

NORTHPOINTE BEHAVIORAL HEALTHCARE SYSTEMS

POLICY TITLE: Contract Service Provider Monitoring

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MANUAL: Administrative

SECTION: Contracts

ORIGINAL EFFECTIVE DATE: 6/4/99

BOARD APPROVAL DATE: 6/27/13

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:

All Northpointe Contracted Service Providers

POLICY:

Northpointe monitors each network provider that contracts to provide services and/or delegated functions for the purposes of ensuring compliance with Federal and State standards and regulations. Monitoring of performance must occur at least once during each fiscal year, more frequently when deemed necessary. Northpointe reviews and follows-up on any provider network monitoring of its subcontractors. Northpointe provides close monitoring and oversight to ensure the health and welfare of individuals receiving services. Northpointe has a process to address contract provider grievances and disputes and an appeal system to resolve disputes.

PURPOSE

To ensure contract providers and their subcontractors' expenditures of Northpointe funding are used for authorized purposes, and in compliance with laws, regulations, and the provisions of contracts. The Northpointe monitoring and evaluation process consists of a review of the following applicable elements through the use of audit tools developed for this purpose:

1. Federal regulations, including the Balanced Budget Act (BBA), applicable Code of Federal Regulations (CFRs), HIPAA, CMS Protocols for Northpointe, Accreditation Standards and applicable federal laws pertaining to the Medicaid program and/or health plan;
2. State regulations, including the Mental Health Code, Mental Health Administrative Rules, and Public Health Code;
3. Northpointe managed care administrative delegations made to the contracted providers;
4. Northpointe contract provider participation standards as outlined in their contract; and
5. Northpointe policies, standards and procedures.

All participating contract providers in the Northpointe Provider Network have the right to dispute actions taken by Northpointe relating to their status within the provider network and actions related to provider's non-compliance, professional competency, or conduct. These actions may include decisions made in the Northpointe contract provider monitoring process or instances when Northpointe has chosen to discontinue a provider's participating status within the Network

DEFINITIONS:

Dispute: to disagree with a Northpointe decision or findings.

Grievance: a formal complaint made on the basis of something that somebody feels is unfair or incorrect.

Licensed Provider: An individual or group, contracted with Northpointe to provide behavioral health care, support, or services who has met the qualifications evidenced by education, training, certification, registration, or experience.

Contracted Northpointe Service Providers: Examples include vocational providers, AFCs, Crisis Residential providers, hospitals, or hospital systems.

Plan of Correction (POC): A document requested following a review to address contract performance and/or compliance issues which details a proposed plan to correct the contract performance and/or compliance issue.

Site Review Team: The specific contract/service type will determine the composition of the team. The team may view the contract/site-related material from an environmental, licensing, clinical, administrative and recipient rights perspective. This team may consist of the Recipient Rights Officer, and representation from the departments of: Medical Services, Environmental Safety, Finance, County Directors and other functional experts as deemed

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appropriate.

Specialized Residential Providers: Licensed foster care homes operating with a specialized certification from the Licensing and Regulation Affairs (LARA) department of Michigan Department of Health and Human services (MDHHS).

Sub-Contractor: a secondary contract in which NBHS originally contracted with in turn contracts with another individual or entity to provide all or part of the work or service.

PROCEDURES:

A. Annual Monitoring and Performance Evaluation - This process consist of two (2) primary components:

1. Desk Audit:

- i. This component will consist of a review of electronic medical records, select policies, procedures, documents and other resource materials submitted to Northpointe for review prior to or in place of an on-site visit.
- ii. Review of individual provider training records.
- iii. Random review of individual provider criminal background check.
- iv. Current program fidelity bonding (SUD).
- v. Network providers will be notified prior to a scheduled on-site review of what materials must be submitted for the desk audit.
- vi. Satisfaction survey results from surveys sent to individuals and Northpointe staff.
- vii. Scoring and feedback will be reported to Northpointe Executive Officer (CEO) or designee, who will have final approval of any report(s) to the contract provider.
- viii. Review reports or other information obtained from or provided by relevant public regulatory bodies or accreditation organizations (i.e.: State of Michigan, LARA, the excluded parties list, etc.).
- ix. Contract providers will receive feedback on any additional documentation required for submission or to have available for on-site review for areas that did not score full compliance during Desk Audit. This procedure can be done for any contract provider who has an overall score of 95% or better and there are no significant concerns as determined by the site reviewer.

2. On-Site Audit:

- i. This component consists of Northpointe's site review team going on-site to review and validate compliance with documented policy and procedure requirements.
- ii. Site review schedule(s) will be developed with input from contracted providers that ensures mutual convenience for both Northpointe and contracted providers.
- iii. Recipient and staff interviews may be conducted during the site review.
- iv. Members of Northpointe's site review team may visit program sites with or without prior notice to ensure compliance.
- v. An on-site Recipient Rights review must be completed every year.

