

## **ATTACHMENT 3      NORTHCARE UM PLAN FY09/FY10**

*NORTHCARE NETWORK  
PREPAID INPATIENT HEALTH PLAN  
PIHP/CMHSP: Delegation Agreement*

This Delegation Agreement (hereinafter referred to as the "Agreement") between Pathways Community Mental Health Authority acting in its capacity as the Pre-paid Inpatient Health Plan (PIHP), d.b.a. NorthCare Network and the respective Community Mental Health Services Provider (CMHSP) Board acting as the Comprehensive Specialty Services Network manager (CSSN) is incorporated, by attachment, into the Sub-Contract Agreement for the Medicaid Managed Specialty Supports and Services 1915(b)/(c) Waiver Program, and is subject to all the terms and conditions of said agreement.

### **I. Agreement Purpose:**

The purpose of this Agreement is to document the terms and conditions by which the PIHP delegates certain required PIHP functions and responsibilities to the CMHSP consistent with the CMS regulations pertaining to sub contractual relationships and delegation [CFR: 438.230].

Delegation of each responsibility is considered independent and as such, requires acknowledgement by both the PIHP and the CMHSP [CFR: 438.230(B)(2)(i)].

#### **A. Pre-Assessment of CMHSP's Capacity to Perform Delegation:**

In 2003, as required by the Center for Medicare and Medicaid Services and the Michigan Department of Community Health, the PIHP pre-evaluated the prospective CMHSP's ability to perform the activities to be delegated [CFR: 438.230(A)(2)(b)(i)]. For purposes of this Agreement, the evaluation process and the corresponding documentation represented by the PIHP's successful Application for Participation (AFP) as a Pre-paid Inpatient Health Plan to the Michigan Department of Community Health (MDCH) including the CMHSP's commitments made therein were considered the PIHP's pre-evaluation. Furthermore, it was noted by MDCH that sufficient evidence existed by the PIHP of its delegation intent, and the CMHSP's capacity and capability to carry out these delegations, pursuant to the MDCH's AFP review.

#### **B. On-Going/Annual Assessment of Delegation Functions:**

It is understood and agreed by both parties that the PIHP will monitor and assess that the CMHSP is appropriately carrying out its delegated responsibilities and is complying with required PIHP (and CMS/MDCH) policies, standards and contract terms for all delegated functions [CFR: 430.230(B)(3)].

A formal delegation evaluation shall be performed by the PIHP (Comprehensive Formal Site Review), post contract period, to assess previous period's performance and to recommend continuation of the CMHSP delegated functions noted herein. Any delegated function(s) identified as falling below performance standard expectation will require a Plan of Correction on the part of the CMHSP.

Additionally, to ensure sustained compliance, the PIHP shall continue to provide on-going monitoring of the CMHSP respective to the delegated functions during each upcoming contract period. Such on-going monitoring will be obtained through various performance activities of the PIHP regional committees, contract monitoring and review(s) of the CMHSP's operational practices, local policies and procedures, and internal documentation pertaining to all delegated functions.

**C. Corrective Action and Revocation of Delegated Function:**

Delegation of each separate activity is solely at the discretion of the PIHP. The PIHP retains full oversight responsibility for all delegated activities, and all delegated activities must be carried out in observance of applicable federal regulations, MDCH Medicaid Contract terms, PIHP Sub-Contract Agreement and PIHP policies and standards.

A CMHSP will be given notice (via a written Plan of Correction) of areas of non-compliance and/or performance below standard of the delegated function(s). The CMHSP will be expected to take action to correct the performance deficiency and to document and submit such improvement efforts to the PIHP for approval and follow-up monitoring. Should the CMHSP not be able to comply with the requirements of the Plan of Correction or improve performance within an acceptable time-period, the PIHP may revoke the delegated function(s). Non-compliance and/or sub-standard performance in one delegated functional area does not automatically jeopardize delegation to the CMHSP in another functional area. Similarly, the revocation of one delegated function may not affect another delegated function where the CMHSP is performing satisfactorily.

Written notice from the PIHP to the CMHSP is required for revocation of any delegation. Should a delegation(s) be revoked, the CMHSP still remains under obligation to the terms of its contract with the PIHP and shall continue to observe PIHP policy and standards as a provider of service.

**II. Delegated Functions:**

It is the intent of the PIHP to delegate portions of the following PIHP administrative functions to each CMHSP under contract for as long as the CMHSP demonstrates capacity to perform its delegated responsibilities in accordance with Federal, State and PIHP regulations and standards.

The PIHP and CMHSP agree as follows:

<b>I. Utilization Management/Access</b>	
<b>The PIHP shall delegate the following Service Authorization and Utilization Management activities to the CMHSP:</b>	<ol style="list-style-type: none"> <li>1. Identification and credentialing of designated CMHSP staff determined qualified to perform delegated Service Authorization and Utilization Management functions (i.e. authorizations and local concurrent/retrospective reviews). The CMHSP agrees to maintain an up-to-date roster of such credentialed/privileged staff and to make it available for PIHP review.</li> <li>2. Initial approval or denial of requested service:               <ul style="list-style-type: none"> <li>✓ Initial assessment and initial authorization of psychiatric inpatient services. It is expected that the consumer experiences a welcoming environment throughout their involvement with Community Mental Health.</li> <li>✓ Ongoing authorization of services to individuals receiving community based services utilizing the principles of recovery; standards established in NorthCare’s Access Policy, Service Authorization Policy, Regional Benefit Plan, and the Utilization Management Plan.</li> <li>✓ Services are provided using evidence based treatments as mandated by MDCH and other best practices adopted by the individual CMHSP. Specifically, the CMHSP must demonstrate the availability of Family Psycho Education Groups, Integrated treatment for Consumers with Co-occurring Disorders and other promising practices for individuals with serious mental illnesses. For children with serious emotional disturbance, treatment may be provided using Parent Management Training Oregon Model or other best practices. Services to consumers with developmental disabilities may include supports for competitive employment, independent living and community participation.</li> <li>✓ Grievance and Appeals management, coordination and notification, and communication with consumers regarding UM decisions, including adequate and advanced notice, rights to second opinions, and grievance and appeal decisions.</li> <li>✓ The amount, scope and duration of benefits available under the PIHP contract and/or NorthCare Benefit Plan are sufficient in detail to ensure that consumers understand the benefits to which they are entitled.</li> <li>✓ Procedures for obtaining benefits, including any local or PIHP authorization requirements.</li> <li>✓ The extent to which, and how, consumers may obtain benefits, including services from an out-of-network provider.</li> </ul> </li> <li>3. Coordination and Continuity of Care:               <ul style="list-style-type: none"> <li>✓ Implement procedures to coordinate the services that the CMHSP furnishes to the consumer with the services that the consumer receives from other entities such as:                   <ul style="list-style-type: none"> <li>➤ Local FIA Office;</li> <li>➤ Medicaid Health Plans;</li> <li>➤ Area Agency and Commission on Aging (regional or local);</li> <li>➤ Michigan Rehabilitation Services;</li> <li>➤ Local Multi-purpose Coordinating Body;</li> <li>➤ Local Health Department;</li> <li>➤ Community and Migrant Health Centers;</li> <li>➤ Local Nursing Homes;</li> </ul> </li> </ul> </li> </ol>

