



Corrective Action Plan
Michigan Department of Community Health (MDCH)
Prepaid Inpatient Health Plans (PIHPs)
for CMH Affiliation of Mid-Michigan

Standard I—Quality Assessment and Performance Improvement Program Plan and Structure

Requirement	Evidence/Documentation as Submitted by the PIHP	Score
3. Adopting and Communicating Process and Outcome Improvements		
Attachment P 6.7.1.1		
a. The written QAPIP description includes the mechanisms or procedures used or to be used for <u>adopting</u> process and outcome improvements.	<input type="checkbox"/> 2009 Quality Improvement Plan: <ul style="list-style-type: none"> ○ Section I. D. Mechanisms for Adopting and Communicating Improvements 	<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input checked="" type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable
b. The written QAPIP description includes the mechanisms or procedures used or to be used for <u>communicating</u> process and outcome improvements.	<input type="checkbox"/> 2009 Quality Improvement Plan: <ul style="list-style-type: none"> ○ Section I. D. Mechanisms for Adopting and Communicating Improvements 	<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input checked="" type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable

Findings

Section 1, D. of the CMHAMM QAPIP stated it delegated these functions and that each Medicaid service provider agency would have mechanisms or procedures locally for adopting and communicating process and outcome improvements. The description did not outline what those procedures or plans were. While the PIHP may delegate QAPIP functions out to affiliates, it must gather back up and describe the mechanisms or procedures that will be used. Examples could include a written description of improvements provided to affiliate boards and to the PIHP governing body through the Internet, use of memoranda, trainings, publication of member or provider newsletters, or publication of work group meeting minutes.

Recommendation: The PIHP’s written QAPIP must identify how it will coordinate adoption and communication of process and outcome improvements at the PIHP level, incorporating affiliate components into the whole.

Corrective Action Plan

By 10/1/09 each affiliate will submit a plan to the PIHP which identifies how process and outcome improvements will be adopted and communicated to the PIHP. An agenda item will be added to the PIHP QI agenda for quarterly reports of process and outcome improvements by each member. A summary will be included in the PIHP annual report to the PIHP Board of Directors.



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Requirement	Evidence/Documentation as Submitted by the PIHP	Score
4. Accountability to the Governing Body <div style="text-align: right; font-size: small;">Attachment P 6.7.1.1</div>		
d. The Governing Body routinely receives written reports from the QAPIP.	<input type="checkbox"/> Copy of PIHP Board Meeting Minutes: 03-09-09	<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input checked="" type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable

Findings

d. There was no evidence that the governing body received written progress reports from the PIHP on a routine basis during the review period. Draft minutes from the March 9, 2009, meeting of the Program and Planning Committee documented that a brief summary update of 2008 accomplishments was provided.

Recommendation: The PIHP should routinely provide written reports on QAPIP components to the governing body.

Corrective Action Plan

The PIHP shall provide written and/or oral reports to the appropriate governing bodies on the status of QAPIP components at least quarterly or more frequently as needed.

Requirement	Evidence/Documentation as Submitted by the PIHP	Score
8. Data from the Behavior Treatment Committee The QAPIP quarterly reviews analyses of data from the behavior treatment review committee where intrusive or restrictive techniques have been approved for use with beneficiaries and where physical management has been used in an emergency situation. Data shall include numbers of interventions and length of time the interventions were used per person. <div style="text-align: right; font-size: small;">Attachment P 6.7.1.1</div>	<input type="checkbox"/> At this date MDCH staff are still finalizing and clarifying Behavior Treatment and data collection requirements and the data collection elements for behavior treatment interventions. <input type="checkbox"/> When the data elements are fully defined by MDCH, then CMHAMM will be able to set up the data collection process and began analyses that will be compliant with MDCH established elements. <input type="checkbox"/> A PIHP Behavior Treatment Committee has been established where the review of this type of data will occur. Membership on this PIHP Committee consists of at least one member from each Affiliates local Behavior Treatment Committee.	<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input checked="" type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable



