="list-style-type: none">○ Pages 15-16 (Section VIII. Adverse Events)• 36. FY25 MSHN-CMH MEDICAID SUBCONTRACT (delegation grid begins on page 34)• 27. Quality Critical Incidents Policy• 30. MSHN Critical Incident Process Improvement Summary FY24• Sentinel Event/Critical Incident Example Folders	<p><input checked="" type="checkbox"/> Met</p> <p><input type="checkbox"/> Not Met</p> <p><input type="checkbox"/> NA</p>
<p>PIHP Description of Process: The identification and review of sentinel events is delegated to the CMHSP participants and the SUD Providers. The analysis of local mortality data is completed at the local level.</p>		
<p>HSAG Findings: HSAG has determined that the PIHP met the requirements for this element.</p>		
<p>Required Actions: None.</p>		



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Requirement	Supporting Documentation	Score
<p>18. <i>Following immediate event notification to MDHHS, the PIHP submits information on relevant events through the Critical Incident Reporting System.</i></p> <p>Contract Schedule A—1(O)(12) Contract Schedule A—1(L)(2)(a) Contract Schedule A—1(O)(12)(b–c) QAPIs for Specialty PIHPs —VIII(D) Critical Incident, Event Notification, and SUD Sentinel Event Reporting Requirements</p>	<p>HSAG Required Evidence:</p> <ul style="list-style-type: none">• Policies, procedures, and workflows• QAPI program description• Critical Incident Reporting System oversight and reporting demonstration <p>Evidence as Submitted by the PIHP:</p> <ul style="list-style-type: none">• 01. FY2025 QAPIP Plan<ul style="list-style-type: none">○ Pages 15-16 (Section VIII. Adverse Events)• 28. Quality Incident Review for SUD Providers• Example of Immediately Reportable Event:<ul style="list-style-type: none">○ 48. Immediately Reportable Event - Caution PHI Contained○ 49. Immediately Reportable Event - CRM Log	<p><input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA</p>
<p>PIHP Description of Process: All immediate reportable events are sent directly to the PIHP for reporting within 48 hours of notification. The CMHSPs enter all critical events, including immediate reportable events, into the critical incident reporting system for submission by the PIHP to MDHHS within the required timelines.</p>		
<p>HSAG Findings: HSAG has determined that the PIHP met the requirements for this element.</p>		
<p>Required Actions: None.</p>		
<p>19. <i>The PIHP reports the following five specific reportable events through the Critical Incident Reporting System:</i></p> <p>a. <i>Suicide</i> b. <i>Non-suicide death</i> c. <i>Emergency medical treatment due to injury or medication error</i> d. <i>Hospitalization due to injury or medication error</i> e. <i>Arrest of the individual</i></p>	<p>HSAG Required Evidence:</p> <ul style="list-style-type: none">• Policies, procedures, and workflows• QAPI program description• Critical Incident Reporting System oversight and reporting demonstration <p>Evidence as Submitted by the PIHP:</p> <ul style="list-style-type: none">• 01. FY2025 QAPIP Plan<ul style="list-style-type: none">○ Pages 15-16 (Section VIII. Adverse Events)	<p><input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA</p>



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Requirement	Supporting Documentation	Score
Contract Schedule A—1(L)(2)(a) Contract Schedule A—1(O)(12)(b–c) QAPIs for Specialty PIHPs—VIII(E) Contract Schedule E—Contractor Non-Financial Reporting Requirements Critical Incident, Event Notification, and SUD Sentinel Event Reporting Requirements	<ul style="list-style-type: none">27. Quality Critical Incidents Policy30. MSHN Critical Incident Process Improvement Summary FY2445. PIHP CIR Reporting_Submissions	
PIHP Description of Process: N/A		
HSAG Findings: HSAG has determined that the PIHP met the requirements for this element.		
Required Actions: None.		
20. <i>The QAPI describes how the PIHP will analyze, at least quarterly, the critical incidents, sentinel events, and risk events to determine what action needs to be taken to remediate the problem or situation and to prevent the occurrence of additional events and incidents.</i> Contract Schedule A—1(L)(2)(a) QAPIs for Specialty PIHPs—VIII(E)	HSAG Required Evidence: <ul style="list-style-type: none">Policies, procedures, and workflowsQAPI program descriptionTracking and reporting mechanismsThree examples of quarterly analysis of critical incidents, sentinel events, and risk events Evidence as Submitted by the PIHP: <ul style="list-style-type: none">01. FY2025 QAPIP Plan<ul style="list-style-type: none">Pages 15-16 (Section VIII. Adverse Events)27. Quality Critical Incidents Policy05. FY2024 QAPIP Report<ul style="list-style-type: none">Page 16-17 (Section g. Adverse Event Monitoring)Page 36 (Section goal- Event Monitoring and Reporting)Page 48 (3rd row on page)28. Quality Incident Review for SUD Providers	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA



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Requirement	Supporting Documentation	Score
	<ul style="list-style-type: none">29. Attachment 5 MSHN Critical Incident Performance Report FY24Q3Examples of Critical Incident/Sentinel Event Reports:<ul style="list-style-type: none">50. Lifeways CERT Report for FY2451. Critical Incident Review from Utilization Management Shiawassee52. Metric Report - Critical Incident Review Committee 3.202553. INCIDENT TRENDING REPORT FY21 - FY24	
PIHP Description of Process: N/A		
HSAG Findings: HSAG has determined that the PIHP met the requirements for this element.		
Required Actions: None.		
21. <i>The PIHP's QAPIP has a process for analyzing additional critical incidents that put individuals at risk of harm. This analysis should be used to determine what action needs to be taken to remediate the problem or situation and to prevent the occurrence of additional events and incidents. These events minimally include:</i> a. <i>Actions taken by individuals who receive services that cause harm to themselves.</i> b. <i>Actions taken by individuals who receive services that cause harm to others.</i> c. <i>Two or more unscheduled admissions to a medical hospital (not due to planned surgery or the natural course of a chronic illness, such as when an individual has a terminal illness) within a 12-month period.</i> <div>Contract Schedule A—1(L)(2)(a) QAPIPs for Specialty PIHPs—VIII(F)</div>	HSAG Required Evidence: <ul style="list-style-type: none">Policies, procedures, and workflowsQAPI program descriptionThree examples of the analysis of critical incidents that put individuals at risk of harm	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA
	Evidence as Submitted by the PIHP: <ul style="list-style-type: none">01. FY2025 QAPIP Plan<ul style="list-style-type: none">Pages 15-16 (Section VIII. Adverse Events)35. FY25 Critical incident PSV Supplemental Tool36. FY25 MSHN-CMH MEDICAID SUBCONTRACT (delegation grid begins on page 34)Examples of Critical Incident/Sentinel Event Reports:<ul style="list-style-type: none">50. Lifeways CERT Report for FY2451. Critical Incident Review from Utilization Management Shiawassee	