	<ul style="list-style-type: none"> <li>➤ Local school systems/ISD;</li> <li>➤ Jobs Commission;</li> <li>➤ Local Primary Care Physicians (PCPs)</li> <li>➤ Tribal Health Centers</li> </ul> <ol style="list-style-type: none"> <li>4. Local communication with consumers regarding the role and purpose of the PIHP’s Customer Services and Recipient Rights Office in assisting each consumer (or family) with any consumer complaint, appeal or grievance.</li> <li>5. Local-level Concurrent and Retrospective Reviews of CMHSP Authorization and Utilization Management decisions/activities to internally monitor authorization decisions and congruencies regarding level of need with level of service, consistent with PIHP policies and reporting standards.</li> <li>6. Implementation and application of PIHP Utilization Management Plan to local CMHSP operational practices.</li> <li>7. Participation in the development of, dissemination, implementation, and application of Practice Guidelines.</li> <li>8. Implementation of Evidenced Based Practices as required by Medicaid regulations, MDCH and the PIHP.</li> </ol>
<p><b>The PIHP shall retain the following Service Authorization and Utilization Management activities, which specifically are not delegated to the CMHSP:</b></p>	<ol style="list-style-type: none"> <li>1. Development, modification and monitoring of PIHP UM Policies, UM Plan including clinical management criteria, Service Selection Guidelines, Regional Benefit Plan, and other standards to be used by the PIHP provider network.</li> <li>2. PIHP-level Concurrent and Retrospective Reviews of CMHSP Authorization and Utilization Management decisions/activities.</li> <li>3. Final Level of Appeal for Utilization Management decisions (via retrospective reviews and/or consumer preference).</li> <li>4. Adoption, dissemination, and monitoring of the application of Practice Guidelines.</li> <li>5. Effective (Copper’s will say September 1, 2008, Northpointe’s will say May 7, 2008, Gogebic’s will say January 7, 2008, and HBH’s will say October 1, 2007) initial request for services and any denials of the initial request for services will be handled by the NorthCare Access Unit. Prior to the effective date the Board will follow the Access process established by NorthCare.</li> <li>6. Other, as deemed necessary.</li> </ol>
<p><b>The PIHP will assess the CMHSP’s capacity and capability for carrying out the delegated Service Authorization and Utilization Management activities on an ongoing basis. These assessments may be incorporated into the PIHP’s Comprehensive Formal Site Review of the CMHSP.</b></p>	<p><u>The formal assessment by the PIHP may include:</u></p> <ol style="list-style-type: none"> <li>1. A site visit to the CMHSP and/or members of the respective sub-contracting network.</li> <li>2. Interviews with staff that performs or manages Service Authorization and Utilization Management Activities.</li> <li>3. Inspection and review of the CMHSP’s Service Authorization and Utilization Management policies and procedures for making and monitoring UM decisions.</li> <li>4. Review of training agendas, materials and rosters of trained and credentialed staff conducting delegated utilization management functions.</li> <li>5. Review of the CMHSP’s use and application of PIHP clinical standards and criteria in making utilization management decisions including the PIHP Access Policy, Service Authorization Policy, UM Plan, and Regional Benefit Plan.</li> <li>6. Review of the CMHSP’s quality improvement program efforts to improve areas of non-compliance or poor performance.</li> </ol> <p><u>The ongoing monitoring and assessment by the PIHP may include:</u></p> <ol style="list-style-type: none"> <li>1. Concurrent and Retrospective Utilization Reviews conducted by the PIHP of</li> </ol>

	<p>clinical records on an on-going basis. These reviews shall consist of an audit of consumer clinical records:</p> <ol style="list-style-type: none"> <li>a. to determine compliance with PIHP standards, policy and procedures,</li> <li>b. to monitor the timeliness of service authorization and utilization management decisions</li> <li>c. to review denial of services data for trends and patterns,</li> <li>d. to examine the quality of service authorization and utilization management decisions,</li> <li>e. to identify incongruence's of level of treatment in relationship with level of consumer need,</li> <li>f. to verify the credentials and qualifications of staff making the decisions,</li> <li>g. to ensure that the PIHP Grievance and Appeal, Second Opinion and Enrollee Rights and Protections policies are adhered to.</li> </ol> <p>2. Review and Analysis of the CMHSP's utilization activity and reporting of services for both the 1915 (b)/(c) waivers.</p>
<p><b>The PIHP Review Team will review all assessment data.</b></p>	<p>If the annual assessment (or other incremental assessments via ongoing monitoring) indicates failure on the part of the CMHSP to meet PIHP policy and standards, with regard to the Service Authorization and Utilization Management delegated activities, it will then be referred to the PIHP for review.</p> <p>Should the PIHP ascertain that the CMHSP is not complying satisfactorily with its delegated responsibilities, it will recommend corrective action.</p> <p>Should the CMHSP not take immediate action to correct the areas of non-compliance within the agreed upon timeframes, the PIHP Chief Operating Officer may then recommend revocation relative to this area of delegation to the PIHP CEO and/or Performance Management Committee.</p>
<p><b>Corresponding NorthCare Documents</b></p>	<ul style="list-style-type: none"> <li>• NorthCare UM Plan</li> <li>• Credentialing/Privileging Policy</li> <li>• Access Policy</li> <li>• Accessibility and Accommodation Policy</li> <li>• Service Authorization Policy</li> <li>• Enrollee Rights and Protections Policy</li> <li>• Staff Competencies/Education Policy</li> <li>• NorthCare Benefit Plan</li> <li>• Sanction Policy</li> <li>• Recovery Policy</li> </ul>

<b>II. Customer Services/Enrollee Rights</b>	
<p><b>The PIHP shall delegate the following Customer Services activities to the CMHSP:</b></p>	<p><b>1. Information Services:</b> This component includes those information activities, brochures and materials that pertain specifically to the CMHSP’s provider network, including:</p> <ul style="list-style-type: none"> <li>✓ General orientation of new and potential consumers to the benefits available from the CMHSP, as well as methods of accessing services. Potential consumers include the community at large.</li> <li>✓ Development and dissemination of informational brochures, coordination of community and stakeholder input and dissemination of specialized information about PIHP benefit plans, beneficiary (recipient) rights, grievance and appeals and second opinion processes, service providers and treatment and support practices, including development of culturally sensitive and/or alternative communication systems.</li> <li>✓ Posting annual report to CMHSP website.</li> <li>✓ Outreach activities to identify and establish communication with under-served groups.</li> <li>✓ Marketing and Public Relations activities.</li> </ul> <p><b>2. Customer Participation Services:</b> This component includes:</p> <ul style="list-style-type: none"> <li>✓ Development of local activities designed to engage consumers, and other stakeholders, including members of the general public, in decision oriented activities throughout the CMHSP network.</li> <li>✓ Input into provider procurement process as appropriate.</li> <li>✓ Training and orientation of Customers, including consumers, to participate actively in Advisory Groups, task forces, working committees.</li> </ul> <p><b>3. Recipient Rights Complaints, Customer Grievance, and Appeals Processes.</b></p> <p>Each CMHSP shall be responsible for :</p> <ul style="list-style-type: none"> <li>✓ Protecting the rights of all recipients and investigating reported violations in accordance with 42 CFR 438.100 and as cross-referenced to 42 CFR 438.10, the Michigan Mental Health Code, Chapter 7 &amp; 7(a), contractual obligations and the NorthCare Enrollee Rights and Protections Policy.</li> <li>✓ Notification to both its staff and consumers of the PIHP’s recipient rights complaint, consumer grievance, and appeal processes including the availability of the PIHP processes and how to access them,</li> <li>✓ Implementing a comprehensive grievance and appeal process for all services provided except for community inpatient care.</li> <li>✓ Coordinating and/or conducting Administrative Fair Hearing Appeals including functioning as the Fair Hearing Officer for appeals of all Medicaid services except community inpatient.</li> <li>✓ Providing acknowledgement of receipt of grievance and appeals, Adequate and Advance Notice and disposition notices within timeframes specified by and according to PIHP Grievance and Appeals Policy.</li> <li>✓ Successfully complete MDCH certification review of the CMHSP’s Recipient Rights Office.</li> <li>✓ Submit MDCH Certification Review Report and Plan of Correction to PHIP at the same time the POC is submitted to MDCH.</li> <li>✓ Documenting and reporting the volume and disposition of grievance and appeals, recipient rights complaints, critical incidents, and sentinel events.</li> </ul>

