

NORTHCARE NETWORK

POLICY TITLE: Inpatient Provider Oversight, Monitoring & Evaluation	CATEGORY: Provider Network Management	
EFFECTIVE DATE: 2/15/23	BOARD APPROVAL DATE: 2/15/23	
REVIEWED DATE: 10/1/24	REVISION(S) TO POLICY STATEMENT: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	OTHER REVISION(S): <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
RESPONSIBLE PARTY: Provider Network Specialist	CEO APPROVAL: 11/5/24 Megan Rooney, CEO	

APPLIES TO

NorthCare Network Personnel
Inpatient Psychiatric Providers

POLICY

NorthCare Network monitors inpatient psychiatric hospital providers under contract to ensure compliance with NorthCare Policy and contract as well as Federal and State standards and regulations. Monitoring of performance must occur at least once during each fiscal year, more frequently when deemed necessary. NorthCare Network provides close monitoring and oversight to ensure the health and welfare of individuals receiving services.

PURPOSE

To ensure compliance with laws, regulations, and the provisions of applicable contracts. The PIHP monitoring and evaluation will be consistent with State reciprocity tools and process.

DEFINITIONS

N/A

REFERENCES

- BBA Sections 482.13, 483.352, 483.356, 483.358, 483.368, 483.376
- MDHHS/PIHP Contract, as amended
https://www.michigan.gov/mdhhs/0,5885,7-339-71550_2941_4868_4899---,00.html
- NorthCare Network Sanctions Policy
- Network Provider Grievance and Appeal Process – Administrative policy

HISTORY

NEW POLICY: 2/15/23
REVISION DATE: 12/3/23
REVIEW DATE: 12/3/23, 10/1/24
CEO REVIEW DATE: 1/10/23, 12/5/23, 11/5/24
BOARD APPROVAL DATE: 2/15/23

PROCEDURES

- A. Annual Monitoring and Performance Evaluation of inpatient psychiatric hospital providers under NorthCare contract will include, at minimum, a review of Recipient Right's standards, walk-through of unit, clinical documentation, quality, and compliance.
- B. NorthCare's Provider Network Specialist will facilitate and monitor the review process.
- C. Protocols will be distributed each year at least 30 days prior to the start of the review at which time NorthCare's Provider Network Specialist will schedule the on-site visit.
- D. NorthCare Network staff will have the audit completed within 60 days of protocol distribution.
- E. This review may be completed by desk audit and/or on site, with the exception of the unit walk-through which will be conducted each year, and may also include:
 - 1. Review of individual provider training records.
 - 2. Validation of exclusion/background checks.
 - 3. Network providers will be notified of what materials must be submitted for the audit at least 30 days prior to the due date.
 - 4. Audit materials will be submitted to NorthCare's Provider Network Specialist who will file electronically for access by appropriate review team members to review and score.
 - 5. Consumer and staff interviews may be conducted during the site review.
- F. Recipient Rights review
 - 1. It is the responsibility of the CMHSPs Recipient Right Officers to monitor/review the hospitals rights policies and procedures.
 - 2. Tri-annually, the hospital policies will be reviewed and must be in full compliance with both MDHHS and the regional contract with NorthCare Network. More frequent reviews will be completed if changes have been made to the hospital policies.
 - 3. An annual site visit will be completed.
 - 4. Reports will be sent to the Provider Network Specialist annually and will be uploaded to both ELMER and the Teams Channel for Inpatient Reciprocity.
- G. Compliance Ratings:
 - 1. All Recipient Rights Standards and walk-through must be met.
 - 2. Clinical documentation and quality sections must be met at 95% or higher to achieve full compliance.
 - 3. All standards not receiving a full score must be addressed in a Plan of Correction.
- H. A final report will be sent to the Provider within 45 days after completion of the review.
- I. A written Plan of Correction, if applicable, must be submitted to NorthCare within 30 days of receiving the final report.

- J. If during a NorthCare review, a site review team member identifies an issue that places a participant in imminent risk to health or welfare, the site review team will invoke an immediate review and response by the Provider.
- K. Monitoring results may be obtained from another PIHP which contracts with the Provider for services using the reciprocity standards. These results must be reviewed by NorthCare Network 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, NorthCare must obtain the necessary information directly from the Provider or perform an on-site review.
- L. The final site review report will go to the Network Management committee for review and approval. Patterns and trends affecting quality of service will be referred to NorthCare's Quality Management Committee.
- M. Plan of Correction (POC)
 - 1. The Provider's POC is due to the PIHP within 30 days of receiving site audit results.
 - 2. The PIHP will respond to each POC, in writing, by stating acceptance of the POC or further recommendations and a deadline for submission of additional POC documentation.
 - 3. If a POC is required but is not submitted by the Provider a second request for the POC will be sent to the 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 NorthCare's decision to withhold further payment until the Provider submits evidence that deficiencies have been corrected.
 - 4. If deficiencies are not corrected by the date indicated in the site review and POC, NorthCare Compliance Oversight and Risk Management Committee will be notified. The committee will review the site review report, subsequent POC and discuss the necessary action to take which could be, but is not limited to any of the following:
 - a. Further corrective action process.
 - b. Recommendation of contract suspension until problem areas are corrected and approved by NorthCare Network.
 - c. Notify the affiliates, NorthCare Network UM, and NorthCare Network claims department of a NorthCare Network decision to withhold further payment until the provider submits evidence that deficiencies have been corrected.
 - d. Contract termination.
 - 5. The PIHP will review submitted POC documentation to assure corrective action plans have been implemented and that plans are effective in correcting findings of non-compliance noted during the initial site visit. The PIHP may require further follow-up on areas of initial non-compliance if POC

documentation does not sufficiently meet audit standards, regulations, or requirements.

N. Regular Review of Data:

1. NorthCare Network conducts active review of care provided to individuals receiving services through review of incident reports, 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 provider entity level.

O. Providers found out of compliance with recommended performance objectives within the fiscal year may result in non-renewal of the contract.

P. Information from the Provider monitoring process will be utilized in the Credentialing Committee and/or Leadership Team's consideration of the Provider for continued network participation.

Q. Required Reporting:

1. It is the responsibility of the Network Provider to notify NorthCare Network, upon learning of any adverse action, or adverse change in licensure or accreditation status.
2. NorthCare Network may immediately suspend, pending investigation, the participation status of a network provider who, in the opinion of the medical director (or clinical director), is engaged in behavior or who is practicing in a manner that appears to pose a significant risk to the health, welfare, or safety of consumers. NorthCare Network will initiate an investigation and/or refer to the appropriate Office of Recipient Rights immediately upon learning of such action.
3. NorthCare's Network Provider Grievance and Appeal Process is available subject to suspension of participation status.