# 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:       |