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Requirement	Supporting Documentation	Score
	<ul style="list-style-type: none"> ○ 52. Metric Report - Critical Incident Review Committee 3.2025 ○ 53. INCIDENT TRENDING REPORT FY21 - FY24 ● Sentinel Event/Critical Incident Example Folders 	
PIHP Description of Process: The identification and review of risk events is delegated to the CMHSP participants. Oversight is provided during the Delegated Managed Care Reviews using the Critical Incident Review Tool. Any areas that do not meet the expectations result in a recommendation for further improvement/development or a finding which results in a corrective action plan. The corrective action plan is then followed up on during the interim review to ensure it was completed and effective. Examples are provided of the local analysis completed by the CMHSPs.		
HSAG Findings: HSAG has determined that the PIHP met the requirements for this element.		
Required Actions: None.		
QAPI Program Reviews, Analysis, and Evaluation		
22. The PIHP develops a process to evaluate the impact and effectiveness of its QAPI Program. The QAPI program evaluation includes: <ul style="list-style-type: none"> a. The performance on the measures on which it is required to report. b. The outcomes and trended results of each PIP. c. The results of any efforts to support community integration for members using LTSS. d. <i>The annual effectiveness review includes analysis of whether there have been improvements in the quality of health care and services for members as a result of QAPI activities and interventions carried out by the PIHP.</i> e. <i>The analysis should take into consideration trends in service delivery and health outcomes over time and include monitoring of progress on performance goals and objectives.</i> 	HSAG Required Evidence: <ul style="list-style-type: none"> ● QAPI program evaluation ● Committee meeting minutes (with discussion of QAPI evaluation) Evidence as Submitted by the PIHP: <ul style="list-style-type: none"> ● 03. QAPI Submission- MDHHS Confirmation of FTP upload ● 05. FY2024 QAPI Report ● 11. QAPI MSHN 2024 Compliance Summary Report ● 24. Attachment 1 MMBPIS FY24 Project Summary ● 37. FY25 CMH Clinical Chart Review Tool ● 60. FY24 Q3 CMHSP Waiver Program Administrative Review Scores ● 61. PIPs Disparity Summary CY21-CY24 	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA



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Requirement	Supporting Documentation	Score
42 CFR §438.330(e) 42 CFR §457.1240(b) Contract Schedule A—1(L)(3)(a)		
PIHP Description of Process: N/A		
HSAG Findings: HSAG has determined that the PIHP met the requirements for this element. Recommendations: While the PIHP included in its workplan and annual QAPIP evaluation that it assesses the impact of the results of efforts to support community integration for members using LTSS, specific details of this impact were not clearly indicated. As such, HSAG recommends that the PIHP ensure that it includes additional details regarding the results of its assessment of the impact of efforts to support community integration for members using LTSS. HSAG also recommends that the PIHP include as part of its annual QAPIP evaluation additional details about whether member health outcomes improved or declined, what efforts contributed to the improvement or the decline, etc. If the PIHP does not demonstrate adequate implementation of HSAG’s recommendations during future compliance reviews, the PIHP may receive a <i>Not Met</i> score.		
Required Actions: None.		
23. <i>Information on the effectiveness of the PIHP’s QAPIP are provided annually to network providers and to members upon request.</i> Contract Schedule A—1(L)(3)	HSAG Required Evidence: <ul style="list-style-type: none">• Policies, procedures, and workflows• Annual effectiveness review submitted to providers/members Evidence as Submitted by the PIHP: <ul style="list-style-type: none">• Website URL: https://midstatehealthnetwork.org/stakeholders-resources/quality-compliance/compliance-reports• 41. Email to Providers- MSHN QAPIP FY24 Plan and FY23 Report	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA
PIHP Description of Process: MSHN provides the QAPIP report to the provider network on an annual basis at minimum. In addition, to sending out the QAPIP report to the provider network, MSHN publishes its QAPIP plan and report on its website for individuals to easily access. The FY25 QAPIP Plan and FY24 QAPIP Report will be sent out to the network upon approval from MDHHS for FY25.		
HSAG Findings: HSAG has determined that the PIHP met the requirements for this element.		
Required Actions: None.		



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Requirement	Supporting Documentation	Score
24. <i>Annually, by February 28 each calendar year, the PIHP provides information on the effectiveness of its QAPIP to MDHHS.</i> Contract Schedule A—1(L)(3)	HSAG Required Evidence: <ul style="list-style-type: none">QAPI program evaluationEvidence of QAPI program evaluation annual submission to MDHHS	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA
	Evidence as Submitted by the PIHP: <ul style="list-style-type: none">05. FY2024 QAPIP Report03. QAPIP Submission- MDHHS Confirmation of FTP upload	
PIHP Description of Process: MSHN submits the QAPIP Plan and Report to MDHHS prior to February 28 th each year. For FY25, confirmation and approval has not yet been obtained, however, the document “QAPIP Submission- MDHHS Confirmation of FTP upload” shows evidence of a successful FTP upload of these documents for this fiscal year. By the time of review, MSHN should have an email confirmation of acceptance of the FY25 QAPIP Plan and FY24 QAPIP Report.		
HSAG Findings: HSAG has determined that the PIHP met the requirements for this element.		
Required Actions: None.		

Standard XIII—Quality Assessment and Performance Improvement Program						
Met	=	24	X	1	=	24
Not Met	=	0	X	0	=	0
Not Applicable	=	0				
Total Applicable	=	24	Total Score		=	24
Total Score ÷ Total Applicable					=	100%

Appendix B. Compliance Review Corrective Action Plan

Standard VII—Provider Selection

Standard VII—Provider Selection		
Requirement	Supporting Documentation	Score
<p>12. <i>For credentialing and recredentialing, the PIHP conducts a search that reveals information substantially similar to information found on an Internet Criminal History Access Tool (ICHAT) check and a national and State sex offender registry check for each new direct-hire or contractually employed practitioner.</i></p> <p>a. <i>ICHAT: https://apps.michigan.gov.</i></p> <p>b. <i>Michigan Public Sex Offender Registry: https://mspsor.com.</i></p> <p>c. <i>National Sex Offender Registry: http://www.nsopw.gov.</i></p> <p>42 CFR §438.214(e) Credentialing and Re-Credentialing Processes—C</p>	<p>HSAG Required Evidence:</p> <ul style="list-style-type: none">• Policies and procedures• HSAG will also use the results of the Practitioner Credentialing and Recredentialing File Reviews	<p><input type="checkbox"/> Met</p> <p><input checked="" type="checkbox"/> Not Met</p> <p><input type="checkbox"/> NA</p>
	<p>Evidence as Submitted by the PIHP:</p> <ul style="list-style-type: none">• PN_Background_Checks_Procedure (P. 1, and 2-3)• Staff Credentialing File Review Tool (P.2 #15 and #16, and P. 4 #17 and #18)• MSHN Delegated Managed Care Tool (P. 30, 11.3)	
<p>PIHP Description of Process: MDHHS did not add criminal background checks as part of the credentialing process until the policy was released on 11.18.24 with a retroactive date of 10/1/24. While criminal background checks were required, they were not associated with credentialing process but rather at time of hire and at minimum, every two years.</p> <p>MSHN conducts delegated reviews of the CMH’s to ensure compliance. MSHN did not conduct any credentialing related delegation reviews completed in the timeframe for this HSAG review. The past review template (Staff Credentialing File Review Tool) has been provided to show that criminal history has been reviewed in the past when reviewing personnel files/credentialing files. MDHHS did not require sex offender registry checks at time of this review tool. MSHN is in the process of updating the CMH staff file review tool in preparation for FY26 reviews.</p> <p>MSHN has updated policies and procedures to reflect the changes that are going through the formal review process which includes review by committees, leadership, Operation’s council and the MSHN Board of Directors.</p> <p>PIHPs and CMHs are required to utilize the MDHHS Universal Credentialing system for all credentialing, criminal background checks are being conducted at time of credentialing and recredentialing and uploaded to the Universal Credentialing system as a requirement to approve credentialing applications.</p>		



