

## REMI Provider Portal

Mid-State Health Network

# Key Features

DASHBOARD OVERVIEW

STAFF USER ACCOUNT REQUEST

STAFF CREDENTIALS (LICENSE, CERT, NPI)

PASSWORD RESET

AGENCY QUALIFICATIONS SUBMISSION

PENDING AUTHORIZATION SUMMARY

SENTINEL EVENT REPORTING

### **Dashboard Overview and Access**

- Several contract management and administrative functions will be managed in REMI vs. email/Box.
- Providers have more control over certain functions.
- Reduces processing time.
- Dashboard provides overview of document due dates, renewal of qualifications, etc.
- Recommend at least two staff members (to ensure backup available) will need to be responsible for oversight of portal dashboard and functions.

### Provider Staff User Account Requests and Assigning Location(s)

#### Previous

- Requests to add and delete staff accounts via REMI user request form
- Password resets via Provider Network Management Office

- After initial REMI account setup:
  - Add staff accounts Submit via REMI portal
  - Delete staff account add 'termination date'
  - Refer to page 4-6

# Provider Staff Credentials: Missing and Expired Credentials

#### Previous

- Requests to add and delete staff accounts via REMI user request form
- Ongoing management via email to provider network staff

- After initial account setup:
  - Add staff license, certification, NPI- Submit via REMI
  - Provider will need to update license and certification upon credential expiration/renewal to ensure provider staff meets qualification
  - Refer to page 7 and page 11

#### **₽**

### Provider Staff Password Reset

#### Previous

Requests submitted to Provider Network Staff

- Provider with Portal Management Permissions can reset staff passwords
- Refer to page 7

#### **₽**

### Provider Licenses, Qualifications, etc.

#### Previous

Requests submitted to Provider Network Staff via email

- Provider with Portal Management Permissions can upload copy of the following:
  - license,
  - accreditation,
  - ► ASAM LOC redetermination,
  - MARR Certification,
  - Other agency qualifications as required
- Refer to page 9

#### **F**

### **Document Submission Portal**

#### Previous

Requests submitted to MSHN Staff via email or Box upon request

- Provider with Portal Management Permissions can upload documents as requested from MSHN from time to time.
- Feature to be built out but may include required reports, etc.
- Refer to page 10

#### **F**

### Pending Authorization Summary

- Offers a dashboard of auth requests that have been submitted to MSHN that have been returned or are awaiting approval.
- Ability to export summary to excel.
- Ability to drill down and obtain more information for each authorization.

Refer to page 12

### Sentinel Event Reporting

Purpose: To provide an efficient method to ensure critical incidents/sentinel events are reviewed, analyzed, and submitted to MSHN in accordance with the reporting requirements. Sentinel Event Reporting is required for Residential and Recovery Housing.

MSHN SUD Critical Event Policy

MSHN Sentinel Event Policy

The following critical events are required to be reviewed to determine if the event is sentinel or not sentinel.

- Death of a Recipient (within 48 hours)
- Injury from an accident requiring emergency room visit and/or hospital admission (quarterly)
- An arrest or conviction (quarterly)
- Unplanned physical illness requiring hospital admission (quarterly)
- Behavior episode/challenging behavior (quarterly)
- Medication error (quarterly)
- Administration of Narcan (within 48 hours)

### Sentinel Event Reporting

#### Previous

The Sentinel Event Reporting template was used to submit critical and sentinel events via email to MSHN Quality Manager.

- All required critical events are to be entered into the sentinel event document submission portal.
- The portal provides a dashboard indicating when the sentinel event report is due, past due, submitted for approval, and submitted and approved.
- Allows for real time entry or entry for submission at the end of the quarter.

### Sentinel Event Reporting

#### Previous

 Events Requiring immediate notification to MSHN (no later than 48 hours) were reported via email or phone notification.

#### **NEW Process**

MSHN staff (Treatment Team/Quality Manager) will receive notification via email alert from the portal when an immediate notification event is entered.

The document submission can be accessed through 2 different menu headings.

