

# Provider Network Meeting

3/12/2025



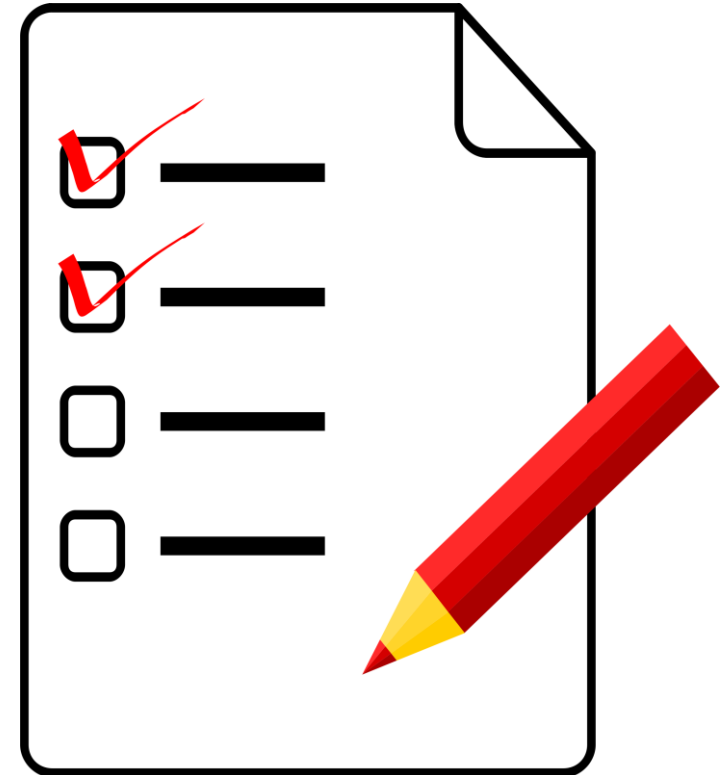
# Housekeeping

- Recording in progress
- Webinar Style Meeting
  - We cannot see/hear you
- Use the chat function if you have a question
  - You can message the host/panelist or the whole group
- PowerPoint Presentation will be sent out along with a link to the recording and any reference materials



# Agenda

- Compliance Updates
- Recipient Rights Information
- Provider Help Ticket System
- Home and Community Based Services
  - Training
  - Summary of Resident Rights
  - Resident Activity Logs
  - Policies and Procedures
- Survey Reminders
- New Appeal Process



# Compliance Updates

3/12/25



# Incident Report Trend

- LEGIBILITY
  - Signatures
  - Generally
- Timely
  - W/in 24 hours of the incident
- Supervisor Signature
  - W/in 24 hours of the incident

Designated Supervisor Signature  
*[Handwritten Signature]*  
DISTRIBUTION WITHIN 24 HOURS

Designated Supervisor Signature  
DCH-0044 (W) 05/08  
*[Handwritten Signature]*  
DISTRIBUTION: WITHIN 24 HOURS 1.SEND ORIGINAL TO DIRECT

Name of Employee Assigned to Resident (if Applicable)  
*Melinda C. Wellwell*  
if any (Attach separate sheet if necessary)

Signature of Person Completing Report <i>[Handwritten Signature]</i>	Print Name and Title <i>Clementina Hernandez Staff</i>	Date <i>3/5/25</i>
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# Waiver Audit Trends

- Criminal background check completed after hire date
  - No OIG/SAM/SPL
  - First Aide/CPR Online only--- need proof of skills
- IPOS Training Form
  - Lead Trainer missing signature
  - Staff being reviewed has not signed as being trained
    - Highlight the name, could be illegible

# Providers Response to Audits

- Medicaid Supports Verification
  - First Try
  - Found it Confusing
  - Will change for next quarter 😞
- Waiver Aide Staff Audit
  - Second Try
    - Less confusing format
- Tweaks with SPOT/PCE
  - Better Summary
  - Send out perfect scores

# Recipient Rights Information

- **Site Monitoring:** New Poster going up. Where are we at?
  - **Training:** DO NOT Register! Do you want your HR to get the cert?
    - Certificate of Completion go out on Friday after the training!
  - **Investigations:** Active vs. last year
  - **Contact us:** #Receipentrights@summitpointe.org
  - [Jfedor@Summitpointe.org](mailto:Jfedor@Summitpointe.org) [Krehmann@summitpointe.org](mailto:Krehmann@summitpointe.org)
- 



# Coming Soon – Provider Help Desk

- Ticketing system to request help when issues have not been resolved
- Customer Number not required but very helpful
- Common issues in drop down
- Open text also available



 **Clinical Workbench**

Provider Ticket Form

Request Date

3/12/2025



Organization Name\*

Name Of Requestor\*

Email Address

Customer Name\*

Customer Number

Summit Pointe Program\*




Request For Help With\*



Other Request


Submit

# Home and Community Based Services Updates


- Corrective Action Plan in Process –  
CMS/MDHHS/PIHP/CMHSP/Providers
  - Major areas of provider impact:
    - Training
    - Summary of Resident Rights
    - Activity Logs
    - Policies and Procedures
- 

