


SWMBH Operating Policy 2.13

Subject: Provider Network Monitoring		Accountability: Provider Network	Effective Date: 1/1/2014	Pages: 4
REQUIRED BY: BBA Section _____ PIHP Contract Section _ P.7.3.1.1, P.7.9.1 and P.7.1.1 NCQA/URAC Standard _____ Other _____			Last Reviewed Date: 5/18/17	Past Reviewed Dates: 5/27/15
LINE OF BUSINESS: <input checked="" type="checkbox"/> Specialty Waiver (B/C) <input checked="" type="checkbox"/> 1115 Waiver <input checked="" type="checkbox"/> Healthy Michigan <input checked="" type="checkbox"/> SUD Medicaid <input checked="" type="checkbox"/> SUD Block Grant <input checked="" type="checkbox"/> MI Health Link <input type="checkbox"/> OTHER: _____	APPLICATION: <input checked="" type="checkbox"/> SWMBH Staff and Ops <input checked="" type="checkbox"/> Participant CMHSPs <input checked="" type="checkbox"/> SUD Providers <input checked="" type="checkbox"/> MH / DD providers <input type="checkbox"/> Other: _____		Last Revised Date: 5/18/17	Past Revised Dates: 5/27/15
Approved:  Date: 5/18/17		Required Reviewer: Director of Provider Network Management and Clinical Improvement		

I. Purpose

To define the methods for monitoring, review, and oversight of contracted providers by Southwest Michigan Behavioral Health (SWMBH) and participant Community Mental Health Service Providers (CMHSP) to assure the highest quality of services are provided to customers.

II. Policy

It is the policy of SWMBH and participant CMHSPs to monitor the performance, quality, contract compliance and compliance with Federal and State standards and regulations of each entity with whom it contracts to provide mental health and substance use disorder services for customers utilizing Medicaid funds. SWMBH and its participant Community Mental Health (CMH) agencies will monitor their provider network(s) annually at minimum. Monitoring may occur through a variety of mechanisms, such as through the use of shared reviews conducted by external Prepaid Inpatient Health Plans (PIHP), where appropriate. SWMBH will review and follow-up on any provider network monitoring conducted by its participant CMHSPs. SWMBH and its participant CMHSPs will adhere to the Michigan Department of Health and Human Services (MDHHS) Network Management Reciprocity & Efficiency Policy while conducting review activities.

III. Standards and Guidelines

A. Communication to Providers Regarding Requirements & Expectations

SWMBH and participant CMHSPs will assist providers in understanding contractual requirements and expectations through a variety of means including, but not limited to:

1. New provider orientation of contractual requirements and business practices.
2. Designated provider network staff to address provider questions and concerns.
3. Notification to providers of changes in Federal and State regulations impacting contractual requirements and/or business practices.
4. Notification to contracted providers of changes in SWMBH or CMHSP policy.
5. On-going training.

B. Communication from Providers regarding Negative Action

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1. It is the responsibility of providers to communicate negative actions to the entity that holds the contract with the provider. Participant CMHSPs shall report negative actions regarding their provider networks to SWMBH within five (5) business days of becoming aware of an action.
2. Providers are expected to provide immediate notification (within 10 business days) for the following actions:
 - a. Loss of accreditation.
 - b. Loss of insurance.
 - c. Unfavorable financial audit.
 - d. Successful litigation claim against the Provider member.
 - e. Loss of substance abuse license.
 - f. Loss or change in Adult Foster Care or Child Placing Licensing.
 - g. Reports of substantiated violations of State or Federal rules or regulations.
 - h. Any claim, allegation, financial loss or change in credentialing that may negatively impact the provider.
 - i. Loss of professional licensure.
3. Sentinel Events must be reported as soon as possible and in accordance with the MDHHS contract and SWMBH policy.

