



Section: Provider Network Management	Policy Name: Network Reporting Obligations and Network Directory	Policy Number: 02.08
Owner: Director of Provider Network Management	Reviewed By: Mila C. Todd	Total Pages: 4
Required By: <input checked="" type="checkbox"/> BBA <input checked="" type="checkbox"/> MDHHS <input type="checkbox"/> NCQA <input type="checkbox"/> Other (please specify): _____	Final Approval By: <i>Mila C. Todd</i>	Date Approved: 4/26/2022
Application: <input checked="" type="checkbox"/> SWMBH Staff/Ops <input checked="" type="checkbox"/> Participant CMHSPs <input type="checkbox"/> SUD Providers <input type="checkbox"/> MH/IDD Providers <input type="checkbox"/> Other (please specify): <u>MI Health Link</u>	Line of Business: <input checked="" type="checkbox"/> Medicaid <input type="checkbox"/> Other (please specify): <input checked="" type="checkbox"/> Healthy Michigan _____ <input checked="" type="checkbox"/> SUD Block Grant <input checked="" type="checkbox"/> SUD Medicaid <input checked="" type="checkbox"/> MI Health Link	Effective Date: 1/1/2014

Policy: Southwest Michigan Behavioral Health (SWMBH) and its participant Community Mental Health Service Providers (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.

Purpose: The purpose of this policy is to ensure information is provided to customers regarding the availability of the SWMBH Provider Network, and to ensure network capacity and access concerns are promptly reported and remediated.

Scope: SWMBH; Participant CMHSPs

Responsibilities: SWMBH is responsible for maintaining a Provider Network Directory with all elements required by the Managed Care Rules, and updating the Directory within specified timeframes.

Participant CMHSPs are responsible for 1) having a link to the SWMBH Provider Directory displaying in an easily accessible location on their website; and 2) reporting changes to their provider networks within seven (7) days.

Definitions: None



Standards and Guidelines:

A. Network Reporting Obligations

1. SWMBH will immediately notify Michigan Department of Health and Human Services (MDHHS) and will immediately begin to 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:
 - i. Relocation of a consumer's placement due to licensing suspension or revocation.
 - ii. An occurrence that requires the relocation of any Prepaid Inpatient Health Plan (PIHP), CMHSP, or Provider Panel Service site, governance or administrative operation for more than 24 hours.
 - iii. The conviction of a PIHP, CMHSP, or provider panel staff member for any offense that is related to the performance of job duties / responsibilities.
 - iv. 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.
2. Each participant CMHSP shall have a link on its website to SWMBH's online network directory of service providers.
3. 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.
4. 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 Community Mental Health (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.
 - l. Whether the provider's office/facility has accommodations for people with physical disabilities.
 - m. Days and hours of operation.
5. 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, by either:
 - (i) Attachment 2.8A; or
 - (ii) Submitting a change form on the SWMBH Portal.
 - b. SWMBH Substance Use Disorder (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.
6. 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.
7. 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.

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

References:

- 42 CFR 438.10
- MDHHS-PIHP Contract Schedule A, section 1(M)(1)
- NCQA RR4

Attachments: 02.08A SWMBH Provider Directory Update Form



SWMBH PROVIDER DIRECTORY UPDATE FORM

- To **add** a new provider not currently on the SWMBH network, please complete all information requested on this form.
- If requesting a **change** in a current provider's information, complete Part 1 of this form and add the new information in the blank space provided next to each section that needs to be updated in Part 2. Refer to SWMBH Policy 2.8 for definitions.
- If **removing** a provider/agency who is no longer contracting with a CMH, only complete Part 1 of this form.

PART 1

Type of change (circle or highlight one)	ADD	/	CHANGE	/	DELETE
Requesting CMH / Provider:			Name of Requester: Contact Person & Phone number		
Date of Request:			Effective date:		
Provider Name and Contract End Date (for terminations):					

PART 2

Provider Name:			Hours of Operation:		
Main Address:			Phone Number:		
City:			State/Zip		
Accreditation/Board Certification:			Accepting New Beneficiaries:		Y / N
Secondary Languages:			Organizational Affiliations:		
Specialties:			List of Disability Accommodations:		
Cultural Competence Training Completed?		Y / N	Contract Start Date:		
Services Provided:			Website URL:		

Description of change, if not listed:

Provider Sites (if applicable – additional sites may be submitted on accompanying documentation)

Site Name:			Site Phone Number:		
Site Address:			Hours of Operation:		
City:			State/Zip:		

Description of change, if not listed:

Please scan the completed form and email to: swmbhprovidernetwork@swmbh.org or fax to: 269.222.1708

Office Use Only: Date Received: _____ Date Entered: _____