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REGION 10 PIHP

SUBJECT PIHP Network of Service Providers		**CHAPTER** 01	**SECTION** 06	**SUBJECT** 02
CHAPTER Administrative	**SECTION** Provider Network			
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I. **APPLICATION:**

☒ PIHP Board ☒ CMH Providers ☒ SUD Providers
☒ PIHP Staff ☒ CMH Subcontractors

II. **POLICY STATEMENT:**

It shall be the policy of Region 10 PIHP to ensure a comprehensive network of specialized services and supports is in place which has the capacity to provide services of sufficient amount, scope, and duration to meet the needs of all eligible persons requiring specialty benefit mental health and substance use disorder services.

III. **DEFINITIONS:**

Code of Federal Regulations (CFR): The codification of the general and permanent rules published in the Federal Register by the departments and agencies of the Federal Government- for the purposes of this policy, specifically 42CFR438-Managed Care.

Provider: CMHSP and SUD Providers, individual or corporation; any CMHSP subcontracted provider/ practitioner, individual or corporation.

IV. **STANDARDS:**

A. The Network Adequacy Report: The PIHP shall maintain an annual network adequacy report that delineates the details of its network adequacy management and monitoring. The report shall be submitted to MDHHS on an annual basis per MDHHS reporting guidance and timeframes

B. Network Management Delegation: The PIHP is delegating the management of its local sub-panel of mental health service providers to each CMHSP and directly manages a network of SUD Providers. The PIHP shall ensure through its Provider contracts that it remains accountable for any PIHP functions and responsibilities that it delegates.
    1. Before the delegation, the PIHP shall evaluate the prospective Provider's ability to perform the activities to be delegated.

2. The PIHP has in writing what specific activities and report responsibilities are delegated to the Provider.

C. Network Services: The PIHP shall ensure (and each CMHSP shall assure the PIHP) that all services covered under the state plan include treatment for (SMI), (SED), (SUD) and (I/DD). Behavioral Health Services include (EPSDT) services, 1915(i) and 1915(c) Waiver services: (HSW), (CWP) and (SED). Additional services listed in the Michigan Department of Health and Human Services (MDHHS) Contract are available and geographically accessible to all beneficiaries of the PIHP. SUD services are covered under (MDHHS) Contract or "alternative benefit plan."

D. Network Sufficiency: The PIHP shall ensure (and each CMHSP shall assure the PIHP) of service sufficiency and availability-that a sufficient service delivery network is available, which meets the following requirements:
   1. A network of appropriate providers that is supported by written agreements and is sufficient to provide adequate access to all services covered under contract.
   2. Maintain a policy that ensures parties that are declined as part of the network are provided with written notice of the reason why.
   3. Address the following in maintaining and monitoring its providers' network:
      a) The anticipated Medicaid enrollment.
      b) The expected utilization of services, taking into consideration the characteristics and healthcare needs of the specified populations in the PIHP's catchment area.
      c) The numbers and types of providers required to furnish the contracted Medicaid services.
      d) The numbers of network providers not accepting new Medicaid referrals; and any capacity limitations that may exist in the network.
      e) The geographic location of providers and Medicaid beneficiaries considering distance, travel, time, and the means of transportation ordinarily used by Medicaid beneficiaries within the region, and whether the location provides physical access to persons with disabilities.
   4. Maintain sufficient capacity to provide a "second opinion", as defined in the CFR, from a qualified health care professional within the network, or arranges for the Medicaid beneficiary to obtain one outside the network.
   5. Necessary services, covered under the MDHHS/PIHP or PIHP/ CMHSP contract are obtained should sufficient capacity not exist within the local network to provide adequate and timely services.
   6. If unable to provide the necessary medical services covered under the contract to a particular beneficiary, to adequately and timely cover these services out of network for the beneficiary, for as long as the entity is unable to provide them within the network.
   7. Since there is no cost to the beneficiary for the PIHP's in-network services, there may be no cost to the beneficiary for medically necessary specialty services provided out of network.

8. Demonstrate that its organizational providers are credentialed as required by CFR 438.214 and the Medicaid Provider Manual.
9. Ensure that each subcontracted provider complies with the following requirements:
    a) Timely access. Require its providers to meet PIHP standards for timely access to care and services, taking into account the urgency of the need for services.
    b) Offer hours of operation that are no less than the hours of operation offered to commercial plan enrollees, or comparable Medicaid fee-for-providers.
10. Establish mechanisms to ensure compliance by subcontracted providers (i.e. contract monitoring).

E. The PIHP shall ensure (and each Provider shall assure the PIHP) that service delivery meets the following requirements:
    1. Providers may not bill individuals for the difference between the provider's charge and the PIHP's payment for services. Providers shall not seek nor accept any additional payment for covered services furnished under a contract, referral, or other arrangement, to the extent that those payments are in excess of the amount that the beneficiary would owe if the PIHP provided the services directly.
    2. To promote the delivery of services in a culturally competent manner to all enrollees, including those who have Limited English Proficiency and diverse cultural and ethnic backgrounds, disabilities, and regardless of gender, sexual orientation, or gender identity.
    3. To provide physical access, reasonable accommodations, and accessible equipment for Medicaid enrollees with physical or mental disabilities. To immediately accommodate individuals who present with Limited English Proficiency and other linguistic needs, diverse cultural or demographic backgrounds, visual impairments, alternative needs for communication and mobility challenges.
    4. Provide appropriate and timely notification of any changes to the composition of the network that negatively affect access to care and maintain procedures to address related changes.
    5. Review and monitoring of MDHHS network adequacy standards.

