

Organizational Service Provider Risk Assessment



BABH formally monitors the performance of the network of specialty behavioral health direct operated programs and contracted service provider organizations in Arenac and Bay Counties through the review of performance data and through site reviews of contracted organizational service providers. Beginning in 2016 BABH is implementing a formal Risk Assessment profile for each organizational provider, which summarizes risk information not captured in the site review process. The Risk Assessment will also be completed for BABH direct operated programs. The Risk Assessment will summarize the prior two years.

Site Review scores and Risk Assessment profiles will be taken into consideration during organizational service provider re-credentialing (i.e., renewal of contractual agreements) and will be used to determine if additional monitoring (i.e., in addition to the minimum) are warranted. BABH policies [C02-S03-T01 Site Reviews](#) and [C08-S06-T06 Organizational Credentialing](#) and other BABH procedures contain more information about these processes.

Although it is understood that the majority of service providers provide good quality services and work in partnership with BABH to achieve and maintain network compliance with standards, BABH 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 (or de-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; adverse action against a license or certification; exclusion/debarment from participation in federal/state health care programs; or patterns of or significant single occurrences of any kind. In particular, loss of required licensure and/or provider exclusion from Medicaid or Medicare participation or debarment from Federal Procurement will preclude BABH from being able to retain a provider in the network. It should further be noted that some events may be determined to isolated in nature and if effectively addressed by the provider, may not impact the Risk Assessment.

Minimum Monitoring Activities – All Providers

The Site Review processes employed by BABH focus on review of provider policies, procedures, plans and records, verification of postings, on-site observations and 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;
- Recipient rights protection systems;
- Where applicable, nursing services and health care management systems; and
- Where applicable, primary source verification of service claims.

The BABH Finance Department requires providers to submit financial audits or certified financial statements as applicable for review. BABH collects and analyzes information regarding service access timeliness, clinical outcomes, adverse clinical events, consumer satisfaction and other areas, such as corporate compliance and privacy. This information is reported via the BABH Performance Improvement Council and the BABH Population Committees, and providers not meeting required performance levels submit corrective action plans. Specifics of the information collected and network-wide performance are contained in the:

- [BABH Quality and Performance Improvement Plan](#) and associated reports; and
- [BABH Corporate Compliance Plan](#) and associated reports.

In addition to the above, BABH personnel document routine ongoing contacts with providers regarding program activities and whether requirements are being met, via a Provider Communication Log. Documentation is formal where more significant concerns are identified.

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

All providers remain subject to additional Medicaid Event Verification, exclusion/debarment checks, Utilization Management and Quality related record reviews per BABH, state and federal requirements.

High Risk Providers

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

Risk Assessment: 'Poor' on any 'High' Criticality Dimension OR percentage at or below ___%¹

OR

Full Site Review: Composite Score 85% and below

Providers who are assessed as High Risk 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.

Moderate Risk Providers

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

Risk Assessment: Percentage of ___ - ___%

AND

Formal Site Review: Composite Score of 86-89%

Providers who are assessed as Moderate Risk 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 ___ - ___%

AND

Formal Site Review: Composite Score of 90% or above

Providers who are assessed as Low Risk shall be subject to the minimum monitoring specified above and may have special monitoring arrangements for any dimensions that are not assessed as low risk.

¹ Banding of Risk Assessment percentages will be generated based upon a bell curve upon the first risk assessment of the provider network; a starting point of 60% as High Risk Provider, 61-80% as Moderate Risk Provider and 81-100% as Low Risk Provider

