

NORTHPOINTE BEHAVIORAL HEALTHCARE SYSTEMS

POLICY TITLE: Contract Provider Grievance and Appeals Process

PAGE: 1 of 1

MANUAL: Administrative

SECTION: Contracts

ORIGINAL EFFECTIVE DATE: 10/1/05

BOARD APPROVAL DATE: 9/26/13

REVIEWED/REVISED ON DATE: 2/15/18

CURRENT EFFECTIVE DATE: 4/1/18

REVISIONS TO POLICY STATEMENT: YES NO

OTHER REVISIONS: YES NO

APPLIES TO: Direct Care providers contracted by Northpointe

POLICY:

It is the policy of Northpointe that all Direct Providers of Northpointe services (employed or contracted), shall have a fair and efficient process for resolving disagreements regarding individual's services and supports.

PURPOSE:

The purpose of this policy is to outline the grievance system and internal appeals mechanisms for the Direct Providers of Northpointe Services. The resolution of provider concerns and the goal of improving quality of care are key aspects of these processes.

PROCEDURES:

- A. Information about the grievance system procedures and time frames available to Medicaid enrollees is provided to providers and subcontractors at the time they initially enter into a contract. Time frames are established for filing a grievance and the deposition of the grievance by the State of Michigan and NorthCare PIHP. Information is included on: enrollees' right to file grievances; requirements and timeframes for filing grievances; availability of assistance to an enrollee in the filing process, and; Toll-free numbers that an enrollee can use to file a grievance by phone.

- B. Formal Provider complaints should be directed to the CEO of Northpointe in writing describing the nature of the complaint and what the provider feels would be necessary to resolve the concern and/or prevent future recurrence of the issue. An investigation of the complaint will be conducted by the staff assigned by the CEO within 7 working days from receiving the complaint. A written summary of the outcome of Northpointe's examination of the complaint will be given to the complainant at the conclusion of the investigation or the 7 days whichever is sooner. The complaint may be routed to the NBHS Problem Resolution Process or the Office of Recipient Rights as required. Should the complainant disagree with the results of the investigation, they may contact NorthCare at 1-906-225-7253.

In a situation where two providers are in disagreement about the provision of services for a specific individual, Northpointe Utilization staff will review the case and make a determination about appropriate services. This review will be completed within 48 hours of the receipt of all necessary documentation. This review will not delay the individual receiving services and the timeliness indicators will still apply. In the event that the disagreement regarding the provision of services involves rate assignment based on individual service needs, rates will be readjusted as needed per NBHS policy following disposition of the Utilization review. If the results of this review are unsatisfactory to those involved, then NorthCare Utilization staff will be asked to review the case for a final decision. Review by the Department of Health and Human Services Contract Manager as indicated.

- C. To ensure the rights of complainants, staff of the Office of Recipient Rights, and any staff acting on behalf of a recipient shall be protected from harassment or retaliation resulting from recipient rights activities.

- D. Complaint related documentation (letters, determinations) are to be kept in the contract file.