COMMUNITY MENTAL HEALTH Newaygo CMH

QUALITY AND COMPETENCY MONITORING

Independent Provider/Independent Practitioner

Date of Review: March 1, 2017

Reviewer Name: Brian Russ

Provider Name: Dr. Joel Sanchez

Type of Service: Clinical Psychiatric Medicine

Address: 375 Apple Tree Drive

City/Zip: Ionia, MI 48846 Phone: _616-527-1790__

RATING: 1 = Meets Standard 2=Partially Meets Standard 3 = Does Not Meet Standard

(If Provider receives any ratings of 2. Partially meets Standard or 3. Does Not Meet Standard, a written plan of correction is required within 30 days and a re-assessment may occur.)

	LICENSURE and PRIVILEGING	RATING		
1	Professional license/registration/certification current.			
2	Professional license/registration/certification free from disciplinary actions and complaints.			
3	Medicaid Enrolled Provider (for Children's Waiver)	1		
4	Privileges current.	1		
	Comments:			

	INSURANCE	RATING
1	Professional Liability insurance current.	1
	Comments:	

	TRAINING	RATING			
1	Recipient Rights - Basic Training (within 30-days of contract start)				
2	Person Centered Planning	1			
3	Limited English Proficiency	1			
4	Cultural Diversity	1			
5	Compliance Plan	1			
6	Electronic Information Management/Security	1			
	Other: (list)	1			
	Comments:				

	PERFORMANCE: check (√) what documentation and reporting was reviewed, and attach documents	1
1	Peer Reviews	1
2	Medicaid Sanction Listing	1
3	Customer Satisfaction	1
4	Recipient Rights Reports	1
5	Service Authorization/Utilization Management Reports	1
6	Medical Record Review	1
7	Medicaid Claims Verification Reports	1
8	Compliance Reports	1
9	Observation of service provision	1
10	Other: (list)	
	Comments: No reported performance issues	
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	REVIEWER COMMENTS and RECOMMENDATIONS		
Dr. Sanchez has met all standards, and it is recommended that he continues to provide services at NCMH.			
rovider rec	ommended for continued contract:YesNo		
	onimended for continued contract.		

C: Evaluation Office Contract Administration Office 1551 Andover SW Independent 7/21/03 rev.

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