	<p><b>4. Information Requirements and Notices:</b></p> <ul style="list-style-type: none"> <li>✓ The CMHSP must notify all consumers of their right to request and obtain the following information at least once a year: <ul style="list-style-type: none"> <li>➢ contact information for the Language Line interpreter services or the name, phone numbers of, and non-English languages spoken by providers throughout the CMHSP provider network and written notice of changes,</li> <li>➢ information explaining the grievance, appeal and fair hearing process, procedures and timeframes,</li> <li>➢ benefits available and procedures for obtaining benefits including authorization requirements,</li> <li>➢ contacting emergency services, during office hours and after.</li> </ul> </li> <li>✓ The CMHSP shall make a good faith effort to give written notice of termination of a contracted provider (organizational) within 15 days after receipt or issuance of the termination notice, to each consumer who is currently receiving his or her services from the terminated provider.</li> <li>✓ The CMHSP shall distribute the NorthCare Customer Handbook to each Medicaid recipient that addresses consumers’ right to request information.</li> </ul>
<p><b>The PIHP shall retain the following Customer Services activities, which specifically are not delegated to the CMHSP:</b></p>	<p><b>Recipient Rights, Complaint, Grievance and Appeals Processes.</b>  The PIHP shall be responsible for:</p> <ul style="list-style-type: none"> <li>✓ Coordinating and/or conducting Administrative Fair Hearing Appeals including functioning as the PIHP Fair Hearing Officer for appeals of inpatient hospitalization at a community hospital.</li> <li>✓ Documenting and providing acknowledgement, disposition and necessary adequate or advance notices for all completed Recipient Rights, Grievance and Appeals, Second Opinion and Fair Hearing reviews completed at the PIHP level (community inpatient).</li> <li>✓ Monitoring, trending and reviewing all Denial, Grievance, Appeals, and Recipient Rights data.</li> <li>✓ Monitoring plans of correction from MDCH ORR formal certification reviews to ensure deficiencies are corrected.</li> <li>✓ Review and approval of CMHSP Recipient Rights policies either directly or as necessary in response to MDCH ORR policy review at time of site visits.</li> <li>✓ Other, as deemed necessary.</li> </ul>
<p><b>The PIHP will assess the CMHSP’s capacity and capability for carrying out the delegated Customer Services activities on an ongoing basis. These assessments may be incorporated into the PIHP’s Comprehensive Formal Site Review of the</b></p>	<p><u>The formal assessment by the PIHP may include:</u></p> <ol style="list-style-type: none"> <li>1. A site visit to the CMHSP and/or members of the respective sub-contracting network.</li> <li>2. Interviews with staff that perform Customer Service activities.</li> <li>3. Interview with the manager(s) supervising the activities of Customer Services.</li> <li>4. Review of the CMHSP’s Customer Services policies and procedures.</li> <li>5. Review of the CMHSP’s marketing, educational, and other informational and instructional materials relating to consumer benefits, consumer handbooks on local services, statements of consumer rights, and other written materials to ensure that: <ul style="list-style-type: none"> <li>✓ Materials are likely to be understandable to CMS or MDCH.</li> <li>✓ Materials are printed in an easy-to-read format.</li> <li>✓ Technical language is avoided whenever possible.</li> <li>✓ Basic consumer information is available in alternative formats (e.g. large print, Braille formats or recorded cassettes) for individuals with limited</li> </ul> </li> </ol>

<p><b>CMHSP.</b></p>	<p>reading proficiency or visual impairment.</p> <ul style="list-style-type: none"> <li>✓ The CMHSP has mechanisms to inform consumers about how to obtain oral interpreter services free of charge if they have limited proficiency in English.</li> <li>✓ Review how the CMHSP provides initial and annual notices to consumers of their consumer rights, including their right to request and obtain the following information:             <ul style="list-style-type: none"> <li>➢ Names, locations, telephone numbers of, and non-English languages spoken by current network providers;</li> <li>➢ Any restrictions on the consumer’s freedom of choice among network providers, if applicable,</li> <li>➢ Consumer rights and responsibilities;</li> <li>➢ Information on grievance, appeal and fair hearing processes and time frames;</li> </ul> </li> <li>✓ Procedures for obtaining benefits, including any local or PIHP authorization requirements.</li> <li>✓ The extent to which, and how, consumers may obtain benefits, including services from an out-of-network provider.</li> </ul> <p>6. Review of the CMHSP’s use and application of PIHP policy, standards and criteria in the area of Customer Services.</p> <p>7. Review of the CMHSP’s quality improvement program efforts to improve areas of non-compliance or poor performance.</p> <p>8. Review MDCH Certification Review Report, Plan of Correction and follow-up.</p> <p>9. Consumer interviews.</p> <p><u>The ongoing monitoring and assessment by the PIHP may include:</u></p> <ol style="list-style-type: none"> <li>1. Concurrent and Retrospective Reviews as conducted by the PIHP of clinical records on an on-going basis. These reviews shall consist of an audit of consumer clinical records:             <ol style="list-style-type: none"> <li>(a) to determine compliance with PIHP standards, policy and procedures,</li> <li>(b) to examine adequate and advanced notice,</li> </ol> </li> <li>2. Review and Analysis of the CMHSP’s bi-annual (twice a year) Customer Services activity and reporting             <ol style="list-style-type: none"> <li>a. Grievance and Appeal data                 <ul style="list-style-type: none"> <li>✓ Trends in type of appeals</li> <li>✓ Trends in individuals and/or programs involved in appeals</li> </ul> </li> </ol> </li> <li>3. Review and Analysis of the CMHSP’s Customer Service activity and reporting (submitted twice a year) of services for both the 1915 (b)/(c) waivers.</li> </ol>
<p><b>The PIHP Review Team will review all assessment data.</b></p>	<p>If the assessment (or other incremental assessments via ongoing monitoring) indicates failure on the part of the CMHSP to meet PIHP policy and standards, with regard to the Customer Services delegated activities, it will then be referred to the PIHP for review.</p> <p>Should the PIHP ascertain that the CMHSP is not complying satisfactorily with its delegated responsibilities, it will recommend corrective action.</p> <p>Should the CMHSP not take immediate action to correct the areas of non-compliance within the agreed upon timeframes, the PIHP Chief Operating Officer may then recommend revocation relative to this area of delegation to the PIHP CEO and/or Performance Management Committee.</p>

