



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: Jul 26, 2021
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: 4/1/21

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 make a good faith effort to give written notice of termination of a contracted provider to each customer who received primary services from or was seen on a regular basis by a terminated provider.
 1. Notice to the customer must be provided by the later of (1) 30 calendar days prior to the effective date of the termination; or (2) 15 calendar days after receipt or issuance of the termination of contract notice.
 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 (f) (1)

Attachments: None



Revision History

Revision #	Revision Date	Revision Location	Revision Summary	Revisor
1	2/20/15	SWMBH		
2	4/24/15	SWMBH		
3	1/10/17	SWMBH		
4	4/1/19	References, Standards and Guidelines: B1/11, C3c, D	Updated language per Managed Care Regulations	Heather Woods
5	4/1/20	Purpose, References, Standards and Guidelines: A	Clarified process, removed information that duplicates Provider Network Policy: Network Directory Network Reporting.	Heather Woods
6	6/25/21	References, Standards and Guidelines: A and A1	Added clarifying language per CFR, updated reference	Heather Woods






06.09 Notification of Provider Network Changes

Final Audit Report

2021-07-26

Created:	2021-07-26
By:	Erin Peruchietti (erin.peruchietti@swmbh.org)
Status:	Signed
Transaction ID:	CBJCHBCAABAAHvwrGOgbbggghSKredKVbGbBRFYpJmfJn

"06.09 Notification of Provider Network Changes" History

-  Document created by Erin Peruchietti (erin.peruchietti@swmbh.org)
2021-07-26 - 6:45:55 PM GMT- IP address: 104.159.231.26
-  Document emailed to Sarah Ameter (sarah.ameter@swmbh.org) for signature
2021-07-26 - 6:46:27 PM GMT
-  Email viewed by Sarah Ameter (sarah.ameter@swmbh.org)
2021-07-26 - 6:59:10 PM GMT- IP address: 104.47.51.126
-  Document e-signed by Sarah Ameter (sarah.ameter@swmbh.org)
Signature Date: 2021-07-26 - 6:59:18 PM GMT - Time Source: server- IP address: 71.82.81.69
-  Agreement completed.
2021-07-26 - 6:59:18 PM GMT