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Findings

The March 17, 2009, minutes of the initial meeting of the PIHP’s Behavior Treatment Committee (BTC) described that the purpose of the group was to review aversive, restrictive, or intrusive techniques, or psychoactive medications for behavior control purposes. Minutes reflected that the PIHP had recently drafted a Procedure 2.7: Behavior Treatment Plan Review Committee. Membership on this PIHP committee consisted of at least one member from each affiliate’s local BTC. There was no evidence that the PIHP had reviewed affiliates’ BTC programs or data during the review period. While the requirement is for a quarterly review, the draft policy stated the PIHP’s BTC would meet “no less than twice a year.”

Recommendation: The PIHP should ensure that its behavior treatment committee reviews data quarterly from each affiliate BTCs when intrusive or restrictive techniques have been approved for use with beneficiaries and when physical management has been used in an emergency situation. Data shall include numbers of interventions and the length of time the interventions were used per person.

Corrective Action Plan

Effective 10/1/09, each CMHSP Behavior Treatment Committee will submit quarterly data to the PIHP on the numbers of behavior treatment plans (BTP) that include intrusive or restrictive techniques that have been approved for use with beneficiaries and the number of occurrences of use of physical management in an emergency situation. Data shall include numbers of interventions and the length of time the interventions were used per person.



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Standard II—Performance Measurement and Improvement

Requirement	Evidence/Documentation as Submitted by the PIHP	Score
4. Review of Sentinel Events		
Attachment P 6.7.1.1		
a. The QAPIP describes the process for the <u>review</u> of sentinel events.	<input type="checkbox"/> 2009 Quality Improvement Plan <ul style="list-style-type: none"> <input type="checkbox"/> Section VIII <input type="checkbox"/> Affiliation Procedure 4.2: Sentinel Events	<input type="checkbox"/> Met <input checked="" type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable

Findings

The Quality Improvement Plan 2009 described the process for the review of sentinel events, referenced Affiliation Procedure 4.2: Sentinel Events, and specified that sentinel event reporting, review, investigation, and follow up must be in accordance with the CMHAMM procedure. The Sentinel Event procedure stated that responsibility for root-cause analysis and investigation of sentinel events was delegated to the community mental health services providers (CMHSPs) and coordinating agencies (CAs). The procedure specified that the chief executive officer/designee of the CMHSP/CA where the event occurred would have the responsible administrator meet with the involved staff, the medical director, the rights officer, and the quality improvement coordinator to determine if the event was sentinel, and that within three days of determining that the event was sentinel, would convene a team to conduct a root-cause analysis. The team members were to include the medical director and the quality improvement coordinator.

MDCH contract Attachment P 6.7.1.1 (July 2008), Element VIII, requires that at a minimum a root-cause analysis is to commence within two business days of the sentinel event rather than three days after determining that it was a sentinel event. While the PIHP's QAPIP plan had the correct time frame, it required affiliates to follow Procedure 4.2, which had an incorrect time frame. The procedure described the process for implementation of corrective action, monitoring strategies, and a six-month review.

Recommendation: The PIHP should ensure that its procedure is congruent with State contract requirements. Because this activity is delegated, the PIHP must ensure that all CMHSP and CA affiliates have correct procedures and that relevant staff members of those agencies are made aware of the time requirement.

Corrective Action Plan

By 10/1/09, the Sentinel Event procedure will be corrected to be consistent with State contract requirements. The PIHP will ensure that responsible staff persons from each affiliate understand the corrected requirements.



