

POLICIES AND PROCEDURE MANUAL

Chapter:	Provider Network		
Title:	Fiscal Year Contract Review		
Policy: <input type="checkbox"/> Procedure: Page: 1 of 4	Review Cycle: Biennial Author: Chief Financial Officer	Adopted Date: 03.01.2018 Review Date: 03.05.2024	Related Policies: Administrative & Retained PIHP Functions Contract Monitoring and Oversight Policy; Delegation to the Chief Executive Officer and Executive Limitations Policy

DO NOT WRITE IN SHADED AREA ABOVE

Purpose

This procedure is intended to establish guidelines, as the Pre-Paid Inpatient Health Plan (PIHP), for the development and implementation of the Mid-State Health Network (MSHN) contracts with the Substance Use Disorder Service Providers (SUDSP) and the Community Mental Health Service Program (CMHSP) Participants. To ensure compliance with federal and state regulations, and to establish standardized processes for review and changes to the contract language. All contracts recommended for renewal are required to be reviewed and approved by the MSHN Board of Directors in accordance with the Delegation to the Chief Executive Officer (CEO) and Executive Limitations Policy

Procedure:

MSHN shall establish and implement a procedure that outlines timeframes for contract template review inclusive of MSHN Leadership and appropriate stakeholders. This procedure shall apply to all contract types as indicated:

SUBSTANCE USE DISORDER (SUD) (Treatment & Prevention Service Contracts and Provider Manual):

- No later than February 15th of each year, the Contract Specialist shall send out to all department heads “box” links of each type of SUD contract (in “Track Changes” format) and SUD provider manual to be used for the next fiscal year for review and any recommended language changes.
- Departments will be identified within the comments section of the draft documents next to areas/items needing their specific attention.
- Following the departments review, the departmental reviewer shall indicate completion of the review by signifying “acceptable” or include recommended changes as a “reply” to the comment that identified the department.
- Departments shall have until no later than March 15th to complete the language review of the SUD contract and provider manual drafts and inform the Contract Specialist.
- Contract Specialist shall then review the comments and schedule follow up meetings with department personnel as necessary.
- No later than May 15th, the SUD Advisory Group will review summary of changes and provide input as necessary.
- No later than May 31st both drafts will be forwarded to the MSHN Deputy Director for review and comment, before a final review by the MSHN CEO.

- All changes and approved recommendations will be included into a “Final” version form and the “box” links distributed to department heads.
- No later than June 15th both “Final” version will be posted to the MSHN website and the SUD Provider Network will be informed of the web page location so they may have a chance to review.
- Unless otherwise directed by the Michigan Department of Health and Human Services (MDHHS) or Federal Rules, changes shall not be made to the language or attachments of the SUD Agreements after June 15th.

MEDICAID SUBCONTRACT (CMHSP’s):

- No later than April 15th of each year, the Contract Specialist shall send out to all department heads a “box” link of the current draft of the Medicaid Subcontract (in “Track Changes” format) to be used for the next fiscal year for review and any recommended language changes.
- Departments will be identified within the comments section of the draft document next to areas/items needing their specific attention.
- Following the departments review, the departmental reviewer shall indicate completion of the review by signifying “acceptable” or include recommended changes as a “reply” to the comment that identified the department.
- Departments shall have until no later than May 15th to complete the language review of the Medicaid Subcontract draft and inform the Contract Specialist.
- Contract Specialist shall then review the comments and schedule follow up meetings with department personnel as necessary.
- No later than June 15th, a cross functional regional workgroup will review change; this workgroup shall be appointed by the Operations Council to include one (1) Finance Representative, one (1) Provider Network Representative, and one (1) Clinical Representative as well as MSHN Contract Specialist.
- MSHN Internal review workgroup (Deputy Director; Chief Financial Officer (CFO); Chief Information Officer (CIO); Chief Quality and Compliance Officer) will then schedule meeting time to go over Regional Workgroup suggested changes and issue final recommendations.
- No later than July 15th an updated draft will be forwarded to the MSHN Deputy Director for review and comment, before a final review by the MSHN CEO.
- All changes and approved recommendations will be included into a “Final” version form and the “box” link distributed to department heads. Formal written approval via email shall be obtained for the final draft from CFO; CIO; Chief Quality and Compliance Officer; Deputy Director; CEO and Operations Council members (via meeting minutes).
- No later than August 1st a “Final” version will be posted to the MSHN website and a summary of changes document prepared for distribution to the Operations Council who will be informed of the web page location so they may have a chance to review.
- Contract Specialist shall forward to the MSHN Information Technology Department a copy of the next Fiscal Year’s MDHHS/PIHP Master Agreement (both executive committee edited and clean versions) for posting to MSHN website. Website link shall be included in the Summary of Changes document distributed to the Operations Council.

