# Program Information

| Program Name |  | Telephone |  |
| --- | --- | --- | --- |
| Program Manager |  | Date |  |
| Date of MRR |  | COR |  |
| initial qip monitoring plan | | | |

# detail EACh area identified in the mrr continuous quality improvement recommendations section:

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|  |

# describe the corrective actions taken to address each area listed above:

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|  |
| DESCRIBE INITIAL MONITORING ACTIVIES implemented to ensure Compliance: |

# list the Attachments being submitted as evidence of QIP implmentation:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Training Agenda  Training Sign-in Sheet  Program Monitoring Reports  Tracking Mechanisms  Disallowed Claims Form  Corrected Claims Form  MHBU Void/Replace Form  Other: Certification: I hereby certify that this program has fully implemented all corrective actions indicated in the QIP resulting from the MRR. | | | | | | | |
| Program manager signature | | |  | | Date: | | |
| FOR COUNTY QM USE ONLY: | | | | | | | |
| Certification: | | | | | | | |
| QIP CONDITIONAL APPROVAL (Include Pending Actions):   * 3 month QIP Follow Up Due:   QIP DENIED: If denied provide additional information requested: | | | | | | | |
| county qm specialist signature | |  | | date sent to program: | | | |
| 3 month qip follow up | | | | | | | |
| demonstrate how ongoing monitoring activities have improved compliance: | | | | | | | |
| list attachments being submitted as evidence of qip monitoring: Additional Training Agendas  Training Sign-In Sheets  Completed Tracking Forms  Completed Chart Review Tools  Copy of Monitoring Reports  Final Billing Adjudications  Other: | | | | | | | |
| certification: I hereby certify that this program has fully implemented all ongoing monitoring as indicated in the QIP resulting from the MRR Process. | | | | | | | |
| Program manager signature |  | | | | | Date: | |
| for county qm use only: | | | | | | | |
| COUNTY QM SPECIALIST HAS REVIEWED THE FOLLOWING ITEMS FOR COMPLIANCE WITH THE STATED QIP ONGOING MONITORING ACTIVITIES: | | | | | | | |
| certification: | | | | | | | |
| QIP PENDING DUE TO BILLING  qip approved: date:  QIP DENIED:IF DENIED PROVIDE ADDITIONAL INFORMATION REQUESTED: | | | | | | | |
| COUNTY QM SPECIALIST SIGNATURE |  | | | | | | DATE SENT TO PROGRAM: |