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Standard III—Practice Guidelines

Requirement	Evidence/Documentation as Submitted by the PIHP	Score
1. Relevant Practice Guidelines The QAPIP describes the process for the use of practice guidelines, including the following: <div style="text-align: right;">Attachment P 6.7.1.1 42 CFR 438.236</div>		
a. Adoption process	<input type="checkbox"/> 2009 Quality Improvement Plan <ul style="list-style-type: none"> o Section X. Practice Guidelines <input type="checkbox"/> Copy of PIHP Board Meeting Minutes when plan was approved (03-09-09) <input type="checkbox"/> Copy of CMHAMM Practice Guidelines <ul style="list-style-type: none"> o Introduction Section 	<input type="checkbox"/> Met <input checked="" type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable
b. Development process	<input type="checkbox"/> 2009 Quality Improvement Plan <ul style="list-style-type: none"> o Section X. Practice Guidelines <input type="checkbox"/> Copy of CMHAMM Practice Guidelines <ul style="list-style-type: none"> o Introduction Section <input type="checkbox"/> Copy of PIHP Leadership minutes where review of Guidelines took place <ul style="list-style-type: none"> o Minutes: 12/09/08 <input type="checkbox"/> Copy of UM Workgroup meetings where review of Guidelines took place <ul style="list-style-type: none"> o 11/02/07 (shows review of guidelines) o 09/19/08 o 11/14/08 o 01/09/09 <input type="checkbox"/> Affiliation Policy 1.0 (Administration of PIHP) <ul style="list-style-type: none"> o Section III.D 	<input type="checkbox"/> Met <input checked="" type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable



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Standard III—Practice Guidelines

Findings

The Quality Improvement Plan 2009 stated that the PIHP had established practice guidelines based on the Medicaid Provider Manual. CMHAMM used the terminology “practice guidelines” to refer to its own and the MCDH Medicaid Provider Manual’s service utilization review admission criteria and service authorization criteria. The guidelines provided information for CMHSPs/CAs regarding program admission criteria, covered services, diagnosis, severity of illness, and intensity of service criteria. The preamble of the Practice Guidelines document stated that the purpose of the practice guidelines was “to determine eligibility for services and assist in making determinations regarding the continued necessity for care” and had links to program admission criteria for adult mental health services, children’s mental health services, developmentally disabled services, and substance abuse services. The PIHP used an administrative review process to review and adopt these policies and standards and, according to the Affiliation Utilization Management (UM) Committee meeting minutes of November 14, 2008, “It was agreed among the committee to adopt the Medicaid Manual as the official CMHAMM Practice Guidelines with the addition of pertinent Technical Advisories, contract attachments, etc.”

While the PIHP provided documentation that it was implementing evidence-based practice models (Parent Management Training—Oregon and Family Psycho-Education), those processes were outside of the process established for practice guidelines. Other MDCH-required practice guidelines—such as Inclusion, Housing, Consumerism—were not found in the PIHP Practice Guidelines document or on its Web site list of policies. (A Web site review May 5, 2009, listed policies/procedures for jail diversion, coordination and continuity of care, and habilitation supports and waiver, but did not list self-determination, person-centered planning, or family-centered planning.) Jail diversion and person-centered planning were referred to as practice guidelines on the PIHP 2009 Delegation Grid. Assertive community treatment (ACT) was incorporated into the Practice Guidelines.

Recommendation: The PIHP was integrating utilization and clinical practice guidelines, but had not completely incorporated all of its practice guidelines into the current structure. Practice guidelines were found throughout the PIHP’s documents—i.e., person-centered planning and family psycho-education—and were either well-established or in process, but they were not incorporated, documented, or monitored through a single process. The PIHP should establish a process for adoption and development of clinical best practices, evidence-based practices, etc., and determine how it will be incorporated into its current structure with utilization management.

Corrective Action Plan

The CMHAMM Practice Guidelines will be updated to include evidence based practices being implemented and MDCH required practice guidelines by 10/01/09.