Organizational Service Provider Risk Assessment

CRITICALITY	DIMENSION	ASSESSMENT				Data Source	Provider Types	Assessor
		Excellent	Good	Fair	Poor			
Low	1. Administrative Effectiveness	Provider is exceptional relative to thoroughness, accuracy, and follow-through; no stakeholder complaints	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	<ul style="list-style-type: none"> Meeting notes Emails Community agency or other stakeholder complaints Provider Communication Log 	<ul style="list-style-type: none"> Primary Service Providers² Secondary Service Providers³ Tertiary Service Providers⁴ Direct operated programs 	<ul style="list-style-type: none"> Directors of Integrated Care Quality Manager Finance Manager Contract Administrator Customer Service/ Recipient Rights Manager Director of Healthcare Accountability
Low	2. Provider's Ratings on Consumer Satisfaction Survey Surveys Conducted by BABHA	<u>Exceeds</u> satisfaction thresholds as defined by Provider (or BABH minimum of 85%, whichever is greater) across <u>all</u> survey questions (or on composite score)	<u>Meets or exceeds</u> satisfaction thresholds as defined by Provider (or BABH minimum of 85%, whichever is greater) across <u>most but not all</u> survey questions (or on composite score)	<u>Falls below</u> satisfaction thresholds as defined by Provider (or BABH minimum of 85%, whichever is greater) across <u>most but not all</u> survey questions (or somewhat below on composite score)	<u>Falls below</u> satisfaction thresholds as defined by Provider (or BABH minimum of 85%, whichever is greater) across <u>all</u> survey questions (or well below on composite score)	<ul style="list-style-type: none"> Consumer Satisfaction Reports by Provider 	<ul style="list-style-type: none"> Primary Providers Secondary Providers (Vocational and Type B Residential Providers only) Direct operated programs 	<ul style="list-style-type: none"> Quality Manager
Low	3. Performance Indicators	Consistently exceeds all performance standards	Provider meets most but not all performance standards on a consistent basis	Provider meets some but not most performance standards, or is inconsistent in performance	Provider does not meet most or all performance standards on a consistent basis	<ul style="list-style-type: none"> Medicaid PIHP Timeliness Indicator Report 	<ul style="list-style-type: none"> Primary Service Providers Direct operated programs 	<ul style="list-style-type: none"> Quality Manager

² The primary care organization (CMHSP or contract agency), responsible for coordination of the person centered planning process and completion of treatment planning documentation. "Case-holding" programs include core services such as ACT, CSM/SC, Outpatient, and Wraparound, as well as Respite Only and Medications Only, if offered.

³ Organizational providers who are not responsible for coordinating the person centered planning process, such as Skill Building, Vocational Supports, Community Living Supports, Autism (Applied Behavioral Analysis) and Inpatient Psychiatric Hospitals. Residential providers are a sub-set of Community Living Supports providers and include Type A (i.e., contracts for partial occupation of a setting) and Type B (i.e., contracts for full occupation of a setting).

⁴ Organizations providing clinical disciplines and other professional services such as Nurses, Dieticians, Psychologists, Physical Therapists, Occupational Therapists, Speech-Language Pathologists and Fiscal Intermediaries. Includes Independent Facilitation. (Licensed Independent Practitioners are a non-organizational type of Tertiary Service Provider; which are outside of the scope of this risk assessment tool).