CONTRACT – RETAINED FUNCTION AGREEMENT/ADMINISTRATIVE AGREEMENTS (CMH’s/Other Providers):

- No later than June 1st of each year, the Contract Specialist shall send out to all applicable MSHN Lead Persons indicated, “box” links of each Contracted but Retained Function agreements along with the [Administrative Contract Assessment Template](#) for their review of the contracts identified within the [Contract Tracking Sheet in accordance with the Administrative & Retained PIHP Functions Contract Monitoring and Oversight Policy](#).

- Identified Lead Staff shall have until no later than July 31st to complete the assessment review of the Provider and inform the Contract Specialist. The final assessment shall indicate any changes (language or otherwise) to be made to the agreement for the next FY. Assessment will also include any recommendations for rate structure/contract maximums to be applicable for the next FY.
- Contract Specialist shall then review the comments and schedule follow up meetings with Lead Staff personnel as necessary.
- No later than August 15th contract drafts will be forwarded to the MSHN Deputy Director for review and comment, before a final review by the MSHNCEO.
- All changes and approved recommendations will be included into a “Final” draft form and the “box” links distributed to identified Lead Staff.

REGIONAL CONTRACTS (CMHSP’s):

- No later than April 1st of each year, the Contract Specialist shall send out to all sub-workgroup members a “box” link of the current draft of regionally standardized contracts (in “Track Changes” format) to be used for the next fiscal year for review and any recommended language changes.
- Sub-workgroups will meet no later than April 15th to discuss changes. Recommended changes will be discussed during the April PNMC meeting.
- Following the PNMC initial review, each provider will be contacted by an assigned CMHSP for input. It is the CMHSPs responsibility to seek input or response of no additional feedback from the provider(s).
- Providers shall have until no later than May 31st to provide input to CMHSP designee. Recommendations will be discussed during the June designated sub-workgroup and PNMC meeting for a final review of recommendations.
- No later than July 1st an updated draft and change log will be forwarded to the MSHN Deputy Director for review, comment, and subsequent submission to Operations Council during the July meeting. Follow-up requested by Operations Council will be addressed and presented during the August meeting.
- All changes and approved recommendations will be included into a “Final” version form and the “box” link distributed to CMHSPs.
- No later than September 1st a “Final” version will be posted to the MSHN website and a summary of changes document and distribution to the OP’s Council and PNMC.

Applies to:

- All Mid-State Health Network Staff
- Selected MSHN Staff, as follows:
- MSHN’s CMHSP Participants: Policy Only Policy and Procedure
- Other: Sub-contract Providers

Definitions

CEO: Chief Executive Officer

CFO: Chief Financial Officer

CIO: Chief Information Officer

CMHSP: Community Mental Health Service Program participants in MSHNs 21 county region responsible for direct operating or subcontracting services as outlined in the Medicaid Subcontract.

MDHHS: Michigan Department of Health and Human Services

MSHN: Mid-State Health Network

PIHP: Pre-Paid Inpatient Health Plan

SUDSP: Substance Use Disorder Service Providers contracted for the provision of SUD treatment and/or prevention services.

SUD Advisory Group: MSHN sanctioned workgroup comprised of SUD providers and MSHN staff.

Other Related Materials.

Annual Contract Review Timeline - Visio

References/Legal Authority

Balanced Budget Act of 1997 (BBA)

The Medicaid Managed Specialty Supports and Services Concurrent 1915(b)/(c) Waiver Program(s), the Healthy Michigan Program and Substance Use Disorder Community Grant Programs

Change Log:

Date of Change	Description of Change	Responsible Party
02.2018	New procedure	Director of Provider Network Management
11.2018	Annual Review	Director of Provider Network Management
09.2019	Annual Review	Director of Provider Network Management
11.2021	Biennial Review – Changed titles as necessary	Contract Specialist
12.2023	Procedure Update	Chief Financial Officer, Contract Specialist