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Standard IV—Staff Qualifications and Training

Requirement	Evidence/Documentation as Submitted by the PIHP	Score
1. Employed and Contracted Staff Qualifications <div style="text-align: right; font-size: small;">Attachment P 6.7.1.1 PIHP Contract 6.4.3</div>		
c. The QAPIP contains written procedures to ensure <u>non-licensed providers</u> of care or support are qualified to perform their jobs.	<input type="checkbox"/> 2009 Quality Improvement Plan <ul style="list-style-type: none"> <input type="checkbox"/> Section XI. A. Credentialing, Provider Qualification and Selection <input type="checkbox"/> Affiliation Procedure 5.2: Credentialing	<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input checked="" type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable

Findings

The Quality Improvement Plan 2009 stated that the PIHP had written policies and procedures that complied with MDCH credentialing and recredentialing processes. The on-site review of the PIHP’s credentialing procedure (see Standard XI, Credentialing) documented that the PIHP’s policy had written procedures to determine whether physicians and other licensed health care professionals were qualified to perform their services. There was no specific documentation in the QAPIP to address nonlicensed providers. Affiliation Procedure 5.2, Credentialing, specified that it was applicable to the licensed health care providers whose disciplines were listed within the procedure. The PIHP’s Delegation Grid addressed professional credentialing, but did not speak to procedures to ensure that nonlicensed providers of care or support were qualified to perform their jobs. Although it was apparent that the PIHP monitored through its annual review that nonlicensed providers were qualified to perform their jobs, there were no written PIHP-level procedures regarding nonlicensed providers.

Recommendation: The PIHP should incorporate written procedures into the QAPIP to ensure that nonlicensed providers of care or support are qualified to perform their jobs.

Corrective Action Plan

By 1/1/10, the PIHP will add a process to the QAPIP to ensure that nonlicensed providers of care or support are qualified to perform their jobs.



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Standard VI—Customer Services

Requirement	Evidence/Documentation as Submitted by the PIHP	Score
<p>4. Customer Handbook The customer handbook includes:</p> <ul style="list-style-type: none"> ◆ All state-required topics as specified in the contract attachment. ◆ The date of the publication and revision(s). ◆ Names, addresses, phone numbers, TTYs, e-mails, and web addresses for affiliate CMHSPs, substance abuse coordinating agency, or network providers. ◆ Information about how to contact the Medicaid Health Plans or Medicaid fee-for-service programs in the PIHP service area (actual phone numbers and addresses may be omitted and held at the customer services office due to frequent turnover of plans and providers). <p align="right">Attachment P.6.3.1.1</p>	<input type="checkbox"/> CMHAMM Member Handbook	<input type="checkbox"/> Met <input checked="" type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable

Findings

The CMHAMM member handbook included topics requiring template language and other required topic areas addressed in Attachment P.6.3.1.1 of the CMHAMM contract with MDCH. The handbook also included a publication date on the footer of each page. The document incorporated the names, addresses, phone numbers, teletype (TTY), and Web site addresses for its affiliate CMHSPs and CAs. A listing and contact information for Medicaid health plans doing business in Michigan was also included in the handbook. The handbook did not include e-mail addresses for its affiliates/subcontractors as required by contract.

Recommendation: The PIHP should ensure that its beneficiary handbook includes all required elements addressed in Attachment P.6.3.1.1 of the MDCH contract.

Corrective Action Plan

By 10/1/09, the PIHP handbook will be amended to include an e-mail address for its affiliates. The revised handbook will be placed on the affiliate and PIHP websites. The handbooks will be corrected at the next printing.



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Standard VII—Enrollee Grievance Process