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Requirement	Supporting Documentation	Score
MSHN has provided the current criminal background check procedure that was in place during the time of the HSAG review time period. The draft procedure can be provided upon request.		
HSAG Findings: One case file (Sample 2) was missing search results from the Michigan Public Sex Offender Registry (MPSOR). Another two case files (Samples 4 and 5) were missing both the MPSOR and the National Sex Offender Registry search results as well as criminal background checks. It should be noted that these background checks were included in MDHHS' policy dated March 24, 2023.		
Required Actions: For credentialing and recredentialing, the PIHP must ensure it conducts a search that reveals information substantially similar to information found on an Internet Criminal History Access Tool (ICHAT) check and a national and State sex offender registry check for each new direct-hire or contractually employed practitioner.		
PIHP Corrective Action Plan		
Root Cause Analysis:		
PIHP Remediation Plan:		
Responsible Individual(s):		
Timeline:		
MDHHS/HSAG Response:		<input type="checkbox"/> Accepted <input type="checkbox"/> Accepted With Recommendations <input type="checkbox"/> Not Accepted
16. <i>For credentialing and recredentialing, the PIHP confirms that the provider has been approved by an accrediting body.</i> a. <i>If the provider is not accredited, the PIHP performs an onsite quality assessment.</i> b. <i>For solely community-based providers (e.g., applied behavioral analysis [ABA] or community living supports [CLS] in private residences), an onsite review is not required, and an alternative quality assessment is acceptable.</i> 42 CFR §438.214(e) Credentialing and Re-Credentialing Processes—D(1)(c)	HSAG Required Evidence: <ul style="list-style-type: none">• Policies and procedures• Onsite assessment review tool/template• Requirements for an alternative quality assessment• HSAG will also use the results of the Organizational Credentialing and Recredentialing File Reviews	<input type="checkbox"/> Met <input checked="" type="checkbox"/> Not Met <input type="checkbox"/> NA
	Evidence as Submitted by the PIHP: <ul style="list-style-type: none">• VII. New Provider-Service Checklist• VII. New Satellite Office Form	



Appendix B. Compliance Review Corrective Action Plan

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Standard VII—Provider Selection		
Requirement	Supporting Documentation	Score
Credentialing and Re-Credentialing Processes—D(1)(h)	<ul style="list-style-type: none">VII. PNM_Credentialing_Recredentialing_PolicyVII. MCN FY25 Provider Network Review ToolVII. TBHS FY25 Provider Network Review ToolVII. TRD FY25 Provider Network Review Tool	
PIHP Description of Process: MSHN has not credentialed or recredentialed any providers during the review period.		
HSAG Findings: One case file (Sample 1), which was not accredited, did not include evidence of a completed onsite quality assessment. HSAG requested the onsite quality assessment be submitted after the site review. The PIHP submitted an <i>Audit Checklist for Licensed Residential</i> facilities; however, this was a general checklist and not specific to the provider in the sample submitted. Therefore, HSAG could not determine whether an onsite quality assessment occurred for this provider. The PIHP's policy states that an organizational provider is either approved by an accredited body or the PIHP must perform an onsite quality assessment.		
Required Actions: For credentialing and recredentialing, the PIHP must ensure that the provider has been approved by an accrediting body. If the provider is not accredited, the PIHP performs an onsite quality assessment.		
PIHP Corrective Action Plan		
Root Cause Analysis:		
PIHP Remediation Plan:		
Responsible Individual(s):		
Timeline:		
MDHHS/HSAG Response:		<input type="checkbox"/> Accepted <input type="checkbox"/> Accepted With Recommendations <input type="checkbox"/> Not Accepted



Appendix B. Compliance Review Corrective Action Plan

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Standard VII—Provider Selection		
Requirement	Supporting Documentation	Score
19. <i>For credentialing and recredentialing, current insurance coverage meeting contractual expectations is on file with the PIHP.</i> 42 CFR §438.214(e) Credentialing and Re-Credentialing Processes—D(1)(g)	HSAG Required Evidence: <ul style="list-style-type: none">• Policies and procedures• HSAG will also use the results of the Organizational Credentialing and Recredentialing File Reviews	<input type="checkbox"/> Met <input checked="" type="checkbox"/> Not Met <input type="checkbox"/> NA
	Evidence as Submitted by the PIHP: <ul style="list-style-type: none">• VII. MSHN FY 2025 Medicaid Subcontracting Agreement Section XXVII Pg. 26• VII. FY25 SUD Treatment – Final• PNM_Credentialing_ -_Organizational Provider (p. 1, 1.f.)• TRD_FY25 Provider Network Review (p. 1-2, 7-8)• TBHS_FY25 Provider Network Review (p 6-7)• MCN_FY25 Provider Network Review (p. 1-2, 8-10)	
PIHP Description of Process: SUD organization agencies submit their current certificate of insurance to MSHN on an annual basis. MDHHS CRM tracks expiration dates for insurance coverages for all newly credentialed providers		
HSAG Findings: Three of the five samples did not meet liability insurance coverage required in the PIHP’s contracts between the provider and its delegates. One case file (Sample 1) did not have cyber liability coverage and did not have enough professional liability coverage as was required in the contract. The certificate of insurance (COI) showed \$2 million in annual aggregate coverage for professional liability, but the contract required \$3 million. The contract also required cyber liability coverage in the amount of \$1 million per occurrence and \$1 million aggregate, but no evidence was submitted to demonstrate they had these coverages. For one case file (Sample 3), there was no evidence provided demonstrating the contract included cyber liability insurance coverage in the required amounts. For one case file (Sample 5), there was no evidence provided that demonstrated the contract included employer liability coverage in the amount of \$3 million for each occurrence and the aggregate.		
Required Actions: For credentialing and recredentialing, the PIHP must ensure current insurance coverage meeting contractual expectations is on file with the PIHP.		
PIHP Corrective Action Plan		
Root Cause Analysis:		
PIHP Remediation Plan:		



**Appendix B. Compliance Review Corrective Action
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Standard VII—Provider Selection		
Requirement	Supporting Documentation	Score
Responsible Individual(s):		
Timeline:		
MDHHS/HSAG Response:		<input type="checkbox"/> Accepted <input type="checkbox"/> Accepted With Recommendations <input type="checkbox"/> Not Accepted



**Appendix B. Compliance Review Corrective Action
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Standard VIII—Confidentiality

Standard VIII—Confidentiality		
Requirement	Supporting Documentation	Score
21. The PIHP must require its business associates (i.e., subcontractors) to, following the discovery of a breach of unsecured PHI, notify the PIHP of such breach. a. A breach shall be treated as discovered by a business associate as of the first day on which such breach is known to the business associate or, by exercising reasonable diligence, would have been known to the business associate. A business associate shall be deemed to have knowledge of a breach if the breach is known, or by exercising reasonable diligence would have been known, to any person, other than the person committing the breach, who is an employee, officer, or other agent of the business associate. b. Except as provided in 45 CFR §164.412, the PIHP must require a business associate to provide the notification without unreasonable delay and in no case later than 60 calendar days after discovery of a breach. c. The notification must include, to the extent possible, the identification of each individual whose unsecured protected health information has been or is reasonably believed by the business associate to have been, accessed, acquired, used, or disclosed during the breach. d. The PIHP must require a business associate to provide the PIHP with any other available information that the PIHP is required to include in notification to the individual under 45 CFR §164.404(c) at the time of the notification or promptly thereafter as information becomes available.	HSAG Required Evidence: <ul style="list-style-type: none">• Policies and procedures• List of breaches of unsecured PHI reported by subcontractors• One example of executed business associate agreement• One example of executed subcontractor contract Evidence as Submitted by the PIHP: <ul style="list-style-type: none">• MSHN Breach Notification Procedure, Pg.1-2: Breach Notification Requirements, Pg. 3: F. Notification to a Covered Entity• BABHA MSHN FY25 Medicaid Subcontracting Agreement. Pg. 21• BABHA MSHN FY25 Medicaid Subcontracting Agreement, Business Associates Agreement, Pgs. 59 – 65• List of breaches of unsecured PHI including the date of discovery and notification date to members<ul style="list-style-type: none">○ MCN - List of Breaches○ Right Door - List of Breaches○ CMHCM – Data Breach Log 2024	<input type="checkbox"/> Met <input checked="" type="checkbox"/> Not Met <input type="checkbox"/> NA



