

MSHN formally monitors the performance of the Substance Use Disorder Treatment, Recovery and Prevention network through the review of performance data and through site reviews of contracted organizational service providers. Beginning in 2021 MSHN is implementing a formal Risk Assessment for each organizational provider, which summarizes risk information not fully captured in the site review process.

Site Review scores and Risk Assessment will be conducted annually, tied to the timing of the provider annual plan process and completed by identified MSHN staff prior to annual plan meetings with provider with risk level also being considered during the following times:

- organizational service provider re-credentialing (biennially) and will be used to determine ongoing participation in the network and determine if additional monitoring (i.e., in addition to the minimum) is warranted
- when organizational providers seek contract expansion (i.e. new site and or new services)
- when organizational providers request additional cost reimbursement funding (Lesser of 50% increase in annual allocation or total cost reimbursement over \$100,000). NOTE: at discretion of MSHN Chief Financial Officer.

Although it is understood that the majority of service providers provide good quality services and work in partnership with MSHN to achieve and maintain network compliance with standards, MSHN must fulfill its contractual responsibilities by reserving the right to act on any/all information it receives in a prudent and responsible manner and to escalate at any time it's monitoring of a service provider based upon risk. It should be noted that a single event can occur that may necessitate a change in the Risk Assessment of a particular provider. Examples include but are not limited to: the occurrence of a significant adverse event; a serious substantiated recipient rights complaint that is not adequately resolved by the provider, or patterns of or significant single occurrences of any kind. Adverse action against a license or certification, specifically the loss of required licensure and/or provider exclusion from Medicaid/Medicare participation or debarment from Federal Procurement will preclude MSHN from being able to retain a provider in the network and will be acted on independent from this process. It should further be noted that some events may be determined to be isolated in nature and if effectively addressed by the provider, may not impact the Risk Assessment.

### ***Minimum Monitoring Activities – All Providers (Formal Site Review)***

The Site Review processes employed by MSHN Quality Assurance and Performance Improvement staff focus on a biennial review of provider policies, procedures, plans and records, verification of postings, on-site staff interviews, among other activities. Providers receive a formal report and must submit corrective action plans. The main areas of focus for site reviews include:

- Clinical service delivery, including Medicaid and other state requirements
- Administration, including training, safety, corporate compliance and privacy
- Customer Service, Enrollee Rights, Grievance and Appeals, Recipient rights protection systems
- Staff Credentialing and Training
- Financial Audit
- Primary source verification of service claims (MEV), service access timeliness (MMBPIS).

This information is reported via the MSHN QAPI Quarterly Report, the MSHN Annual Compliance Summary Report, and Finance Quarterly Report. Specifics of the information collected, and network-wide performance are communicated via:

- MSHN Leadership Team
- MSHN Operations Council

- MSHN Compliance Committee (internal), for referral to other appropriate councils/committees
- MSHN Internal Coordination group (TX, UM, QAPI)
- MSHN SUD Internal Operations (To Be Determined)

In addition to the above, MSHN personnel document routine ongoing contacts with providers regarding program activities and whether requirements are being met, via a Provider Communication/Technical Assistance Log as outlined in the MSHN SUD Provider Resolution Process. Documentation is formal where more significant concerns or patterns are identified.

MSHN will collect, analyze, and use all available data to assess risk as described in this document. MSHN will provide written feedback to providers for the purpose of letting them know their risk level as assessed by MSHN and, as appropriate, provide additional opportunity for action to reduce risk.

All providers remain subject to additional monitoring and oversight (audits) as deemed necessary in accordance with contract, and state and federal monitoring requirements.

### *High Risk Providers*

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<sup>1</sup> 69% and below (or most recent CAP review demonstrates non-compliance)**

Providers who are assessed as High Risk in one or more dimension may be, 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.

In addition,

- The provider may be placed on provisional credentialing status
- Potential adverse contract action or termination may be initiated in accordance with contract compliance procedures

### *Moderate Risk Providers*

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 demonstrates partial compliance)**

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<sup>1</sup> Composite Score: includes Delegated Managed Care, Program Specific, and Chart Documentation results; does not include Financial Review results.

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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.

**Low Risk Providers**

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 demonstrate full compliance)**

Providers who are assessed as Low Risk in one or more dimension shall be subject to the minimum monitoring as part of the formal site review as specified above (pg. 1) 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.

