

SAN MATEO COUNTY  
BEHAVIORAL HEALTH AND RECOVERY SERVICES

DATE: July 16, 1998

BHRS POLICY: 98-10

SUBJECT: Concerns/Complaints about MHP Individual and Organizational Contract Providers

AUTHORITY: Divisional; CFR Title 42, 438.10 (f)(5)

AMENDED: October 14, 2009; Technical Edits January 23, 2013

**PURPOSE**

To establish a procedure for review of concerns/complaints about MHP contract providers;  
To assure timely notification of beneficiaries whose contract provider has been terminated by the MHP.

**Concerns about financial/legal performance of contract obligations:**

- o Per individual contract language, a meeting may be called at any time by the MHP to review concerns about failure to meet specific contract obligations. Contract language specifies MHP recourse for negative findings including retrieval of dollars paid, termination of contract, and/or legal action.
- o The provider has a similar opportunity to call a meeting with the MHP to discuss these or other issues; the individual (but not the organizational) provider also has the full process of the Provider Grievance Procedure to seek redress for any perceived fault of the MHP in meeting contract obligations. The Provider Grievance Procedure is in no way curtailed or abridged by any of the following discussion, nor are any specific contractual obligations incumbent upon the provider or the county:

**Concerns about failure of the contracted provider to meet MHP clinical/administrative standards:**

- o The MHP shall review all concerns/complaints and shall document where the practice described appears to deviate from objective standards as defined in BHRS Policy 98-07 Provider Selection and Performance Criteria.
  - a. Consumer Relations Specialist will investigate and record consumer and/or family concerns or complaints.

- b. Provider Relations Specialist will investigate and record concerns/complaints about failure to maintain administrative standards.
- c. Access Team Members, Adult Resource Management (ARM) or Youth Case Management, and BHRS managers will document, using the Provider Concern Form, incidences where the provider failed to meet contract standards concerning referrals, prior authorization, or other clinical and administrative standards.

Efforts will be made to resolve concerns/complaints at the lowest level of MHP involvement. For example, an ARM staff member may ask that team's manager to communicate with a provider around a performance concern. Such efforts shall be documented in the appropriate MHP file (Example: Complaint/Grievance Files, Provider Credentialing or Contract Files).

When documented efforts to resolve concerns/complaints at an informal level have failed to achieve resolution of an issue, MHP staff must refer the situation to MHP Management which will recommend further efforts at complaint resolution. Further, if a concern/complaint that appeared to have been resolved recurs at some later date, this will similarly mandate referral to the MHP Management, for its review and recommendations.

### **Concern/Complaint Resolution Process**

- o The BHRS Medical Director or her designee will review documented material to verify that significant variation from standard clinical performance criteria has occurred. The Assistant Director of Mental Health will review documented material to verify that significant variations from standard administrative performance criteria has occurred.
- o In a situation where a significant variation from standard performance criteria has occurred, above referenced director(s) or their designee(s) will schedule a meeting with the provider to discuss the concern/complaint; this meeting is intended to convey MHP concern and to allow the provider an opportunity to present his/her perspective about the situation.
- o A written communication presenting the findings of the meeting will be sent to the provider and maintained in the provider files.
- o If a Plan of Correction is found necessary and is mutually agreed upon, the Provider Relations Specialist will track its progress and will report the findings back to MHP Managers at the appropriate interval(s).
- o If a necessary Plan of Correction is not agreed upon, or if the provider refused to attend this meeting, the provider will be notified that the issue under concern must be resolved within a time specified by the MHP. This also shall be tracked by the Provider Relations Specialist.

- o If the situation continues past the time periods referenced above, a written report will be prepared by the BHRS Medical Director or her designee or by the Assistant Director of Mental Health or his designee, recommending suspension or withdrawal of credentialing/contracting.
- o In the case of an individual provider, this report shall be forwarded to the Credentialing Committee for its review. A profession specific subcommittee of the Credentialing Committee shall invite the provider to participate in a face-to-face discussion of the complaint. Whether or not such a meeting occurs, the Credentialing Committee will provide the BHRS Director with a written statement of its findings.
- o The final decision about suspension or withdrawal of credentialing/contracting will be that of the BHRS Director, who will review all recommendations. The provider will be notified in writing about this final decision.
  - The MHP Management may recommend an abbreviation of the above described process in situations where the practice under concern represents significant clinical or administrative risk. In such situations, the Assistant Director of BHRS may immediately suspend the provider's credentialing privileges, pending further review and final resolution by the BHRS Director.

**Notification of Clients**

The MHP will make a good faith effort to give affected beneficiaries written notice of the termination of a contracted provider within 15 days after receipt or issuance of the termination notice.

Approved: Signature on File  
 Stephen Kaplan, Director  
 Behavioral Health and Recovery Services

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