

## POLICIES AND PROCEDURES MANUAL

<b>Chapter:</b>	<b>Provider Network Management</b>		
<b>Section:</b>	<b>Provider Network Management</b>		
<b>Policy:</b> <input checked="" type="checkbox"/> <b>Procedure:</b> <input type="checkbox"/> <b>Page:</b> 1 of 4	<b>Review Cycle:</b> Biennial  <b>Author:</b> Provider Network Management Committee	<b>Adopted Date:</b> 12.03.2013  <b>Review Date:</b> 03.05.2024	<b>Related Policies:</b> SUD Direct Service Provider Procurement MSHN Procurement Policy

### **Purpose**

To establish guidelines for the development and management of the Mid-State Health Network (MSHN) provider network and Community Mental Health Service Program (CMHSP) Service Delivery System; to establish standardized systems and processes for the provider network and contract management administration and oversight across MSHN.

### **Policy**

#### **A. Network Monitoring and Oversight**

1. MSHN shall execute a standard written agreement with each CMHSP Participant/Substance Use Disorder Service Provider (SUDSP) to establish CMHSP Participant/SUDSP responsibilities and ensure compliance with all applicable federal and state standards and requirements including those of the Balanced Budget Act (BBA), Medicaid Provider Manual and the Medicaid Specialty Services and Supports Contract.
2. MSHN will monitor CMHSP Participants/SUDSPs at least annually in order to assure the safety, protection, and welfare of consumers/service recipients and to assure compliance with MSHN Policies and all applicable laws and contractual obligations. Such monitoring shall include, but not be limited to, Medicaid claims verification, provider training and credentialing, clinical documentation review, utilization management, and the review of customer services, person-centered planning, and quality assurance activities. Annually, MSHN will additionally conduct formal Risk Assessment for each SUDSP provider, which summarizes risk information not fully captured in the site review process. Risk level will be considered during the following times:
  - A. Organizational provider recredentialing (biennially) and will be used to determine ongoing participation in the network.
  - B. When SUDSP seeks contract expansion (i.e., new site or new services).
  - C. When SUDSP requests additional cost reimbursement funding (lesser of 50% increase in annual allocation or total cost reimbursement over \$100,000 at the discretion of the MSHN Chief Financial Officer).
3. CMHSP Participants/SUDSPs unable to demonstrate acceptable performance shall be required to provide corrective action including but not limited to additional Prepaid Inpatient Health Plan (PIHP) oversight and interventions and may be subject to sanctions imposed by MSHN.

#### **B. Network Adequacy/Sufficiency**

1. MSHN shall ensure an adequate and sufficient network of providers through a variety of mechanisms including, but not limited to, the development of a comprehensive list of all providers in the region, regular reviews of access and availability data, review of annual CMHSP Community Needs Assessments and Demand for Services data, review of utilization reports, and solicitation of stakeholder input.
2. Each CMHSP Participant shall conduct a local assessment of community need consistent with the MDHHS Guidelines for Community Needs Assessment. This assessment shall aid in informing decisions related to the sufficiency and adequacy of the provider network to address local needs and priorities. The assessment shall also determine whether services are available in accordance with MDHHS and Medicaid Provider Manual requirements.

3. Annually MSHN shall evaluate the needed and actual capacity of its provider network via a review of available data sources. MSHN shall consider, at a minimum, anticipated Medicaid enrollment, expected utilization, and required numbers and types of providers, number of network providers not accepting new beneficiaries, geographic location of providers and beneficiaries, the distance, travel time, and the availability of transportation including physical access for beneficiaries with disabilities. MSHN shall also consider the availability of local inpatient beds, crisis capacity, local alternatives to residential care, and regional alternatives to segregated day service in its decisions about network capacity and sufficiency. Consumer satisfaction with the existing service array shall also be reviewed and considered in this annual assessment. On an annual basis, MSHN shall forward its Network Adequacy Assessment upon completion to Michigan Department of Health and Human Services (MDHHS) based on the department's requirements.
  4. Based on this analysis MSHN may redistribute resources per the Operating Agreement where necessary to ensure timely access and necessary service array to address consumer demands. MSHN will explore economies of scale in purchasing, rate setting, regional capacity development and other efficiencies. MSHN shall also annually produce a plan from its evaluation findings and shall develop recommendations for network development.
- C. MSHN shall monitor and maintain a network of appropriate providers that is sufficient to provide adequate access to all services covered under the contract for all eligible persons including those with limited English proficiency or physical or mental disabilities. MSHN will ensure that network providers provide physical access, reasonable accommodations, and accessible equipment for Medicaid enrollees with physical or mental disabilities.
- D. CMHSP Service Delivery System
1. Development and management of the CMHSP Service Delivery System are functions delegated by the PIHP to the CMHSP Participants. Contracts executed between CMHSPs and subcontractors shall be consistent in terms of provider expectations, though documents may differ among CMHSPs. CMHSP Participants shall develop mechanisms for sharing application materials, provider monitoring/auditing reports, and provider training and credentialing when contracting with common providers in the region.
  2. MSHN shall require each CMHSP Participant to have written policies and procedures and to maintain evidence of compliance with network development standards that meet state and federal requirements. This includes:
    - i. Public, fair, and open processes for provider selection, provider qualification programs or other similar valid processes taking place on a regular or reoccurring basis.
    - ii. Consumer input in CMHSP provider selection processes where feasible, that includes new program development or service array expansion to meet local needs where indicated.
    - iii. Provider orientation and training for specific service delivery needs that meet requirements and conforms with applicable best practices, and methods to identify new workforce training needs.
    - iv. Verification of provider qualifications and credentials required for service delivery responsibilities.
    - v. An assigned individual at each CMHSP who is responsible to maintain compliance and consistency with standards and requirements in this area.
    - vi. Compliance with State and Federal Procurement Guidelines.
  3. Each CMHSP Participant shall assign staff to carry out the network development and management functions delegated by the PIHP in a manner consistent with the standards and requirements established by MDHHS, the BBA and MSHN.