- Provider Management/Provider Portal Dashboard or (submission)
- Quality & Compliance (submission and export)

### Sentinel Event Provider Reporting Screen

| Document Submission Portal          |   |                         |                         |                         |                         |            |                   |                   |              |              |  |
|-------------------------------------|---|-------------------------|-------------------------|-------------------------|-------------------------|------------|-------------------|-------------------|--------------|--------------|--|
|                                     | Group By: (1) Provider Category Document Search |                         |                         |                         |                         |            |                   |                   |              |              |  |
| Showing 6 of 6 Documents            |   |                         |                         |                         |                         |            |                   |                   |              |              |  |
| Provider $\Rightarrow$ <sup>3</sup> |   |                         | Docu                    | ment 🍦² 🏹               | Period Covered 🝵        | Due 🝵      | Due in $agest ^1$ | Submission Date 👌 | Status 🝵     |              |  |
|                                     |   |                         | Sentir<br>Subm<br>Senti |                         | 01/01/2021 - 03/31/2021 | 04/15/2021 | 56 days           |                   | Due Soon     | Add Document |  |
|                                     |   | Sentir<br>Subm<br>Senti |                         | 01/01/2021 - 03/31/2021 | 04/15/2021              | 56 days    |                   | Due Soon          | Add Document |              |  |
|                                     |   |                         | Sentir<br>Subm          |                         | 01/01/2021 - 03/31/2021 | 04/15/2021 | 56 days           |                   | Due Soon     | Add Document |  |

### Sentinel Event Reporting -Documentation

| Sentinel Event Submission                                |                    |         |                        |         |                         |                                       |  |  |                            |  |                     |           |         |    |
|--|--------------------|---------|------------------------|---------|-------------------------|---------------------------------------|--|--|----------------------------|--|---------------------|-----------|---------|----|
| Document Date* [12/22/2020] Use Current Date             |                    |         |                        |         |                         | Document Type<br>Sentinel: Sentinel E | event Submission                               |  |                            |  |                     |           |         |    |
| Provider<br>Mid-Michigan Recovery Services - Glass House |                    |         |                        |         |                         | Period Start Date 07/01/2020          |  |  | Period End Date 09/30/2020 |  |                     |           |         |    |
| Sentinel Events  |                    |         |                        |         |                         |                                       |  |  |                            | 🕢 🚹 Add Sentir                           | nel Event           |           |         |    |
| Consumer   | Incident Date      |         | Incident Type          |         | Sentinel<br>Event?      | Date determined to be sentinel        | Date root cause<br>analysis process<br>began ① | Required<br>action<br>resulting<br>from the<br>root<br>cause<br>analysis | <br>Contact Person         | Contact Person<br>Phone                  |                     |           |         |    |
|  |                    |         | * Select Incident Type | ~       | () Yes                  |                                       |  |  |                            |  | 72 🗶 🚺              |           |         |    |
| lookup   |                    |         |                        |         | No                      |                                       |  | <ul> <li>No</li> </ul>   |                            |  |                     |           |         |    |
| Check here to indicate that there were no reportable Se  | entinel Events thi | s perio | d                      |         |                         |                                       |  |  |                            |  |                     |           |         |    |
| Notes  |                    |         |                        |         |                         |                                       |  |  |                            |  |                     |           |         |    |
|  |                    |         |                        |         |                         |                                       |  |  | A                          | A report m                               | ust be :            | submitte  | ed each | ו  |
|  |                    |         |                        |         |                         |                                       |  |  | C                          | quarter                                  |                     |           |         |    |
|  |                    |         |                        |         |                         |                                       |  |  |                            |  |                     |           |         |    |
| characters left: 4000                                    |                    |         |                        |         |                         |                                       |  |  | 1                          | . Add Sent                               | tinel Ev            | vent-Prep | pares t | he |
|  |                    |         |                        | √ Spell | Check                   |                                       |  |  | a                          | addition of                              | <sup>;</sup> incide | nt data   |         |    |
| Record Added<br>sgettelmmrs 12/22/2020 08:42:27 AM       |                    |         |                        |         | Record Ch<br>sgettelmmr | nanged<br>'s 12/22/2020 08:42:27      | AM   |  |                            | 2. X-clears                              |                     |           | entry o | of |
| Save Submit for Approval Cancel                          |                    |         |                        |         |                         |                                       |  |  | i                          | ncident                                  |                     |           |         |    |
|  |                    |         |                        |         |                         |                                       |  |  | 3<br>t                     | B. Click X t<br>here have<br>equiring re | been r              |           |         |    |
|  |                    |         |                        |         |                         |                                       |  |  |                            |  |                     |           |         |    |