<p><b>Corresponding NorthCare Documents</b></p>	<ul style="list-style-type: none"> <li>• Customer Services Policy</li> <li>• Enrollee Rights and Protection Policy</li> <li>• Accessibility and Accommodations Policy</li> <li>• Cultural Competency Policy</li> <li>• Customer Grievance &amp; Appeal Process</li> <li>• Staff Competencies/Education Policy</li> <li>• Procurement Process Policy</li> <li>• Sanction Policy</li> </ul>
---	---

**III. (a) Provider Network Management**

<p><b>The PIHP shall delegate the following Provider Network Management activities to the CMHSP:</b></p>	<ol style="list-style-type: none"> <li>1. Local assessment of need for provider capacity. The CMHSP shall:             <ul style="list-style-type: none"> <li>✓ Annually evaluate the needed and actual capacity of its provider network and redistribute resources where necessary to ensure timely access and necessary service array to address consumer demands.</li> <li>✓ Conduct annual provider evaluation of network providers.</li> </ul> </li> <li>2. Local Network Development and Management:             <ul style="list-style-type: none"> <li>✓ Manage procurement of local providers sufficient to meet identified needs, including recruitment of interpreters, translators, and culturally competent clinicians.</li> <li>✓ Negotiate contracts between the CMHSP and providers based on a procurement method that meets state and federal standards and in accordance with PIHP policy.</li> </ul> </li> <li>3. Provider Network Training             <ul style="list-style-type: none"> <li>✓ Ensure that all staff employed directly or through sub-contracts are adequately trained to perform their duties.</li> <li>✓ Monitor training compliance for all staff employed directly or through sub-contracts.</li> <li>✓ Ensure all staff employed directly or through sub-contracts complete all required NorthCare Core courses.</li> <li>✓ Ensure all CMHSP staff utilizes the regional Learning Management System for courses as required.</li> <li>✓ Ensure all CMHSPs utilize the regional Learning Management System for tracking and reporting all training.</li> </ul> </li> <li>4. Coordination and Continuity of Care:             <ul style="list-style-type: none"> <li>✓ Coordination of care with the MHP's and consumers' respective primary care physicians.</li> <li>✓ Develop relationships with other Health Care providers to ensure coordinated services and appropriate referrals.</li> <li>✓ Develop service coordination agreements with each of the pertinent public and private community-based organizations and providers to address issues that relate to a shared consumer base. These include, as applicable:                 <ul style="list-style-type: none"> <li>✓ Local FIA Office</li> <li>✓ Area Agency and Commission on Aging (regional or local);</li> <li>✓ Michigan Rehabilitation Services</li> <li>✓ Local Multi-purpose Coordinating Body</li> <li>✓ Local Health Department</li> <li>✓ Community and Migrant Health Centers</li> <li>✓ Local Nursing Homes</li> <li>✓ Local school systems/ISD</li> </ul> </li> </ul> </li> </ol>
--	--

	<ul style="list-style-type: none"> <li>✓ Jobs Commission</li> <li>✓ Local Primary Care Physicians (PCPs)</li> <li>✓ Tribal Health Centers</li> </ul> <p>5. Monitor and Evaluate providers. The CMHSP shall:</p> <ul style="list-style-type: none"> <li>✓ Have an established process for monitoring (at least annually) the performance of each provider relative to the contract. The monitoring process will minimally assess performance and compliance indicators established by CMS, MDCH and the PIHP.</li> <li>✓ Make available to the PIHP an annual Provider Network Report.</li> </ul> <p>6. Provider Credentialing:</p> <ul style="list-style-type: none"> <li>✓ The CMHSP shall credential providers, as appropriate, in accordance with the Credentialing section of this agreement and NorthCare and MDCH policy.</li> <li>✓ Ensure that all contract provider organizations are credentialed in accordance with the Credentialing section for this agreement and NorthCare and MDCH policy.</li> </ul>
<p><b>The PIHP shall retain the following Provider Network Management activities, which specifically are not delegated to the CMHSP:</b></p>	<ol style="list-style-type: none"> <li>1. Secure contract with and manage all CMHSP's.</li> <li>2. Select, secure contract with, and manage all organizational providers under direct contract to the PIHP.</li> <li>3. Maintain service coordination agreement with the regional MHP(s).</li> <li>4. Maintain PIHP Provider Network Management policies and procedures.</li> <li>5. Assure minimum necessary standards are met and there is common provider contract language used across the PIHP network, as deemed necessary.</li> <li>6. Monitor capacity and demand for services in the PIHP region.</li> <li>7. Establish and manage a PIHP-level complaint resolution process for network providers.</li> <li>8. Maintain an agreed upon system of procurement for services provided across the PIHP region.</li> </ol>
<p><b>The PIHP will assess the CMHSP's capacity and capability for carrying out the delegated Provider Network Management activities on an ongoing basis. These assessments may be incorporated into the PIHP's Comprehensive Formal Site Review of the CMHSP.</b></p>	<p><u>The formal assessment by the PIHP may include:</u></p> <ol style="list-style-type: none"> <li>1. A site visit to the CMHSP and/or members of the respective sub-contracting network.</li> <li>2. Interviews with staff that perform the Provider Selection and Contract Management activities.</li> <li>3. Interview with the manager(s) supervising the local network management activities.</li> <li>4. Review of the CMHSP's written Provider Selection and Contract Management Policy and Procedures.</li> <li>5. Review of the CMHSP's process for making Provider Selection Decisions (procurement and RFP practices).</li> <li>6. Review of the CMHSP's application of PIHP Policy and Procedure in its Provider Selection and Contract Management activities.</li> <li>7. Review of the CMHSP's process of establishing payment rates with its providers, including application of Best Value practices.</li> <li>8. Review of the CMHSP's monitoring practices and reports of its network providers.</li> <li>9. Review of local Network Management Plan (if applicable) and adherence thereto.</li> <li>10. Audit of Provider Contracts.</li> <li>11. Audit of CMHSP compliance with applicable contract terms (concerning provider network management).</li> </ol>