CRITICALITY	DIMENSION	Excellent	Good	Fair	Poor	Data Source	Provider Types	Assessor
Low	1. Administrative Effectiveness	Provider is exceptional relative to thoroughness, accuracy, and follow-through; no stakeholder complaints; stable staffing of key functions conducting business with MSHN	Provider is unremarkable relative to thoroughness, accuracy, and follow-through; and/or few stakeholder complaints	Provider tends to be below average relative to thoroughness, accuracy, and follow-through; and/or moderate stakeholder complaints	Significant concerns relative to thoroughness, accuracy, and follow-through; and/or significant stakeholder complaints; recurring or unresolved issues; significant staffing changes resulting in declined quality	Community agency or other stakeholder involvement  Provider Communication Log  Deadlines/timeliness of reporting  CCS; Evidence of Clinical Oversight	SUD Treatment SUD Prevention SUD Recovery	Quality Manager Finance Manager QAPI Manager Customer Service Director of Provider Network Director of Customer Service, Compliance and Quality
Low	2. Provider's Ratings on Consumer Satisfaction Surveys	Exceeds satisfaction thresholds as defined by Provider (or MSHN minimum of 80%, whichever is greater) across all survey questions (or on composite score)	Meets or exceeds satisfaction thresholds as defined by Provider (or MSHN minimum of 80%, whichever is greater) across most but not all survey questions (or on composite score)	Falls below satisfaction thresholds as defined by Provider (or MSHN minimum of 80%, whichever is greater) across most but not all survey questions (or somewhat below on composite score)	Falls below satisfaction thresholds as defined by Provider (or MSHN minimum of 80%, whichever is greater) across all survey questions (or well below on composite score)	Consumer Satisfaction Reports by Provider	SUD Treatment SUD Recovery	Quality Manager Director of Customer Service, Compliance and Quality

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<b>Low</b>	3. 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
<b>Moderate</b>	4. Substantiated Consumer Grievances	No substantiated grievances	Substantiated grievance(s) are relatively minor, or are moderate but isolated in nature and being addressed effectively	Substantiated grievance(s) are relatively moderate, or are significant but isolated in nature and being addressed effectively, or are relatively minor but occur repeatedly	Substantiated grievance(s) are relatively significant and not isolated in nature, or are moderate but occur repeatedly	Customer Service Reports	SUD Treatment SUD Recovery	Customer Service and Recipient Rights Specialist
<b>Moderate</b>	5. Financial Site Review	Composite score of 100%	Composite score between 90-99%	Composite score between 86-89%	Composite score below 85%	Site Review Report	SUD Treatment SUD Prevention SUD Recovery	Financial Specialist
<b>Moderate</b>	6. 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
<b>High</b>	7. HIPAA Security/ Privacy Violations	None or relatively unremarkable security/ privacy violations: <ul style="list-style-type: none"> <li>Violations are non-existent</li> <li>Violations 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</li> </ul>	Violations are relatively minor: <ul style="list-style-type: none"> <li>Violations are identified, remediated and mitigated reasonably well by the provider</li> <li>Systemic improvements are usually sustained</li> </ul>	Violations are relatively moderate: <ul style="list-style-type: none"> <li>Violations are not consistently identified, remediated and mitigated effectively by the provider</li> <li>Systemic improvements are not consistently sustained</li> </ul>	Violations are relatively significant: <ul style="list-style-type: none"> <li>Violations are not identified, remediated and mitigated effectively by the provider</li> <li>Systemic improvements are not sustained</li> </ul>	Reports of Security Breaches to HHS  Reports of security breaches to MSHN  Corporate Compliance Activity Report  Reports of privacy violations to MSHN	SUD Treatment SUD Recovery	Director Customer Services, Compliance and Quality

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		with other providers serving similar populations						
High	8. Annual Financial Audit	Auditor's opinion is unqualified and outstanding or exceptional practices are noted	Auditor's opinion is unqualified	Auditor's opinion is unqualified; some minor internal control weaknesses	Auditor's opinion is qualified or there are significant internal control weaknesses	Provider Financial Audit conducted by an independent Certified Public Accounting (CPA) Firm.	SUD Treatment SUD Prevention SUD Recovery	Financial Specialist
High	9. 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
High	10. Critical Events (clinical, sentinel, and risk events)	<p>None or relatively few events:</p> <ul style="list-style-type: none"> <li>Events are non-existent</li> <li>Events are identified, remediated and mitigated</li> </ul>	<p>Events occur infrequently:</p> <ul style="list-style-type: none"> <li>Events are identified, remediated and mitigated reasonably well by the provider</li> </ul>	<p>Events are minor:</p> <ul style="list-style-type: none"> <li>Events are not consistently identified, remediated and mitigated effectively by the provider</li> <li>Systemic improvements are</li> </ul>	<p>Single or multiple event(s) is/are relatively significant:</p> <ul style="list-style-type: none"> <li>Events are not identified, remediated and mitigated effectively by the provider</li> </ul>	<p>Critical Incident Reports</p> <p>Sentinel Event Reports</p>	SUD Treatment SUD Recovery (Recovery Housing and 24 Hour Residential Services)	Quality Manager

