

Policy 7.7

POLICY TITLE: CMHSP MEMBER MONITORING	POLICY # 7.7		
Topic Area: QUALITY MANAGEMENT		REVIEW DATES	
Applies to: All CMHSP Programs	ISSUED BY: Chief Executive Officer	11/21/13	1/1/2015
Review Cycle: Annually		9/9/2022	
Developed and Maintained by: LRE Chief Executive Officer and LRE Compliance Officer/QI Reporting Lead	APPROVED BY: Board of Directors		
Supersedes: N/A	Effective Date: 1/1/2014	Revised Date: September 15, 2022	

I. POLICY

The Lakeshore Regional Entity (LRE) conducts regular monitoring and oversight of Member Community Mental Health Service Providers (CMHSPs) within the LRE region. LRE creates, implements, and maintains a published process to monitor and evaluate its provider network to ensure compliance with federal and state regulations. This includes protocols for monitoring and oversight of any entity to which it has delegated managed care administrative function and protocols to ensure the delegated provide is appropriately managing its charged responsibilities.

- A. LRE will conduct a full monitoring and evaluation process of each Member CMHSP, at minimum, every two years. This process utilizes uniform standards and measures to assess compliance with federal and state regulations, and PIHP contractual requirements. During the interim year, the review process will focus on the previous year's findings in which compliance standards were considered to be partially or not fully met. All delegated functions will be reviewed prior to delegation occurring every other year thereafter.
- B. The contract and delegation monitoring and evaluation process may consist of the following components:
 1. **Desk Audit:** The component will consist of a pre-review of select policies, protocols, documents, and other resource materials submitted by the Member CMHSP to the PIHP for review prior to an audit.
 2. **On-Site Audit:** This component will consist of an on-site visit to the Member CMHSP to review and validate process requirements. This component may include staff interviews.
 3. **Consumer Chart Review:** The PIHP will pull a random sample of consumer records to ensure compliance with specific program requirements, Person-Centered requirements, enrollee rights, and documentation requirements.
 4. **Credentialing Review:** The PIHP will pull a random sample of provider records to ensure compliance with licensing, credentialing, and training requirements.
 5. **Data Review and Analysis:** This component includes analysis of Member CMHSP performance and encounter data trends.
- C. Consumer charts and other information/data that will be reviewed by LRE will include the time period from the date of the last site review to current (or the prior 12

- months). LRE does reserve the right to request information/data prior to the last 12 months if deemed necessary.
- D. Overall responsibility of contract monitoring evaluation process and updating of the monitoring evaluation tools shall rest with LRE. The tools may be reviewed on an annual basis by the Quality Improvement – Regional Operations Advisory Team (QI-ROAT) to ensure their functional utility; and updated as necessary due to changing regulations, new contract terms, and operational feedback received.
 - E. LRE shall create its monitoring schedule at least ninety (90) days in advance of its review.
 - F. LRE will develop evaluation reports detailing the results of each monitoring review for each Member CMHSP. The report will include the following:
 - 1. A summary report detailing LRE's overall review process and findings;
 - 2. Detailed findings pertaining to each standard audited/reviewed;
 - 3. Quality Improvement (QI) recommendations;
 - 4. Recommendations (if applicable) pertaining to any finding that requires remedial action; and
 - 5. Sanctions as defined in the PIHP contract with the Member CMHSP.
 - G. LRE will submit the monitoring report to the Member CMHSP within thirty (30) days of the monitoring review conclusion.
 - H. The Member CMHSP shall submit a remedial action/corrective action/quality improvement plan within thirty (30) days of the monitoring review report date, for any item/standard not meeting compliance. The plan shall include:
 - 1. A detailed action plan which addresses steps to be taken to assess and improve performance.
 - 2. Measurement criteria (i.e., how will the PIHP know the objective/outcome will be achieved).
 - 3. Timeframes, dates, and individual responsible for completing each improvement plan.
 - I. When access to care to individuals is a serious issue, the Member CMHSP may be given a shorter period to initiate corrective action, and this condition may be established, in writing, as part of the exit conference. If, during an LRE on-site visit, the site review team member identifies an issue that places a consumer in imminent risk to health or welfare, the site review team would invoke an immediate review and response by the Member CMHSP, which must be completed within seven (7) calendar days. Evidence of the review and appropriate action taken will be required to be submitted to LRE at the time of completion. A follow up review may be conducted to ensure remediation of the issues identified as out of compliance within 90 days of the approved plan of correction. Quality Improvement Plans/Corrective Action Plans submitted within the required time frame will be reported to the MSHN Chief Executive Officer and the member CMHSP Chief Executive Officer/Executive Director for resolution and submission.

