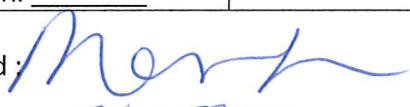


SWMBH Operating Policy 2.8

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|---|--|--|--|---------------------------------|--------------------------------|
| Subject: Network Reporting Obligations and Network Directory | | Accountability: Provider Network | Effective Date: 1/1/2014 | Pages: 3 | |
| REQUIRED BY: BBA Section <u>438.10</u> PIHP Contract Section <u>Attachment P.7.7.1.1</u> NCQA/URAC Standard <u>NQCA RR4</u> Other _____ | | | Last Reviewed Date: 5/8/17 | Past Reviewed Dates: 5/27/15 | |
| LINE OF BUSINESS: <input checked="" type="checkbox"/> Specialty Waiver (B/C) <input checked="" type="checkbox"/> 1115 Waiver <input checked="" type="checkbox"/> Healthy Michigan <input checked="" type="checkbox"/> SUD Medicaid <input checked="" type="checkbox"/> SUD Block Grant <input checked="" type="checkbox"/> MI Health Link <input type="checkbox"/> OTHER: _____ | | APPLICATION: <input checked="" type="checkbox"/> SWMBH Staff and Operations <input checked="" type="checkbox"/> Participant CMHSPs <input type="checkbox"/> SUD Providers <input type="checkbox"/> MH / DD providers <input type="checkbox"/> Other: _____ | | Last Revised Date: 5/8/17 | Past Revised Dates: 5/18/15 |
| Approved:  Date: <u>5/18/17</u> | | | Required Reviewer: Director of Provider Network Management and Clinical Improvement | | |

I. Purpose

To ensure information is provided to customers regarding the availability of the Southwest Michigan Behavioral Health (SWMBH) Provider Network. To ensure network capacity and access concerns are promptly reported and remediated.

II. Policy

SWMBH and its participant CMHSPs shall offer information to customers and prospective customers that is useful in selecting behavioral health and substance use disorder providers. SWMBH and its participant CMHSPs shall have procedures in place to promptly address changes in their networks that negatively affect access to care.

III. Standards and Guidelines

A. Network Reporting Obligations

1. SWMBH will immediately notify MDHHS, and will immediately begin to will work with CMHSPs and providers to rectify any situation that may negatively affect access to care. Any of the following circumstances shall be reported to the SWMBH Director of Provider Network Management and Clinical Improvement immediately:
 - a. An occurrence that requires the relocation of any PIHP, CMHSP, or Provider Panel Service site, governance or administrative operation for more than 24 hours.
 - b. The conviction of a PIHP, CMHSP, or provider panel staff member for any offense that is related to the performance of job duties / responsibilities.
 - c. At any time that there has been any significant change that would affect adequate capacity and services.

B. Provider Directory

1. SWMBH shall make available an online network directory of service providers contracting directly with SWMBH and/or subcontracting with the CMHSPs in the region. The directory will contain a current listing of contracted providers in a searchable format. Any restrictions on beneficiaries' freedom of choice among network providers will be described.

SWMBH Operating Policy 2.8

2. The directory shall be offered to each customer annually in the format that they prefer (online or print). Customers may also call the SWMBH Customer Service line or the Customer Service line of any of the CMHSPs to request information on providers by telephone, or to request a printed directory. Requests for paper versions of the directory must be fulfilled within five (5) business days.
3. The following information will be contained in the SWMBH Provider Directory:
 - a. Office location(s) and phone number.
 - b. Web site URL, if applicable.
 - c. Gender (practitioners only).
 - d. Services provided (Discipline/Provider type) – the services the provider is contracted to provide, using Michigan Medicaid Provider Manual terms for Medicaid services.
 - e. Specialty – any specialties disclosed by the practitioner or organization at time of credentialing.
 - f. Organizational affiliations – organizations where an individual practitioner practices under SWMBH or SWMBH participant CMH contract.
 - g. Board certification – name of the board which granted certification to a physician, if applicable.
 - h. Accreditation status – Name of accrediting body, if applicable (organizations only).
 - i. Accepting new customers – indicator of whether the provider is currently accepting new referrals.
 - j. Cultural and linguistic specialties - The provider's cultural and linguistic capabilities, including languages (including American Sign Language) offered by the provider or a skilled medical interpreter at the provider's office.
 - k. Cultural competence training – an indicator or whether the provider has completed cultural competence training.
4. Reporting and Updating of Changes in Information.
 - a. Any changes to the composition of a participant CMHSP's Medicaid provider network (including, but not limited to, address changes, service array changes, and panel additions or terminations), shall be reported to the SWMBH Provider Network Department within seven days of the change becoming known, using attachment 2.8A.
 - b. SWMBH SUD and MI Health Link Providers shall report changes in SWMBH directory content to the SWMBH Provider Network Department within seven days of a change, with the exception of changes in address or service array, which shall be provided at least 30 days prior to a change.
 - c. SWMBH will update the network directory within thirty (30) days of being made aware of a change.
5. All information contained in the Provider Directory related to a practitioner or organization will be validated at the time of credentialing and re-credentialing. New information provided by practitioners or providers (e.g., education, training, board certification, specialty) will be validated prior to publishing in the directory.
6. Usability Testing.
 - a. SWMBH will conduct provider directory usability testing when there are significant changes to member demographics, and when there are changes to the layout or design of the directory.
 - b. The audience for the usability testing will reflect the population that will use the directory, such as members of the SWMBH Customer Advisory Committee, community advocates, and customers receiving services. Testing with internal

SWMBH Operating Policy 2.8

staff that were not involved in development of the provider directory may be involved in usability testing.

IV. References

42 CFR 438.10

MDHHS-PIHP Contract Attachment P.7.7.1.1

NCQA RR4

V. Attachments

None