	<p>12. Audit of CMHSP current Program Description (on file).          13. Audit of HR and training records.          14. Employee and sub-contract employee interviews.</p> <p><u>The ongoing monitoring and assessment by the PIHP may include</u></p> <ol style="list-style-type: none"> <li>1. Review of access and timeliness activity per provider performing unsatisfactorily (MMBPIS data).</li> <li>2. Review of any changes in make-up to the CMHSP provider network.</li> <li>3. Review of service purchased and amount paid per provider (from encounter data).</li> <li>4. Review of Training Certification Form.</li> </ol>
<p><b>The PIHP's Review Team will review all assessment data.</b></p>	<p>If the annual assessment (or other incremental assessments via ongoing monitoring) indicates failure on the part of the CMHSP to meet PIHP policy and standards, with regard to the Provider Network Management delegated activities, it will then be referred to the PIHP for review.</p> <p>Should the PIHP ascertain that the CMHSP is not complying satisfactorily with its delegated responsibilities, it will recommend corrective action.</p> <p>Should the CMHSP not take immediate action to correct the areas of non-compliance within the agreed upon timeframes, the PIHP Chief Operating Officer may then recommend revocation relative to this area of delegation to the PIHP CEO and/or Performance Management Committee.</p>
<p><b>Corresponding NorthCare Documents</b></p>	<ul style="list-style-type: none"> <li>• Provider Network Selection, Management and Appeal Mechanisms</li> <li>• Credentialing/Privileging Policy</li> <li>• Staff Competencies/Education Policy</li> <li>• Procurement Policy</li> <li>• Sanction Policy</li> </ul>

<b>III. (b) Credentialing and Privileging</b> (sub-component of Provider Network Management function)	
<b>The PIHP shall monitor credentialing of all staff directly employed and contracted as well as contract organizations' credentialing and that of their employees. It is expected that each CMHSP will: shall delegate the following Credentialing and Privileging activities to the CMHSP:</b>	<ol style="list-style-type: none"> <li>1. Implement policies and procedures that comply with NorthCare and MDCH Credentialing Policies to ensure proper credentialing of all organizational and individual providers.                             <ol style="list-style-type: none"> <li>a) Conduct initial credentialing prior to hire or contract.</li> <li>b) Re-credential every two years thereafter.</li> </ol> </li> <li>2. Implement policies and procedures that comply with NorthCare's Privileging Policy.                             <ol style="list-style-type: none"> <li>a) Temporary Privileges may be granted at time of hire or contract, at time of a change in clinical privileges and/or when a need for temporary privileging is identified, e.g., staff shortage.</li> <li>b) Temporary privileges may be granted for up to one year.</li> <li>c) Privileging is to be done, minimally, at time of hire or contract and when duties/responsibilities change in terms of primary eligibility group a person is working with and/or scope of work.                                     <ul style="list-style-type: none"> <li>✓ Monitor sub-contractors, at least annually.</li> </ul> </li> </ol> </li> </ol> <p><i>Note: Because credentialing is a function of the employing agency, it cannot be delegated and the PIHP/CMHSP maintains the responsibility for oversight and monitoring.</i></p>
<b>The PIHP shall retain the following Credentialing and Privileging activities, which specifically are not delegated to the CMHSP:</b>	<ol style="list-style-type: none"> <li>1. NorthCare will ensure, through its contract and monitoring that each Organizational Provider implements written policies and procedures that address the credentialing and privileging of their providers.</li> <li>2. NorthCare will ensure that employees and prospective employees of Pathways, d.b.a., NorthCare Network are credentialed in accordance with Pathways policy and processes.</li> <li>3. The right to approve and terminate individual practitioners consistent with [438.214(a)(2); 438.214(a)(2)(d)].</li> </ol>
<b>The PIHP will assess the CMHSP's capacity and capability for carrying out the delegated Credentialing and Privileging activities on an ongoing basis. These assessments may be incorporated into the PIHP's Comprehensive Formal Site Review of the CMHSP.</b>	<p><u>The formal assessment by the PIHP may include:</u></p> <ol style="list-style-type: none"> <li>1. A site visit to the CMHSP and/or members of the respective sub-contracting network.</li> <li>2. Interviews with staff who perform the credentialing activities.</li> <li>3. Interview with the manager(s) supervising the credentialing activities of Organizations and Practitioners.</li> <li>4. Interviews with staff.</li> <li>5. Review of written local credentialing policy and procedures</li> <li>6. Review of the CMHSP's process for making credentialing decisions.</li> <li>7. Review of the CMHSP's methods and capacity for primary source verification.</li> <li>8. Review of policy and process used to monitor credentialing and privileging of sub-contracted providers.</li> <li>9. Review policy and process for ensuring providers employed/contracted are not excluded from participating in Federal health care programs.</li> <li>10. Review policy and process for terminating contract providers and providing notice of termination to Medicaid beneficiaries.</li> <li>11. Review of the CMHSPs quality improvement efforts to improve areas of</li> </ol>

	<p>credentialing non-compliance or poor performance.</p> <p>12. Audit of a random sample of Organizational Providers; and of the CMHSPs credentialed files for behavioral health practitioners, to determine compliance with PIHP standards and policy.</p>
<p><b>The PIHP's Review Team will review all assessment data.</b></p>	<p>If the assessment (or other incremental assessments via ongoing monitoring) indicate failure on the part of the CMHSP to meet PIHP policy and standards, with regard to the Credentialing and Privileging delegated activities, it will then be referred to the PIHP for review.</p> <p>Should the PIHP ascertain that the CMHSP is not complying satisfactorily with its delegated responsibilities, it will recommend corrective action.</p> <p>Should the CMHSP not take immediate action to correct the areas of non-compliance within the agreed upon timeframes, the PIHP Chief Operating Officer may then recommend revocation relative to this area of delegation to the PIHP CEO and/or Performance Management Committee.</p>
<p><b>Corresponding NorthCare Documents</b></p>	<ul style="list-style-type: none"> <li>• Provider Network Selection, Management and Appeal Mechanisms Policy</li> <li>• Credentialing Policy</li> <li>• Privileging Policy</li> <li>• Staff Competencies/Education Policy</li> <li>• Procurement Policy</li> <li>• Managing the Substance Abuse Provider Network Policy</li> <li>• Sanction Policy</li> <li>• Criminal Background Checks Policy</li> </ul>