F. Network Credentialing: The PIHP shall establish a network-wide uniform credentialing policy.
    1. The PIHP shall ensure (and each Provider shall assure the PIHP) that each is following a documented process for credentialing and re-credentialing of its direct (practitioner) and contract agency sub-panel providers (organization applicable to CMHSPs only).
    2. The PIHP shall establish uniform policies and procedures for the provider network. Each Provider shall ensure compliance with these network selection policies, and the development of local procedures on its implementation.
    3. The PIHP and Providers (and their network where applicable for each CMHSP) may not employ or contract with providers excluded or sectioned from participation in Federal Healthcare Programs as verified monthly through both MDHHS Office of Inspector General (OIG) and through the MDHHS Sanctioned Provider List.

G. Provider Registry: Providers must register with the PIHP any Medicaid state plan or HSW service it provides directly or through an approved contracted sub-panel provider, as specified in the Medicaid Provider Manual, Mental Health and Substance Abuse Chapter Section 1.4. Providers must update their own directory or the PIHP whenever substantial changes occur (e.g. address, scope of program, program additions, program deletions, etc.) according to the format specified by the PIHP. In turn, the PIHP shall be the responsible entity to update the PIHP's provider registry with MDHHS.

H. Provider Enrollment: Providers must ensure they are enrolled with the PIHP as required and specified in the PIHP Credentialing and Privileging Policy. Credentialing of contracted provider organizations must be re-credentialed at least every three (3) years to maintain enrollment in the PIHP Provider Network. PIHP may execute Network Provider agreements, pending the outcome of screening, enrollment, and revalidation, of up to 120 days but must terminate a network provider immediately upon notification from the State that the network provider cannot be enrolled or the expiration of one 120-day period without enrollment of the provider, and notify affected enrollees.

I. CMHSP Special Program Approval:
    1. Each CMHSP must obtain and maintain PIHP (and MDHHS) specific approval for certain programs prior to service delivery and claims submission to the PIHP, in order to be reported as a Medicaid cost. Programs must be approved and certified by MDHHS prior to service provision in order to be reported as a Medicaid cost. Programs requiring special approval and certification are:
        a. Assertive Community Treatment (ACT) Program
        b. Clubhouse Psychosocial Rehabilitation Programs
        c. Crisis Residential Programs
        d. Day Program Sites
        e. Drop-in Programs
        f. Home-Based Services
        g. Intensive Crisis Stabilization for Adults and Children
        h. Wraparound and Children's Therapeutic Foster Care

V. **PROCEDURES:**

The PIHP shall:

A. Electronically issue a Provider Manual and Bulletins or other means of Provider communication to providers under contract or agreement. The manual and bulletins must serve as a source of information to providers regarding Medicaid covered services, policies and procedures, statutes, regulations, and special requirements to ensure all Contract requirements are being met. The PIHP will notify providers how to obtain the electronic copy and how to request a hard copy at no charge to the provider.

B. Review its Provider Manual, Bulletins and all Provider policies and procedures at least annually to ensure that current practices and Contract requirements are reflected in the written policies and procedures.

C. Maintain a network adequacy report for the regional network and update as necessary.

D. Coordinate CMHSP Special Program Approval enrollment including initial and renewal applications and service agency profiles (including revisions as appropriate) and submit to MDHHS.

E. Coordinate and submit to MDHHS CMHSP Special Program Approval enrollment MDHHS required reports.

F. Monitor, no less than annually, the overall performance and compliance of each Provider, as required by the CFR and MDHHS contract, providing a summary report to the PIHP Board on each Provider's performance, including any delegated functions.

G. Monitor, no less than annually, the overall performance and compliance of each Provider, as required by the CFR and MDHHS contract, providing summary report to the PIHP Board on Provider performance on Network Adequacy Time and Distance Standards.

H. Notify MDHHS within seven (7) days of any changes to the composition of the provider network that negatively affect access to care.

I. Update and submit PIHP Network Adequacy Reporting Template annually to MDHHS.

CMHSP Providers shall:

A. Submit timely information to the PIHP regarding CMHSP Special Program approval for initial or updated enrollment information and reporting.

B. Submit timely information to PIHP regarding Network Adequacy Standards.

C. Notify the PIHP within five (5) days of any changes to the composition of the provider network that negatively affect access to care.

D. Have procedures to address changes in their network that negatively affect access to care.

VI. **EXHIBITS:**

None.

VII. **REFERENCES:**

A. MDHHS / PIHP Contract
B. 42 CFR §438-Managed Care