MCCMH MCO Policy 3-006

Chapter: **PROVIDER NETWORK MANAGMENT**
Title: **NETWORK MONITORING AND OVERSIGHT**

Prior Approval: N/A
Current Approval: 01/24/24

Proposed by: Traci Smith 01/18/2024
Chief Executive Officer Date

Approved by: Al Lorenzo 01/24/2024
County Executive Office Date

I. ABSTRACT

This policy establishes the standards of Macomb County Community Mental Health (MCCMH), an official agency of the County of Macomb, for the management and oversight of its network.

II. APPLICATION

This policy shall apply to all contract network providers of MCCMH.

III. POLICY

It is the policy of MCCMH that all network providers comply with applicable standards, regulations, and laws as well as the designated MCCMH practices described herein.

IV. DEFINITIONS

None.

V. STANDARDS

A. MCCMH maintains a network of providers that is sufficient in number, mix, and geographic distribution to meet the needs of the anticipated number of persons served in its service area.

B. MCCMH continuously monitors its network and evaluates for maximum time and distance, timely appointments, language preferences, cultural competency, and physical accessibility.

C. MCCMH shall give assurances to Michigan Department of Health and Human Services (MDHHS) and provide supporting documentation to demonstrate its capability to serve the expected enrollment in its service area, in accordance with MDHHS' Network Adequacy

Standards for access to care.

D. MCCMH shall submit assurances of adequate capacity to MDHHS annually and any time there is a significant change, including changes in services, benefits, geographic service area, composition of or payments to provider network, or enrollment of a new population in its network.

E. Prospective providers requesting to participate in MCCMH’s network must complete and submit initial documentation for consideration. MCCMH responds to such requests with a written determination based on the provider’s ability to meet contractual requirements and the needs of the network. MCCMH’s procurement practices are described further in MCCMH Policy 3-020, “Procurement of Services.”

F. When prospective providers are approved for further consideration, MCCMH sends the provider an organizational credentialing application. Organizational Credentialing standards and processes are described further in MCCMH Policy 8-010, “Organizational Credentialing and Re-Credentialing.”

G. Once an official contractual relationship begins between MCCMH and a contracted provider, the provider must be able to provide the services delineated in their executed contract.

H. Newly contracted providers must attend an initial onboarding session. During their onboarding session, providers receive instruction and training on various areas of service delivery within MCCMH’s network.

   1. Providers are reviewed at regular intervals after their initial onboarding to monitor appropriate completion of documentation and submission of claims.

   2. MCCMH provides support during these reviews to ensure providers are able to meet contractual requirements and expectations.

I. MCCMH ensures that there are sufficient Indian Health Care Providers (IHCP) participating in the provider network to ensure timely access to services for Indian beneficiaries who are eligible to receive services. If timely access to covered services cannot be ensured due to few or no IHCPs, MCCMH shall allow Indian beneficiaries to access out-of-state IHCPs; or show good cause for disenrollment from both MCCMH and Michigan Department of Health and Human Services’ (MDHHS) managed care program.

   1. MCCMH shall permit Indian beneficiaries to obtain services covered under the Contract from out-of-network IHCPs from whom the beneficiary is otherwise eligible to receive such services.

   2. MCCMH shall permit an out-of-network IHCP to refer an Indian beneficiary to a network provider.

J. Providers within MCCMH’s network must provide formal notice to MCCMH any time they become unable to provide a contracted service or if there is a change in their capacity to provide a contracted service. Examples of scenarios include, but are not limited to:

1. Temporary staff-shortages;

2. A weather-related closure of any contracted site;

3. Being unable to accept new referrals; and/or

4. Health-related concerns.

K. When a contracted provider agency is unable to meet the needs of the individuals it serves, the agency must provide prompt, written notice to those individuals and their legal representatives. Written notice must include:

1. The reason(s) the person's request or needs cannot be met by the agency at this time;

2. The anticipated timeframe until the issue can be resolved;

3. Names and contact information for the person to contact for assistance;

4. Names and contact information for the person to contact if they would like to file a grievance; and

5. Names and contact information for other MCCMH contracted agencies that provide the services and supports the person may need.

L. It is the responsibility of MCCMH to ensure that the needs of all persons served are being met. When contracted providers send out notices of their inability to meet the needs of its persons served, MCCMH must also receive notification from the provider agency.

1. Notification must include the reason the notices(s) was sent, and the number of individuals involved.

2. Notice to MCCMH can be mailed, faxed, e-mailed, or dropped off at MCCMH's offices to the attention of the Network Operations Division and/or the Substance Use Division.

3. Large volume notices should be summarized on a Microsoft Excel spreadsheet.

M. Failure of provider agencies to comply with applicable federal, state, county, and local laws, administrative directives, guidelines and/or policies will result in sanctions as outlined in the MCCMH contract.

N. MCCMH shall notify MDHHS within seven (7) days of any changes to the composition of the provider network that negatively affects access to care.

VI. PROCEDURES

A. Provider Termination and Continued Access to Care

1. MCCMH provides written notice of the termination of a behavioral healthcare practitioner or practice group to affected persons served at least 30 calendar days prior to the effective date of termination or 15 calendar days after receipt or issuance of the

termination notice. Notice must include:

a. The provider's name;

b. The effective termination date; and

c. Procedures for selecting another provider.

2. MCCMH shall provide notification of provider termination to persons served by mail, fax, email, or on its website if it informs individuals that the information is available online. MCCMH mails notification to persons served who do not have fax, email, or internet access.

3. The provider terminating a contract with MCCMH may provide written notice of the termination to persons served during scheduled visits or appointments. When delivered in-person, the individual signs the notice of termination to indicate receipt and provides a copy to MCCMH.

4. Upon the termination of a provider's contract, MCCMH ensures that persons served receiving treatment for a chronic or acute behavioral health condition continue to receive services per their individual plan of service (IPOS) through the current period of active treatment or for 90 calendar days, whichever is less.

5. When a provider is no longer under contract, MCCMH develops a reasonable transition plan for each person served in active treatment and assists them in selecting a new provider. For additional information on this area, refer to MCCMH's Provider Termination Procedure.

VII. REFERENCES / LEGAL AUTHORITY

A. 42 CFR 438.68

B. 42 CFR 438.206

C. 42 CFR 438.07

D. MDHHS Network Adequacy Standards – Medicaid Specialty Behavioral Health Services

E. MCCMH MCO Policy 2-100, "Integration of Care"

F. MCCMH MCO Policy 3-020, "Procurement of Services"

G. MCCMH MCO Policy 8-010, "Organizational Credentialing and Re-Credentialing"

VIII. EXHIBITS

A. MDHHS Time and Distance Standards

B. MCCMH Provider Termination Procedure