		ASSESSMENT						
CRITICALITY	DIMENSION	Excellent	Good	Fair	Poor	Data Source	Provider Types	Assessor
Moderate	4. Clinical Outcomes	Provider exceeds BABH expectations for positive outcomes	Outcomes meet BABH expectations for positive outcomes	Outcomes are inconsistent and/or less than BABH expectations (without appropriate clinical justification)	Outcomes appear uncontrolled and/or are significantly less than BABH expectations (without appropriate clinical justification)	<ul style="list-style-type: none"> • CAFAS/PECFAS • DECA (FY16) • LOCUS (• SIS • RAS • VB Maps (Autism) • Rates of persons discharged for having met goals (FY17) 	<ul style="list-style-type: none"> • Primary Service Providers • Secondary Service Providers • Selected Tertiary Service Providers • Direct operated programs 	<ul style="list-style-type: none"> • Quality Manager • Dirs of Integrated Healthcare
Moderate	5. Substantiated Consumer Grievances	No substantiated grievances	Substantiated grievance(s) are minor, or are moderate but isolated in nature and being addressed effectively	Substantiated grievance(s) are moderate, or are significant but isolated in nature and being addressed effectively, or are minor but occur repeatedly	Substantiated grievance(s) are significant and not isolated in nature, or are moderate but occur repeatedly	<ul style="list-style-type: none"> • Customer Service Reports 	<ul style="list-style-type: none"> • Primary Service Providers • Secondary Service Providers • Tertiary Service Providers • Direct operated programs 	<ul style="list-style-type: none"> • Customer Service/ Recipient Rights Manager
Moderate	6. HIPAA Security/ Privacy Violations	No security/ privacy violations	Violations are minor, or are moderate but isolated in nature and being addressed effectively	Violations are moderate, or are significant but isolated in nature and being addressed effectively, or are minor but occur repeatedly	Single or multiple violation(s) is/are significant and not isolated in nature, or are moderate but occur repeatedly	<ul style="list-style-type: none"> • Reports of Security Breaches to HHS • Corporate Compliance Activity Report 	<ul style="list-style-type: none"> • Primary Service Providers • Secondary Service Providers • Tertiary Service Providers • Direct operated programs 	<ul style="list-style-type: none"> • Dir of Healthcare Accountability
Moderate	7. Annual Audit or Financial Statement	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	<ul style="list-style-type: none"> • Submitted provider audit reports or financial statements 	<ul style="list-style-type: none"> • Primary Service Providers • Secondary Service Providers • Selected Tertiary Service Providers • Direct operated programs 	<ul style="list-style-type: none"> • Finance Manager
High	8. Substantiated Recipient Rights Complaints	No substantiated rights complaints	Substantiated rights complaints are minor, or are moderate but isolated in nature and being addressed effectively	Substantiated rights complaints are moderate, or are significant but isolated in nature and being addressed effectively, or are minor but occur repeatedly	Single or multiple substantiated rights complaint(s) is/are significant and not isolated in nature, or are moderate but occur repeatedly	<ul style="list-style-type: none"> • Recipient Rights Reports 	<ul style="list-style-type: none"> • Primary Service Providers • Secondary Service Providers • Tertiary Service Providers • Direct operated programs 	<ul style="list-style-type: none"> • Customer Service/ Recipient Rights Manager
High	9. Adverse Clinical Events	No adverse events	Events are minor, or are moderate but isolated in nature and being addressed effectively, and/or a natural occurrence of the illness(es) of the person(s) served, including deaths from natural causes	Events are moderate, or are significant but isolated in nature and being addressed effectively, or are minor but occur repeatedly; cannot be explained as a natural occurrence of the person's illness, including deaths from natural causes	Single or multiple event(s) is/are significant and not isolated in nature, or are moderate but occur repeatedly; cannot be explained as a natural occurrence of the person's illness, including deaths from natural causes	<ul style="list-style-type: none"> • Adverse Event Reports 	<ul style="list-style-type: none"> • Primary Service Providers • Secondary Service Providers • Tertiary Service Providers • Direct operated programs 	<ul style="list-style-type: none"> • Quality Manager

ASSESSMENT								
CRITICALITY	DIMENSION	Excellent	Good	Fair	Poor	Data Source	Provider Types	Assessor
High	10. Medicaid Fraud and Abuse	No substantiated compliance investigations; and/or exceeding BABH minimum of 95% compliance for verification of service claims across all audit questions	Substantiated compliance findings are minor, or are moderate but isolated in nature and being addressed effectively; and/or meeting or exceeding BABH minimum of 95% compliance for verification of service claims across most but not all audit questions	Substantiated compliance findings are moderate, or are significant but isolated in nature and being addressed effectively, or are minor but occur repeatedly; and/or falling below BABH minimum of 95% compliance for verification of claims across most but not all audit questions	Single or multiple substantiated compliance findings are significant and not isolated in nature, or are moderate but occur repeatedly; and/or falling below BABH minimum of 95% compliance for verification of claims across for all audit questions	<ul style="list-style-type: none"> • Reports of Fraud and Abuse to MSHN/MDCH • Corporate Compliance Activity Report • Medicaid Event Verification findings 	<ul style="list-style-type: none"> • Primary Service Providers • Secondary Service Providers • Tertiary Service Providers • Direct operated programs 	<ul style="list-style-type: none"> • Dir of Healthcare Accountability
High	11. Adult Foster Care Licensure or Medicare Certification	Full or active licensure or certification with no corrective action plan required	Full or active licensure or certification with corrective action plan required. For residential corporations, is true for all contracted homes, or any conditional or probationary licensure status is an isolated instance and being addressed effectively	Conditional or probationary licensure or certification. For residential corporations, is true for all contracted homes, or any suspended or revoked licensure status is an isolated instance and being addressed effectively	Suspended or revoked licensure or certification. For residential corporations, is not an isolated instance.	<ul style="list-style-type: none"> • On-line portal postings • Provider Application and contract renewal materials • Site visits 	<ul style="list-style-type: none"> • AFC Licensure: Residential Service Providers • Medicare Certification: Primary Service Providers • Direct operated programs 	<ul style="list-style-type: none"> • AFC: Contract Administrator • Medicare: Finance Manager
Bonus	12. Accreditation Status (Optional)	Full accreditation with no findings	Full accreditation with findings	Partial accreditation	Conditional or provisional accreditation	Provider Application and contract renewal materials	<ul style="list-style-type: none"> • Primary Service Providers • Secondary Service Providers (vocational and inpatient only) • Direct operated programs 	Contract Administrator