Requirement	Evidence/Documentation as Submitted by the PIHP	Score
<p>6. Process for Handling Grievances Customer Services or the Recipient Rights Office performs the following functions:</p> <p align="right">42 CFR 438.406(a)(3)(i) and (ii) 42 CFR 438.408(a) 42 CFR 438.408(d)(1) Attachment P.6.3.2.1</p>		
<p>b. Determines whether the grievance is more appropriately an enrollee rights complaint, and if so, refers the grievance, with the beneficiary’s permission, to the Office of Recipient Rights.</p>	<p><input type="checkbox"/> Affiliation Procedure 3.2: Appeals/Grievances o Section IV.B.5</p> <p><input type="checkbox"/> Affiliation Procedure 3.3: Customer Services o Section IV.B. 5. & 6. ; Section IV.D. 6., 7. & 8.</p>	<p><input type="checkbox"/> Met <input checked="" type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable</p>
<p>e. For grievances regarding denial of expedited resolution of an appeal and for a grievance that involves clinical issues, the grievance is reviewed by health care professionals who have the appropriate clinical expertise in treating the enrollee’s condition or disease.</p>	<p><input type="checkbox"/> Affiliation Procedure 3.2: Appeal/Grievance o Section IV.I.2.d</p>	<p><input type="checkbox"/> Met <input checked="" type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable</p>
<p>g. Provides a written disposition within 60 calendar days of the PIHP’s receipt of the grievance to the customer, guardian, or parent of a minor child.</p> <p>The content of the notice of disposition includes:</p> <ul style="list-style-type: none"> ◆ The results of the grievance process; ◆ The date the grievance process was conducted; ◆ The beneficiary’s right to request a fair hearing if the notice is more than 60 calendar days from the date of the request for a grievance; and ◆ How to access the fair hearing process. 	<p><input type="checkbox"/> Affiliation Procedure 3.2: Appeal/Grievance o Section IV.I.2.d</p>	<p><input type="checkbox"/> Met <input checked="" type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable</p>



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Standard VII—Enrollee Grievance Process

Findings

b. The PIHP’s appeals and grievances procedure did not address the requirement. One grievance record included documentation that showed that the grievance was processed after the initial review determined that the case was not a recipient rights issue.

Recommendation: The PIHP should ensure that policies and procedures address the process for determining if a grievance is more appropriately a recipient rights complaint for referral to the Recipient Rights Office, if appropriate.

e. The appeals and grievances procedure included the requirement to ensure that persons hearing the grievance are clinicians with an appropriate background if the decision involves a medical issue. The grievance record reviewed on-site reflected review of the grievance by appropriate staff.

Recommendation: The PIHP should ensure that policies and procedures accurately reflect the requirement that health care professionals with appropriate clinical expertise in treating a beneficiary’s condition or disease review grievances involving clinical issues and grievances regarding the denial of expedited resolution of an appeal.

g. Procedure 3.2 addressed the requirements for the content of the notice of disposition. The notice of disposition in the grievance record reviewed on-site did not include the date the grievance process was conducted.

Recommendation: The PIHP should ensure that notices of disposition include all required information, as specified in the element above.

Corrective Action Plan

By 10/1/09 the Appeals and Grievance Procedure shall include: a process to determine if an appeal is a recipient rights issue and should be referred to the right office; clarification that grievances involving clinical issues or denial of an expedited resolution be reviewed by a health care professional with appropriate clinical expertise; and each notice of disposition shall include the date that the grievance process was conducted.



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Standard X—Provider Network

Requirement	Evidence/Documentation as Submitted by the PIHP	Score
<p>5. Delivery Network In establishing and maintaining the network, the PIHP considers: anticipated Medicaid enrollment, expected utilization, numbers and types of providers required, number of network providers who are not accepting new beneficiaries, geographic location of providers and beneficiaries, distance, travel time, and transportation availability, including physical access for beneficiaries with disabilities.</p> <p align="right">438.206(b)(1)(i-v)</p>	<p>The PIHP delegates management of the delivery network to its sub-contractors. As one element in its monitoring process, through interviews with CMHSP staff, the PIHP determines what steps are used by the sub-contractors to determine network adequacy.</p> <ul style="list-style-type: none"> <input type="checkbox"/> 2009 Delegation Grid <ul style="list-style-type: none"> <input type="checkbox"/> Section VII: Provider Network <input type="checkbox"/> 2008 PIHP UM/QI/Provider Network Site Report (provider network section) (example of one CMHSP report) 	<p><input type="checkbox"/> Met <input checked="" type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable</p>

Findings

Affiliation Procedure 5.1, Provider Network Management, indicated that an assessment of network sufficiency that considered information from a comprehensive set of data sources would be completed on an annual basis. At the time of the site review, CMHAMM staff indicated that a PIHP-wide assessment of network sufficiency had never been completed, although progress had been made with the report. A draft copy of the network sufficiency report was reviewed on-site. The draft report included data aggregated from the CMHSPs and CAs, including information regarding Medicaid enrollment, population statistics, and information regarding the types of clinicians by discipline. The PIHP had also collected information from its affiliate CMHSPs regarding the adequacy of transportation services in each geographic region, and planned to include findings from the survey in the final report.

