

HEALTHWEST

Procedure

No. 10-003

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Approved by:

Subject: Contracted Provider Application
and Compliance Review

Julia B. Rupp, Executive Director

I. PURPOSE

To assure initial and ongoing compliance with standards of care.

II. APPLICATION

Contracted Vendors/Providers of mental health services and substance abuse services for adults or children with mental illness, developmental disabilities and/or substance abuse.

Network Management Staff, other Designated Reviewer(s), Quality Improvement, Environment of Care Committee, and other Quality Improvement Committees.

III. DEFINITIONS

Completed Network Application: Provider Application Packet reviewed by Contract Specialist and determined to contain all required and completed documents.

Designated Reviewer: The Contract Specialist assigned to the Provider or their designee.

IV. PROCEDURES

A. Application

1. All Providers will be required to complete a Provider Application Packet each year prior to the issuing of a contract.
2. All Provider Applications for contracted services will be surveyed for compliance through a site review completed by the Lakeshore Regional Entity or a HealthWest Contract Specialist.

B. Preparation for Monitoring Process

1. The Contract Specialist will complete a review of the Provider Application Packet submitted by the Provider.
2. Upon receipt of the Provider Application Packet, the Contract Specialist will verify the packet is complete and follow-up with the Provider to acquire missing content and proof documents.
3. The Contract Specialist will correct or add to the Application Packet any information sent or otherwise verified by the Provider. Information acquired by telephone will not be acceptable verification for license, insurance, accreditation, financial solvency, conflict of interest, and/or rate for service.
4. When the Provider Application Packet is complete, the Contract Specialist will inform the LRE to initiate a site review or obtain a review from another CMHSP who is already contracting with the provider. Should HealthWest intend to contract with the provider to perform administrative functions, the Contract Specialist will assess the provider's capacity to perform those functions prior to contracting with the provider.
5. The Designated Reviewer (LRE Staff) will document all full compliance categories. All non-compliance or partial compliance must be documented on the Site Review Forms with sufficient information to permit follow-up.
6. Once the Provider is in full compliance, the Site Review Forms will be filed in the Compliance Review section of the contract in LaserFiche.
7. Requests for Plans of Correction must be written and copies sent to the Contract Specialist to be filed in the contract file. The Provider responses must also be filed in the contract file.
8. The Designated Reviewer will monitor all corrective action plans and conduct follow-up site reviews as necessary to assure full compliance; copies of all reports will be forwarded to the HealthWest Contract Specialist upon completion.
9. The Designated Reviewer must verify and document all corrective actions.

V. REVIEW PROCESS

A. Accreditation

1. The LRE Designated Reviewer must review all accreditation documents. If accredited without a plan of correction, the Designated Reviewer will document the date he/she has verified full compliance on the Site Review Form.

2. If non-accredited, the Designated Reviewer will document N/A on the Site Review Form.
3. If the Provider is required to complete corrective actions by the accrediting body, the Designated Reviewer will document such and the need for follow-up on the Site Review Form.

B. Conflict of Interest

1. Upon review, if a conflict of interest is not identified or is identified but corrective actions are sufficient to remediate the conflict, the HealthWest Contract Specialist will document full compliance (Provider Application Form). The Contract Specialist may seek Corporate Counsel opinion.
2. If a conflict of interest is identified, the Contract Specialist must submit a copy of the forms to the Executive Director. The Executive Director/designee will schedule Corporate Counsel review and assure Corporate Counsel recommendations are completed and documented. The Executive Director will notify the Contract Specialist when full compliance can be documented.

C. Insurance

1. If type, amount, and coverage dates of insurance meet Agency requirements, the HealthWest Contract Specialist will contact the Provider for the appropriate Insurance certificate. Coverage date is in compliance if it covers the first day of the contract. A separate monitoring process is in place to identify coverage which expires during the contract year.
2. If type, amount, or coverage date(s) do not comply with Agency requirements, the Contract Specialist must initiate and document immediate follow-up with the Provider until full compliance can be documented.