Site Review monitoring results may be obtained from another CMH which contracts with the provider for services. These results must be reviewed by applicable members of the NBHS site review team for completeness and if found sufficient, may be accepted into provider's file with documentation of the review process and approval. If the site review results are found to be incomplete, Northpointe Site review team must obtain the necessary information directly from the contract provider or perform an on-site review. Review member will ensure that the review and POC are scanned into the ELMER Provider Management and also update the NBHS contract database. Northpointe's CEO, or designee, will have overall responsibility for monitoring the evaluation process.

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A. Monitoring and Evaluation Findings:

1. A report detailing the providers overall review and findings will be forwarded to the provider's CEO and/or designee within 45 days of the final day of the on-site or desk audit review. This report will contain findings pertaining to each standard reviewed and recommendations pertaining to any finding that did not meet full compliance.
2. Completed reports will be uploaded to the ELMER Provider Management section for review and use by NorthCare Network.

B. Plan of Correction (POC):

1. Plan of Correction (POC) are due to the Northpointe's site review team within 30 days of receiving site audit results. A POC will not be required for a provider who scored 95% or better on the on-site review, unless deemed necessary by the Site Review team due to the severity of the citations or repeat citations.
2. A designated member of the site review team shall review and approve POCs that result from identified areas of noncompliance and follow up on the implementation of the POC at the appropriate interval. Reports of the annual monitoring and plans of correction are subject to MDHHS review.
3. The designated member of the site review team will send a letter to providers responding to POCs. This letter will contain acceptance of POCs or further recommendations and a deadline for submission of additional POC documentation.
4. If a POC is required but is not submitted by the provider a second request for the POC will be sent to the contract provider via certified mail. This request will give the provider fourteen days to submit the POC. If the POC is not submitted within those 14 days the CEO or designee will send another letter indicating that the POC is past due and must be submitted within 14 days, if the POC is not submitted within the 14 days provided, the provider will be notified of Northpointe's decision to withhold further payment until the provider submits evidence that deficiencies have been corrected.

C. Regular Review of Data:

1. Northpointe conducts active review of care provided to individuals receiving services through review of incident reports, behavior treatment reports on physical intervention, clinical documentation, and utilization management data.
2. Regular review and analysis of aggregate reporting to identify patterns and trends of risk factors at the individual and contract provider level.

D. Providers in less than substantial compliance with required performance objectives within the fiscal year may result in non-renewal of the contract.

E. Information from the provider monitoring process will be utilized in the Credentialing Committee and when considering the provider for NorthCare Network participation.

PROVIDER GRIEVANCE AND APPEALS PROCEDURES

1. If a contract provider disagrees with a determination by Northpointe in the audit process, the provider may submit a written request to Northpointe's CEO or designee within thirty (30) calendar days of disposition. The request must include the following:
 - a) Reason for dispute;
 - b) Documentation to support the appeal
2. Providers can mail the documentation to:

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Northpointe Behavioral Healthcare Systems

Attn: Chief Executive Officer

715 Pyle Drive

Kingsford, MI 49802

Or the appeal documentation may be faxed Attn: Chief Executive Officer at 906-774-1570.

3. A first-level review will be conducted within twenty (20) calendar days of receipt of the contract provider appeal request by an alternate review team of at least three qualified individuals not involved in previous decisions relating to this appeal. Members of Northpointe's Credentialing Committee may be used for this level review.
4. A written summary of the outcome of the appeal investigation will be sent to the contract provider within 10 calendar days.
5. If the first-level appeal decision is not satisfactory to the appealing provider, a second-level review may be requested.
6. Consideration by a second-level review will be conducted within fourteen (14) calendar days of request by provider by a panel of at least three qualified individuals not involved in previous decisions relating to this appeal. At least one member will be a participating provider not involved in the day-to-day operations of network management and who is a peer of the participating provider that filed the dispute.
7. After formal review of the dispute, a written summary of Northpointe's examination of the appeal and outcome will be given to the contract provider, within fourteen (14) calendar days.
8. The decision of the dispute resolution review panel shall be the final Northpointe position regarding the dispute.
9. Any corrective action plan issued by Northpointe to the contract provider regarding action being disputed by the contract provider shall be on hold pending the final Northpointe decision regarding the dispute.
10. In the event of an emergent compliance dispute, the dispute resolution process shall be initiated and completed within five (5) working days.

REFERENCES:

- BBA Section 438.214(b) (2)
- MDHHS Contract Section 6.4 (J); P.6.7.1.1 Section P.6.4.3.1
- URAC Standards P-NM-6, P-NM-13, P-NM-14, P-NM-15, P-NM-16
- URAC Core 9, Core 10