LAPEER COUNTY COMMUNITY MENTAL HEALTH **Date Issued** 06/26/2007
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CHAPTER Administrative	**CHAPTER** 01	**SECTION** 002	**SUBJECT** 30
SECTION Operations	**DESCRIPTION** Provider Network Maintenance and Monitoring		
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APPLICATION:

☒CMH Staff	☒Board Members	☒Provider Network	☒Employment Services Providers
☒Employment Services Provider Agency	☒Independent Contractors	☒Students	☒Interns
☒Volunteers	☒ Persons Served		

POLICY:

Lapeer County Community Mental Health (LCCMH) provides and monitors a comprehensive network of specialized services and supports to meet the needs and accommodate the choices of all persons served.

STANDARDS:

A. LCCMH as a Certified Community Behavioral Health Clinic (CCBHC) ensures no individual is denied access to services because of place of residence or homelessness or lack of permanent residence.

B. The provider network of directly operated services and contract services is managed in accordance with:

   a. LCCMH Network Management and Monitoring Plan

   b. Terms and conditions of the Pre-Paid Inpatient Health Plan (PIHP) contractual agreement

   c. Agency policies and the applicable PIHP Provider Network Policies

C. A sufficient service delivery network is available to meet the following requirements:

   a. A network of appropriate providers is supported by written agreements and is sufficient to provide adequate access and meet standards of care for all services covered under the service contracts. See policy 01.002.65 Provider Procurement and Best Value Purchasing.

   b. LCCMH considers the following in maintaining and monitoring its provider network:

      a. The anticipated Medicaid enrollment

      b. The expected utilization of services, taking into consideration the characteristics and healthcare needs of the specified populations

      c. The numbers and types of providers required to provide the contracted Medicaid services

      d. The numbers of network providers not accepting new Medicaid referrals; and any capacity limitations existing in the network

      e. The geographic location of providers and Medicaid beneficiaries considering distance, travel time, the means of transportation ordinarily used by Medicaid beneficiaries within the region, and whether the location provides physical access to persons with disabilities

D. Provider network supports services:

   a. Are based on the identified needs of persons served

   b. Are based on the expectations of persons served and/or guardian

   c. Are based on the expectations of family members when appropriate

   d. Are based on the expectations of community stakeholders

   e. Demonstrate opportunity for choice by the persons served in accordance with 42 Code of Federal Regulations (CFR) 438.6(m)

f. Are provided in an agreed-upon timeframe

g. Are sensitive to the cultural diversity of the persons served and the community in which the services are provided

h. Enhance the dignity of the persons served

E. All services covered under the state plan including 1915(c) Habilitation Support Waiver (HSW), the 1915(i) State Plan Amendment (SPA), Home and Community Based Services listed in the Michigan Department of Health and Human Services (MDHHS) and PIHP contracts are available and geographically accessible to all persons served.

a. A Medicaid beneficiary must qualify for at least one state plan service documented in the Individual Plan of Service (IPOS).

b. LCCMH considers all state plan services entitlement programs and makes plans available to a Medicaid beneficiary upon specific request, if medically necessary.

F. LCCMH maintains sufficient capacity to provide a second opinion for medical necessity from a qualified health care professional within the network or arranges for the Medicaid beneficiary to obtain a second opinion outside the network.

G. Necessary services covered under the MDHHS and PIHP contracts may be obtained out-of-area, if sufficient capacity does not exist within the local network to provide adequate and timely services, at no cost to the beneficiary.

a. Out-of-area services are obtained at no greater costs to the PIHP than if furnished within the network.

b. Ensures sufficient access to Indian Health Care Providers (IHCP), including access to out-of-state IHC Providers, as required by 42 CFR 438.14.

H. Professional staff and provider organizations are credentialed and re-credentialed as required by CFR 438.214, the Medicaid Provider Manual, Chapter III, and LCCMH Policy 01.002.50 Provider Enrollment Privileging and Credentialing.

