



REGION 10 PIHP

SUBJECT Network Directory and Network Reporting Obligations	CHAPTER 01	SECTION 06	SUBJECT 09
CHAPTER Administrative	SECTION Provider Network		
WRITTEN BY Kristen Potthoff	REVIEWED BY Erin Goodman & Deidre Slingerland		AUTHORIZED BY PIHP Board

I. APPLICATION:

- | | | |
|--|---|---|
| <input type="checkbox"/> PIHP Board | <input checked="" type="checkbox"/> CMH Providers | <input checked="" type="checkbox"/> SUD Providers |
| <input checked="" type="checkbox"/> PIHP Staff | <input type="checkbox"/> CMH Subcontractors | |

II. POLICY STATEMENT:

Region 10 PIHP shall ensure current information regarding the Region 10 PIHP Network of Provider organizations and practitioners providing services is available to individuals served. Region 10 PIHP shall ensure MDHHS, and any other appropriate authorities, are notified regarding Provider Network changes which would negatively affect access to care or a Provider’s and / or practitioner’s eligibility to participate in the Medicaid program.

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 42 CFR 438 – Managed Care.

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

Readily Accessible: Electronic information and services which comply with modern accessibility standards such as section 508 guidelines, section 504 of the Rehabilitation Act, and W3C's Web Content Accessibility Guidelines (WCAG) 2.0 AA and successor versions.

IV. STANDARDS:

- A. A PIHP Provider Directory shall be made available for all service organizations within the PIHP’s Provider Network for enrollees and potential enrollees in a manner and format that may be easily understood and is readily accessible by such enrollees and potential enrollees
 - 1. The PIHP Provider Directory shall include all content and language requirements as outlined in 42 CFR 438.10. Specifically, the PIHP Provider Directory shall include:
 - a) All content requirements outlined in 42 CFR 438.10(h)(1)(i-viii).
 - b) Information for those organizations contracting directly with the PIHP

REGION 10 PIHP

SUBJECT Network Directory and Network Reporting Obligations	CHAPTER 01	SECTION 06	SUBJECT 09
CHAPTER Administrative	SECTION Provider Network		

(CMHSPs and SUD Providers) who are providing services through funding of the PIHP.

2. The PIHP Provider Directory shall be maintained electronically by the PIHP and posted on the PIHP’s website. The PIHP Provider Directory will also be made available in printed format upon request.
- B. Each CMHSP in the PIHP’s Provider Network shall maintain a CMHSP Provider Directory which is made available for all service organizations and practitioners in its Provider Network.
1. The CMHSP Provider Directory shall include all content and language requirements as outlined in 42 CFR 438.10. Specifically, the CMHSP Provider Directory shall include:
 - a) All content requirements outlined in 42 CFR 438.10(h)(1)(i-viii).
 - b) Information for those organizations contracting directly with the CMHSP and all practitioners providing services within the CMHSP Provider Network as outlined in 42 CFR 438.10(h)(2)(i-v)
 2. The CMHSP Provider Directory shall be maintained electronically by the CMHSP and posted on the CMHSP’s website. The CMHSP Provider Directory will also be made available in printed format upon request.
- C. All Provider Directories which are in electronic format and posted online shall be:
1. Provided in a format that is readily accessible.
 2. Placed in a location on the PIHP or the Provider Network’s organizations Web site that is prominent and readily accessible.
 3. Provided in an electronic form which can be electronically retained and printed.
 4. Provided consistent with the content and language requirements of 42 CFR 438.10.
 5. Inform Enrollees or potential Enrollees that the information is available in paper form without charge upon request and provide it upon request within 5 business days.
- D. The PIHP and CMHSP Provider shall submit appropriate and timely notification of Network composition changes which affect access to care or a Network Provider’s eligibility to participate in the Medicaid program, including termination of a Provider agreement with the PIHP or CMHSP.

V. PROCEDURES:

The PIHP shall:

- A. Maintain a PIHP Provider Directory which includes updated and current information (the Provider Directory must be updated at least monthly (with updates occurring no later than 30 days following notification of a change).
 1. If an individual served requests a printed copy of a Directory listing, the PIHP must provide this information within five (5) business days without charge.
- B. Contract monitoring of its Provider Network to ensure:

REGION 10 PIHP

SUBJECT Network Directory and Network Reporting Obligations	CHAPTER 01	SECTION 06	SUBJECT 09
CHAPTER Administrative	SECTION Provider Network		

1. Each Provider is:
 - a) Providing appropriate information for the PIHP Provider Directory on an ongoing basis, but no less than monthly.
 - b) Providing information to individuals served regarding the PIHP Provider Directory on an annual basis.
 2. Each CMHSP is:
 - a) Maintaining a Provider Directory for its practitioners and subnetwork Providers which meets all requirements specified in 42 CFR 438.10 and in the PIHP / Provider contract.
 - b) Providing information to individuals served regarding the CMHSP Provider Directory on an annual basis.
- C. Notify MDHHS within seven (7) days of any changes to the composition of the PIHP Provider Network that negatively affect access to care and maintain procedures to address related changes.
- D. Have procedures in place for:
 1. Reporting improper known organizational Provider or individual practitioner conduct that results in suspension or termination from the PIHP’s Provider Network to the appropriate authorities (e.g. MDHHS).
 2. Notification to MDHHS when it receives information about a change in a Network Provider’s circumstance that may affect the Provider’s eligibility to participate in the Medicaid program.

Network Providers shall:

- A. Notify the PIHP within five (5) calendar days of any changes to the composition of the CMHSP Provider Network that negatively affect access to care and maintain procedures to address related changes
- B. Submit relevant updates regarding the PIHP Provider Directory content on a monthly basis to the PIHP in the format specified by the PIHP. These updates include but are not limited to the following:
 1. Information on the acceptance of new Enrollees (SUD Providers are required to provide real-time updates to the PIHP on Provider capacity to accept new Enrollees).
 2. Location changes.
 3. Contact information updates.
 4. ADA accommodation changes.
- C. Inform individuals served the availability of and how to access the PIHP Provider Directory on an annual basis.
 1. Notification of availability online as well as in printed format upon request.

REGION 10 PIHP

SUBJECT Network Directory and Network Reporting Obligations	CHAPTER 01	SECTION 06	SUBJECT 09
CHAPTER Administrative	SECTION Provider Network		

2. Notification of contact information for the PIHP (Access Center) and Provider (Customer Service) on how to access the appropriate Directory at any time.

CMHSP Providers shall:

- A. Maintain a Provider Directory which includes updated and current information (the CMHSP Provider Directory must be updated at least monthly (with updates occurring no later than 30 days following notification of a change).
- B. Inform individuals served of the availability of and how to access the CMHSP Provider Directory on an annual basis.
 1. All individuals served shall be provided information on electronic Provider Directory listings annually unless the individual served has expressly informed the CMHSP that accessing the Directory listing through an available website or customer services line is unacceptable.
 2. If an individual served requests a printed copy of a Directory listing, the CMHSP must provide this information within five (5) business days without charge.
- C. Have procedures in place for reporting improper known organizational Provider or individual practitioner conduct that results in suspension or termination from the CMHSP's Provider Network to the PIHP.
- D. Have procedures in place for notification to the PIHP when it receives information about a change in a Network Provider's circumstance that may affect the Network Provider's eligibility to participate in the Medicaid program.

VI. EXHIBITS:

None.

VII. REFERENCES:

- A. (42 CFR 438.10) Information Requirements
- B. MDHHS/PIHP Contract
- C. MDHHS Customer Service Standards Policy