### **Documentation Screen**

| < Back 🖪 Home 🖂  | TRAINING MODE *** Add Sentinel Event Provider Form |   |                        |   |  |  |                               |                         |          |
|--|--|---|------------------------|---|--|--|-------------------------------|-------------------------|----------|
| Sentinel Event Submission  |  |   |                        |   |  |  |                               |                         |          |
| Document Date * 2/17/2021 Use Current Date Provider Mid-Michigan Recovery Services - Outpatient    |  |   | 1                      | Document Type<br>Sentinel: Sentinel Ever<br>Period Start Date<br>07/01/2020 | nt Submission                                |  | Period End Date<br>09/30/2020 |                         |          |
| Sentinel Events  |  |   |                        |   |  |  |                               | Add Sentine             | al Found |
| Consumer   | Incident Date                                      | Incident Type   | Sentinel<br>Event?     | Date determined to be sentine!  | Date root cause<br>analysis process<br>began | Required<br>action<br>resulting<br>from the<br>root<br>cause<br>analysis | Contact Person                | Contact Person<br>Phone | - Crem   |
|  |  | * Select Incident Type  | () Yes                 |   |  | () Yes   |                               | ]                       | ×        |
| lookup   |  | * Select Incident Type  | No                     |   |  | No   |                               |                         |          |
| Check here to indicate that there were no report Notes   | able Sentinel Events this perio                    | Alleged cause of abuse or neglect<br>Accidents resulting in injury requiri<br>Arrest or conviction<br>Behavioral episode/Serious challengin<br>Death of Recipient |                        |   |  |  |                               |                         |          |
| characters left 4000   |  | Medication errors   |                        |   |  |  |                               |                         | 2        |
| Record Added<br>sgetteimmrs 02/17/2021 11:45:06 AM<br>Save Submit for Approval Cancel              |  | Administration of Narcan<br>Physical illness requiring admissions.  | Record Ch<br>sgetteimm | anged<br>s 02/17/2021 11:45:06  | АМ   |  |                               |                         |          |
| Wednesday, February 17, 2021 11:45 AM Eastern T  | ime  |   |                        |   | Sandy Gettel                                 |  |                               |                         |          |
| PCE Care Management Copyright © 1999, 2020 PCE<br>SCRAMBLE utility was applied to this application | Systems Inc. All rights reserve<br>n library.      | d.  |                        | TIME-OUT IN: 53   | Minutes, 36 Seconds                          |  |                               |                         |          |

### **Field Explanations**

- ▶ 1. <u>Document Date-</u> Date the incident/event is entered.
- 2. <u>Incident Date-</u> Date incident/event occurred
- ▶ 3. Incident Type- Choose from Drop down.
- Death and Administration of Narcan sends an alert to the treatment team and quality manager.
- 4. <u>Sentinel event (yes or no)</u> If sentinel it must be determined within 3 business days of the critical incident.
- ▶ 5. <u>Date determined to be sentinel</u> Must be within 3 days of the critical incident.
- 6. <u>Date Root Cause Analysis (RCA) process began</u> The RCA or investigation must begin within 2 business days of determining the critical incident is sentinel.
- 7. <u>Required action resulting from the RCA (yes or no)-</u> Was there action steps to prevent reoccurrence as a result of the RCA?
- 8. <u>Save</u>-Allows you to save current incident/event and add incidents/events as they occur until it is time to submit the quarterly report. Events requiring immediate notification will send an alert to MSHN once saved.
- 9. Submit for Approval- Produces a report for MSHN of all entered incidents to be submitted for approval. This will finalize the report.
- ▶ 10. <u>Status</u>-Due Soon, Past Due, Data Entry, Submitted for Approval, Approved.

### Provider Dashboard Screen

| Document Submission Portal               |                            |            |            |                    |                           |              |  |  |  |  |  |
|--|----------------------------|------------|------------|--------------------|---------------------------|--------------|--|--|--|--|--|
| Category Document Search                 |                            |            |            |                    |                           |              |  |  |  |  |  |
| Document 🔿 💎                             | Period Covered             | Due 🍵      | Due in 🍦 1 | Submission<br>Date | Status                    |              |  |  |  |  |  |
| Sentinel Event<br>Submission<br>Sentinel | 07/01/2020 -<br>09/30/2020 | 11/30/2020 | -79 days   |                    | Past Due                  | Add Document |  |  |  |  |  |
| Sentinel Event<br>Submission<br>Sentinel | 07/01/2020 -<br>09/30/2020 | 11/30/2020 | -79 days   |                    | Past Due                  | Add Document |  |  |  |  |  |
| Sentinel Event<br>Submission<br>Sentinel | 07/01/2020 -<br>09/30/2020 | 11/30/2020 |            | 02/17/2021         | Submitted for<br>Approval | View         |  |  |  |  |  |

