


**COUNTY OF IMPERIAL
DEPARTMENT OF BEHAVIORAL HEALTH SERVICES
POLICY AND PROCEDURE MANUAL**

SUBJECT: Provider Performance Monitoring	POLICY NO: 16-31
SECTION: Managed Care Unit	EFFECTIVE DATE: 7-15-21
REFERENCE: MHP Contract DMC-ODS Contract	PAGE: 1 of 4
AUTHORITY: Behavioral Health Director as the Local Mental Health Director and Alcohol and Drug Administrator	SUPERSEDES: 11-1-18 APPROVED BY: 

PURPOSE: To establish a policy regarding the performance monitoring of ICBHS programs and network providers.

DEFINITIONS:

DHCS: State Department of Health Care Services.

ICBHS: Imperial County Behavioral Health Services which includes Mental Health Services as well as Substance Use Disorder Services.

QM: Quality Management.

POLICY: ICBHS monitors the performance of its subcontractors and network providers through the Compliance and QM Units. Monitoring is conducted on an ongoing basis for compliance with the terms of the contracts between ICBHS and DHCS, as well as through annual formal review. Any deficiencies or areas of improvement identified as a result of monitoring activities will result in the issuance of a plan of

correction to ensure corrective action occurs. Failure by a provider to cooperate or take corrective action as indicated may result in disciplinary action or termination of the contract agreement.

Compliance Unit Auditing & Monitoring Activities

To ensure ICBHS' performance complies with legal and regulatory requirements, the Compliance Unit conducts ongoing performance evaluation through auditing and monitoring of ICBHS programs and contract providers. Auditing and monitoring activities include, at minimum, annual program, chart, and site reviews; monthly service verifications; monthly review of potential duplicate billings; and investigation of any concerns indicated through hotline calls, post office box concerns, and other detection means. Findings are reported to the affected provider(s) and on a quarterly basis to the Compliance Committee.

Detected instances of fraud, waste and abuse are immediately reported to and reviewed by the Compliance Officer. If there is evidence of fraud, waste, or abuse, the Compliance Officer will respond promptly and make recommendations for corrective action. Findings and recommendations will be reported to the Director and Compliance Committee.

Additionally, the Compliance Unit will monitor previously identified violations, including the tracking of violations over time. The Compliance Unit will respond promptly to detected offenses as soon as reasonably possible and develop a plan of correction for the area(s) which is noncompliant.

ICBHS will review its Compliance Work Plan annually to evaluate the overall effectiveness of the Compliance Program and demonstrate that compliance activities have contributed to successful compliance conformance in all programs.

Quality Management Monitoring Activities

The QM Unit has established processes to monitor the services rendered to ICBHS consumers.

The QM Unit is responsible for ensuring that consumers receive appropriate, competent, and cost-effective care. Areas reviewed by the QM Unit include, but are not limited to, the following:

1. Provider Documentation

The QM Unit is responsible for monitoring standards of care and documentation by reviewing records of selected providers. Reviews are conducted at the discretion of the QM Unit and/or at least annually. Monitoring is primarily accomplished through a review of clinical records and billing practices. All records are randomly selected and reviewed with the assistance of a chart review tool which includes all of the requirements set forth in the contracts between ICBHS and DHCS.

2. Beneficiary Satisfaction

ICBHS surveys beneficiary satisfaction with the delivery and quality of clinical services received from providers on at least an annual basis. Findings and opportunities for improvement, as appropriate, are reported to the Quality Improvement Committee and to providers.

3. Provider Satisfaction

ICBHS surveys provider satisfaction with the ICBHS Utilization Management processes annually. The results of the surveys are summarized and reported to the Quality Improvement Committee. The Quality Improvement Committee members review the survey results to identify and address areas targeted for improvement.

4. Timeliness of Services

The QM Unit is responsible for monitoring ICBHS providers' compliance with timeliness standards as set forth by DHCS and the Quality Improvement Work Plan. The QM Unit utilizes the Electronic Health Record and timely access logs to determine providers' compliance with timeliness standards.

5. Issuance of Notices of Adverse Benefit Determination
The QM Unit is responsible for monitoring ICBHS' issuance of Notices of Adverse Benefit Determination and corresponding attachments. The QM Unit utilizes the Electronic Health Record and/or NOABD tracking logs to verify that all beneficiaries requiring a Notice of Adverse Benefit Determination as required.

6. Beneficiary Protection Processes. The QM Unit monitors beneficiary grievances, appeals, and fair hearings to ensure they are resolved timely and appropriately, as well as to identify potential trends with providers. The QM Unit utilizes the grievance and appeal logs to track and monitor grievances and appeals filed by Medi-Cal beneficiaries.

The QM Unit will issue a plan of correction to address any deficiencies or areas of improvement identified. The results of monitoring activities conducted by the QM Unit are reported at least annually to the Quality Improvement Committee, as appropriate, and tracked over time through the annual Quality Improvement Work Plan.