Appendix B. Compliance Review Corrective Action Plan

SFY 2025 PIHP Compliance Review for Mid-State Health Network

Standard VIII—Confidentiality		
Requirement	Supporting Documentation	Score
45 CFR §164.410 45 CFR §164.404(c) 45 CFR §164.412		
PIHP Description of Process: N/A		
HSAG Findings: Although the PIHP requires its business associates to notify the PIHP within 30 days of a breach discovery in writing as outlined in the business associate agreement submitted as evidence (e.g., <i>BABHA MSHN FY25 Medicaid Subcontracting Agreement, Business Associates Agreement</i>), HSAG did not see evidence that the PIHP received notification within 30 days from its business associates for each of the lists of breaches provided as evidence (e.g., <i>MCN - List of Breaches, Right Door - List of Breaches</i> , and <i>CMHCM – Data Breach Log 2024</i>). In follow-up, HSAG requested that the PIHP submit evidence demonstrating when MCN (Montcalm), Right Door, and CMHCM (Community Mental Health for Central MI) notified the PIHP of the breaches provided as examples. HSAG received the <i>TRD Disclosure Notice Email – 10-03-2024</i> document in follow-up, however, this did not meet the entire request for follow-up documentation demonstrating that the PIHP received notification from all of the CMHSPs. Therefore, HSAG was unable to confirm that MCN and CMHCM notified the PIHP timely of the breaches that occurred according to the <i>MCN - List of Breaches</i> and <i>CMHCM – Data Breach Log 2024</i> .		
Required Actions: The PIHP must require its business associates (i.e., subcontractors), upon the discovery of a breach of unsecured PHI, to notify the PIHP of such a breach.		
PIHP Corrective Action Plan		
Root Cause Analysis:		
PIHP Remediation Plan:		
Responsible Individual(s):		
Timeline:		
MDHHS/HSAG Response:		<input type="checkbox"/> Accepted <input type="checkbox"/> Accepted With Recommendations <input type="checkbox"/> Not Accepted



Appendix B. Compliance Review Corrective Action Plan

SFY 2025 PIHP Compliance Review for Mid-State Health Network

Standard IX—Grievance and Appeal Systems

Standard IX—Grievance and Appeal Systems		
Requirement	Supporting Documentation	Score
<p>4. The PIHP acknowledges receipt of each grievance, <i>within five business days</i>.</p> <p>42 CFR §438.228 42 CFR §438.406(b)(1) 42 CFR §457.1260(d) Contract Schedule A—M(2)(e) Appeal and Grievance Resolution Processes Technical Requirement—VIII(C)(2)</p>	<p>HSAG Required Evidence:</p> <ul style="list-style-type: none">• Policies and procedures• Grievance acknowledgment notice template• Tracking and reporting mechanisms• System screenshot of the field where the date of receipt of the grievance is documented• System screenshot of the field where the date of oral/written acknowledgement and the acknowledgement notice/call notes are documented• Report of all grievances during the review period, including the date of receipt of the appeals and the date of acknowledgement• HSAG will also use the results of the Grievances File Review <p>Evidence as Submitted by the PIHP:</p> <ul style="list-style-type: none">• FY24 MSHN Guide To Services.MSHN SUD, pg. 39• CS_Medicaid_Enrollee_Appeals_Grievances_FY24• CS_Medicaid_Enrollee_Appeals_Grievances_Procedure_FY24, pg. 4• Appeal-and-Grievance-Resolution-Processes-Technical-Requirement.2024, pg. 15• MSHN_FY_2025_MEDICAID_SUBCONTRACTING_AGREEMENT, pg. 34• FY25_SUD_Provider_Manual_- 10.1.24, pg. 17• MSHN.Grievance Notice of Receipt• MSHN.REMI.Grievance Acknowledgment Screenshot• R5_MSHN_File Review_Grievances	<p><input type="checkbox"/> Met <input checked="" type="checkbox"/> Not Met <input type="checkbox"/> NA</p>



Appendix B. Compliance Review Corrective Action Plan

SFY 2025 PIHP Compliance Review for Mid-State Health Network

Standard IX—Grievance and Appeal Systems		
Requirement	Supporting Documentation	Score
PIHP Description of Process: The grievance acknowledgment is required within five business days, there is no requirement for oral notice via a call regarding a grievance.		
HSAG Findings: HSAG required a report of all grievances during the review period, including the date of receipt of the grievance and the date of acknowledgment; however, this report was not submitted as evidence for HSAG’s desk review. While HSAG also requested that a report be submitted after the site review, one was still not provided. The PIHP explained that there is no established report to calculate the number of days between the date of receipt and the date of acknowledgment but will be incorporated in the acknowledgment turnaround times (TATs) in its delegated managed care review process. However, as the PIHP’s system has dedicated fields for the date of receipt of the grievance and the date of acknowledgment, it is unclear why the PIHP could not report on these two dates to monitor acknowledgment TATs.		
Recommendations: HSAG recommends that the PIHP implement mechanisms to monitor adherence to this requirement by reviewing periodic reports on acknowledgment TATs. If the PIHP does not demonstrate adequate implementation of HSAG’s recommendations during future compliance reviews, the PIHP may receive a <i>Not Met</i> score.		
Required Actions: The PIHP must acknowledge receipt of each grievance within five business days.		
PIHP Corrective Action Plan		
Root Cause Analysis:		
PIHP Remediation Plan:		
Responsible Individual(s):		
Timeline:		
MDHHS/HSAG Response:		<input type="checkbox"/> Accepted <input type="checkbox"/> Accepted With Recommendations <input type="checkbox"/> Not Accepted
6. The PIHP resolves each grievance and provides <i>written</i> notice of resolution, as expeditiously as the member’s health condition requires, within MDHHS-established time frames that do not exceed the time frames specified in 42 CFR §438.408.	HSAG Required Evidence: <ul style="list-style-type: none">• Policies and procedures• Grievance resolution notice template or oral notification script• Tracking and reporting mechanisms	<input type="checkbox"/> Met <input checked="" type="checkbox"/> Not Met <input type="checkbox"/> NA