D. Financial Solvency

1. Financial forms/audit reports will be forwarded to the HealthWest Chief Financial Officer for review and approval.
2. Financial forms/audit reports approved by the HealthWest Chief Financial Officer will be noted and documented as "in compliance". Formal audits returned by the HealthWest Chief Financial Officer with questions or recommendations will be considered non-compliant and will be followed-up by the Contract Specialist until full compliance in this area can be verified.

E. Provider Facility or Other License

The HealthWest Contract Specialist will source-verify that the date of the license(s) cover(s) from the beginning contract date and will verify absence of sanctions or corrective action requirements. Licenses which expire during the contract year will be monitored by a separate monitoring process.

F. Policies and Procedures and Guidelines

Each policy must be separately monitored, including each environment of care policy.

1. All required HealthWest policies formally adopted by the Provider will be reported as in full compliance only when the Designated Reviewer has verified at the site review that the Provider has evidence of procedures or processes in place for the policies.
2. The HealthWest Contract Specialist will request or review on-site the non-HealthWest policies which are included in the Provider Application Packet. The policies will be forwarded to the appropriate HealthWest staff member for formal approval or recommendations. The Contract Specialist is responsible for tracking the flow of each document, follow-up, and documentation of any recommended changes, and final documentation of full compliance. **(Attachment A: Contract Provider Policy/Procedure Review and Approval Form)** The LRE Designated Reviewer will also review all required policies at the on-site review.

G. Delegation of Administrative Functions

The provisions of the Balanced Budget Act (BBA) of 1997 allow for delegation of administrative functions through contracts between the PIHP and HealthWest, and the HealthWest and Providers. Administrative functions delegated to the Provider will be specified in the HealthWest/Provider contract. Providers will be assessed for capacity to perform delegated functions prior to contracting with the Provider. HealthWest will monitor the Provider for the performance of delegated functions as part of the contract monitoring process. HealthWest may revoke delegated functions in the event of non-compliance in the performance of those functions.

H. Staff Credentialing, Competency and Training

1. The Designated Reviewer will review the Provider's Credentialing and Re-credentialing policies and procedures to assure compliance with HealthWest Policy No. 10-004 and MDHHS Credentialing and Re-credentialing Processes. Accredited Providers are responsible for credentialing and re-credentialing their employees and subcontractors as part of the requirements for being accredited. HealthWest will credential and re-credential its contracted licensed practitioners practicing independently or employed by a non-accredited agency. The Designated Reviewer must verify each item in the Credentialing, Competency, and Training Section of the Site Review Form for all Providers.
2. For residential services, the Designated Reviewer must verify staff training of the Group Home Core Curriculum.
3. For any provider of clinical services to children, the Designated Reviewer must verify the annual documentation of twenty-four (24)-hour professional development training specific to children's issues.
4. For any site reported as having specialty medical equipment, the Designated Reviewer must verify evidence of equipment-specific training by a qualified

trainer and maintenance of that equipment by the manufacturer or other qualified maintenance provider.

5. The Designated Reviewer must document any deficits on the Site Review Form.
6. The Designated Reviewer will monitor until full compliance is achieved.

I. Compliance Tracking

The Designated Reviewer will notify the Provider in writing of the results of the site review, noting that the Provider was found either in full compliance or out of compliance and copy the report to the HealthWest Contract Specialist.

If the Provider is found to be out of compliance, the letter of notification will require them to submit a Plan of Correction for approval within thirty days (30) of receipt of the letter identifying how the deficit(s) will be brought into compliance along with a target date of when compliance will be achieved.

The Contract Specialist will review the Plan of Correction once it is received from the LRE Designated Reviewer and assist the Provider with any corrections which fall under the CMHSP category for correction.

VI. REFERENCES

Attachment A: Contract Provider Policy/Procedure Review and Approval Form
MDHHS/HealthWest Contract
Lakeshore Regional Entity/HealthWest Contract
Medicaid Provider Manual: Mental Health/Substance Abuse Section
CARF Behavioral Health Standards Manual

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