



# RISK ASSESSMENT

Compliance, Finance, Provider  
Network

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# Purpose

Provider risk level will be considered:

- To determine **ongoing participation in the network** and determine if **additional monitoring** is warranted
- When providers seek **contract expansion** (i.e., new site and or new services)
- When providers request **additional cost reimbursement funding**

Risk Assessment can result in:

- **Decreased monitoring** for low-risk providers
- **Increase monitoring** for providers assessed as moderate or high risk in one or more dimension may be, depending on the circumstances and risk perceived

# Organizational Service Provider Risk Assessment Matrix

		Dimension	SUD Treatment	SUD Prevention	SUD Recovery	Excellent	Good	Fair	Poor
Criticality	Low	Administrative Effectiveness	X	X	X	Point Value = 4	Point Value = 3	Point Value = 2	Point Value = 1
		Provider's Ratings on Consumer Satisfaction /RSA	X		X	Point Value = 4	Point Value = 3	Point Value = 2	Point Value = 1
		Performance Indicators	X			Point Value = 4	Point Value = 3	Point Value = 2	Point Value = 1
	Moderate	Substantiated Consumer Grievances	X		X	Point Value = 5	Point Value = 4	Point Value = 3	Point Value = 2
		Financial Site Review	X	X	X	Point Value = 5	Point Value = 4	NA	Point Value = 2
		Significant Findings or Questioned Costs	X	X	X	Point Value = 5	Point Value = 4	Point Value = 3	Point Value = 2
	High	HIPAA Security/Privacy Violations	X		X	Point Value = 6	Point Value = 5	Point Value = 4	Point Value = 3
		Annual Financial Audit	X	X	X	Point Value = 6	Point Value = 5	Point Value = 4	Point Value = 3
		Substantiated Abuse/Neglect Cases	X		X	Point Value = 6	Point Value = 5	Point Value = 4	Point Value = 3
		Adverse Clinical Events	X		X	Point Value = 6	Point Value = 5	Point Value = 4	Point Value = 3
Corporate Compliance Filings/Fraud/Abuse		X	X	X	Point Value = 6	Point Value = 5	Point Value = 4	Point Value = 3	
Medicaid Event Verification		X		X	Point Value = 6	Point Value = 5	Point Value = 4	Point Value = 3	
Credentialing/Provider Qualifications (file review)		X			Point Value = 6	Point Value = 5	Point Value = 4	Point Value = 3	
Previous SUD Experience	X	X	X	Point Value = 6	Point Value = 5	Point Value = 4	Point Value = 3		
		<b>Maximum Points</b> (for calculation of percentages - i.e., 100%)	75	32	65				

CRITICALITY	DIMENSION	Excellent	Good	Fair	Poor	Data Source	Provider Applicability	Assessor
Low	Performance Indicator 4b – follow up w/in 7 days of discharge from WM (95%)	Provider meets or exceeds performance standards in all 4 quarters for the Fiscal Year.	Provider meets all performance standards for at least 3 quarters for the Fiscal Year.	Provider meets performance standards for at least 2 quarters for the Fiscal Year.	Provider meets performance standards for 1 or fewer quarters for the Fiscal Year.	Medicaid PIHP Performance Indicator Report	SUD Treatment	Quality Manager
Moderate	Significant Findings or Questioned Costs (CR providers; MEV captures FFS providers)	Provider has submitted financial status report (FSR) reconciliations and expenditure documentation. There were no significant findings.	Provider has submitted financial status report (FSR) reconciliations and expenditure documentation. Significant findings are less than \$501.	Provider has submitted financial status report (FSR) reconciliations and expenditure documentation. Significant findings are between \$501- \$999.	Provider has submitted financial status report (FSR) reconciliations and expenditure documentation. Significant findings are above \$1,000.	Invoices and receipts should be classified by each category billed to MSHN  General Ledger  Site Visit Report	SUD Treatment  SUD Prevention  SUD Recovery	Financial Specialist
High	Substantiated Abuse/Neglect	<p>None or relatively unremarkable substantiated incidents of abuse or neglect:</p> <ul style="list-style-type: none"> <li>Incidents are non-existent</li> <li>Incidents are identified, remediated and mitigated exceptionally well by the provider</li> <li>Systemic improvements are consistently sustained</li> <li>The rate of reporting is commensurate with other providers serving similar populations</li> </ul>	<p>Substantiated incidents of abuse or neglect are relatively minor:</p> <ul style="list-style-type: none"> <li>Incidents are identified, remediated and mitigated reasonably well by the provider</li> <li>Systemic improvements are usually sustained</li> </ul>	<p>Substantiated incidents of abuse or neglect are relatively moderate:</p> <ul style="list-style-type: none"> <li>Incidents are not consistently identified, remediated and mitigated effectively by the provider</li> <li>Systemic improvements are not consistently sustained</li> </ul>	<p>Single or multiple substantiated incident(s) of abuse or neglect is/are relatively significant:</p> <ul style="list-style-type: none"> <li>Incidents are not identified, remediated and mitigated effectively by the provider</li> <li>Systemic improvements are not sustained</li> </ul>	Recipient Rights Reports	SUD Treatment  SUD Recovery	Customer Services and Recipient Rights Specialist