**Appendix B. Compliance Review Corrective Action
Plan
SFY 2025 PIHP Compliance Review
for Mid-State Health Network**

Standard IX—Grievance and Appeal Systems		
Requirement	Supporting Documentation	Score
<p>a. The PIHP resolves the grievance and sends written notice to the affected parties within 90 calendar days from the day the PIHP receives the grievance.</p> <p>42 CFR §438.228 42 CFR §438.408(a) 42 CFR §438.408(b)(1) 42 CFR §457.1260(e)(12) Contract Schedule A—M(1)(e)(v) Appeal and Grievance Resolution Processes Technical Requirement—VIII(D)(1)</p>	<ul style="list-style-type: none">• System screenshot of the field where the date of receipt of the grievance is documented• System screenshot of the field where the date of oral/written resolution and the resolution notice/call notes are documented• HSAG will also use data reported on the grievance universe file/MDHHS reporting template• HSAG will also use the results of the Grievances File Review <p>Evidence as Submitted by the PIHP:</p> <ul style="list-style-type: none">• FY24 MSHN Guide To Services.MSHN SUD, pg. 39• CS_Medicaid_Enrollee_Appeals_Grievances_FY24• CS_Medicaid_Enrollee_Appeals_Grievances_Procedure_FY24, pg. 4• Appeal-and-Grievance-Resolution-Processes-Technical-Requirement.2024, pgs. 2, 16• MSHN_FY_2025_MEDICAID_SUBCONTRACTING_AGR EEMENT, pgs. 34-35• FY25_SUD_Provider_Manual_-10.1.24, pg. 17• MSHN.Grievance Notice of Resolution	
<p>PIHP Description of Process: A grievance resolution is required within 90 calendar days, there is no requirement for oral notice via a call regarding the grievance resolution.</p>		
<p>HSAG Findings: The case file review identified one record (Sample 4) in which the grievance was not resolved timely. It was resolved on day 91. Additionally, the universe file identified one grievance that was not resolved until day 94. The universe file also identified two grievances that were reported to be resolved on day 90 (one of which was Sample 4); however, in review of the “Date of Receipt” and “Resolution Date,” both cases were resolved on day 91.</p> <p>Recommendations: HSAG has recommended to MDHHS to establish an expedited review process (e.g., 72-hour resolution time frame) for when a grievance resolution time frame should be completed on an expedited basis (e.g., clinically urgent grievances, grievances related to a denied request for an expedited appeal, grievances related to resolution extension time frames). HSAG recommends that the PIHP implement any future guidance or policy</p>		



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Standard IX—Grievance and Appeal Systems		
Requirement	Supporting Documentation	Score
changes implemented by MDHHS. If the PIHP does not demonstrate adequate implementation of HSAG’s recommendations during future compliance reviews, the PIHP may receive a <i>Not Met</i> score.		
Required Actions: The PIHP must resolve each grievance and send written notice to the affected parties within 90 calendar days from the day the PIHP receives the grievance.		
PIHP Corrective Action Plan		
Root Cause Analysis:		
PIHP Remediation Plan:		
Responsible Individual(s):		
Timeline:		
MDHHS/HSAG Response:		<input type="checkbox"/> Accepted <input type="checkbox"/> Accepted With Recommendations <input type="checkbox"/> Not Accepted
16. The PIHP acknowledges receipt of each appeal. a. <i>Standard appeals are acknowledged within 5 business days of receipt.</i> b. <i>Expedited appeals are acknowledged within 72 hours of receipt.</i> 42 CFR §438.228 42 CFR §438.406(b)(1) 42 CFR §457.1260(d) Contract Schedule A—1(M)(2)(e) Appeal and Grievance Resolution Processes Technical Requirement—VII(B)(2)	HSAG Required Evidence: <ul style="list-style-type: none">• Policies and procedures• Appeal acknowledgment template• Tracking and reporting mechanisms• System screenshot of the field where the date of receipt of the appeal is documented• System screenshot of the field where the date of oral/written acknowledgement and the acknowledgement notice/call notes are documented• Report of all appeals during the review period, including the date of receipt of the appeals and the date of acknowledgement• HSAG will also use the results of the Appeal File Review	<input type="checkbox"/> Met <input checked="" type="checkbox"/> Not Met <input type="checkbox"/> NA



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SFY 2025 PIHP Compliance Review for Mid-State Health Network

Standard IX—Grievance and Appeal Systems		
Requirement	Supporting Documentation	Score
	Evidence as Submitted by the PIHP: <ul style="list-style-type: none">• FY24 MSHN Guide To Services.MSHN SUD, pg. 40• CS_Medicaid_Enrollee_Appeals_Grievances_FY24• CS_Medicaid_Enrollee_Appeals_Grievances_Procedure_FY24, pg. 2• Appeal-and-Grievance-Resolution-Processes-Technical-Requirement.2024, pgs. 11• MSHN_FY_2025_MEDICAID_SUBCONTRACTING_AGREEMENT, pg. 34• MSHN.REMI.Appeal Information Screenshot• MSHN.REMI.Expedited Appeal Notice Screenshot• MSHN.REMI.Appeal Documentation Screenshot• R5_MSHN_File Review_Appeals	
PIHP Description of Process: N/A		
<p>HSAG Findings: HSAG required a report of all appeals during the review period, including the date of receipt of the appeal and the date of acknowledgement; however, this report was not submitted as evidence for HSAG’s desk review. While HSAG also requested that a report be submitted after the site review, one was still not provided. The PIHP explained that there was no established report to calculate the number of days between the date of receipt and the date of acknowledgement, but the PIHP will be incorporating the acknowledgement TATs in its delegated managed care review process. However, as the PIHP’s system has dedicated fields for the date of receipt of the appeal and the date of acknowledgement, it is unclear why the PIHP could not report on these two dates to monitor acknowledgement TATs. Additionally, while the PIHP included the five-business day acknowledgement time frame for standard appeals, it did not include the 72-hour acknowledgement time frame for expedited appeals. Of note, the MDHHS model notice effective during the time period of review for the case files included incorrect information regarding requesting a State fair hearing (SFH) and continuation of benefits. MDHHS’ model notice effective October 1, 2024, has been updated and remediates this finding.</p> <p>Recommendations: HSAG recommends that the PIHP implement mechanisms to monitor adherence to timely acknowledgements by reviewing periodic reports on acknowledgement TATs. If the PIHP does not demonstrate adequate implementation of HSAG’s recommendations during future compliance reviews, the PIHP may receive a <i>Not Met</i> score.</p>		
<p>Required Actions: The PIHP must acknowledge receipt of each standard appeal within five business days of receipt and expedited appeals within 72 hours of receipt.</p>		



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Standard IX—Grievance and Appeal Systems		
Requirement	Supporting Documentation	Score
PIHP Corrective Action Plan		
Root Cause Analysis:		
PIHP Remediation Plan:		
Responsible Individual(s):		
Timeline:		
MDHHS/HSAG Response:		<input type="checkbox"/> Accepted <input type="checkbox"/> Accepted With Recommendations <input type="checkbox"/> Not Accepted
17. The PIHP ensures that the individuals who made decisions on appeals are individuals: a. Who are not involved in any previous level of review or decision-making, nor a subordinate of any such individual. b. Who, if deciding any of the following, are individuals who have the appropriate clinical expertise, as determined by the MDHHS, in treating the member's condition or disease: i. An appeal of a denial that is based on lack of medical necessity. ii. An appeal that involves clinical issues. c. Who take into account all comments, documents, records, and other information submitted by the member or their representative without regard to whether such information was submitted or considered in the initial ABD. 42 CFR §438.228 42 CFR §438.406(b)(2) 42 CFR §457.1260(d)	HSAG Required Evidence: <ul style="list-style-type: none">• Policies and procedures• Organizational chart of appeal staff members, including credentials• System screenshot of the field where the decision-maker (name and credentials) on appeals is documented• System screenshot of the field where the results of the review are documented• HSAG will also use the results of the Appeal File Review Evidence as Submitted by the PIHP: <ul style="list-style-type: none">• FY24 MSHN Guide To Services.MSHN SUD, pg. 40• CS_Medicaid_Enrollee_Appeals_Grievances_FY24• CS_Medicaid_Enrollee_Appeals_Grievances_Procedure_FY24, pg. 2-3• Appeal-and-Grievance-Resolution-Processes-Technical-Requirement.2024, pgs. 11-12• MSHN Organizational Chart• MSHN.REMI.Appeal Decision Maker Screenshot	<input type="checkbox"/> Met <input checked="" type="checkbox"/> Not Met <input type="checkbox"/> NA



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SFY 2025 PIHP Compliance Review for Mid-State Health Network

