



POLICY AND PROCEDURE MANUAL

SUBJECT: Corrective Action Plan	ACCOUNTABILITY NMRE, NMRE Network Providers	Effective Date: April 21, 2016	Pages: 2
REQUIRED BY	BBA Section: PIHP Contract Section: 15.4 Other:	Last Review Date: July 17, 2019	Past Review Date: April 21, 2016
Policy: <input checked="" type="checkbox"/> Procedure: <input type="checkbox"/>	Review Cycle: Annual Author: Managing Director of Quality and Customer Services	Responsible Department: Quality	Reviewers: NMRE Operations

Definitions

Corrective Action Plan: Improvements to an organization's processes taken to eliminate causes of non-conformities or other undesirable situations.

Network Provider: Any provider that receives Medicaid funding directly or indirectly to order, refer, or render covered services as a result of the state's contract with the NMRE, its member CMHSPs, and the Substance Use Disorder provider panel.

Northern Michigan Regional Entity (NMRE): The PIHP for Region 2, the 21-counties located in Michigan's northern lower peninsula.

Northern Michigan Regional Entity (NMRE) Operations Committee: A committee comprised of the NMRE Chief Executive Officer and the five CEO's/Executive Directors of its Member CMHSPs.

Northern Michigan Regional Entity (NMRE) Quality Oversight Committee: Regional quality improvement committee comprised of NMRE staff and quality leaders from the five Member CMHSPs. Additional Members may be appointed as appropriate, including members from the SUD Provider panel and services beneficiaries.

Prepaid Inpatient Health Plan (PIHP): A organization that is responsible for managing Medicaid services related to behavioral health and development disabilities.

Purpose

The purpose is to improve quality of care and compliance in areas where deficiencies have been identified and specify the process by which:

- (1) The NMRE will formally communicate to Network Providers when corrective action is necessary;
- (2) The Network Provider will communicate plans for corrective action to the NMRE;
- (3) Corrective Action Plans will be evaluated; and
- (4) Corrective Action Plans will be verified.

Policy

When performance reveals that a Network Providers has not meet the threshold established by the NMRE, they will be required to successfully complete a Corrective Action Plan (CAP) in order to maintain provider status. The NMRE will monitor CAP for completion and implementation.

Approval Signature



NMRE Chief Executive Officer

7/17/19

Date

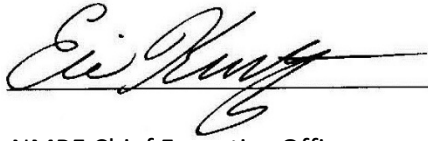
SUBJECT: Corrective Action Plan	ACCOUNTABILITY NMRE, NMRE Network Providers	Effective Date: April 14, 2014	Pages: 2
REQUIRED BY	BBA Section: PIHP Contract Section: Other:	Last Review Date: July 17, 2019	Past Review Date:
Policy <input type="checkbox"/>	Review Cycle: Annual Author: Managing Director of Quality and Customer Services	Responsible Department: Quality	Reviewers: NMRE Operations
Procedure <input checked="" type="checkbox"/>			

Procedure

- A. The NMRE will apply a 95% compliance standard. For reviews of programs with a low “n,” the need for a CAP below 95% will be determined based on the significance of the finding as reviewed by the NMRE regional Quality Oversight Committee.
- B. A Corrective Action Plan will be required by the NMRE when a Network Provider fails to meet contractual, regulatory, or statutory requirements. Additionally, a CAP may be required by the NMRE Operations Committee for issues related to quality of care rather than contractual, regulatory, or statutory compliance.
- C. The NMRE Managing Director of Quality and Customer Services will notify the Network Provider Chief Executive Officer/Executive Director or his/her designee to inform him/her of the necessary corrective action in writing using the NMRE “Corrective Action Plan” template. A description of review findings, a brief summary of observations, a preliminary assessment of the potential impact and/or risk of the findings, and a timeframe for completion will be included in the request.
- D. Network Providers will complete the CAP according to their established quality improvement processes.
- E. Within the timeframe for response, Network Providers will report on the Corrective Action Plan template:
 - 1. The results of investigation into an analysis of the issue;
 - 2. The actions implemented to remedy the issue and avoid reoccurrence;
 - 3. What individual is responsible for the implementation of the CAP; and
 - 4. The mechanisms in place for follow-up monitoring.
- F. The content of the CAP will include:
 - 1. An analysis or description of what must be done to analyze the problem’
 - 2. Identification of solutions or potential solutions to the problem; and
 - 3. An implementation plan or description of actual steps taken to implement solutions to the problem.
- G. The CAP will be submitted to the NMRE Managing Director of Quality and Customer Services within the timeframe specified in the formal notification.

- H. The NMRE Quality Department will review submitted CAP to determine the likelihood that performance will improve. In the event that the Quality Department does not find the CAP adequate, the NMRE may request a revised CAP. If a revised CAP is not submitted within established timeframes, the NMRE may impose sanctions as determined by the NMRE Operations Committee.
- I. The Managing Director of Quality and Customer Services will maintain a spreadsheet of the number, type, and outcome of CAP, with summary information reported during the annual Quality Assessment and Performance Improvement Plan (QAPIP) evaluation.

Approval Signature



NMRE Chief Executive Officer

7/17/19

Date

Northern Michigan Regional Entity
Corrective Action Plan Request
(Completed by NMRE)

CAP#: _____

Date: _____

Description of the Problem:

Click or tap here to enter text.

Evidence Observed:

Click or tap here to enter text.

Preliminary Assessment of the Potential Impact and/or Risk:

Click or tap here to enter text.

Timeframe for Completion:

Click or tap here to enter text.

NMRE Managing Director of Quality and Customer Services

Date

NORTHERN MICHIGAN REGIONAL ENTITY
CORRECTIVE ACTION PLAN REQUEST
(COMPLETED BY THE PROVIDER ORGANIZATION)

CAP#: _____

Date: _____

Description of the Problem:

Click or tap here to enter text.

Evidence Observed:

Click or tap here to enter text.

Preliminary Assessment of the Potential Impact and/or Risk:

Click or tap here to enter text.

Timeframe for Completion:

Click or tap here to enter text.

Provider Organization Staff Signature

Date

Title