

## POLICIES AND PROCEDURE MANUAL

<b>Chapter:</b>	<b>Provider Network Management</b>		
<b>Title:</b>	<b>Provider Network Directory – Information Requirements</b>		
<b>Policy:</b> <input checked="" type="checkbox"/>	<b>Review Cycle:</b> Biennial	<b>Adopted Date:</b> 07.10.2018	<b>Related Policies:</b>
<b>Procedure:</b> <input type="checkbox"/> <b>Page:</b> 1 of 2	<b>Author:</b> Chief Financial Officer	<b>Review Date:</b> 03.05.2024	

**Purpose**

Mid-State Health Network (MSHN) and the Community Mental Health Service Provider (CMHSP) Participants shall maintain a current directory of its provider network and comply with the requirements of the Medicaid Managed Care Rule, 438.10(h) Information Requirements – Information for Potential Enrollees – Provider Directory.

**Policy**

1. MSHN and the CMHSPs shall make available the following information for potential enrollees in paper form upon request and electronic form:
  - a. The provider’s name as well as any group affiliation.
  - b. Street address(es).
  - c. Telephone number(s).
  - d. Website URL, as appropriate.
  - e. Specialty, as appropriate.
  - f. Whether the provider will accept new enrollees.
  - g. The provider’s cultural and linguistic capabilities, including languages (including American Sign Language) offered by the provider or a skilled medical interpreter at the provider’s office, and whether the provider has completed cultural competence training.
  - h. Whether the provider’s office/facility has accommodations for people with physical disabilities, including offices, exam room(s) and equipment.
2. The provider directory must include the information in paragraph (1) of this section for each of the following provider types:
  - a. Physicians, including specialists;
  - b. Hospitals;
  - c. Pharmacies;
  - d. Behavioral health providers; and
  - e. Long Term Services and Supports (LTSS) providers, as appropriate.
3. Information included in a paper provider directory must be updated at least monthly and electronic provider directories must be updated no later than thirty (30) calendar days after MSHN receives updated provider information.
4. Provider directories must be made available on the MSHN’s website in a machine-readable file and format.
5. Each CMHSP shall designate staff member(s) responsible for supporting Information Requirements and the related Provider Network Directory – Information Requirements procedure.

**Applies to:**

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

**Definitions:**

CMHSP: Community Mental Health Service Programs

LTSS: Long Term Services and Supports

MSHN: Mid-State Health Network

URL: Uniform Resource Locator; the generic term for all types of names and addresses that refer to objects on the World Wide Web

**Other Related Materials:**

N/A

**References/Legal Authority:**

- Medicaid Managed Specialty Supports and Services Concurrent 1915 (b)/(c) Waiver Program
- Managed Care Rule, 438.10(h) Information Requirements – Information for Potential Enrollees – Provider Directory, effective 7.1.17

**Change Log:**

<b>Date of Change</b>	<b>Description of Change</b>	<b>Responsible Party</b>
04.2018	New Policy	Director of Provider Network Mgmt. Systems
09.2018	Annual Review	Director of Provider Network Mgmt. Systems
9.2019	Annual Review – no change	Director of Provider Network Management
11.2021	Biennial Review – No Changes	Contract Specialist
12.2023	Biennial Review	Contract Specialist