Standard IX—Grievance and Appeal Systems		
Requirement	Supporting Documentation	Score
Contract Schedule A—1(M)(2)(f) Appeal and Grievance Resolution Processes Technical Requirement—VII(B)(4)		
PIHP Description of Process: N/A		
<p>HSAG Findings: Based on the documentation provided by the PIHP within the case files, HSAG had challenges determining who the decision-makers were for the initial ABD and/or the appeal decision. After the site review, the PIHP submitted a table that included staff names and credentials of the responsible staff. For one record (Sample 4), the documentation in the case file included no reference to the appeal decision-maker listed in the table and the case file included a written statement of the appeal decision, which was completed by a different staff person. This finding confirms a need to better document the responsible decision-makers for appeals. Additionally, for a second record (Sample 5), the PIHP reported the appeal decision-maker, related to medical necessity for applied behavioral analysis (ABA) services, to be the customer service supervisor who is not a licensed clinician. While the record confirmed that the customer service supervisor spoke with several other individuals, the decision-maker on appeals must be individuals who have the appropriate clinical expertise in treating the member's condition or disease.</p> <p>Recommendations: HSAG recommends that the PIHP enhance its mechanisms to ensure that the responsible decision-maker and the credentials of the decision-maker are clearly identified with each appeal record. Of note, the PIHP also received this recommendation during the SFY 2022 compliance review. If the PIHP does not demonstrate adequate implementation of HSAG's recommendations during future compliance reviews, the PIHP may receive a <i>Not Met</i> score.</p>		
<p>Required Actions: The PIHP must ensure that the individuals who made decisions on appeals are individuals who are not involved in any previous level of review or decision-making, nor a subordinate of any such individual, and have the appropriate clinical expertise in treating the member's condition or disease.</p>		
PIHP Corrective Action Plan		
Root Cause Analysis:		
PIHP Remediation Plan:		
Responsible Individual(s):		
Timeline:		
MDHHS/HSAG Response:		<input type="checkbox"/> Accepted <input type="checkbox"/> Accepted With Recommendations



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Standard IX—Grievance and Appeal Systems		
Requirement	Supporting Documentation	Score
		<input type="checkbox"/> Not Accepted
21. The PIHP resolves standard appeals and sends notice to the affected parties as expeditiously as the member's health condition requires, but <i>no later than 30 calendar days from the day the PIHP receives the appeal.</i> 42 CFR §438.228 42 CFR §438.408(a) 42 CFR §438.408(b)(2) 42 CFR §457.1260(e)(1–2) Contract Schedule A—1(M)(1)(e)(iv) Appeal and Grievance Resolution Processes Technical Requirement—VII(C)(1)	HSAG Required Evidence: <ul style="list-style-type: none">• Policies and procedures• Tracking and reporting mechanisms• System screenshot of the field where the type of appeal request is documented (i.e., standard appeal)• System screenshot of the field where the date of receipt of the appeal is documented• System screenshot of the field where the date of the mailing of the resolution notice is documented• HSAG will also use data reported on the appeal universe file/MDHHS reporting template• HSAG will also use the results of the Appeal File Review Evidence as Submitted by the PIHP: <ul style="list-style-type: none">• FY24 MSHN Guide To Services.MSHN SUD, pg. 40• CS_Medicaid_Enrollee_Appeals_Grievances_FY24• CS_Medicaid_Enrollee_Appeals_Grievances_Procedure_FY24, pg. 3• Appeal-and-Grievance-Resolution-Processes-Technical-Requirement.2024, pgs. 2, 12• MSHN.Appeal Notice of Receipt• MSHN.REMI.Appeal Information Screenshot• MSHN.REMI.Appeal Sent Screenshot	<input type="checkbox"/> Met <input checked="" type="checkbox"/> Not Met <input type="checkbox"/> NA
PIHP Description of Process: N/A		
HSAG Findings: The universe file identified three appeals that were not resolved timely. Two appeals were not resolved until day 36 and one appeal was not resolved until day 46.		



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Standard IX—Grievance and Appeal Systems		
Requirement	Supporting Documentation	Score
Required Actions: The PIHP must resolve standard appeals and send notice to the affected parties as expeditiously as the member's health condition requires, but no later than 30 calendar days from the day the PIHP receives the appeal.		
PIHP Corrective Action Plan		
Root Cause Analysis:		
PIHP Remediation Plan:		
Responsible Individual(s):		
Timeline:		
MDHHS/HSAG Response:		<input type="checkbox"/> Accepted <input type="checkbox"/> Accepted With Recommendations <input type="checkbox"/> Not Accepted
22. The PIHP resolves expedited appeals and sends notice to the affected parties no later than 72 hours after the PIHP receives the expedited appeal. 42 CFR §438.228 42 CFR §438.408(b)(3) 42 CFR §457.1260(e)(1) Contract Schedule A—1(M)(8)(b)(iii) Appeal and Grievance Resolution Processes Technical Requirement—VII(C)(2)(d)	HSAG Required Evidence: <ul style="list-style-type: none">• Policies and procedures• Tracking and reporting mechanisms• System screenshot of the field where the type of appeal request is documented (i.e., expedited appeal)• System screenshot of the field where the date and time of receipt of the appeal is documented• System screenshot of the field where the date and time of the mailing of the resolution notice is documented• HSAG will also use data reported on the appeal universe file/MDHHS reporting template• HSAG will also use the results of the Appeal File Review Evidence as Submitted by the PIHP: <ul style="list-style-type: none">• FY24 MSHN Guide To Services.MSHN SUD, pg. 40• CS Medicaid Enrollee Appeals Grievances FY24	<input type="checkbox"/> Met <input checked="" type="checkbox"/> Not Met <input type="checkbox"/> NA



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Standard IX—Grievance and Appeal Systems		
Requirement	Supporting Documentation	Score
	<ul style="list-style-type: none">CS_Medicaid_Enrollee_Appeals_Grievances_Procedure_FY24, pg. 3Appeal-and-Grievance-Resolution-Processes-Technical-Requirement.2024, pgs. 2, 13MSHN.Appeal Notice of ReceiptMSHN.REMI.Appeal Information ScreenshotMSHN.REMI.Expedited Appeal Notice Screenshot	
PIHP Description of Process: N/A		
HSAG Findings: The universe file and case file review confirmed that two expedited appeals were not resolved timely. Both appeals were not resolved until 88 hours.		
Required Actions: The PIHP must resolve expedited appeals and send notice to the affected parties no later than 72 hours after the PIHP receives the expedited appeal.		
PIHP Corrective Action Plan		
Root Cause Analysis:		
PIHP Remediation Plan:		
Responsible Individual(s):		
Timeline:		
MDHHS/HSAG Response:		<input type="checkbox"/> Accepted <input type="checkbox"/> Accepted With Recommendations <input type="checkbox"/> Not Accepted
25. In the case that the PIHP fails to adhere to the appeal notice and timing requirements, the member is deemed to have exhausted the PIHP's appeals process. The member may initiate a State fair hearing (SFH).	HSAG Required Evidence: <ul style="list-style-type: none">Policies and proceduresTracking and reporting mechanismsMember materials, such as the member handbookAppeal notice template for untimely appeal resolution	<input type="checkbox"/> Met <input checked="" type="checkbox"/> Not Met <input type="checkbox"/> NA