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		<p>exceptionally well by the provider</p> <ul style="list-style-type: none"> <li>Systemic improvements are consistently sustained</li> <li>The rate of reporting is commensurate with other providers serving similar populations</li> </ul>	<ul style="list-style-type: none"> <li>Systemic improvements are consistently sustained</li> </ul>	not consistently sustained	<ul style="list-style-type: none"> <li>Systemic improvements are not sustained</li> </ul>			
<b>High</b>	11. Corporate Compliance Findings/Fraud and Abuse	No substantiated compliance investigations	Substantiated compliance findings are relatively minor, but isolated in nature and being addressed effectively;	Substantiated compliance findings are relatively moderate, but isolated in nature and being addressed effectively, or are minor but occur repeatedly;	Single or multiple substantiated compliance findings are relatively significant and not isolated in nature, or are moderate but occur repeatedly;	<p>Reports of Fraud and Abuse to MSHN or MDHHS Office of Inspector General</p> <p>Corporate Compliance Activity Report</p>	SUD Treatment SUD Prevention SUD Recovery	Director of Customer Services, Compliance and Quality
<b>High</b>	12. Medicaid Event Verification Review	Achieves 100% combined score for all attributes tested and meets or exceeds the 90% compliance for all claims/encounters tested	Achieves between 85% to 99% combined score for all attributes tested and achieves the 90% compliance for all claims/encounters tested	Achieves between 75% and 89% combined score for all attributes tested and/or meets the 90% compliance for all claims/encounters tested	Achieves 74%, or less, combined score for all attributes tested and does not meet the 90% compliance for all claims/encounters tested	<p>Medicaid Event Verification Site Review Reports</p> <p>Office of Inspector General Quarterly Reports</p>	SUD Treatment SUD Recovery	Director of Customer Service, Compliance and Quality
<b>High</b>	13. Credentialing and assessment of provider qualifications	100% compliance with LIP Initial and re-credentialing file audit (timeliness standards; consistent verifications of credentials conducted; ongoing monitoring of sanctions and complaints., process for evaluation complaints and quality issues between re-credentialing cycles).	85%-99%	75%-84%	Less than 75%	QAPI Credentialing File Audit	SUD Treatment	QAPI Manager
<b>High</b>	14. Previous SUD Experience related to services	Provider has been providing services	Provider has provided services similar to those listed in award	Organization has provided same or similar	Provider has not provided services listed in award.	Application (Contract Database) Legislative Report	SUD Treatment SUD Prevention SUD Recovery	Contract Manager

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	purchased with public funding	listed in the award at least 3 years.	more than 1 years but less than 3 years.	services for less than 1 years.				
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DIMENSION	EXCELLENT	GOOD	FAIR	POOR	FREQUENCY	DATA SOURCE	PROVIDER TYPES	ASSESSOR
<b>15. Formal Site Reviews<sup>2</sup></b> (DMC, Program Specific, and Clinical Documentation; excludes financial review)	Composite score of 100%	Composite score between 90-99%	Composite score between 86-89%	Composite score below 85%	Biennially	Site Visit Report	SUD Treatment SUD Prevention SUD Recovery	QAPI Manager Lead Prevention Specialist
OR								
<b>Interim Year (CAP Review) (Tx)</b>  <b>Program/Coalition Observation (Px)</b>	Fully compliant w/ CAP	NA	Partial Compliance with CAP	Not compliant with CAP	Biennially	Site Visit Report	SUD Treatment SUD Prevention SUD Recovery	QAPI Manager Lead Prevention Specialist

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<sup>2</sup> Risk assessment will be based upon the most recent formal site review conducted (full review or interim year CAP review)

		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 Indicator (4b)	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	Point Value = 3	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/Fraud and 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				



		Dimension	SUD Treatment	SUD Prevention	SUD Recovery	Excellent	Good	Fair	Poor
Functional Area	Q, C, CS	Administrative Effectiveness	X	X	X	Point Value = 4	Point Value = 3	Point Value = 2	Point Value = 1
		<b>Points</b>	4	4	4				
	Q, C, CS	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
		Substantiated Consumer Grievances	X		X	Point Value = 5	Point Value = 4	Point Value = 3	Point Value = 2
		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
		HIPAA Security/Privacy Violations	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
		Corporate Compliance Filings	X	X	X	Point Value = 6	Point Value = 5	Point Value = 4	Point Value = 3
	<b>Points</b>	43	6	39					
	Finance	Financial Site Review	X	X	X	Point Value = 5	Point Value = 4	Point Value = 3	Point Value = 2
		Significant Findings or Questioned Costs	X	X	X	Point Value = 5	Point Value = 4	Point Value = 3	Point Value = 2
		Annual Financial Audit	X	X	X	Point Value = 6	Point Value = 5	Point Value = 4	Point Value = 3
		<b>Points</b>	16	16	16				
	PN	Previous SUD Experience	X	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
		<b>Points</b>	12	12	12				
	<b>Total Maximum Points</b>			75	32	65			