C. Provider Monitoring Review Elements

1. The monitoring of providers shall consist of a review of the following applicable elements:
 - a. Federal regulations, including the Medicaid Managed Care Regulations, Code of Federal Regulations (CFRs), Health Insurance Portability and Accountability Act (HIPAA), Centers for Medicare and Medicaid Services (CMS) protocols for PIHPs, and applicable federal laws pertaining to the Medicaid program and/or health plan.
 - b. PIHP managed care administrative delegations to CMHSPs.
 - c. Michigan Mental Health Code and Substance Use Disorder Administrative Rules.
 - d. Provider contract provisions.
 - e. SWMBH policies, standards and procedures.
 - f. Michigan Medicaid Provider Manual
2. Reference source(s) for specific monitoring or audit standards will be included on monitoring tools.
3. Monitoring tools will be reviewed annually for necessity, value and efficiency of specific monitoring or audit standards.
4. When adding new monitoring items to review processes, SWMBH and its participant CMHs will review the necessity of existing items, and whenever possible consider reducing or eliminating items of less value.
5. SWMBH and its participant CMHs will utilize the provider review tools attached to this policy for provider reviews.
6. SWMBH and its participant CMHs will incorporate meaningful consumer involvement in the monitoring activities of service providers.
7. SWMBH and its participant CMHSPs will utilize processes and procedures to share provider monitoring results of shared providers within the SWMBH region in order to reduce redundant processes and duplicative site reviews of providers contracting with multiple SWMBH organizations.

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8. Monitoring results may be obtained from another Regional Entity/PIHP for shared providers. Results will be reviewed and if found complete and sufficient, may be accepted in the provider file as evidence of provider monitoring.
9. This policy does not usurp the ability of the funding PIHP/CMHSP to conduct ad hoc audits or reviews of provider programs where needed or indicated at any time based on reported performance or as required by external entities

D. Provider Non-compliance and Sanctions

Whenever possible, SWMBH and participant CMHSPs will work toward continuous improvement with providers who are out of compliance with their contract. SWMBH and participant CMHSPs will develop procedures to address contract compliance and the use of sanctions.

1. Sanctions will be used with providers who demonstrate unsatisfactory performance, lack of response, failure to submit plan of correction within required timeframe and/or discovery of significant risks (i.e., health hazard, injury, loss, exposure).
2. Sanctions will be based on the severity and frequency of the contractual violation(s). Typically, sanctions may be progressive in nature, but can begin at any level depending on the severity and frequency of the violation.
3. Under usual circumstances (a non-emergent situation where health and safety is not at risk), sanctions will require providers to satisfactorily remediate/correct violations noted, within a time frame determined by the contracting entity.
4. Under emergent situations where health and safety is a concern, the provider will immediately remediate/correct violations.
5. Ongoing monitoring of the provider will occur to ensure prompt resolution of the issues for which the sanction was applied.

F. Communication to Providers regarding Sanctions

1. SWMBH and participant CMHSPs will send the provider notice outlining the areas of non-compliance. Correspondence will outline the following:
 - a. Area(s) of non-compliance
 - b. Level and type of sanction
 - c. Expected remedy or improvement
 - d. Additional monitoring of the provider.
 - e. Date the remedy is expected to occur.
 - f. Due date for a response from the provider.
 - g. Contact person for questions and correspondence.
 - h. Statement indicating that continued non-compliance may include termination of the contract.
 - i. Notice of grievance and appeal process for non-clinical decisions.
2. Participant CMHSPs shall report contractual sanctions of their provider networks to SWMBH within five (5) business days of the sanction date.

IV. Definitions

- A. Sanctions: Penalties triggered when a provider fails to meet specified performance standards or other conditions of the contract. Sanctions include a range of options of varying in severity depending on the seriousness, frequency and/or nature of the contract violation. Sanctions may include, but are not limited to:
 1. Letter of guidance, warning or reprimand
 2. Impose conditions for continued practice within the SWMBH provider network.
 3. Referral moratorium

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4. Impose requirements for monitoring or consultation.
5. Recommendation for additional training or education.
6. Contract termination with cause.

V. References

- A. DHHS/PIHP Medicaid Managed Specialty Supports and Services Contract – P.7.3.1.1, P.7.9.1 and P.7.1.1

VI. Attachments

- A. Southwest Michigan Behavioral Health Primary and Clinical Providers Administrative Site Review Tool
- B. Southwest Michigan Behavioral Health Ancillary Community-Based Services Administrative Site Review Tool
- C. Southwest Michigan Behavioral Health Specialized Residential Administrative Site Review Tool
- D. Southwest Michigan Behavioral Health SUD Administrative Site Review Tool
- E. Southwest Michigan Behavioral Health Administrative Review Tool Inpatient
- F. SWMBH SUD Services Clinical Quality Review Tool