



Section: Customer Services	Policy Name: Notification of Provider Network Changes	Policy Number: 06.09
Owner: Customer Services Manager	Reviewed By: Sarah Ameter	Total Pages: 3
Required By: <input checked="" type="checkbox"/> BBA <input type="checkbox"/> MDHHS <input type="checkbox"/> NCQA <input type="checkbox"/> Other (please specify): _____	Final Approval By: <i>Sarah Ameter</i>	Date Approved: Jun 24, 2020
Application: <input checked="" type="checkbox"/> SWMBH Staff/Ops <input checked="" type="checkbox"/> Participant CMHSPs <input checked="" type="checkbox"/> SUD Providers <input checked="" type="checkbox"/> MH/IDD Providers <input type="checkbox"/> Other (please specify): _____	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 type="checkbox"/> MI Health Link	Effective Date: 4/1/20

Policy: It is the policy of Southwest Michigan Behavioral Health (SWMBH) to provide written notice of significant changes in the provider network to customers.

Purpose: To ensure communication is provided to customers regarding the availability and changes to the SWMBH Provider Network.

Scope: Customer Service and Provider Network

Responsibilities: SWMBH Customer Service Department and delegated entities, as applicable, shall ensure compliance with the standards and guidelines outlined in this policy and guiding documents.

Definitions: None

Standards and Guidelines:

- A. SWMBH will ensure provision of written notice of termination of a contracted provider to each enrollee who received or was seen on a regular basis by a terminated provider. A good faith effort of providing notice shall occur within 15 calendar days after receipt of or issuance of the termination notice.
 1. If the notification of termination is effective in less than 15 calendar days, SWMBH will provide the affect customer(s) as soon as possible, but no later than 15 calendar days after receipt of the notification from the provider.
 2. Written notification of change shall be in the form of mail or email to the customer.



3. Written notification shall include at a minimum the affected provider/practitioner's name and effective date and instructions on selecting another provider.

References:

- A. Medicaid Managed Care Regulations: 42 CFR 438.10

Attachments: None






06.09 Notification of Provider Network Changes

Final Audit Report

2020-06-24

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