SUBJECT: PROVIDER QUALITY **SECTION: QUALITY ASSURANCE** **POLICY NUMBER: QA-01**	**EFFECTIVE DATE: 11/30/2022** **ANNUAL REVIEW: 11/29/2023**

Policy Statement:
This policy provides the process we utilize to ensure that all providers employed with Foresight Mental Health are vetted, evaluated, supervised, and monitored on an ongoing basis. This is crucial for the overall success of our organization and also for the well-being of our members. The health and safety of our members, in addition to providing the highest quality of services to our members, are the top priorities of our organization.

Process:
All providers employed and/or contracted with Foresight Mental Health must adhere to Foresight's quality standards. The process by which Foresight ensures we employ and/or contract with quality providers is outlined below.

Hiring Process for Providers:
Foresight Providers undergo a multi-step process prior to being hired on with our organization. The process includes rounds of interviewing with both the Talent Acquisition team and then Clinical Leadership. Additionally, all providers are required to provide a detailed work history and disclose information about their clinical background, including but not limited to: education, licensure and certifications, criminal history and professional sanctions.

In addition, all providers are required to be credentialed with Foresight Mental Health and, as applicable, enrolled with our payors prior to seeing our members for services. The credentialing process is outlined below.

Credentialing Process for Providers:
In order to become credentialed with our payors, every provider must first be internally credentialed and approved by the Foresight Mental Health Credentialing Committee.

In accordance with our Initial Credentialing Policy and Procedure, Foresight is responsible for ensuring the provision of accessible, cost efficient, high quality care to its members. To assist Foresight to meet this goal, the Credentialing Committee reviews the credentials of all applicants who apply for participation. The Credentialing Committee is a committee of credentialed providers, Medical Director and other members that may be appointed by Foresight, who as a peer group make decisions on provider applications.

Foresight is prohibited from including in its network any applicant who:

- Is currently sanctioned or prohibited from participation in federal health care programs under either Section 1128 or Section 1128A of the Social Security Act; or
- Has a current licensure suspension by any state licensing board; or
- Is included on any of the sanction lists maintained by OFAC.

Each specific policy and procedure for the credentialing process can be accessed on our organization's website at, foresightmentalhealth.com/credentialing.

Licensure Process for Providers:
All providers employed or contracted through Foresight Mental Health must be licensed/certified according to their specific field/professional title and according to the regulation of each state the specific provider will be practicing in. This will be verified prior to any employee/contractor providing services to members.

It is the responsibility of each individual provider to comply with relicensing in his/her/their practicing state and to follow the regulations of that state's specific requirements for relicensing (CEU's, time frame for renewal, coursework that needs completed, etc.). Each time a provider has renewed his/her/their license, it is the additional responsibility of the provider to supply Foresight's People and Culture Department with these supporting documents and to keep all information up to date and current. Additionally, the Credentialing Department monitors all expiring documents, as detailed in CR-06 Ongoing Monitoring.

Ongoing Oversight and Supervision of Providers:
There are multiple processes in place to ensure that our providers are adhering to ethical, clinical, and quality standards during their tenure with Foresight Mental Health. This includes an overall disciplinary process for providers that are not meeting our current standards of practice for quality services for members in addition to documentation standards. Although this process is continuously developed and improved, the general practice is as follows:

1) Clinical Leaders meet regularly with providers to discuss ongoing issues, struggles, or challenges. Issues to address include member complaints, behaviors they notice, poor or late documentation, feedback received from other departments, etc. When issues are noted, the clinical leads will schedule a general feedback discussion.

2) Clinical Leaders regularly monitor the overall quality of their providers' work through randomized chart reviews and performance reviews. In addition to Clinical leadership completing documentation reviews for providers, the Quality Assurance Specialist also completes quarterly reviews of documentation to ensure quality standards are being met. When it is noted these standards have not been met, the Quality Assurance Specialist monitors and provides additional training and guidance, as appropriate, to help improve the quality of documentation.