E. SUDSP Service Delivery System

1. Development and management of the SUDSP service delivery system is a retained function of the PIHP. MSHN impanels SUDSPs in accordance with the MSHN Substance Use Disorder (SUD) Direct Service Provider Procurement Policy. Contracts executed between MSHN and SUDSPs shall be consistent in terms of provider expectations, though documents may differ among SUDSPs.
2. MSHN shall require each SUDSP to have written policies and procedures and to maintain evidence of compliance with network development standards that meet state and federal requirement. This includes:
  - i. Provider orientation and training for specific service delivery needs that meet requirements and conform with applicable best practices, and methods to identify new workforce training needs.
  - ii. Verification of provider qualifications and credentials required for service delivery responsibilities.
  - iii. An assigned individual who is responsible to maintain compliance and consistency with standards and requirements in this area.
  - iv. Compliance with State and Federal Procurement Guidelines.

F. Provider Qualifications and Credentialing

1. MSHN shall ensure that CMHSP Participants/SUDSP comply with all MDHHS guidelines and federal regulations related to credentialing, re-credentialing, and primary source verification of professional staff, as well as the qualifying of non-credentialed staff, and in accordance with MSHN policies and procedures. MSHN will monitor CMHSP/SUDSP credentialing and qualifying activities at least annually to ensure compliance with these standards.

G. Conflict of Interest

1. All CMHSP Participants/SUDSPs will consistently function with integrity, in compliance with requirements of all applicable laws, utilizing sound business practices, and with the highest standards of excellence.

H. Payment Liability

1. MSHN shall ensure that CMHSP Participants/SUDSPs comply with enrollee rights related to payment liability. Written agreements shall ensure that beneficiaries are not held liable when the PIHP does not pay the health care provider furnishing services under the contract.

**Applies to:**

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

**Definitions/Acronyms:**

BBA: Balanced Budget Act  
CMHSP: Community Mental Health Service Programs  
MDHHS: Michigan Department Health and Human Services  
MSHN: Mid-State Health Network  
OFPP: Office of Federal Procurement Policy  
PIHP: Prepaid Inpatient Health Plan  
PNMC: Provider Network Management Committee

SUD: Substance Use Disorder

SUDSP: Substance Use Disorder Service Provider

### **Related Procedures**

N/A

### **Monitoring and Review Completed By:**

This policy shall be reviewed biennially by the MSHN Chief Financial Officer in collaboration with CMHSP Participants (PNMC). Compliance with this policy shall be ensured through any of the following: Annual monitoring of CMHSP Participants (i.e. delegated managed care), review of data and submitted reports, and/or on-site visits. External monitoring by MDHHS and/or accreditation bodies may also occur.

### **References/Legal Authority**

- BBA 438.214(b)(2) Provider Selection
- Medicaid Managed Specialty Supports and Services Concurrent 1915(b)(c) Waiver Program (which includes the Credentialing/Re-Credentialing policy)
- Medicaid Provider Manual
- Federal Procurement Guidelines (The Office of Federal Procurement Policy (OFPP) - Office of Management and Budget)
- MSHN Procurement Policy
- MSHN SUD Direct Service Provider Procurement Policy
- Provider Risk Assessment Profile

### **Change Log:**

<b>Date of Change</b>	<b>Description of Change</b>	<b>Responsible Party</b>
12.03.2013	New Policy	Provider Network Mgmt Committee
12.2014	Annual Review	Provider Network Mgmt Committee
03.2016	Annual Review and Revisions	Provider Network Mgmt Committee
08.24.2017	Annual Review and Revisions	Provider Network Mgmt Committee
09.2018	Annual Review, No Revisions	Provider Network Mgmt Committee
09.2019	Annual Review	Director of Provider Network Management
03.2020	Risk Assessment for SUDSPs	Director of Provider Network Management
12.2021	Added annual requirement to forward NAA to MDHHS	Provider Network Mgmt Committee
12.2023	Policy Update	Provider Network Mgmt Committee