

POLICY/PROCEDURE TITLE: Provider Network Monitoring POLICY/PROCEDURE #: 707 Section: Provider Network Developed and maintained by: Provider Network Manager Scope: <input checked="" type="checkbox"/> ACCMHS Staff <input type="checkbox"/> MH/IDD, <input type="checkbox"/> Housing, <input type="checkbox"/> SUD, <input type="checkbox"/> Integrated Health, <input type="checkbox"/> ACCMHS Contract Providers <input type="checkbox"/> Other _____	Approved By: <u>Mark A. [Signature]</u> (Executive Director)	
	Approved By: _____ (Medical Director; <i>as applicable</i>)	
	DATES	
	First Effective	01/2002
Revised	12/2020	
Supersedes	12/2019	

POLICY

It is the policy of Allegan County Community Mental Health Services (ACCMHS) to regularly monitor its provider network.

- A) On an ongoing basis ACCMHS shall monitor contract providers for:
 - 1) Quality of service and continuous improvement processes in order to optimize the desired outcomes of Individuals served by ACCMHS (Individual(s)) and minimize costs;
 - 2) Compliance with standards and regulations.

Based on reviews, ACCMHS may request corrective action from provider. ACCMHS may request information regarding compliance at any time. ACCMHS will provide rationale for the request, and will provide a reasonable timeline for provision of the information.

All instances of suspected fraud and/or abuse discovered during a provider monitoring review will be reported to the ACCMHS Corporate Compliance Officer. ACCMHS will take firm and expedient action in the event of significant non-compliance.

PROCEDURES

- I) **Quality Monitoring Reviews (QMR) are to:**
 - A) Represent a sampling of persons served
 - B) Be conducted by ACCMHS staff who have the expertise and qualifications for assessing the quality of the area being reviewed
 - C) Be conducted with no disruption to services
 - D) Provide accurate, timely and useful information
 - E) Include clear recommendations for improvement where needed
 - F) Result in summary performance reports
- II) **Provider Network Monitoring Results**
 - A) Providers scoring below performance expectations based upon the provider quality monitoring review tool will be asked to develop and follow a plan of improvement to correct deficiencies.

- B) Providers who fail to achieve improvements through a plan of improvement may be subject to progressive sanctions as defined by the Provider Contract Compliance policy and procedure.
- C) Provider reviews will be used for consideration and decision-making according to the Provider Procurement policy and procedure.

III) Provider Summary Performance Report

- A) All providers shall receive a Provider Summary Report reporting individual compliance scores in assessed areas
- B) Provider monitoring will result in summary performance reports that will be presented to the ACCMHS Credentialing Committee and Strategic Leadership Team and other individuals/teams for consideration and decision making.
- C) Aggregate provider results may be shared with the ACCMHS provider network, the ACCMHS governance board, the Pre-paid Inpatient Health Plan (PIHP) and Affiliates, ACCMHS staff, advocacy groups, stakeholders, and Individuals and their families.

IV) ACCMHS may not contract with, or may decide to cancel the contract with any prospective or current provider that:

- A) Fails to meet credentialing and re-credentialing requirements
- B) Fails to respond to requests for evidence of compliance
- C) Fails to achieve improvements required through a plan of improvement of corrective action plan
- D) Has been sanctioned as a Medicaid provider as indicated through the Sanction Provider List of the MSA (Medical Services Administration) or the Office of Inspector General (OIG)

V) Provider Dispute Resolution

- A) A provider may file an appeal of QMR results or sanctions by using the relevant ACCMHS provider dispute resolution process defined in the Provider Dispute Resolution policy and procedure.