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Standard IX—Grievance and Appeal Systems		
Requirement	Supporting Documentation	Score
42 CFR §438.228 42 CFR §438.408(c)(3) 42 CFR §438.408(f)(1)(i) 42 CFR §457.1260(e)(3) Contract Schedule A—1(M)(7)(c)(i) Appeal and Grievance Resolution Processes Technical Requirement—VII(B)(8) Appeal and Grievance Resolution Processes Technical Requirement—IX(A)(2)	<ul style="list-style-type: none">Three case examples of an appeal that was denied due to an untimely resolutionHSAG will also use data reported on the appeal universe file/MDHHS reporting templateHSAG will also use the results of the Appeal File Review Evidence as Submitted by the PIHP: <ul style="list-style-type: none">FY24 MSHN Guide To Services.MSHN SUD, pg. 40CS_Medicaid_Enrollee_Appeals_Grievances_FY24CS_Medicaid_Enrollee_Appeals_Grievances_Procedure_FY24, pg. 5Appeal-and-Grievance-Resolution-Processes-Technical-Requirement. 2024, pgs. 5, 12, 16	
PIHP Description of Process: No case examples of an appeal that was denied due to an untimely resolution occurred during the review period.		
HSAG Findings: The universe file confirmed four appeals in which the PIHP failed to adhere to the appeal notice and timing requirements. Based on the data included in the universe file, the appeals were continued (i.e., the appeal was not exhausted and the member was not provided SFH rights at that time). During the site review, the PIHP confirmed that they would continue the appeal. Additionally, HSAG requested that a notice template for untimely appeal resolutions be submitted; however, one was not provided. The PIHP explained its intent to develop a notice for these circumstances.		
Required Actions: In the case that the PIHP fails to adhere to the appeal notice and timing requirements, the member is deemed to have exhausted the PIHP's appeals process, and the member may initiate a SFH.		
PIHP Corrective Action Plan		
Root Cause Analysis:		
PIHP Remediation Plan:		
Responsible Individual(s):		
Timeline:		
MDHHS/HSAG Response:		<input type="checkbox"/> Accepted



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Standard IX—Grievance and Appeal Systems		
Requirement	Supporting Documentation	Score
	<input type="checkbox"/> Accepted With Recommendations <input type="checkbox"/> Not Accepted	
<p>34. If the PIHP or the SFH officer reverses a decision to deny, limit, or delay services that were not furnished while the appeal was pending, the PIHP authorizes or provides the disputed services promptly and as expeditiously as the member's health condition requires but no later than 72 hours from the date it receives notice reversing the determination.</p> <p>42 CFR §438.228 42 CFR §438.424(a) 42 CFR §457.1260(i) Contract Schedule A—I(M)(5)(j) Appeal and Grievance Resolution Processes Technical Requirement—VI(F)</p>	<p>HSAG Required Evidence:</p> <ul style="list-style-type: none">• Policies and procedures• Tracking and reporting mechanisms• Three case examples of an overturned appeal/SFH, including the date and time of the decision and the date and time services were authorized or provided (e.g., evidence of the date/time when authorization was added to system)• HSAG will also use the results of the Appeal File Review <p>Evidence as Submitted by the PIHP:</p> <ul style="list-style-type: none">• FY24 MSHN Guide To Services.MSHN SUD, pg. 42• CS_Medicaid_Enrollee_Appeals_Grievances_FY24• CS_Medicaid_Enrollee_Appeals_Grievances_Procedure_FY24• Appeal-and-Grievance-Resolution-Processes-Technical-Requirement.2024, pg. 10• Case.Overturned Appeal SFH.CMHCM• Case.Appeal.Overturned.Right Door1• Case.Appeal.Overturned.Right Door2	<input type="checkbox"/> Met <input checked="" type="checkbox"/> Not Met <input type="checkbox"/> NA
<p>PIHP Description of Process: Three case examples of an overturned appeal/SFH that occurred during the review period: Case.Overturned Appeal SFH.CMHCM, Case.Appeal.Overturned.Right Door1, and Case.Appeal.Overturned.Right Door2.</p>		
<p>HSAG Findings: The case file review identified one record (Sample 2) which did not include documentation confirming services were authorized or provided within 72 hours of the decision. After the site review, the PIHP explained that there was no documentation showing the service was in place within 72 hours, as the member/guardian was deciding which provider to go to for services. However, the appeal decision occurred on September 13, 2024, and the next documentation provided for the case file was dated October 9, 2024. While HSAG understands that there are nuances which may prevent services from being authorized or provided within 72 hours (e.g., member needs to choose a provider in order to authorize the service), at minimum, HSAG expects that the PIHP begin steps to reinstate services within 72 hours. The PIHP did not provide documentation supporting that this occurred (i.e., no documentation was provided for almost a month after the appeal decision).</p>		



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Standard IX—Grievance and Appeal Systems		
Requirement	Supporting Documentation	Score
<p>Recommendations: While the PIHP’s system documented the date of the appeal decision, it did not capture both the date and time of the appeal decision. The system also did not include a dedicated reportable field to document, track, and report the date and time that services were either provided or authorized. As such, monitoring of adherence to the 72-hour TAT for reinstatement of services is a manual process. HSAG recommends that the PIHP enhance its system to document, track, and report TATs for reinstating services (i.e., for appeals: date and time of the appeal decision to the date and time services were provided or authorized; for SFHs: the date and time the PIHP was notified of the SFH decision to the date and time services were provided or authorized). The PIHP should also consider system enhancements to document how the services were reinstated (e.g., evidence when the authorization was entered and the effective dates of the authorization). System enhancements could better assist the PIHP in reporting and monitoring adherence to this metric. If the PIHP does not demonstrate adequate implementation of HSAG’s recommendations during future compliance reviews, the PIHP may receive a <i>Not Met</i> score.</p>		
<p>Required Actions: If the PIHP or the SFH officer reverses a decision to deny, limit, or delay services that were not furnished while the appeal was pending, the PIHP must authorize or provide the disputed services promptly and as expeditiously as the member’s health condition requires but no later than 72 hours from the date it receives notice reversing the determination.</p>		
PIHP Corrective Action Plan		
Root Cause Analysis:		
PIHP Remediation Plan:		
Responsible Individual(s):		
Timeline:		
MDHHS/HSAG Response:		<input type="checkbox"/> Accepted <input type="checkbox"/> Accepted With Recommendations <input type="checkbox"/> Not Accepted



Appendix B. Compliance Review Corrective Action Plan

SFY 2025 PIHP Compliance Review for Mid-State Health Network

Standard XII—Health Information Systems

Standard XII—Health Information Systems		
Requirement	Supporting Documentation	Score
<p>6. The PIHP implements and maintains an Application Programming Interface (API) as specified in 42 CFR §431.60 (member access to and exchange of data) as if such requirements applied directly to the PIHP. Information is made accessible to its current members or the members' personal representatives through the API as follows:</p> <p>a. Data concerning adjudicated claims, including claims data for payment decisions that may be appealed, were appealed, or are in the process of appeal, and provider remittances and member cost-sharing pertaining to such claims, no later than one business day after a claim is processed.</p> <p>b. Encounter data no later than one business day after receiving the data from providers compensated on the basis of capitation payments.</p> <p>c. All data classes and data elements included in a content standard in 45 CFR §170.213 (United States Core Data for Interoperability [USCDI]) that are maintained by the PIHP no later than one business day after the PIHP receives the data.</p> <p>d. Information about covered outpatient drugs and updates to such information, including, where applicable, preferred drug list information, no later than one business day after the effective date of any such information or updates to such information.</p> <p>42 CFR §438.242(b)(5) 42 CFR §431.60 42 CFR §457.1233(d) 45 CFR §170.213</p>	<p>HSAG Required Evidence:</p> <ul style="list-style-type: none">• Policies, procedures, and workflows• API documentation such as project plan(s), testing and monitoring plan/results• Member educational materials, website materials, etc.• Informational materials for developers on website• Programming language that includes required information (e.g., parameters for claims, USCDI data elements)• Mechanisms to ensure data is updated within one business day of receipt• List of registered third-party applications• HSAG will use the results from the API demonstration <p>Evidence as Submitted by the PIHP:</p> <ul style="list-style-type: none">• 7a_Payer Data Exchange - PCE User Manual• 7b_PIX_9_3_API_Documentation• https://fhir.pcseecure.com:9443/PCEFhirServer/MSH/Organization• https://fhir.pcseecure.com:9443/PCEFhirServer/MSH/Practitioner?name=a• https://midstatehealthnetwork.org/consumers-resources/customer-services/application-programming-interface-api	<p><input type="checkbox"/> Met <input checked="" type="checkbox"/> Not Met <input type="checkbox"/> NA</p>



