



Provider Network Meeting

11-01-2022

# Complying with Contract Required Reporting

# Review of Key Reporting Requirements

*DISCLOSURE OF OWNERSHIP REQUIREMENTS*

*TIME STUDIES*

*TB and CREDENTIALING POLICIES*

*FINANCIAL REPORTING/AUDITING*

*CONSUMER SATISFACTION REPORTS*

# Disclosure of Ownership:

*PIHPs must comply with federal regulations to obtain, maintain, disclose and furnish required information about ownership and controlling interests, business transactions and criminal convictions per 42 CFR 455.104-106.*

# Disclosure of Ownership:

- Due to Contract Manager at initial contracting, at contract renewal, within 35 days of a change in mgmt., and upon request.
- Form available at [nccmh.org/providers/provider manual and general instructions](http://nccmh.org/providers/provider%20manual%20and%20general%20instructions).
- Full SSN's required
- Board Member Listing Required, including DOB, home address, SSN
- Condition of Participation in Medicaid managed care network.
- Contractual obligation with NCCMH

# Disclosure of Ownership ->

## Criminal Background Check Auth. Form ->

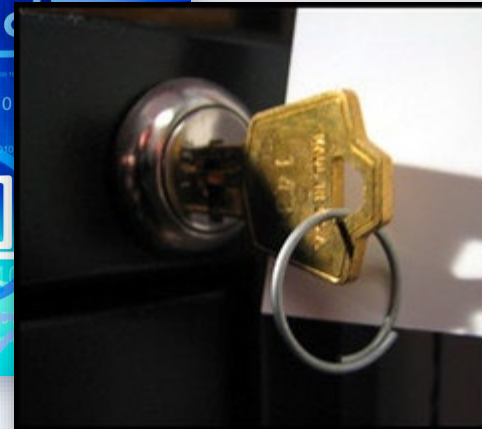
### False Claims Attestation

The Disclosure of Ownership triggers the completion of

- Criminal Background Form available at [nccmh.org/providers/provider](http://nccmh.org/providers/provider) manual and general instructions.
- Provider Staff background check is completed and staff information is run monthly OIG listings by NCCMH.
- Completion of a new False Claims Attestation form

# Disclosure of Ownership - Security of Information

- Send in Disclosures, Background Check Forms, DL's, etc. only via encrypted email or email through NorthStar is also an option.
- Please do not fax to NCCMH. Use USPS mail only if absolutely necessary.



# Client Time Studies

- Utilized by AFC and PRH providers only.
- Due within 30 days of placement of a new client in an AFC home, or a shared SIP/PRH environment; subsequently due 30 days prior to POS renewal; and no later than September 30 annually
- Instruction and forms available at [nccmh.org/providers/provider manual](http://nccmh.org/providers/provider_manual) and general instructions.
- Classroom training for your staff can be scheduled upon request to [providerrelations@norcocmh.org](mailto:providerrelations@norcocmh.org).
- Used to determine the split between H2016 and T1020 reimbursement.
- Submit to client's Supports Coordinator, not to contract management.

- TRAINING
- BECOME A PROVIDER
- PROVIDER MANUAL & GENERAL INSTRUCTIONS
- CLAIMS
- MEETINGS AND PUBLICATIONS ▶
- PREMIUM PAY
- PROVIDER COVID GUIDELINES

## PROVIDER TIME STUDY INSTRUCTIONS

- Provider Instructions for Time Studies
- Time Study PDF Template
- Time Study Example 1
- Time Study Example 2
- Time Study Calculating Template

## PROVIDER FORMS

- 01 – Provider Application
- 02A – Provider Entity Disclosure of Ownership
- 02B – Provider’s Subcontractor Disclosure of Ownership
- 03 – False Claims Attestation
- 04 – Federal Form W9



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- Credentialing policy (in some cases within Provider's Employee Handbook) is now being requested initially at contracting and every two years.
- Acceptability of policy is determined after NCCMH internal review and comparison against our policies.
- Provider policy must be robust enough to meet Medicaid requirements.