3) If issues are not resolved through discussion, the Clinical Leader will reach out to his/her/their supervisor for guidance in when to implement a Performance Agreement. Clinical Leaders are responsible for developing a Performance Agreement with providers that require additional oversight, support, and supervision for work that has been deemed below standard or not clinically appropriate. Frequent monitoring during this time is performed as well.

4) Any issues noted are discussed with the Clinical Director in the event further action is required against the provider. The Clinical Director is also responsible for following up with Clinical Leaders to ensure that proposed corrective actions were implemented and the issue(s) was/were resolved or improved. There is a tracking system in place that is utilized by Clinical Leadership to ensure that issues are dealt with appropriately and the proposed corrective actions are followed through on.

5) For providers that continue to show poor work performance and subpar quality standards for services/documentation, they are required to either continue with a Performance Agreement or

risk having their employment terminated from Foresight Mental Health. If providers continue to perform poorly and are unable to improve the quality of their work despite increased supervision, oversight,training and performance agreements, they are at risk of having their employment terminated.

Ongoing Training for Providers:
In addition to complying with each individual state licensing requirements, all providers (and all Foresight employees) are required to complete annual training through Foresight Mental Health. These trainings include, but are not exclusive to HIPAA; Fraud, Waste, Abuse; and Cultural Competency training.

Grievance and Complaints Process:
Foresight has developed a specific grievance and complaints procedures and policies that need to be followed by all employees of Foresight. All grievances will be placed on a grievance tracking sheet for improved ability to monitor and follow through on all required steps within the process.

As outlined in the specific Grievance SOP, there are 3 types of grievances Foresight receives: Clinical Grievances (i.e. grievances that surround clinical quality and/or provider quality), Operational Grievances (i.e. grievances related to scheduling and reaching an enrollment team member), Revenue Cycle Grievances (i.e. billing errors and/or errors in patient responsibility).

As outlined in the specific Complaints SOP, Inbound complaints to Foresight are routed to the appropriate department leadership for coordination of resolution.

Please refer to the specific policies that are attached as Appendices to this SOP for further guidance on our course of action for grievances and complaints.

Note: Except as required by law, Foresight Mental Health reserves the right to grant exceptions to this policy.

Appendices:
Grievances SOP
Complaints SOP

Policy References:
Credentialing: CR-01 and CR-01A Initial Credentialing Policies
Credentialing: CR-02 and CR-02A Recredentialing Policies
Credentialing: CR-06 Ongoing Monitoring

Reference Material:
Provider Handbook

Review Reason	Comments	Reviewed By	Reviewed On	Approved By	Approved On
New Policy	N/A	Shantel Dieter Victoria Alvarez	11/28/2022	Credentials Committee	11/30/2022
Annual Review	N/A	Shantel Dieter Gwendolyn Mucino Martinez	11/20/2023	Credentials Committee	11/29/2023

Foresight

Complaints SOP

Overview

Inbound complaints to Foresight are routed to the appropriate department leadership for coordination of resolution. Each functional team will establish their own processes for attempting resolution of specific complaints or follow the below outlined processes. The below provides an example of process and workflow for resolving complaints:

Procedure

Complaints received that do not involve a payer will be sent by the receiving teams to the appropriate department leadership and to the admin to be recorded in the Complaint Tracker.

Hand Off Steps - The functional team impacted will take the first step at resolving the complaint internally. The steps to handling the complaint should then be disseminated to the appropriate leadership. Leadership will follow up with the steps Foresight's functional teams have taken to resolve the complaint and add to the Complaint Tracker.

Closure Steps - Appropriate leadership will confirm with admin that the complaint has been resolved at the point following hand off. The complaint tracker "status" column will be changed to "Resolved" and the "Resolution" column (*note - as this is a new process not all "resolutions" prior to determining this process were captured) will be updated to reflect what steps were taken to resolve the complaint.

If a resolution has not been met, the complaint will be escalated to the Executive Leader. The leader will then collaborate with the Payer Relations team to determine appropriate resolution.