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# Lookback Period for Dimensions

## **Most Recent Audit/Results**

- QAPI Site Review/Audit
- Medicaid Event Verification
- Financial Site Review
- Financial Audit
- Consumer Satisfaction Survey Results
- Questioned Costs
- Credentialing

## **Rolling Year (e.g. 5/1/20-4/30/21)**

- MMPBIS (Performance Indicators)
- Corporate Compliance Findings
- Adverse Clinical Event
- SUD Experience
- HIPAA Violations
- Substantiated Grievances
- Substantiated Abuse/Neglect
- Administrative Effectiveness



# Low Risk

Providers will be assessed at Low Risk if they display the following:

- **Risk Assessment:** Percentage of 85%-100%

AND

- **Formal Site Review:** Composite Score of 85% or above (or most recent site review or program evaluation demonstrate full compliance)
- Subject to the **minimum monitoring** as part of the formal site review **and may have special monitoring arrangements** for any dimensions that are not assessed as low risk.
- Providers who receive a **formal site review score of 95% or above** in one or more of the following areas: Delegated Managed Care functions, Program Specific, or Clinical Chart documentation will be subject to **reduced formal site review monitoring activities**.

# Moderate Risk

Providers will be assessed at Moderate Risk if they display the following:

- **Risk Assessment:** Percentage of 70%-84%

AND

- **Formal Site Review:** Composite Score of 70-84% (or most recent CAP review or program evaluation demonstrates partial compliance)
- Providers who are assessed as Moderate Risk in one or more dimension may be, depending upon the circumstances and risk perceived, **subject to additional:**
  - Site Reviews (i.e., beyond the minimum);
  - Special monitoring arrangements for the dimensions that are assessed as moderate or high risk; and/or
  - Documentation or reports to demonstrate compliance or improvement in specially identified areas.





# High Risk

Providers will be assessed at High Risk if they display the following:

- **Risk Assessment:** Average score of 'Poor' across the 'High' Criticality Dimension OR percentage of total maximum points met at or below 69%

OR

- **Full Formal Site Review:** Composite Score 69% and below (or most recent CAP review or program observation demonstrates non-compliance)
- Providers who are assessed as High Risk in one or more dimension maybe, depending on the circumstances and risk perceived, **subject to additional:**
  - Site Reviews (i.e., beyond the minimum);
  - Special monitoring arrangements for the dimensions that are assessed as high risk; and/or
  - Documentation or reports to demonstrate improvement in specially identified areas.

# Scoring Methodology

	Methodology
<b>Total Points</b>	Total points received based on the applicable dimensions for provider (treatment, prevention, recovery residence).
<b>Risk Assessment % Score</b>	Total Points from all applicable dimensions divided by total possible points (excludes any dimensions scored as NA from denominator). Refer to Applicability Tab.
<b>Poor Rating on the High Criticality Dimension</b>	Yes: If one (1) or more 'high criticality' dimensions receives a 'poor rating' No: does not receive a 'poor' rating in any of the 'high criticality' dimensions
<b>Site Review Score (QAPI)</b>	Full review: Composite score based on Delegated Managed Care, Program Specific, and Chart Documentation. Excludes Financial Review score. Interim review: based on demonstrated implementation of CAP (full, partial, or non-compliant)
<b>Risk Rating</b>	Risk Assessment % Score > 85% (low risk) 70%-84% (moderate risk) <69% (high risk) Poor Rating = Yes will automatically place provider as <b>high risk</b>
<b>Notes:</b>	Site Review Score and Risk Rating are separate indicators. Site Review Score is not calculated into the Risk Rating



Provider Type	TREATMENT	PREVENTION
Provider/Program Name	Provider A	Provider H
Total Points	63	29
Risk Assessment %	84%	91%
Poor Rating on the Average High Criticality Dimension?	Yes	No
Site Review Score (QAPI)	79%	98%
Risk Rating	High	Low

# Sample Scoring Summary

$$63/75 = 84\%$$

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**Poor Rating on High Criticality Dimension = Automatic High Risk**

# Organizational Service Provider Risk

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Site Review Score and Risk Rating are independent of one another



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$$29/32 = 91\%$$



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# Sample Scoring Summary

*No Poor Ratings on High Criticality Dimension, Risk Assessment and Site Review score above 85%*

*Low Risk*



# Next Steps

Submit questions, suggestions, comments to [Carolyn.Tiffany@MidStateHealthNetwork.org](mailto:Carolyn.Tiffany@MidStateHealthNetwork.org) by Friday, March 26<sup>th</sup>

## Communication Plan/Timeline:

- September 2020 – presented to SUD Provider Advisory Committee (PAC)
- October 2020 - Finance, Compliance, Provider Network requested questions, suggestions, comments; no feedback offered for consideration
- November 2020 - MSHN Leadership reviewed and approved
- March 2021- Rollout to Network during SUD Provider Meeting; feedback will be considered
- May 2021- Conduct assessment of all providers (based on last site review and 1 year lookback period for all other indicators)
- June 2021 – annual plan meetings