

NORTHCARE NETWORK

POLICY TITLE: Network Provider Oversight, Monitoring & Evaluation	CATEGORY: Provider Network Management	
EFFECTIVE DATE: 10/3/12	BOARD APPROVAL DATE: 3/21/13	
REVIEWED DATE: 10/22/25	REVISION(S) TO POLICY STATEMENT: ☐ Yes ☒ No	OTHER REVISION(S): ☒ Yes ☐ No
RESPONSIBLE PARTY: Provider Network Specialist	CEO APPROVAL: 10/22/25 Megan Rooney, CEO	

APPLIES TO

NorthCare Network Personnel
Network Providers

POLICY

NorthCare Network monitors network providers that contract to provide services and/or delegated functions 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 may delegate provider monitoring of network providers and monitoring of direct operated group homes to Member CMHSPs and Substance Use Disorder (SUD) providers. NorthCare Network conducts review and follow-up activities of subcontractor (delegated) provider and network provider reviews. NorthCare Network provides close monitoring and oversight to ensure the health and welfare of individuals receiving services.

PURPOSE

To ensure network providers and their downstream comply with all laws, regulations, and the provisions of applicable contracts. The PIHP monitoring and evaluation process consists of a review of the following applicable elements using 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 PIHPs, 42 CFR 455.104-106, and applicable federal laws pertaining to the Medicaid program and/or health plan;
2. State regulations, including the PIHP/MDHHS Contract, Michigan Mental Health Code, Mental Health Administrative Rules, and Public Health Code;
3. NorthCare Network managed care administrative delegations made to contracted providers;
4. NorthCare Network Provider contract participation standards; and
5. NorthCare Network policies, standards and procedures.

DEFINITIONS

N/A

REFERENCES

- BBA Section
- MDHHS/PIHP Contract
<https://www.michigan.gov/mdhhs/keep-mi-healthy/mentalhealth/mentalhealth/cmhsp>
- NorthCare Network Sanctions Policy
- NorthCare Network Grievance & Dispute Resolution Policy

HISTORY

REVISION DATE: 3/13/13, 9/13/13, 11/6/13, 11/5/14, 9/23/15, 5/24/17, 3/13/18, 1/21/19, 2/4/20, 12/5/20, 8/25/22, 1/25/24, 8/5/24, 6/30/25, 10/22/25

REVIEW DATE: 9/12/12, 3/13/13, 9/13/13, 11/6/13, 11/5/14, 9/23/15, 7/27/16, 5/24/17, 3/13/18, 1/21/19, 2/4/20, 12/5/20, 9/22/21, 8/25/22, 1/25/24, 8/5/24, 6/30/25, 10/22/25

CEO REVIEW DATE: 9/14/12, 3/13/13, 9/13/13, 11/6/13, 11/5/14, 10/6/15, 8/2/16,

6/6/17, 3/27/18, 2/7/19, 2/26/20, 1/5/21, 10/5/21, 9/6/22, 2/6/24, 8/6/24, 7/1/25, 10/22/25

BOARD APPROVAL DATE: 10/3/12, 3/21/13

PROCEDURES

- A. The monitoring of performance by the PIHP shall include any, or all of the following activities:
1. A site visit to the CMHSP and/or their respective contractors.
 2. Interviews with staff that performs or manages activities.
 3. Inspection and review of the CMHSP's management policies and procedures for making and monitoring UM decisions.
 4. Review of CMHSP training agendas, materials and rosters of credentialed staff.
 5. Review of the CMHSP's operational processes (clinical directives, protocols, meeting-minutes, referral procedures, etc.) that reflect the application of PIHP clinical standards and criteria in authorization and utilization management decisions.
 6. Review of the CMHSP's quality improvement program efforts to improve areas of non-compliance or poor performance.
- B. Annual Monitoring and Performance Evaluation (site review)– This process consists of two (2) primary components:
1. Desk Audit:
 - a. This component will consist of a review of select Policies, procedures, documents and other resource materials submitted to the PIHP prior to or in place of an on-site visit.
 - b. Network providers will be notified of what materials must be submitted for the desk audit at least 30 days prior to the due date.
 - c. Desk Audit materials will be submitted to NorthCare Network's Review Coordinator who will file electronically for access by appropriate functional leads to review and score.
 - d. Network 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.