<b>IV. Quality Management</b>	
<b>The PIHP shall delegate the following Quality Management activities to the CMHSP:</b>	<ol style="list-style-type: none"> <li>1. Local functions of quality assurance and management. These activities shall include:                             <ol style="list-style-type: none"> <li>a. conduct local quality and performance assessments;</li> <li>b. select an approved accreditation body, manage the survey process, and achieve accreditation;</li> <li>c. provide education and training in quality management;</li> <li>d. develop and implement a Quality Assessment and Performance Improvement Program (QAPIP) in accordance with Attachment P6.7.1.1 of the Managed Specialty Supports and Services Master Contract between the PIHP and MDCH;</li> <li>e. adherence to Best Practice Guidelines and Evidence Based Practices;</li> <li>f. adequately address and report issues of non-compliance as directed by the PIHP Compliance Program;</li> <li>g. provide performance indicator (Medicaid only) data to PHIP quarterly;</li> <li>h. provide supported employment, sentinel event, and death data reports electronically to the PIHP at the time they are submitted to MDCH;</li> <li>i. coordinate care with consumers’ primary care physician, the MHP, other health care providers as well as other internal treatment providers as necessary to ensure quality care.</li> <li>j. provide assistance with consumers who need transportation.</li> <li>k. participate and cooperate with regional consumer satisfaction survey process.</li> </ol> </li> </ol>
<b>The PIHP shall retain the following Quality Management activities which, specifically are not delegated to the CMHSP but, require the cooperation of the members of the NorthCare Quality Council:</b>	<ol style="list-style-type: none"> <li>1. Develop and approve a Quality Assurance and Performance Improvement Plan for the region.</li> <li>2. Develop and approve PIHP policy and procedure to support QAPIP.</li> <li>3. Implement QAPIP, as prescribed.</li> <li>4. Conduct ongoing assessments of the QAPIP.</li> <li>5. Conduct annual effectiveness reviews of the QAPIP.</li> <li>6. Conduct two performance improvement projects during each Medicaid waiver period in accordance with MDCH/CMS requirements.</li> <li>7. Analyze performance indicators, performance improvement project data, and other required data on an ongoing basis.</li> <li>8. Verify the delivery of services that were reimbursed by Medicaid.</li> <li>9. Ensure consumer satisfaction is assessed directly or by CMHSPs.</li> </ol>
<b>The PIHP will assess the CMHSP’s capacity and capability for carrying out the delegated Quality Management activities on an ongoing basis. These assessments may be incorporated into the PIHP’s</b>	<p><u>The formal assessment by the PIHP may include:</u></p> <ol style="list-style-type: none"> <li>1. A site visit to the CMHSP and/or members of the respective sub-contracting network.</li> <li>2. Interviews with staff that perform Quality Management activities.</li> <li>3. Interview with the manager(s) supervising the activities of Quality Management.</li> <li>4. Review CMHSP’s Quality Management policies and procedures.</li> <li>5. Review Accreditation Report, plans of corrections and follow-up activities.</li> <li>6. Review Provider Report Card/Annual Performance Management Report.</li> <li>7. Review of the CMHSP’s aggregate quality indicator data, such as:                             <ol style="list-style-type: none"> <li>a. MMBPIS/Performance Indicators (8)</li> <li>b. Consumer Satisfaction Survey Results and follow-up</li> </ol> </li> <li>8. Review of policy/procedures related to consumer health and safety</li> </ol>

<p><b>Comprehensive Formal Site Review of the CMHSP.</b></p>	<p>9. Review of policy/procedures related to coordination of care.            10. Clinical record reviews.            11. Staff interviews.            12. Consumer interviews.</p> <p><u>The ongoing monitoring and assessment by the PIHP may include:</u></p> <p>1. Concurrent and Retrospective Reviews as conducted by the PIHP of clinical records on an on-going basis. These reviews shall consist of an audit of consumer clinical records:            a. to determine compliance with PIHP standards, policy and procedures,            b. to examine compliance with quality monitoring indicators,            c. to verify the delivery of Medicaid services            d. other, as deemed necessary</p> <p>2. Review and Analysis of the CMHSP's Quality activities and reports. These shall include:            a. MMBPIS/Performance indicators,            b. Consumer Satisfaction indicators,            c. Critical Incidents and Sentinel Events,            d. Consumer Input (e.g., Consumer Surveys, Satisfaction/Dissatisfaction Reports, Focus Groups)</p> <p>3. Others, as identified by NorthCare and/or regional committees.</p>
<p><b>The PIHP Review Team will review all assessment data.</b></p>	<p>If the assessment (or other incremental assessments via ongoing monitoring) indicates failure on the part of the CMHSP to meet PIHP policy and standards, with regard to the Quality Management delegated activities, it will then be referred to the PIHP for review.</p> <p>Should the PIHP ascertain that the CMHSP is not complying satisfactorily with its delegated responsibilities, it will recommend corrective action.</p> <p>Should the CMHSP not take immediate action to correct the areas of non-compliance within the agreed upon timeframes, the PIHP Chief Operating Officer may then recommend revocation relative to this area of delegation to the PIHP CEO and/or Performance Management Committee.</p>
<p><b>Corresponding NorthCare Documents</b></p>	<ul style="list-style-type: none"> <li>• QAPIP</li> <li>• Quality Management Policy</li> <li>• Sentinel Events Policy</li> <li>• Sanction Policy</li> </ul>

<b>V. Regulatory Management/Compliance</b>	
<b>The PIHP shall delegate the following Regulatory Management/ Compliance activities to the CMHSP:</b>	<p>Local functions of regulatory management/compliance. These activities shall include, but not be limited to:</p> <ol style="list-style-type: none"> <li>1. To have an operational regulatory management/compliance program in place that is tightly integrated with Quality Management efforts. This program shall provide the framework to ensure that:                             <ul style="list-style-type: none"> <li>✓ a Compliance Officer is identified,</li> <li>✓ ethical business practices are implemented and followed,</li> <li>✓ applicable regulations required by oversight agencies, state and/or federal laws are complied with,</li> <li>✓ staff and contract providers are educated regarding regulatory management/compliance efforts, ethical expectations, the Deficit Reduction Act, and their obligation regarding same,</li> <li>✓ identify and address areas that are at high risk for non-compliance.</li> </ul> </li> </ol>
<b>The PIHP shall retain the following Regulatory Management / Compliance activities which, specifically are not delegated to the CMHSP but, require the cooperation of the members of the NorthCare Quality Council:</b>	<ol style="list-style-type: none"> <li>1. Develop and implement an approved Regulatory Management/Compliance Program for the region.</li> <li>2. Develop and approve PIHP policies and procedures to support regulatory management/compliance activities.</li> <li>3. Train providers regarding our commitment to the prevention and detection of fraud, waste, abuse, fiscal mismanagement and misappropriation of funds and their obligation to do the same.</li> <li>4. Implement the Regulatory Management/Compliance Program, as prescribed.</li> <li>5. Conduct ongoing assessments.</li> <li>6. Review and analyze Compliance Reports, reports of non-compliance/plans of correction and follow-up, Medicaid Verification data, and other required data on an ongoing basis.</li> </ol>
<b>The PIHP will assess the CMHSP’s capacity and capability for carrying out the delegated Regulatory Management / Compliance activities on an ongoing basis. These assessments may be incorporated into the PIHP’s Comprehensive Formal Site Review of the CMHSP.</b>	<p><u>The formal assessment by the PIHP may include:</u></p> <ol style="list-style-type: none"> <li>1. A site visit to the CMHSP and/or members of the respective sub-contracting network.</li> <li>2. Interviews with staff who perform Regulatory Management/Compliance activities.</li> <li>3. Interview with the manager(s) supervising the activities of Regulatory Management/Compliance.</li> <li>4. Review of the CMHSP’s Regulatory Management/Compliance policies and procedures.</li> <li>5. Review of training/annual updates.</li> <li>6. Review of billing practices.</li> <li>7. Review of process to ensure compliance with HIPAA regulations regarding Privacy, Security, and Transactions.</li> <li>8. Ensure process is in place to identify and address areas at high risk for non-compliance.</li> </ol> <p><u>The ongoing monitoring and assessment by the PIHP may include:</u></p> <ol style="list-style-type: none"> <li>1. Concurrent and Retrospective Reviews as conducted by the PIHP of clinical records on an on-going basis. These reviews shall consist of an audit of consumer clinical records:</li> </ol>