Recommendation: The PIHP must complete the process to annually assess the adequacy of the provider network.

Corrective Action Plan

The PIHP shall update and complete the draft report, using FY 2009 data, by Dec. 31, 2009. Thereafter, the report will be updated annually at the end of the FY Third Quarter (July – September).



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Standard XIV—Appeals

Requirement	Evidence/Documentation as Submitted by the PIHP	Score
1. Appeals The PIHP has internal appeals procedures that address: <div style="text-align: right;">438.402 MDCH 6.4(B) Attachment P6.3.2.1</div>		
b. The method for a beneficiary to obtain a hearing.	<input type="checkbox"/> Affiliation Procedure 3.2: Appeals/Grievances <ul style="list-style-type: none"> ○ Section IV.C.1-2 ○ Section IV.I.3 <input type="checkbox"/> CMHAMM Member Handbook (Pg. 25–26: Grievances and Appeals)	<input type="checkbox"/> Met <input checked="" type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable

Findings

The PIHP delegated the local appeals function to its subcontracted CMHSPs and CAs. Affiliation Procedure 3.2, Appeals and Grievances, applicable to all CMHAMM CMHSPs, CAs, and contractors who provide Medicaid-covered services, addressed the beneficiary’s right to file an appeal or request a State fair hearing, the method to request a fair hearing, and the requirements and time frames for filing appeals. The procedure incorrectly stated that the beneficiary may request a fair hearing verbally or in writing.

Recommendation: The PIHP should ensure that the appeals procedure reflects accurate information about the method to request a hearing, which is in writing.

Corrective Action Plan

By 10/1/09, the appeals procedure will be amended to clarify that an appeal may only be requested in writing.

Requirement	Evidence/Documentation as Submitted by the PIHP	Score
6. Right to Examine Records The appeals process provides the beneficiary and his or her representative the opportunity, before and during the appeals process, to examine the beneficiary’s case file, including medical records and any other documents and records considered during the appeals process. <div style="text-align: right;">438.406(b)(3)(ii)</div>	<input type="checkbox"/> Affiliation Procedure 3.2: Appeals/Grievances <ul style="list-style-type: none"> ○ Section IV.I.1.e 	<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input checked="" type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable

Findings

Affiliation Procedure 3.2 stated that it was the responsibility of the CMHSP/CA to provide the beneficiary assistance with accessing his or her record and other relevant documents before and during the appeal. None of the appeal records reviewed on-site reflected that the beneficiary had requested to review the case file. Appeal acknowledgment letters stated that beneficiaries have the right to review their clinical record. During the interview, PIHP staff stated that there had not been



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Standard XIV—Appeals

any requests to review the appeal case file.

Recommendation: The PIHP should ensure that policies, procedures, and correspondence to beneficiaries include correct language about the beneficiary’s right to examine the case file before and during the appeal process, including medical records and any other documents and records considered during the appeal process.

Corrective Action Plan

By 10/1/09 Procedure 3.2 and related documents will be amended to advise the appellant of the right to review his/her case file.

