

POLICY: 707- Provider Network Monitoring

SECTION: Provider Network

MAINTAINED BY: Provider Network Manager

APPLIES TO:

- ☐ OnPoint Board of Directors
- ☒ OnPoint Staff
- ☒ Contracted Providers
- ☐ Other:

Approved By: 
Chief Executive Officer

Approved By: _____
Medical Director (if applicable)

First Effective: 01/2002

Last Revised: 07/2026

PURPOSE

To provide regular monitoring of quality within the provider network.

POLICY

It is the policy of OnPoint to monitor its provider network at minimum annually.

- I. On an ongoing basis OnPoint shall monitor providers for:
 - A. Quality service and continuous improvement processes to optimize the desired outcomes of individuals served by OnPoint and maximize value.
 - B. Compliance with standards and regulations.
 - C. These reviews may also be conducted through a shared county partner (i.e. a bordering CMH), at which point OnPoint would request that partner's documentation as evidence of the review for its own follow up of outcomes and compliance.
- II. Based on reviews, OnPoint may request corrective action from provider. OnPoint may request information regarding compliance at any time. OnPoint will provide rationale for the request and will provide a reasonable timeline for provision of the information.
- III. All instances of suspected fraud and/or abuse discovered during a provider monitoring review will be reported to the OnPoint Corporate Compliance Officer. OnPoint will take firm and expedient action in the event of significant non-compliance.

PROCEDURE(S)

I) Quality Monitoring Reviews (QMR)

Through Quality Monitoring Review's (QMR), OnPoint staff will monitor contracted providers to ensure quality of services and requirements are met. QMR's will include a site visit and/or a desk audit of credentialing and training records. QMR's shall:

- A) Represent a sampling of persons served
- B) Include a site visit and/or desk audit
- C) Be conducted by OnPoint staff who have the expertise and qualifications for assessing the quality of the area being reviewed
- D) Be conducted with no disruption to services
- E) Provide accurate, timely and useful information
- F) Include clear recommendations for improvement where needed
- G) Results in summary performance reports

II) Quality Monitoring Review Results

- A)** Providers operating with QMR results below 90% will be asked to develop and follow a plan of improvement to correct deficiencies.
- B)** Providers who fail to achieve improvements through a plan of improvement may be subject to progressive sanctions as defined by the Provider Contract Compliance policy and procedure.
- C)** Provider reviews will be used for consideration and decision-making according to the Provider Procurement policy and procedure.

III) Provider Summary Performance Report

- A)** Provider monitoring will result in summary performance reports that will be reviewed by the Provider Network Manager and disseminated to OnPoint management and Recipient Rights as needed for consideration and decision making.
- B)** Aggregate provider results may be shared with the OnPoint provider network, the OnPoint governance board, the Pre-paid Inpatient Health Plan (PIHP) and Affiliates, OnPoint staff, advocacy groups, stakeholders, and Individuals and their families.

IV) Provider Contract Termination and Notification

- A)** OnPoint may not contract with, or may decide to cancel the contract with any prospective or current provider that:
 - 1) Fails to meet credentialing and re-credentialing requirements
 - 2) Fails to respond to requests for evidence of compliance
 - 3) Fails to achieve improvements required through a plan of improvement of corrective action plan
 - 4) Has been sanctioned as a Medicaid provider as indicated through the Sanction Provider List of the MSA (Medical Services Administration) or the Office of Inspector General (OIG)
- B)** OnPoint and/or provider, whoever initiates contract termination, shall notify the other party according to contract notification requirements.
- C)** OnPoint shall notify the LRE within three business days of any significant changes with the OnPoint provider network. Communication between OnPoint and Lakeshore Regional Entity shall occur via methods such as encrypted email, telephone calls, and/or Provider Network Regional Operational Advisory Team (ROAT). Some reasons for such notification include:
 - 1) An occurrence that required a relocation of any OnPoint contracted provider service site, governance, or administrative operation for more than 24 hours.
 - 2) The conviction of an OnPoint or provider panel staff member for any offense that is related to the performance of job duties/responsibilities.
 - 3) At any time that there have been significant changes that would affect capacity and services.
- D)** Written notice of a significant change in OnPoint's provider network, including the addition of new providers and planned termination of existing providers, shall be provided to each beneficiary with active authorizations for the identified provider. The provider network team will provide notification 30 calendar days prior to the effective date of the termination, or 15 calendar days after receipt or issuance of the termination notice.

V) Provider Dispute Resolution

- A)** A provider may file an appeal of QMR results or sanctions by using the relevant OnPoint provider dispute resolution process defined in the Provider Dispute Resolution policy and procedure.

REFERENCE(S)

- Michigan Medicaid Provider Manual
- MDHHS – PIHP Master Contract
- Lakeshore Regional Entity Corrective Action Plan/Performance Improvement

ATTACHMENT(S)

- 707.1 Quality Monitoring Review Procedure
- 707.2 Provider Quality Monitoring Review Road Map
- 707.3 Quality Monitoring Review Tool