# Provider TB Test and Credentialing Policies

NEED HELP CREATING OR  
UPDATING YOUR POLICIES?  
ASK FOR A COPY OF NCCMH'S  
POLICY AS REFERENCE!



# Finance Reporting Compliance

## **FINANCIAL REPORTING:**

1. Audited Financial Statements are required annually for the fiscal year for all providers receiving > \$500,000 in annual reimbursements from NCCMH.
2. Unaudited Financial Statements are required annually for the fiscal year for all providers receiving \$250,000 - \$499,999 in annual reimbursements from NCCMH.
3. A written statement as to financial stability may be requested by NCCMH of providers receiving less than \$249,999 in annual reimbursements from NCCMH.
4. Funded AFC home providers are requested to provide budgets for upcoming year by July 31 annually and may be required to submit unaudited quarterly reports.
5. Rate increase requests should be submitted by July 31 annually where possible.

SEND REPORTS TO [providerrelations@norcocmh.org](mailto:providerrelations@norcocmh.org) or as requested.

## **NORTHSTAR USER REPORTING:**

1. Submit NorthStar New User Registration form, signed by provider, for new users to the NorthStar system.
2. Submit Monthly NorthStar User Confirmation form, signed by provider, for any deletions to the provider staff using the NorthStar system. Submit monthly or immediately, particularly following a staff termination.

SUBMIT NORTHSTAR NEW USER REGISTRATION OR MONTHLY NORTHSTAR USER UPDATE FORMS TO Dominique Cook, Reimbursement Supervisor at [dcook@norcocmh.org](mailto:dcook@norcocmh.org)

# Consumer Satisfaction Surveys

- Contractual Requirement Due upon request
- Applies Specifically to AFC, CFC, DAY, SE, PRH Providers
- Recommend conduct annually by all providers
- Define your own survey questions – can be complex or simple
- Comparison of results year over year helps to create a strategic plan for quality improvement

# Consumer Satisfaction Surveys -> Considerations

Survey considerations:

# Surveys issued

# Surveys returned

% Return Rate (# returned/ # issued)

# Male Gender

# Female Gender

# No Reply Gender

# Overall Satisfaction Rating

1. Will survey be anonymous (recommended unless the respondent wants to provide their name and contact number to discuss an issue.)
2. Structure an easily understandable rating scale.
3. Structure the wording of your survey question appropriate to the rating scale used.
4. Think through how survey request will be delivered to the client. Give advance notice to client/guardian.
5. Advise Provider staff that they should not assist clients in completing survey.
6. If negative results show up, respond to your consumer base with both the positives and negatives, and your plan to resolve any concerns. Be proactive.
7. Plan your survey so that you do not need to change the survey questions year over year.

# Consumer Satisfaction Surveys -> Sample Questions

Sample Questions with Yes/No/No Response or Completely Satisfied/Satisfied/Dissatisfied answer options:

1. Were you directly involved in planning your supports?
2. Are you ALWAYS treated with dignity and respect?
3. Are you happy in your home/happy with service location facility?
4. Do you have friends you like to talk to or do things with (not including staff or family)?
5. Do you feel as if the services you receive are helping you?
6. Do you have a job or want a job?
7. Does provider staff help you do new things that you want to do?
8. Did you meet any of your dreams or goals this year?
9. Do you have fun when participating in provider services?
10. Do you know what to do if your rights have been violated?
11. Specific to AFC Homes:
  - Are you satisfied with the look and feel of your home environment?
  - Are you satisfied with your room/Roommate?
  - Are you satisfied with the food choices at ABC Home?
  - Are you satisfied with the outings and activities available to you at ABC home?

# Consumer Satisfaction Survey Request

FORMAL REQUEST FOR AFC, CFC, SIP/PRH, DAY, SE PROVIDERS:

LET'S CATCH UP ON COMPLIANCE!

PLEASE COMPLETE & SUBMIT  
CONSUMER SATISFACTION  
SURVEYS BY JANUARY 31, 2023.  
SUBMIT TO

*PROVIDERRELATIONS@NORCOCMH.ORG.*





# NCCMH PROVIDER SURVEY RESULTS - 2022

