



POLICY AND PROCEDURE MANUAL

SUBJECT: Provider Monitoring and Oversight	ACCOUNTABILITY NMRE, NMRE Network Providers	Effective Date: April 8, 2021	Pages: 2
REQUIRED BY	BBA Section: PIHP Contract Section: 33.0, "Program Integrity," 4.0 "Access Assurance," 7.0, "Provider Network Services, P4.13.1, ROSC, P.9.7.1, QAPIP, P.II.B.A., SUD Policy Manual Other: OMB Circulars	Last Review Date: April 8, 2021	Past Review Date:
Policy: <input checked="" type="checkbox"/> Procedure: <input type="checkbox"/>	Review Cycle: Annual Author: NMRE Provider Network Manager	Responsible Department: Provider Network	Reviewers: NMRE CEO

Definitions

American Society of Addiction Medicine (ASAM) Criteria: A national set of criteria for providing outcome-oriented and results-based care in the treatment of addiction.

Beneficiary: A person served by the publicly funded behavioral health and substance use disorder system or his/her representative.

MDHHS: Michigan Department of Health and Human Services

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.

Prepaid Inpatient Health Plan (PIHP): One of ten organizations in Michigan responsible for managing Medicaid services related to behavioral health, development disabilities, and substance use.

Purpose

The purpose is to establish a structure to ensure proper monitoring and oversight of NMRE Network Providers in compliance with Federal and state regulations.

Policy

The NMRE will conduct a full monitoring and oversight review of each Network Provider at least once per year. This process will consist of utilizing uniform standards and measures to assess compliance with Federal and state regulations and compliance with the MDHHS-PIHP contract.

Approval Signature



NMRE Chief Executive Officer

4/8/21

Date

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Procedure

A. Annual Monitoring Review Process

Annually the NMRE will conduct a review of its Network Providers. The review will consist of a desk audit and an on-site review. Based on previous satisfactory audit performance, the depth of these reviews may be modified. The monitoring and oversight review will consist of:

1. Desk Audit

The NMRE will request a list of materials from Network Providers 60 days prior to the scheduled review. Network Providers will be asked to return the materials to the NMRE within 30 days of the request.

2. On-Site Review

The NMRE will send Network Providers an agenda outlining the monitoring and oversight review schedule 60 days prior to the scheduled review. The NMRE will send Network Providers a list of clinical records to be reviewed one (1) week prior to the scheduled review. The records will be a sample of Medicaid claims received for the selected time period.

3. Results and Reports

The NMRE will prepare a report of its findings to be distributed to Network Providers within 30 days from the date of the review.

B. Scope of the Review

1. Clinical Record Review

- a. For Reviews of **CMHSPs**, the clinical record review will include:
 - i. Person-centered Planning
 - ii. Health and Safety
 - iii. Coordination with Primary Care
 - iv. Clinical Record Keeping

- v. General Services
- b. For reviews of **SUD Providers**, the clinical record review will include:
 - i. Care Coordination with Health Care Providers
 - ii. Care Coordination with other Health/Human Services Providers
 - iii. Use of Standard Consent (MDHHS-5515)
 - iv. Screening for Priority Populations (pregnant women, injecting drug users, parents at risk of losing custody of their child(ren))
 - v. Recipient Rights Acknowledgement
 - vi. Confidentiality and HIPAA Written Acknowledgement
 - vii. Medical Record Guidelines
- 2. Administrative Review
 - a. For reviews of **CMHSPs**, the Administrative Review will include:
 - i. Medicaid enrolled programs
 - ii. Other Medicaid Program Services
 - iii. Service Authorization
 - iv. Jail Diversion
 - v. Coordinating Agreements
 - vi. Provider Network Management
 - vii. Trainings
 - viii. Customer Services
 - ix. Beneficiary Involvement
 - x. Grievance and Appeal
 - xi. Peer-run Services
 - xii. Advance Directives
 - xiii. Credentialing
 - xiv. The review will also include a visit to residential providers and a review of training and competency of their non-licensed staff.
 - b. For reviews of **SUD Providers**, the Administrative Review will include:
 - i. Staff Qualifications
 - ii. Recipient Rights Policy Review

- iii. HIPAA Privacy Standards/42 CFR Review
- iv. Communicable Disease Training
- v. Deficit Reduction Act Training
- vi. Accreditation Report
- vii. The review will also include a visit to residential treatment providers which will cover the use of appropriate ASAM staging.

Approval Signature



NMRE Chief Executive Officer

4/8/21

Date