2. On-Site Audit:
 - a. This component consists of PIHP staff going on-site to review and validate compliance with documented policy and process requirements.
 - b. During the third quarter of each calendar year site review schedule(s) will be developed with consideration from contracted provider. Schedules will be finalized by the end of third quarter.
 - c. Consumer and staff interviews may be conducted during the site review.
 - d. NorthCare Network personnel may visit program sites with or without prior notice.
3. At least 60 days prior to the scheduled on-site review, protocols will be distributed.
4. NorthCare Network staff will have desk audits completed prior to scheduled on-site review.
5. It is expected that all members of the NorthCare Network Site Review Team attend on-site reviews, as assigned. Site Review Team Members conducting their full review via desk audit will seek additional information or clarification from provider and have scoring and summary completed **prior** to on-site date.
6. An Entrance Conference/Welcoming will be scheduled for the beginning of the on-site review.
7. On the date of the site visit an hour virtual meeting will be held for all of the NorthCare review team, both onsite and virtual, to review their standard with the organization.
8. Supporting documentation will be accepted up to the end of the day of the on-site portion of the review.
9. Scoring of standards will be as follows:
 - a. Met = 1 point
 - b. Not Met = 0 point
 - c. N/A is eliminated from total
10. Compliance Ratings:
 - a. 95% and above = Full Compliance – Plan of Correction (POC) is due within 30 days of report. Each standard scoring a Not Met must be addressed in the POC. Providers with an overall score of 95% or above may qualify for a “follow-up” review the next year. A follow-up review will consist of review of each element not fully met the previous year. This review may be conducted completely via desk audit. A full review will be conducted at least every other year.
 - b. 90%, but less than 95% - Partial Compliance – Plan of Correction is due within 30 days of report. Each standard scoring a Not Met must be addressed.

- c. 85%, but less than 90% - Conditional Compliance – Plan of Correction is due within 30 days of report and implemented within 180 days of report for each standard scoring a Not Met.
 - d. Less than 85% - Requires review of the contract, probation and/or additional sanctions up to and including contract termination. Plan of Correction, as applicable, is due within 30 days and implemented within 90 days.
- 11. 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.
- 12. Monitoring results may be obtained from another PIHP which contracts with the provider for services. These results must be reviewed by NorthCare Network's CEO or designee 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 Network must obtain the necessary information directly from the provider or perform an on-site review.
- 13. The site review tool to be utilized shall be reviewed at least annually to ensure functional utility and updated as necessary due to changing regulations, new contracts terms and operational feedback received.
- 14. NorthCare Network's CEO, or designee, will have overall responsibility for monitoring the evaluation process.
 - a. Final site review report will go to the Network Management committee for review and approval. Patterns and trends effecting quality of service will be referred to the Quality Management Committee.

C. 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.

D. Plan of Correction (POC)

- 1. Provider Plan of Correction (POC) are due to the PIHP within 30 days of receiving site audit results.
- 2. The PIHP 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 PIHP will forward a letter to providers responding to POCs. This letter will contain acceptance of POCs or further recommendations and a deadline for submission of 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 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.
 5. If deficiencies are not corrected by the date indicated in the site review and POC the CEO or designee will notify the NorthCare Compliance Oversight and Risk Management Committee. The group 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/revocation of delegation.
 6. 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 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.
- E. Regular Review of Data:
1. NorthCare Network 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 provider entity level.
- F. Providers in less than substantial compliance with recommended performance objectives within the fiscal year may result in non-renewal of the contract and/or revocation of delegation.
- G. Information from the Provider monitoring process will be utilized in the Credentialing Committee and/or Leadership Team's consideration of the provider for network participation.

H. Required Reporting:

1. Network Providers must have procedures for reporting improper known organizational provider or individual practitioner conduct that results in suspension or termination from the Provider's panel to appropriate authorities (i.e., MDHHS, the provider's regulatory board or agency, the Attorney General, etc.). Such procedures shall be consistent with current federal and state requirements, including those specified in the MDHHS/PIHP Contract.
2. It is the responsibility of the Network Provider to notify NorthCare Network, upon learning of the action, of any adverse change in licensure or certification status.
3. 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.
4. NorthCare Network will initiate an investigation and/or refer to the appropriate Office of Recipient Rights immediately upon learning of such action.
5. NorthCare Network's Network Provider Grievance and Dispute Resolution process is available to any Network Provider subject to suspension of participation status.

I. Revocation of Delegation Reporting:

1. If NorthCare Network determines revocation of delegation is appropriate, NorthCare CEO or designee must provide notice of such action to MDHHS ten (10) business days in advance of issuing such notice to the Provider.