Requirement	Evidence/Documentation as Submitted by the PIHP	Score
7. Notice of Disposition The PIHP provides written notice of the results of a standard resolution as expeditiously as the beneficiary’s health condition requires, but no later than 45 calendar days from the day the PIHP received the request for a standard appeal and no later than three working days after the PIHP received a request for an expedited resolution of the appeal. <div align="right">438.408(b) Attachment P6.3.2.1</div>	<input type="checkbox"/> Affiliation Procedure 3.2: Appeals/Grievances <ul style="list-style-type: none"> ○ Section IV.C.1 ○ Section IV.I.1.e 	<input type="checkbox"/> Met <input checked="" type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable

Findings

Affiliation Procedure 3.2 required that a standard appeal be resolved and a notice of disposition provided within 45 calendar days from when the appeal was received. Four of the five appeal records reviewed on-site included a written notice of disposition.

Recommendation: The PIHP should ensure that beneficiaries receive written notice of the results of the appeal resolution.

Corrective Action Plan

The requirement that all appeals receive a written disposition on the outcome of the appeal will be reviewed in the July 10, 2009 Affiliation QI Meeting.

Requirement	Evidence/Documentation as Submitted by the PIHP	Score
8. Notice of Disposition The notice of disposition includes an explanation of the results of the resolution and the date it was completed. <div align="right">438.408(e) Attachment P6.3.2.1</div>	<input type="checkbox"/> Affiliation Procedure 3.2: Appeals/Grievances <ul style="list-style-type: none"> ○ Section IV.I.1.e ○ Section IV.2.d 	<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input checked="" type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable



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Standard XIV—Appeals

Findings

Affiliation Procedure 3.2 detailed the requirements for the content of the notice of disposition. The procedure stated that the CMHSP/CA was responsible for providing a written notice of the disposition that included an explanation of the decision and the date it was completed. One of the five appeal records reviewed on-site included a written notice of disposition that stated the date of the resolution. All appeal records included detailed explanations of the resolution process and decision.

Recommendation: The PIHP should ensure that the notice of disposition letters include the date of the resolution.

Corrective Action Plan

The requirement that all notices of disposition contain the date of resolution will be reviewed in the July 10, 2009 Affiliation QI Meeting.

Requirement	Evidence/Documentation as Submitted by the PIHP	Score
<p>9. Appeals Not Resolved in Favor of Beneficiary When the appeal is not resolved wholly in favor of the beneficiary, the notice of disposition includes:</p> <ul style="list-style-type: none"> ◆ The right to request a State fair hearing. ◆ How to request a State fair hearing. ◆ The right to request to receive benefits while the State fair hearing is pending, if requested within 12 days of the PIHP mailing the notice of disposition, and how to make the request. ◆ The fact that the beneficiary may be held liable for the cost of those benefits if the hearing decision upholds the PIHP's action. <p align="right">438.408(e)(2) Attachment P6.3.2.1</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Affiliation Procedure 3.2: Appeals/Grievances <ul style="list-style-type: none"> ○ Section IV.I.1.e 	<ul style="list-style-type: none"> <input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input checked="" type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable

Findings

The appeals procedure included the requirements for the content of the notice of disposition when the disposition is not fully in the appellant's favor. The procedure included the requirement to notify the beneficiary of: (1) the right to a fair hearing, (2) how to request a fair hearing, (3) the right to receive disputed services while the State fair hearing is pending if requested within 12 days of the PIHP mailing the notice of disposition and until a disposition is reached, (4) the address to which the request for a fair hearing must be sent, and (5) the possibility that the beneficiary may be held liable for the cost of the disputed services if the outcome of the hearing upholds the PIHP's action. The policy or resolution letters did not address how the beneficiary could make the request for continued services. During the interview, PIHP staff stated that the PIHP routinely continued services during the appeal process.

Recommendation: The PIHP should ensure that policies, procedures, and correspondence to the beneficiary address all required information.



Corrective Action Plan
Michigan Department of Community Health (MDCH)
Prepaid Inpatient Health Plans (PIHPs)
for **CMH Affiliation of Mid-Michigan**

Standard XIV—Appeals

Corrective Action Plan

By 10/1/09 the appeals procedure 3.2 will be reviewed and amended so that it is clear how a beneficiary may request continued services during the appeal process.