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Requirement	Supporting Documentation	Score
Contract Schedule A—1(R)(18)		
<p>PIHP Description of Process: REMI provides access to the required data as data becomes available. There is no delay from receipt or entry of data to when it becomes available. Consumers must request and register for data to be made available. The MSHN web page explains everything a consumer needs to know about this process. Consumers and application developers must register in order to get access to this data. There are currently no consumers or developers registered to access this data.</p>		
<p>HSAG Findings: While the PIHP implemented a Patient Access API and provided <i>7b_PIX_9_3_API_Documentation</i> and <i>7a_Payer Data Exchange - PCE User Manual</i>, these documents did not verify the specific USCDI data elements that would be available within the PIHP's information systems that could be accessible to members via the Patient Access API. Without further documentation, HSAG could not confirm that the PIHP was fully compliant.</p> <p>Recommendations: HSAG strongly recommends that the PIHP develop its own policies and procedures for its Patient Access API. Within these policies and procedures, the PIHP should include:</p> <ul style="list-style-type: none">• All Patient Access API federal provisions under 42 CFR §431.60 and any applicable cross references.• A description of how the PIHP's API meets the intent of each federal provision.• A table that includes all USCDI data elements and a cross-reference to which data elements the PIHP has available within its system and the specific data fields that these data elements are being extracted from (and therefore accessible via the API).• A description of how the PIHP oversees PCE to ensure the Patient Access API meets all federal provisions, including timeliness requirements.• A description of how the PIHP incorporates a mechanism to conduct routine testing of the API.• All new requirements outlined under the CMS Interoperability and Prior Authorization Final Rule (CMS-0057-F). <p>If the PIHP does not demonstrate adequate implementation of HSAG's recommendations during future compliance reviews, the PIHP may receive a <i>Not Met</i> score.</p>		
<p>Required Actions: The PIHP's Patient Access API must comply with all data elements in the CMS interoperability final rules.</p>		
PIHP Corrective Action Plan		
Root Cause Analysis:		
PIHP Remediation Plan:		
Responsible Individual(s):		



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Requirement	Supporting Documentation	Score
Timeline:		



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Requirement	Supporting Documentation	Score
MDHHS/HSAG Response:		<input type="checkbox"/> Accepted <input type="checkbox"/> Accepted With Recommendations <input type="checkbox"/> Not Accepted
<p>7. The PIHP maintains a publicly accessible standards-based API described in 42 CFR §431.70 (access to published provider directory information) which is conformant with the technical requirements at 45 CFR §431.60(c), excluding the security protocols related to user authentication and authorization and any other protocols that restrict the availability of this information to particular persons or organizations, the documentation requirements at 45 CFR §431.60(d), and is accessible via a public-facing digital endpoint on the PIHP’s website.</p> <p>42 CFR §438.242(b)(6) 45 CFR §431.60(c–d) 42 CFR §431.70 42 CFR §438.10(h)(1–2) 42 CFR §457.1233(d)</p>	<p>HSAG Required Evidence:</p> <ul style="list-style-type: none">• Policies, procedures, and workflows• API documentation such as project plan(s), testing and monitoring plans/results• Stakeholder educational materials, website materials, etc.• Informational materials for developers on website• Mechanisms to ensure data is updated within 30 calendar days of receipt of updated provider information• Programming language that includes required information (e.g., parameters for all information included in 42 CFR §438.10(h)(1–2))• List of registered third-party applications• HSAG will use the results from the web-based provider directory demonstration <p>Evidence as Submitted by the PIHP:</p> <ul style="list-style-type: none">• 7a_Payer Data Exchange - PCE User Manual• 8a.PNM_Provider Directory Policy• 8b.PNM_Provider Directory Procedure• 8c.Provider Directory Upload• 8d_PN_- _Provider_Directory_Procedure• Directory - Mid-State Health Network (midstatehealthnetwork.org)• https://midstatehealthnetwork.org/consumers-resources/customer-services/application-programming-interface-api	<input type="checkbox"/> Met <input checked="" type="checkbox"/> Not Met <input type="checkbox"/> NA



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Requirement	Supporting Documentation	Score
<p>PIHP Description of Process: The MSHN web site has a provider directory page that allows users to search any and all of the contract and sub-contract providers of any type in the MSHN region. Each entry for a provider contains providers name, address and phone number as well as fields for the providers website, specialty information, service types provided, whether accepting new enrollees, languages offered, disability accommodations, accreditations and counties served. There is also a page that explains API requirements for developers to use as needed. Application developers must register in order to get access to this data. There are currently no developers registered to access this data.</p>		
<p>HSAG Findings: While the PIHP implemented the Provider Directory API, the CMS Interoperability and Patient Access Final Rule requires the Provider Directory API to include all information specified in 42 CFR §438.10(h)(1-2), which includes:</p> <ul style="list-style-type: none">• The provider's name as well as any group affiliation.• Street address(es).• Telephone number(s).• Website uniform resource locator (URL), as appropriate.• Specialty, as appropriate.• Whether the provider will accept new members.• The provider's cultural and linguistic capabilities, including languages (including American Sign Language) offered by the provider or a skilled medical interpreter at the provider's office.• Whether the provider's office/facility has accommodations for people with physical disabilities, including offices, exam room(s), and equipment. <p>HSAG reviewed the data within the links, https://fhir.pcsesecure.com:9443/PCEFhirServer/MSH/Practitioner?name=a and https://fhir.pcsesecure.com:9443/PCEFhirServer/MSH/Organization, provided by the PIHP. HSAG located parameters for the provider's name, street address, telephone number, and provider specialty. However, parameters for accepting new patients, the provider's cultural and linguistic capabilities, and whether the provider's office/facility had accommodations for people with physical disabilities were not located. After the site review, the PIHP provided https://fhir.pcsesecure.com:9443/PCEFhirServer/MSH/Organization/22612, which only confirmed the parameters that the HSAG reviewers had located during the desk review. Without further documentation, HSAG could not confirm that the PIHP was fully compliant.</p> <p>Recommendations: HSAG strongly recommends that the PIHP develop its own policies and procedures for its Provider Directory API and includes a description of how it implements the federal provisions. Additionally, the PIHP must ensure it implements all new requirements outlined under the CMS Interoperability and Prior Authorization Final Rule (CMS-0057-F). If the PIHP does not demonstrate adequate implementation of HSAG's recommendations during future compliance reviews, the PIHP may receive a <i>Not Met</i> score.</p>		
<p>Required Actions: The PIHP's provider directory must comply with all data elements required by 42 CFR §438.242(b)(6) and 42 CFR §438.10(h)(1-2).</p>		



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Requirement	Supporting Documentation	Score
PIHP Corrective Action Plan		
Root Cause Analysis:		
PIHP Remediation Plan:		
Responsible Individual(s):		
Timeline:		
MDHHS/HSAG Response:		<input type="checkbox"/> Accepted <input type="checkbox"/> Accepted With Recommendations <input type="checkbox"/> Not Accepted