	<ol style="list-style-type: none"> <li>a. to determine compliance with MDCH and PIHP standards, policy and procedures,</li> <li>b. to verify the delivery of Medicaid services,</li> <li>c. other as deemed necessary.</li> </ol> <p>2. Review and Analysis of the CMHSP’s compliance activities and reports. These shall include:</p> <ol style="list-style-type: none"> <li>a. Compliance Reports</li> <li>b. Accreditation survey reports, plans of correction, and follow-up</li> <li>c. Site review plans of correction and follow-up</li> </ol>
<p><b>The PIHP Review Team will review all assessment data.</b></p>	<p>If the assessment (or other incremental assessments via ongoing monitoring) indicates failure on the part of the CMHSP to meet PIHP policy and standards, with regard to the Regulatory Management/Compliance delegated activities, it will then be referred to the PIHP for review.</p> <p>Should the PIHP ascertain that the CMHSP is not complying satisfactorily with its delegated responsibilities, it will recommend corrective action.</p> <p>Should the CMHSP not take immediate action to correct the areas of non-compliance within the agreed upon timeframes, the PIHP Chief Operating Officer may then recommend revocation relative to this area of delegation to the PIHP CEO and/or Performance Management Committee.</p>
<p><b>Corresponding NorthCare Documents</b></p>	<ul style="list-style-type: none"> <li>• Compliance Resolution – adopted by Board of Directors on 9/1/04</li> <li>• Compliance Policy</li> <li>• Compliance Plan</li> <li>• Sanctions Policy</li> <li>• Code of Conduct</li> <li>• Compliance Reporting by CMHSP Form</li> <li>• QAPIP</li> </ul>

<b>VI. Financial Management</b>	
<b>The PIHP shall delegate the following Financial Management activities to the CMHSP:</b>	<ol style="list-style-type: none"> <li>1. Routine accounting and budgeting functions,</li> <li>2. Tracking of Medicaid expenditures and revenues,</li> <li>3. Data compilation and cost determination for rate-setting purposes,</li> <li>4. Routine purchasing and inventory management,</li> <li>5. Engagement of annual financial audit and consulting relationships,</li> <li>6. FSR reporting to PIHP,</li> <li>7. MUNCR to PIHP,</li> <li>8. 460 Report to PIHP,</li> <li>9. Quarterly Financials inclusive of Income Statement to PIHP,</li> <li>10. Local-level verification of the delivery of Medicaid services,</li> <li>11. Billing of Medicare and other third-party payers (as Medicaid is the payer of last resort),</li> <li>12. Coordination of Benefits for consumers with third party insurance and Medicaid (per the Medicaid Manual),</li> <li>13. Assisting in local Medicaid application process, as necessary, and</li> <li>14. Assisting in local Medicaid spend-down paperwork requirements, as necessary</li> </ol>
<b>The PIHP shall retain the following Financial Management activities, which specifically are not delegated to the CMHSP:</b>	<ol style="list-style-type: none"> <li>1. Establish a budget and financial management system sufficient to monitor revenues and expenditures for the region,</li> <li>2. Compile of data and cost information for weighted average determination, per service, for the region,</li> <li>3. Report Regional FSR to MDCH,</li> <li>4. Report Regional MUNCR to MDCH,</li> <li>5. Report Regional 460 Report to MDCH,</li> <li>6. Monitor changes in the Medicaid population for the PIHP region and the effect on capitated funds received from MDCH,</li> <li>7. Develop a Risk Management Plan for the PIHP,</li> <li>8. Submit application for Medicaid Habilitation Waivers for identified individuals across the PIHP region,</li> <li>9. Manage financial reserves to meet unexpected demand and</li> <li>10. PIHP-level verification of the delivery of Medicaid services</li> </ol>
<b>The PIHP will assess the CMHSP's capacity and capability for carrying out the delegated Financial Management activities on an ongoing basis. These assessments may be incorporated into the PIHP's Comprehensive</b>	<p><u>The formal assessment by the PIHP may include:</u></p> <ol style="list-style-type: none"> <li>1. A site visit to the CMHSP and/or members of the respective sub-contracting network</li> <li>2. Interviews with staff who perform Financial Management activities</li> <li>3. Interview with the manager(s) supervising the activities of Financial Management</li> <li>4. Review of the CMHSP's Financial Management policies and procedures.</li> <li>5. Review of CMHSP's annual independent audit findings</li> <li>6. Review final financial statements</li> <li>7. Review of rate-setting methodologies</li> <li>8. Review depreciation schedules</li> <li>9. Review process for ensuring Coordination of Benefits</li> <li>10. Review sample of consumer records with third party insurance and Medicaid</li> </ol>

<p><b>Formal Site Review of the CMHSP.</b></p>	<ol style="list-style-type: none"> <li>11. Medicaid Verification project</li> <li>12. At least annually, estimate the Medicaid allocation of each CMHSP</li> <li>13. Upon receipt of funds from MDCH, distribute Medicaid funds to the CMHSPs based upon the approved funding distribution plan.</li> </ol> <p><u>The ongoing monitoring and assessment by the PIHP may include:</u></p> <ol style="list-style-type: none"> <li>1. Concurrent and Retrospective Reviews as conducted by the PIHP of clinical records on an on-going basis. These reviews shall consist of an audit of consumer clinical records:             <ol style="list-style-type: none"> <li>a. to determine compliance with PIHP standards, policy and procedures,</li> <li>b. to examine ability to pay determinations,</li> <li>c. to verify the delivery of Medicaid services</li> <li>d. other, as deemed necessary</li> </ol> </li> <li>2. Review and Analysis of the CMHSP's quarterly financial reports. These reports shall include:</li> <li>3. Quarterly financial comparisons to budget</li> <li>4. Income Statement</li> <li>5. Balance Sheet</li> <li>6. Other, as deemed necessary</li> </ol>
<p><b>The PIHP Review Team will review all assessment data.</b></p>	<p>If the assessment (or other incremental assessments via ongoing monitoring) indicates failure on the part of the CMHSP to meet PIHP policy and standards, with regard to the Financial Management delegated activities, it will then be referred to the PIHP for review.</p> <p>Should the PIHP ascertain that the CMHSP is not complying satisfactorily with its delegated responsibilities, it will recommend corrective action.</p> <p>Should the CMHSP not take immediate action to correct the areas of non-compliance within the agreed upon timeframes, the PIHP Chief Operating Officer may then recommend revocation relative to this area of delegation to the PIHP CEO and/or Performance Management Committee.</p>

