MSHN
Mid-State Health Network

MSHN CMH Monitoring of Delegated Managed Care Functions- PSV

Guidance: CMHSP to provide evidence of compliance for the standards in this review tool.

#	Standard	Basis/Source	Evidence of Compliance could include:	Reviewer Guidelines	**Provider to Complete:** List evidence provided and location of evidence for specific standard i.e., page number if applicable
QUALITY IMPROVEMENT					
1.1	The CMHSP implements a process for review, analysis, and reporting of specific critical incidents as defined by MDHHS through the critical incident reporting system as required. incidents as required • Suicide • Non-suicide death • Emergency Medical Treatment due to injury or medication error; due to physical management • Hospitalization due to injury or medication error, due to physical management • Arrest of an individual	MDHHS Contract Schedule A-1(K)(2)(a) MSHN QAPIP MDHHS QAPIP TR Section VIIIE), 42 CFR 438.330 (b)(5)(ii)	Workflows QAPIP Program description and Evaluation of Effectiveness and Workplan. Primary source verification of a sample of submitted events		
1.2	The CMHSP reports those critical events requiring immediate notification to MDHHS via MSHN as required. When applicable, a written report is submitted within 60 days after the month in which the death occurred of its review/analysis of the death of every Medicaid member which occurred within one year of the individual's discharge from a State-operated service.	MDHHS QAPIP TR Section VIII Contract Schedule A 1(k)(2)(a) MSHN QAPIP Plan	Workflows QAPIP Program description and Evaluation of Effectiveness and Workplan. Tracking mechanisms Primary source verification of a sample of submitted events		

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1.3	The CMHSP implements a process for review, quarterly analysis of additional critical incidents that put individuals at risk of harm including what actions were taken to remediate the event and prevent occurrence. of additional events. , and reporting of risk These events minimally include: a. Actions taken by individuals who receive services that cause harm to themselves. b. Actions taken by individuals who receive services that cause harm to others. c. 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	Medicaid Contract Schedule A-1(K)(2)(a) MDHHS QAPIP TR Section VIII (F) MSHN QAPIP Plan	QAPIP Program description and Evaluation of Effectiveness and Workplan. Tracking mechanisms		
1.4	The CMHSP implements a process for reviewing sentinel events as defined by MDHHS and act upon as appropriate. The CMHSP has three business days after a critical incident occurred to determine if it is a sentinel event. If the critical incident is classified as a sentinel event, the CMHSP has two subsequent business days to commence a root cause analysis (RCA) of the event.	MDHHS Medicaid Contract Schedule A-1(K)(2)(a) MDHHS QAPIP Technical Requirement Section VII(A) MSHN QAPIP Plan	QAPIP program description Tracking and reporting mechanism Primary source verification of a sample of submitted events. PSV must include date of incident, date incident determined to be sentinel , date root cause analysis(RCA)		

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			began and date RCA was completed		
1.5	Persons involved in the sentinel event/root cause analysis must have the appropriate credentials based on the scope of care ex. A serious medical condition should include a nurse or physician.	MDHHS Medicaid Contract Schedule A 1(k)(2)(a) MDHHS QAPIP TR Section VIII(B) MSHN QAPIP Plan	Job Descriptions, Credentials, Committee charter		
1.6	All unexpected deaths must be reviewed and include: a. Screens of individual deaths with standard information (e.g., coroner's report, death certificate). b. Involvement of medical personnel in the mortality reviews. c. Documentation of the mortality review process, findings, and recommendations. d. Use of mortality information to address quality of care. e. Aggregation of mortality data over time to identify possible trends	MDHHS Contract Schedule A-1(K)(2)(a) MDHHS QAPIP TR Section VIII(C) MSHN QAPIP Plan	QAPIP Program description, report of effectiveness. Primary source verification of a sample of submitted events		
1.7	The CMHSP has established a quality assessment performance improvement program. The QAPIP must include a plan that identifies standard indicators to monitor access, quality , efficiency, and outcomes,, an evaluation of effectiveness, and a work plan that includes goals and objectives to improve organizational performance. Information on the effectiveness should be provided to network providers and members upon request	MDHHS Quality Assessment and Performance Improvement Programs for Specialty Technical Requirement. Medicaid Contract Schedule A-1(K)(3)(a)	Policy, Procedure, QAPIP Plan,	Must outline a process for performance monitoring, process improvement, reporting, organizational structure for communication. stakeholder feedback, best practice guidelines, performance issues addressed	

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1.8	The CMHSP must have a process for evaluating consumer experiences representative of all persons served and take specific action on individual cases as needed Identify sources of dissatisfaction Outline systemic action steps to follow-up on findings Evaluates the effects of activities implemented to improve satisfaction	Medicaid Contract Schedule A-1(K)(2)(a) MDHHS QAPIP TR Section X (B-D) MSHN QAPIP Plan	CMHSP QAPIP Plan, Evaluation of Effectiveness, Workplan. Satisfaction Survey Quality Improvement Plan	Evidence must provide the process for evaluation of the consumer experience and a report (analysis) includes the standard, performance interventions to improve performance	
PROVIDER NETWORK- NETWORK ADEQUACY					
2.1	The CMH network of providers is sufficient to provide adequate access to all services covered under the contract with the PIHP, based upon: • the anticipated number of referrals • the expected utilization of services taking into consideration the characteristics and health care needs of local populations; • the numbers and types (in terms of training, experience, and specialization) of providers required to furnish the contracted services; and the geographic location of providers and consumers, considering distance, travel time, the means of transportation ordinarily used by consumers, and whether the location provides physical access for people with disabilities.	42 CFR 438.206(b)(1) MDHHS/PIHP Master Agreement 42 CFR 438.214	MSHN NAA	Reviewer to contact Amanda Ittner at MSHN for results of Network Adequacy Assessment for region. If CMH was identified as having deficiencies, a plan of correction is required to address the deficiencies identified.	N/A- MSHN has this information and will score the standard using the NAA results. CMH does not need to provide documentation

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2.2	The CMH has sufficient Indian Health Care Providers (ICHPs) participating in the provider network to ensure timely access to series available under Contract from such providers for Indian members who are eligible to receive services.	MSHN Indian Health Services/Tribally Operated Facility/Urban Indican Clinics (I/T/U) Policy 42 CFR §438.14(b)(1-6) 42 CFR §438.56(c) MDHHS/PIHP Contract A-1(E)(2)(e)	Agreements/Contracts /MOU's Evidence of coordination with ICHPs	Reviewer must see evidence that CMHSP has contracts/agreements with these entities in their area and evidence of coordination with these entities.	