DIMENSION	EXCELLENT	GOOD	FAIR	POOR	FREQUENCY	DATA SOURCE	PROVIDER TYPES	ASSESSOR
13. Formal Site Reviews	Composite score of 100%	Composite score between 90-99%	Composite score between 86-89%	Composite score below 85%	Annually	<ul style="list-style-type: none"> • Site Visit Report 	<ul style="list-style-type: none"> • Primary Service Providers • Secondary Service Providers • Tertiary Service Providers (Fiscal Intermediaries only) 	<ul style="list-style-type: none"> • Quality Manager

**Organizational Service
Provider Risk Assessment
Matrix**

		Applicability							Excellent	Good	Fair	Poor		
		Dimension	Direct Operated	Contracted									Tertiary: Fiscal Intermediary	Tertiary: Clinical
				Primary	Secondary: Residential	Secondary: Vocational	Secondary Other							
Criticality	Low	Administrative Effectiveness	5	X	X	X	X	X	X	Point Value = 4	Point Value = 3	Point Value = 2	Point Value = 1	
		Provider's Ratings on Consumer Satisfaction Surveys Conducted by BABHA	X	X	X	X				Point Value = 4	Point Value = 3	Point Value = 2	Point Value = 1	
		Performance Indicators	X	X						Point Value = 4	Point Value = 3	Point Value = 2	Point Value = 1	
	Moderate	Clinical Outcomes	X	X					X	Point Value = 5	Point Value = 4	Point Value = 3	Point Value = 2	
		Substantiated Consumer Grievances	X	X	X	X	X	X	X	Point Value = 5	Point Value = 4	Point Value = 3	Point Value = 2	
		HIPAA Security/Privacy Violations	X	X	X	X	X	X	X	Point Value = 5	Point Value = 4	Point Value = 3	Point Value = 2	
		Annual Financial Statement or Audit	X	X	X	X	X	X	X	Point Value = 5	Point Value = 4	Point Value = 3	Point Value = 2	
	High	Substantiated Recipient Rights Complaints	X	X	X	X	X	X	X	Point Value = 6	Point Value = 5	Point Value = 4	Point Value = 3	
		Adverse Clinical Events	X	X	X	X	X	X	X	Point Value = 6	Point Value = 5	Point Value = 4	Point Value = 3	
		Medicaid Fraud or Abuse	X	X	X	X	X	X	X	Point Value = 6	Point Value = 5	Point Value = 4	Point Value = 3	
		Adult Foster Care Licensure or Medicare Certification	X	X	X					Point Value = 6	Point Value = 5	Point Value = 4	Point Value = 3	
	Maximum Points (for calculation of percentages - i.e., 100%)		56	56	47	41	37	37	37					

⁵ Administrative effectiveness of direct operated programs will be addressed at a later date and will possibly incorporate results from contracted service provider feedback surveys