### Provider Dashboard Screen

| Doc                                      | cument Submission Por   | tal        |                      |                 |          |              |
|--|-------------------------|------------|----------------------|-----------------|----------|--------------|
| Category Docum                           | ient                    |            |                      |                 | Searc    | ch           |
| Document 😅 3 🖓                           | Period Covered          | Due        | Due in $\eqref{1}^1$ | Submission Date | Status   |              |
| Sentinel Event<br>Submission<br>Sentinel | 07/01/2020 - 09/30/2020 | 11/30/2020 | -79 days             |                 | Past Due | Add Document |
| Sentinel Event<br>Submission<br>Sentinel | 07/01/2020 - 09/30/2020 | 11/30/2020 | -79 days             |                 | Past Due | Add Document |
| Sentinel Event<br>Submission<br>Sentinel | 07/01/2020 - 09/30/2020 | 11/30/2020 |                      | 02/17/2021      | Approved | View         |

### Summary-Sentinel Event Reporting

- Providers will submit a report to MSHN each quarter.
- The report will include events or will include a check box indicating "no reportable sentinel events this quarter".
- Providers will submit sentinel/critical events thru the provider portal "Documents to submit".
- Once submitted the forms will wait for approval from MSHN.
- The events requiring submission to MSHN within 48 hours will send a notification via email to the SUD Treatment Team and the Quality Manager upon submission.
- Multiple events may be added at one time using the "add sentinel event" option.
- The Status columns indicating "Past Due", "Due Soon", "Data Entry" (saved but not submitted, "Submitted for Approval", "Approved", "Returned to Provider" will allow the provider to monitor provider action needed and taken.

### **Future Portal Features**

- Required Reports will be direct entered into Provider Portal (e.g., Child Referral Report, Women's Specialty Report, Disclosure of Ownership and Controlling Interest)
- Working with Vendor on programming
- Timeline TBD
- Feedback welcome from the provider system



### Testing

Three (3) multi-facility providers tested the portal to provide feedback.

- "My feedback is that I enjoyed the portal. I am thinking it will be very helpful. I was nervous to see SPSI seems to have some outstanding pieces and I am excited to be able to monitor these things more carefully through the portal. I am a little fumbly with tech, so if that means anything, I found it quite user friendly and the instructions provided were very helpful."
- "The changes made to the training have been nice and easy to follow. It allows us to add and delete users much quicker which is a great security measure. I like to be able to upload certificates and licenses in real time. The reports on users is so helpful. I think these changes will be a huge improvement. Can't wait to go live with this."
- "This is great."



### Action Required

- Dashboard access and use is required for all treatment and recovery providers and is permission based.
- Identify at least two staff members responsible for monitoring and managing these functions.
- Submit name and email address to <u>Kyle.Jaskulka@midstatehealthnetwork.org</u> as soon as possible, but by March 1, 2021
- User permissions will be updated, and user will be notified.

### Go Live - February 22<sup>nd</sup>

### Resources

#### REMI Help Menu

#### User Manuals

Provider Portal Dashboard

#### Staff Contacts

- ▶ <u>Kyle Jaskulka</u>
- Carolyn Tiffany
- Sandy Gettel Sentinel Events

#### **User Manuals** Accessing SUD Services (Brief Screening and Level of Care Determination) Authorization Rule Set and Validation Claims Submission Helpful Hints Rev2020.03.05 CPT Codes - NPI, Time and Modifier Information Rev2020.04.29 Customer Service Grievance and Appeals RY20 MSHN SUD Benefit Plan\_Rev.4.30.2020 Level of Care Determination Disposition Clarification NEW Provider Management Module Revider Portal Dashboard Quick Reference Guide Signatures and Document Amendment Process Staff Record Setup 🗟 SUD 837 Claims Submission Companion Guide 🗟 SUD Treatment Episode Instructions updated 3-21-2019 - (Admission, Dischar