Grievance SOP

Overview of Functional Grievances:
Inbound grievances to Foresight are routed to Quality Assurance and Compliance for coordination of resolution. There are 3 types of grievances Foresight receives: Clinical Grievances (i.e. grievances that surround clinical quality and/or provider quality), Operational Grievances (i.e. grievances related to scheduling and reaching an enrollment team member), Revenue Cycle Grievances (i.e. billing errors and/or errors in patient responsibility). Each functional team will establish their own processes for attempting resolution of specific grievances or follow the below outlined processes. Foresight's point of contact for grievances is Quality Assurance and Compliance ; therefore, that department will be the only point of contact for outreaching Foresight's Payer contacts. The below provides examples of each team's process and workflow for mitigating grievances:

Functional Team: Clinical
Most Common Subtype of Grievances: Clinical/Provider Quality

For Subtype - Clinical/Provider Quality: Provider training will be supplied if necessary. If grievance is related to therapy itself, the provider will attempt to resolve the misunderstanding with the member as soon as possible. If additional issues with clinical quality are identified, this will be disseminated to clinical senior leadership by Payer Relations. Clinical senior leadership will develop a plan for an investigation which may be disclosed to Foresight's internal Credentialing Committee. If reporting is necessary based on the severity of the situation, reporting will be rendered.

Functional Team: RCM
Most Common Subtype of Grievances: System Generated Error (billed incorrect Payor), Incorrect Co-Pay Information on File, Incorrect Coding on CMS 1500 Form, Billing Disputes

For Subtypes - System Generated Error, In correct Co-Pay, Incorrect Coding Resolution: Check internal systems to ensure billing was rendered correctly. Revise/Re-bill claims that were billed incorrectly and advise Payer via Payer Relations of issue. QA system to ensure this does not happen again.

For Subtypes - Billing Dispute: Outreach member/Payer for resolution. Follow guidance from the Payer and if necessary, refund members.

For Subtype - Incorrect Copay: Obtain member ID card. Verify Co-Pay information is correct/incorrect. Update system with correct Copay amount. Bill member difference or refund member difference.

Functional Team: Operations
Most Common Subtype of Grievances: Scheduling, Outreach Delays. Website/Technical Issues
For Subtypes - Scheduling and Outreach Delays: Check internal systems to understand when the member attempted to schedule/outreach Foresight. Check provider availability.

Schedule the member with provider or provide reason around why the member can't be scheduled with provider to Payer Relations (Payer Relations will follow up with Payer)

Website/Technical Issues - Follow up with the member via phone call to attempt to resolve the issue. *If no contact information is on file, follow up with Payer Relations to obtain information from Payer.

Hand Off Steps - The Functional Team impacted will take the first pass at resolving the grievance internally. The steps to handling the grievance should then be disseminated to Payer Relations. Payer Relations will follow up with the Payer outlining the steps Foresight's Functional Teams have taken to resolve the grievance.

Grievance Closure Steps: Foresight's Payer Relations team will confirm with each Payer submitting a grievance that the grievance has been resolved at the point following hand off. If the Payer agrees that the grievance has been resolved, the grievance tracker "status" column will be changed to "resolved" and the "resolution" column (*note - as this is a new process not all "resolutions" prior to determining this process were captured) will be updated to reflect what steps were taken to resolve the grievance.

If a Payer states that resolution has not been met, Payer Relations will ask the Payer for guidance on what would constitute a resolved grievance in the specific situation. Generally, Payer contacts will supply additional information or follow up with the member to find out what can be done to resolve the grievance. With the aforementioned information, Payer Relations will return to the impacted Functional Teams and direct the team on how to resolve the grievance per the Payer's advice.

Sample Tracker Parameters:

Payer	Grievance Number	Date of Receipt	Type of Grievance	Provider Name	Brief Description	Team Involved	Status	Resolution

Internal Foresight Grievance Workflow: