MCCMH MCO Policy 8-005

Chapter: **QUALITY IMPROVEMENT**
Title: **QUALITY AUDITS**

Prior Approval Date: 09/06/2002
Current Approval Date: 09/04/2024

Proposed by: Traci Smith 04/08/2024
Chief Executive Officer Date

Approved by: Al Lorenzo 04/09/2024
County Executive Office Date

I. ABSTRACT

This policy establishes the standards and procedures of Macomb County Community Mental Health (MCCMH), an official agency of the County of Macomb, for quality audits and monitoring systems to assist in identifying areas for improvement within the MCCMH network provider system.

II. APPLICATION

This policy shall apply to all directly-operated and contract network providers of MCCMH.

III. POLICY

It is the policy of MCCMH to periodically audit and monitor areas within MCCMH's network to ensure compliance with federal/state laws, regulations, and rules; and effective and efficient quality administration and provision of services.

IV. DEFINITIONS

A. Audit Timetables
Timeframes adhered to when referring to audits with providers.

B. Audit Content
The content of each audit is based on best practices including but not limited to external regulations and accreditation standards.

V. STANDARDS

A. MCCMH shall maintain mechanisms and processes to routinely monitor network providers and service lines.

B. The MCCMH Quality Department shall conduct quality audits at least annually for directly-operated and applicable contract network providers.

1. MCCMH shall designate a period of review and review a random sample of case files from that period to assess the quality of services being delivered.

2. MCCMH applies standard sampling principles and reviews 5% or a maximum of 20 files from each provider. MCCMH reserves the right to review additional case files if significant deficiencies are identified in the core sample reviewed.

3. To ensure quality standards are upheld, the department conducting the audit shall be the entity that selects the sample case files.

4. Audit results shall be developed and recorded on standardized audit tools that are specific to the audit category being reviewed and in adherence with external regulations and standards.

5. MCCMH shall detail necessary remediation for audit deficiencies in a corrective action plan (CAP) that is submitted to the provider once the audit has concluded.

6. If quality audits identify any suspicion or evidence of fraud, waste, or abuse, information regarding the potential issue shall be referred to the MCCMH Compliance Department for further review and investigation.

C. The MCCMH Quality Department shall not conduct quality reviews of an individual case or group of cases if the provider is under active investigation or sanction by local or Federal authorities, including but not limited to MCCMH Compliance, MDHHS Office of Inspector General (OIG), Medicaid Fraud Control Unit (MFCU), or local law enforcement. The MCCMH Quality Department shall inform the MCCMH Compliance Department of scheduled reviews and the Compliance Department shall provide a timely response regarding any cases that are to be excluded from quality audits.

D. The MCCMH Board of Directors shall receive an annual audit report of quality audits within the Quality Assessment and Performance Improvement Program (QAPIP) Report.

VI. PROCEDURES

A. Directly-operated and contract network providers shall be given at least thirty (30) days' notice for upcoming quality audits.

1. For providers undergoing an investigation with the Office of Recipient Rights, the thirty (30) day notice period may be disregarded.

2. MCCMH reserves the right to conduct audits with less than thirty (30) days notice based on health and safety concerns, or as determined necessary by MCCMH.

B. After an audit is completed, the Quality Department has ten (10) business days to issue an audit report to the applicable provider. MCCMH will give the provider a timeframe for when a signed version of the audit report must be returned to MCCMH. Signed audit reports indicate the agreement to implement and fulfil the corrective action plan (CAP).

C. Providers have thirty (30) calendar days from the signing of their audit report to submit any necessary corrective action plans (CAP), implement the CAP within their agency, and provide evidence of CAP completion. Limited exceptions to this timeframe may be considered when extenuating circumstances are discussed with and approved by the Quality Department.

D. CAPs not completed within the required timeframes may result in contract compliance issues. MCCMH will refer such cases to the appropriate MCCMH department for the coordination of

necessary actions.

E. The Quality Department will issue a letter of audit closure to the provider once all submitted evidence is reviewed and approved.

VII. REFERENCES / LEGAL AUTHORITY

A. Pub. L. 104-191

B. MDHHS-MCCMH Medicaid Managed Specialty Supports and Services Contract

VIII. EXHIBITS

A. MCCMH Annual Quality Audit Schedule