I. LCCMH direct operations and contracts are compliant with the following requirements:

   a. PIHP standards for timely access to care and services, taking into account the urgency of the need for services.

   b. Hours of operation meet the needs of persons served and are no less than the hours of operation offered to commercial plan enrollees or comparable Medicaid fee-for-providers.

   c. Services included in the MDHHS and PIHP contracts are available twenty-four hours a day, seven days a week, when medically necessary.

   d. Subcontracting requirements of the CMH-PIHP Contract.

J. Sub-contractors in the provider network are monitored annually to determine compliance with contract attachments:

   a. Specific contract performance requirements and indicators are outlined in contract Attachment D.

   b. LCCMH takes corrective action if there is a failure to comply.

K. LCCMH has uniform non-discrimination policies for its provider network, regarding provider selection which do not discriminate against particular providers serving high-risk populations or specialize in conditions requiring more-costly treatment. The agency ensures compliance with the PIHP's non-discrimination policy in the selection and maintenance of network providers.

L. LCCMH does not employ or contract with providers excluded from participation in the Federal Healthcare Programs.

PROCEDURES:

A. The Quality Department monitors provider contracts and sends language updates to the Contract Department to reflect current functionality and changing rules and regulations annually. The Contract Department ensures providers have the most up-to-date version of the services contract, including staff training requirements.

B. The Quality Department coordinates the Network Monitoring Team and process.

1. The Network Monitoring Team reviews and revises the Network Monitoring Plan, as applicable.

2. The Network Monitoring Team monitors each sub-provider annually on the following domains of the Network Monitoring Plan:

    a. Contract Compliance

    b. Recipient Rights

    c. Corporate Compliance

    d. Clinical Assessment

    e. Finance/Data Compliance

    f. Training Compliance

3. Sub-providers are given a copy of their final network monitoring results. If compliance falls below the threshold for any of the domains, a corrective action plan (CAP) is required within 30 days. The Network Monitoring Team determines if additional monitoring of the CAP is required within the fiscal year.

4. If providers continue to fall below the threshold during future reviews, the CEO is notified and more serious interventions is implemented, up to and including contract termination.

5. The final provider report is sent to the Quality Council for approval, then to the LCCMH Board and posted on the agency webpage.

6. LCCMH provides copies of the network monitoring documents and reports to the PHIP for contract monitoring as requested.

C. The Contract Department completes monthly Federal Sanctioned Provider and Office of Inspector General Exclusion checks.

D. LCCMH notifies the PIHP of any exclusion status of any person with an ownership or control interest or who is an agent or managing employee of the provider.

E. LCCMH provides the PIHP an updated list of providers annually.

DEFINITIONS:

1915(i) State Plan Amendment: State plan benefits for individual beneficiaries with a serious emotional disturbance, serious mental illness and/or intellectual/developmental disability with substantial functional limitations in one or more major life activity as defined by the state plan. Services benefits are Community Living Supports, Enhanced Pharmacy, Environmental Modifications, Family Training and Support, Fiscal Intermediary, Housing Assistance, Respite Care, Skill Building, Specialized Equipment and Supplies (formerly known as Assistive Technology), Supported Integrated Employment, and Vehicle Modification (formerly known as Assistive Technology).

Indian Health Care Provider (IHCP): a health care program operated by the Indian Health Service (HIS) or by an Indian Tribe, Tribal Organization, or Urban Indian Organization (otherwise known as an I/T/U) as those terms are defined in Section 4 of the Indian Health Care Improvement Act (25 U.S.C. 1603).

Region 10 Prepaid Inpatient Health Plan (PIHP): The Region 10 managed care entity under contract with the Department of Health and Human Services responsible for ensuring delivery of Mental Health and Substance Use Disorder Services to Medicaid-eligible persons in Lapeer, St. Clair, Sanilac and Genesee Counties.

Provider Network: The set of service providers, which, together, constitutes a system of specialized services and supports for persons served.

REFERENCES:

Centers for Medicare and Medicaid Services Code of Federal Regulation-42 CFR 438.6(m) and 42 CFR 438.14.
Lapeer County Community Mental Health Network Monitoring Plan
LCCMH Policy 01.002.50 Provider Enrollment Privileging and Credentialing
LCCMH Policy 01.002.65 Provider Procurement and Best Value Purchasing

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This policy supersedes
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