- J. LRE will review remedial action/quality improvement plan/corrective action plan, seek clarifying or additional information from the Member CMHSP as needed, and issue a response within 15 days of receiving required information from the Member CMHSP. LRE will take steps to monitor the Member CMHSP implementation of the remedial action/quality improvement plan/corrective action plan as part of performance monitoring.
 - 1. If additional information is required, the Member CMHSP will have seven (7) days to respond and provide any additional information requested to LRE. If the response requires additional follow-up LRE will have seven (7) days to review and respond to the Member CMHSP.
 - 2. It is the expectation that all corrective action plans will be fully implemented within 30 days of their approval by LRE. In special circumstances, LRE may approve an extension for the implementation to occur.
 - 3. Any identified health and/or safety issue that will need to be corrected immediately and will require submission of evidence that the issues have been corrected within seven (7) days of the site review.
- K. If the Member CMHSP and the review team cannot reach mutual agreement on a finding or on required corrective action, the Member CMHSP may submit an appeal of finding and conflict resolution per the LRE provider appeal procedure. Note: Recommendations do not qualify under the appeal and resolutions process as they are recommendations and do not require any corrective action plan. After a review the LRE appeal committee shall submit to the Member CMHSP a determination of the appeal and copy the review team. The review team shall adjust and reissue the monitoring report as an outcome of either an informal or formal appeal that changes the report/results.
- L. Report summary findings on PIHP monitoring activities shall be shared with the LRE Board of Directors, Corporate Compliance Committee, QI-ROAT, and others as appropriate.

II. PURPOSE

To establish processes for conducting monitoring and oversight of the LRE CMHSP Provider Network. To promote and maintain quality of care for individuals receiving services, as well as for ensuring compliance with local, state, and federal requirements.

III. APPLICABILITY AND RESPONSIBILITY

This policy applies to LRE staff, all Member CMHSPs, and the Provider Network.

IV. MONITORING AND REVIEW

The Chief Executive Officer or Designee will review this policy on an annual basis.

V. DEFINITIONS

Finding: A federal or state standard found out of compliance. A finding requires corrective action to ensure future compliance.

PIHP: Prepaid Inpatient Health Plan

Recommendation: Suggestions made by reviewers to guide quality improvement discussion and change. A recommendation does not require corrective action

VI. RELATED POLICIES AND PROCEDURES

- A. LRE Quality Policies and Procedures
- B. LRE QAPIP
- C. LRE Compliance Policies and Procedures
- D. LRE Corporate Compliance Plan
- E. LRE General Management

VII. REFERENCES/LEGAL AUTHORITY

- A. 42 CFR 438.240
- B. Balanced Budget Act of 1997 (BBA)
- C. MDHHS Medicaid Specialty Supports and Services Contract
- D. MDHHS Quality Assessment and Performance Improvement Programs for Specialty Prepaid Inpatient Health Plans Policy
- E. MI Medicaid Provider Manual

VIII. CHANGE LOG

Date of Change	Description of Change	Responsible Party
8.2021		CEO, CCO
9/9/2022	Added Credentialing Review	CQO