# HCBS Training

PIHP/MDHHS still working on this

- Current contract/training grids/policies not yet reflective of this requirement
  - Southwest Michigan Behavioral Health will be taking lead on this
    - Training will be required for Case Managers and Direct Care Staff
  - Training will address at minimum
    - HCBS Rule Requirements
    - Elements of a home and community-based setting
    - HCBS IPOS requirements
    - Steps to report HCBS out of compliance concerns
  - Training will be required upon hire and annually there after
    - Plan to get all current staff trained is still in process
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# Summary of Resident Rights


- All customers **MUST** have a Summary of Resident Rights present in a residential setting
  - SWMBH/Summit Pointe strongly recommends that you use the stand-alone document
  - The new version of the Summary of Resident Rights should be implemented as the previous copy expires.
    - You **do not** need to immediately change them all out to reflect the new version –but you should have one on file
  - Providers should have a policy/procedure around annually updating the Summary of Resident Rights
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# Summary of Resident Rights (continued)


- The Resident Care Agreement should be free of any additional stipulations or requirements
- If the individual has a guardian – the Summary of Resident Rights and the Resident Care agreement should be signed by both the resident and the guardian
  - A copy of each document should be provided to the guardian (if applicable)



# Summary of Resident Rights (continued)


- If you have your own version of the Summary of Resident Rights or you have it embedded in your own paperwork
    - These documents will be subject to SWMBH review and/or approval
      - We do not have deadlines or a process for this mapped out (as of 3/4/25), but we have inquired
      - Old Summary of Resident Right is embedded in customer addendums – we are in process to update the addendum
  - This will be added to the Site Review tool for monitoring.
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# HCBS Activity Logs

- Sample Activity Log has been provided
  - While this one does not have to be used, if you use an alternative log it may need to be approved
    - Purpose to see if it contains the elements CMS is looking for
  - CMS CAP states that there needs to be at minimum two HCBS CLS activities offered per week
    - There has never been a number attached in the past
    - Personal preference should be honored
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# HCBS Activity Logs

- Activity logs must have the individual's signature
    - It is unknown at this time if a guardian is going to be required to sign off
  - Activity logs must be linked back to the plan
  - Activity logs must document any potential risk behaviors
    - Rationale provided was that shift notes did not include a customer acknowledgement
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# Survey Reminders


- Home and Community Based Surveys are required
  - They do not come from Summit Pointe
  - They are critical to compliance efforts
- Behavioral Health Staffing and Expenses Survey – Due March 14<sup>th</sup>
  - Sent out on Friday, February 7<sup>th</sup>.
  - Required to participate
- Behavioral Health Systems – Stakeholder Feedback Survey
  - Sent out on 3/4/25 – Closes on March 31, 2025
  - Please consider responding and share widely

# Reminder – Insurance Coverage

- Provider Network is monitoring insurance at site review to ensure that you are in compliance with the contract
  - Summit Pointe must be listed as additional insured
  - This is in addition to “certificate holder”
- If we do not have a current copy that is in full compliance it will part of your site review Corrective Action Plan.



# Revised Appeal Process – Coming Soon

- Provider Network/Provider Claims collaborating on a new appeal process
    - If you have a **claim** appeal (there is an authorization/claim submitted) the appeal will be completed within SPOT
      - Timely filing
      - Overlapping claims
      - Claim processed at incorrect rate
  - If you have a Gap in Authorization (there is no authorization/no claim present) there will be an alternative process to follow outside of SPOT
  - More to come as we complete our SPOT upgrades and revise Policies
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## PCE Provider Claims Appeal Submission

Use this function to enter and submit a claim appeal.

1. Click "Claim Submission (AP)" from the main menu.
2. Click "View all Batches and Claims" from the sub menu.
3. **The Provider Appeal option will only appear on batches that are in a Status of "Paid/Sent to GL".**
4. Locate the batch that contains the claim(s) you are appealing.
5. Click on the "Provider Appeals" link for the batch that contains the claims that you wish to appeal:

19937 Type: Regular	[REDACTED]	02/26/2025	Paid / Sent to GL Payments Posted	1	Claimed: \$10,499.70 Payable: \$10,499.70	<a href="#">View Claims in Batch</a> <a href="#">Adjudication Report</a> <a href="#">View Batch Info</a> <a href="#">Print EOB</a> <a href="#">Provider Appeals</a> ←
0 Attachments						

6. Click the "Add Provider Appeal" link:

### 0 Provider Appeals

Date	Provider	Staff	Status	<a href="#">Add Provider Appeal</a> ←
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7. The following screen will display:

#### Provider Appeal

Claim Appeal Date 03/06/2025	Submission Date
[REDACTED]	

Staff [lookup](#)  
3370    Provider Test1

Phone  
Email


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1 Claim Appeal [Add Claim Appeal](#)

Claim # [lookup](#) [clear](#) ✖

Customer: \_\_\_\_\_  
Service Dates: \_\_\_\_\_ CPT/Revenue Code: \_\_\_\_\_  
Service Time Start: \_\_\_\_\_

# Contact Us: Please use group emails

- [providernetwork@summitpointe.org](mailto:providernetwork@summitpointe.org)
  - [providerclaims@summitpointe.org](mailto:providerclaims@summitpointe.org)
  - [apayable@summitpointe.org](mailto:apayable@summitpointe.org)
  - [recipientrights@summitpointe.org](mailto:recipientrights@summitpointe.org)
  - [QualityAssuranceTeam@summitpointe.org](mailto:QualityAssuranceTeam@summitpointe.org)
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# Additional Questions

