SUMMIT POINTE PROVIDER NETWORK – GRIEVANCES AND APPEALS PROCESS

Summit Pointe strives to maintain a comprehensive network of resources available for its customers. To become a member of the Summit Pointe Provider Network, a practitioner/organization is required to participate in the credentialing process utilized to ensure that they are meeting responsible standards of care as well as regulatory requirements.

Summit Pointe has established a Credentialing Committee to review and make panel inclusion decisions for network participation of practitioners and organizational providers. Providers not selected for inclusion will be given written notice of the reason for the decision and offered the opportunity to appeal this decision.

Summit Pointe utilizes a variety of methods for monitoring quality performance of its external provider network including, but not limited to, compliance audits, and both Recipient Rights and Performance Improvement site reviews.

It is the intent of Summit Pointe to foster a positive and mutually supportive relationship with its provider network. When quality performance problems arise, increased communication venues are established and may include development and implementation of corrective action plans and/or utilization of provisional status mechanisms for performance improvement. Sanctions may be utilized when providers demonstrate ongoing unsatisfactory performance and/or for discovery of significant risk factors.

Providers are offered opportunities for appealing credentialing and compliance monitoring determinations.

Grievances and Appeals – Credentialing

Upon receipt of notification that a provider has not been selected for inclusion on the Summit Pointe Provider Network, the practitioner/organization can submit a request, in writing to appeal this decision. The following steps outline the appeal process:

- First Level Appeal must be requested within thirty (30) days of receipt of the notification of non-selection.

- Upon receipt of notification for request of an appeal, the practitioner/organization shall have the opportunity to meet with the Credentialing Committee, within thirty (30) days of receipt, to further discuss facts outlined in the initial determination and/or to provide additional documentation/clarification to the Committee that may not have been present at the time of the initial review.

- Written notification of determination will be made within fifteen (15) days of the First Level Appeal meeting with the Credentialing Committee and will include the facts upon which the determination was made.

- If non-selection determination is made by the Credentialing Committee, the practitioner/ organization can request, in writing, a Second Level Appeal. Request for Second Level Appeal must be made within thirty (30) days of receipt of the notification for non-selection determination.

- Upon receipt of written notification for request of a Second Level Appeal, the practitioner/organization shall have the opportunity to meet with the Senior Leadership Representative(s) not involved in the initial non-selection determination. The Second Level Appeal meeting shall occur within sixty (60) days of receipt of written notification of request.

- Written notification of determination will be made within fifteen (15) days of the Second Level Appeal meeting and will include the facts upon which the determination was made. After this time the matter will be considered closed.

- Appeals that reach the Second Level stage, whereby determination continues to be non-selection, will be communicated to the Southwest Michigan Behavioral Health Regional Provider Network representative.

Grievances and Appeals – Ongoing Compliance Monitoring (Non-Clinical)

Provisional Status – Provisional status is defined as a temporary or initial phase during which corrective action plans must be developed and implemented within a designated time frame to prevent further contractual action.

All requests for provisional status will be brought to the Credentialing Committee for action. Provisional requests may be identified through various Quality Improvement venues such as Compliance, Performance Improvement, and the Contract Committee.

When customer care and contractual non-compliance trends are identified, the first step shall be sending formal notification, in writing, to the provider outlining these areas and requesting coordination of a meeting to address resolution.

Coordination of an initial meeting with contract oversight staff may be arranged when any one of the following occurs:

- 3 or more substantiated incidents of customer care involving the same provider/location.

- 3 or more substantiated incidents of contractual non-compliance, i.e. documentation formats, timely submission of documentation, response to quality improvement requests, failure to provide services as outlined in the contractual agreement.
- Areas of non-compliance identified through the site review and/or compliance audit process.

Coordination of a meeting with contract oversight staff shall be arranged and provisional status may be initiated when any one or a combination of the following occurs:

- 1 substantiated recipient rights complaint for Abuse Class I.
- 2 substantiated recipient rights complaints for Abuse Class II.
- 3 substantiated recipient rights complaints for Abuse Class III.
- Repeat/ongoing confirmed incidents of customer care involving the same provider/location.
- Repeat/ongoing confirmed incidents of customer care involving the same provider/location.
- Providers who receive an overall score of 80% or below; or 95% and below on areas of health and safety during site reviews.
- Repeat/ongoing identified non-compliance with quality improvement plans requested via performance improvement and compliance audits.
- Failure to correct areas of contractual non-compliance.

Provisional status shall involve the development of a corrective action plan with specific time frames/deadlines for resolution.

Incidents warranting emergent action by contract oversight staff, with follow-up communication with the Credentialing Committee for immediate implementation of provisional status and/or contractual sanctions, suspensions, and termination include, but are not limited to:

- Substantiated recipient rights complaints for sexual abuse.
- Substantiated recipient rights complaints involving serious injury, theft of medications, or customer funds.
- Repeated abuse/neglect within different locations – operated by the same provider.
- Failure to correct areas of customer care and contractual non-compliance.

The provider grievance and appeals process applies to:

- Suspension or termination of a provider with cause.
- Contract compliance issues resulting in sanctions.
- Material breaches highlighted in the contract.
- Results reported through provider monitoring reviews.
- Other issues related to quality of care or contract compliance.

An appeal of contract termination shall have no effect on the immediate termination of the contract and services under contract. The termination will remain in effect until the appeal process is completed and will be rescinded only if the termination is not upheld on appeal.

- First Level Appeal must be requested within thirty (30) days of receipt of the notification of the action that is being appealed. Supporting documents, written statements and other documentation that support the appeal may accompany the appeal or request.

- Senior Leadership representative(s) not involved in the initial action and who are familiar with the subject matter will participate in the review of the appeal. A determination will be made in writing within thirty (30) days of receipt of the appeal and will explain the facts upon which the determination was made.

- If the appeal was denied, the provider may request a Second Level Appeal up to thirty (30) days after receipt of the determination of the First Level Appeal. Senior Leadership representative(s) not involved in the initial action and who are familiar with the subject matter, and General Counsel will participate in the review of the appeal. A determination will be made in writing within thirty (30) days of receipt of the appeal and will explain the facts upon which the determination was made. After this time the matter will be considered closed.

- Appeals that reach the Second Level stage, whereby the original determination continues to be in effect, will be communicated to the Southwest Michigan Behavioral Health Regional Provider Network representative.