MSHN
Mid-State Health Network

ABA Contract - FY27 Provider Feedback/Change Log

Changes Throughout

- Grammatical, punctuation, formatting, and terminology updates for consistency.
- Updated contract language for consistency, including standardized references to PROVIDER, PAYOR, and other defined terms, for consistency throughout the contract.
- Updated references for consistency with current MDHHS, MSHN, and CMHSP contract language.

18. Licenses, Certifications, Credentialing and Privileging Requirements (Pg. 15–17)

- Clarified background check requirements and references to MDHHS requirements.

21. Recipient Rights (Pg. 19)

- Clarification needed for electronic availability of Chapters 7 and 7A of the Mental Health Code.

Attachment A – Statement of Work (Pg. 29)

- Expanded Telemedicine requirements to a bullet list.
- VI – Billing of and Payment for Valid Service Reimbursement/Claims Submission
    - Item i – Update Coordination of Benefits to specify dual eligible Medicaid secondary payment are made up to the lesser of third party's allowed amount or CMH contracted rate.

Attachment B – Service Codes and Rates (Pg. 38)

- Removed U5 Modifer as it is no longer used.

Attachment C – Local Practices and Reporting Requirements (Pg. 40)

- Update needed to the Background Checks to reflect the three-year background check requirement.
- Clarify documentation submission requirements to specify whether documentation is required prior to claim submission. Optional (PNMC) : Add to this section needed.

Date:	Action:	Outcome:
3.30.26	Shared with PNMC -Sent to Provider	
	Provider Feedback due	Suggested edits
5.6.26	PNMC Review	Suggested edits
7.20.26	Operations Council Review	
	Release to Network	