<b>VII. Information Systems Management</b>	
<p><b>The PIHP shall delegate the following Information Systems Management activities to the CMHSP:</b></p>	<p><b>Core Business Systems</b></p> <ol style="list-style-type: none"> <li>1. Obtain, secure and use “Practice Management” software necessary to deliver and track clinical services and manage the interests of the CMHSP’s direct and sub-contract provider network.</li> <li>2. Ensure DEG and Medifax eligibility information is available as needed.</li> </ol> <p><b>Reporting &amp; Analytics</b></p> <ol style="list-style-type: none"> <li>1. Compliance with board reporting requirements as outlined in the following reference documents:                             <ol style="list-style-type: none"> <li>a. MDCH/PIHP Medicaid Managed Specialty Supports and Services Contract, current, Section 6.5, Attachment P 6.5.1.1: PIHP Reporting Requirements</li> <li>b. MDCH Supplemental Instructions for the 837 Encounter &amp; QI Data Submission for PIHP</li> <li>c. MHSP Crosswalk Between Service Use / Encounters per Consumer</li> <li>d. Joint Operation Agreement for Data Warehouse</li> <li>e. NorthCare Enrollment Data Set (per Attachment to UM Plan)</li> <li>f. NorthCare Policies and Plans                                     <ol style="list-style-type: none"> <li>i. Compliance with Required state/Regulatory Requirement and NorthCare Policies and Procedures</li> <li>ii. NorthCare QI Plan</li> <li>iii. NorthCare UM Plan</li> </ol> </li> </ol> </li> <li>2. Assurance that all necessary data (i.e., QI, Encounter, and Performance) submitted to the PIHP and MDCH is as accurate and timely, most importantly:                             <ol style="list-style-type: none"> <li>a. <i>Performance Indicator Data</i>: adherence to regional interpretations of report definitions, submission to the PIHP within 60 days of the end of the reporting quarter.</li> <li>b. <i>QI / Demographic Data</i>: submission files to the FTP server by the 15<sup>th</sup> of each month with errors corrected by the 20<sup>th</sup> of the month.</li> <li>c. <i>837 Encounter Data</i>: submission of balanced files to FTP server by the 15<sup>th</sup> of the month following the adjudication of the service; all errors from the state corrected in a timely manner; all files tracked including control totals, billing selection criteria, MCO file name, and state errors by error type.</li> <li>d. <i>Sub-Element / Cost Reporting</i>: submission of event data by the 10<sup>th</sup> of the month following the service, maintenance of a comprehensive service code crosswalk, co-operation with Finance leaders to complete reporting requirements, timely submission to PIHP and MDCH per guidelines.</li> <li>e. <i>UM Enrollment Data Reporting</i>: submission of enrollment data within ten days of initial face-to-face assessment and determination of necessary services. Updates are to be made as level of service or clinical disposition changes, at a minimum of annually.</li> </ol> </li> </ol> <p><b>General</b></p> <p>Maintain a physically secure system supported by appropriate policy to ensure compliance with HIPAA Security and HIPAA Privacy requirements; conduct annual risk analysis to verify.</p>

<p><b>The PIHP shall retain the following Information System Management activities, which specifically are not delegated to the CMHSP:</b></p>	<ol style="list-style-type: none"> <li>1. Secure and exchange eligibility information for use within the PIHP,</li> <li>2. Evaluate all data received from the CMHSP.</li> <li>3. Generate error reports to CMHSP,</li> <li>4. Provide consultation to CMHSP,</li> <li>5. Aggregate data received from the CMHSP,</li> <li>6. Compile data and cost information for weighted average determination, per service, for the region,</li> <li>7. Submit aggregate demographic (QI), service encounter (837p), sub-element cost (Medicaid), and performance indicator data to the MDCH.</li> <li>8. Manage C-waiver Medicaid eligibility, enrollment/annual certifications, and minimum monthly service activity.</li> </ol>
<p><b>The PIHP will assess the CMHSP’s capacity and capability for carrying out the delegated Information Systems Management activities on an ongoing basis. These assessments may be incorporated into the PIHP’s Comprehensive Formal Site Review of the CMHSP.</b></p>	<p><u>The formal assessment by the PIHP may include:</u></p> <ol style="list-style-type: none"> <li>1. A site visit to the CMHSP and/or members of the respective sub-contracting network</li> <li>2. Interviews with staff who perform Information Systems Management activities</li> <li>3. Interview with the manager(s) supervising the activities of Information Management Systems</li> <li>4. Inspection and review of the CMHSP’s Information Systems Management policies and procedures</li> <li>5. Inspection and review of the CMHSP’s Information Management Systems capabilities</li> </ol> <p><u>The ongoing monitoring and assessment by the PIHP may include:</u></p> <ol style="list-style-type: none"> <li>1. Review of clean claims data and CMHSP claim tracking             <ol style="list-style-type: none"> <li>a. Monitor claim counts from MDCH and drill down to CMHSP counts</li> <li>b. Compare regional allowed amount submitted on encounter data to local rates</li> <li>c. Monitor comparison reports from MDCH</li> <li>d. Consult with CMHSP for appropriate corrective actions</li> <li>e. Monitor and replace performance indicator data when necessary</li> </ol> </li> </ol>
<p><b>The PIHP’s Review Team will review all assessment data.</b></p>	<p>If the assessment (or other incremental assessments via ongoing monitoring) indicates failure on the part of the CMHSP to meet PIHP policy and standards, with regard to the Information Systems Management delegated activities, it will then be referred to the PIHP for review.</p> <p>Should the PIHP ascertain that the CMHSP is not complying satisfactorily with its delegated responsibilities, it will recommend corrective action.</p> <p>Should the CMHSP not take immediate action to correct the areas of non-compliance within the agreed upon timeframes, the PIHP Chief Operating Officer may then recommend revocation relative to this area of delegation to the PIHP CEO and/or Performance Management Committee.</p>

<b>VIII. General Management</b>	
<b>The PIHP shall delegate the following General Management activities to the CMHSP:</b>	<ol style="list-style-type: none"> <li>1. Administrative support for delegated activities.</li> <li>2. Medical Director leadership and oversight at the local-level for such activities as:                             <ol style="list-style-type: none"> <li>a) Triage and Authorization</li> <li>b) Utilization Management</li> </ol> </li> <li>3. Maintain local legal counsel with responsibility to notify PIHP of any and all possible litigation issues.</li> <li>4. CMHSP participation in PIHP regional committees, as necessary.</li> <li>5. CMHSP participation in PIHP Performance Management Committee, as necessary.</li> </ol>
<b>The PIHP shall retain the following General Management activities, which specifically are not delegated to the CMHSP:</b>	<ol style="list-style-type: none"> <li>1. Activities to organize the affiliation governance and management structure</li> <li>2. Administrative support for centralized activities</li> <li>3. PIHP Legal Support</li> <li>4. Oversight of delegated activities</li> <li>5. Other general management activities and/or technical consultants provided for assistance to the Managed Care entity</li> </ol>
<b>The PIHP will assess the CMHSP’s capacity and capability for carrying out the delegated General Management activities on an ongoing. These assessments may be incorporated into the PIHP’s Comprehensive Formal Site Review of the CMHSP.</b>	<p><u>The formal assessment by the PIHP may include:</u></p> <ol style="list-style-type: none"> <li>1. A site visit to the CMHSP and/or members of the respective sub-contracting network,</li> <li>2. Interviews with staff who perform General Management activities,</li> <li>3. Inspection and review of the CMHSP’s General Management policies and procedures,</li> <li>4. Analyze and summarize CMHSP’s overall compliance with the delegated activities</li> </ol> <p><u>The ongoing monitoring and assessment by the PIHP may include:</u> Review as deemed necessary.</p>
<b>The PIHP’s Review Team will review all assessment data.</b>	<p>If the assessment (or other incremental assessments via ongoing monitoring) indicates failure on the part of the CMHSP to meet PIHP policy and standards, with regard to the General Management delegated activities, it will then be referred to the PIHP for review. Should the PIHP ascertain that the CMHSP is not complying satisfactorily with its delegated responsibilities, it will recommend corrective action. Should the CMHSP not take immediate action to correct the areas of non-compliance within the agreed upon timeframes, the PIHP Chief Operating Officer may then recommend revocation relative to this area of delegation to the PIHP CEO and/or Performance Management Committee.</p>