




Section: Customer Services	Policy Name: Medicare Notification of Practitioner Network Changes	Policy Number: MHL 06.03
Owner: Customer Service Manager	Reviewed By: Sarah Ameter	Total Pages: 4
Required By: <input checked="" type="checkbox"/> BBA <input type="checkbox"/> MDHHS <input type="checkbox"/> NCQA <input checked="" type="checkbox"/> Other (please specify): <u>3-Way Contract</u>	Final Approval By: 	Date Approved: <u>3/3/2020</u>
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 type="checkbox"/> Medicaid <input type="checkbox"/> Other (please specify): _____ <input type="checkbox"/> Healthy Michigan <input type="checkbox"/> SUD Block Grant <input type="checkbox"/> SUD Medicaid <input checked="" type="checkbox"/> MI Health Link	Effective Date: 1/1/20

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

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

Scope: Member Services and Provider Network

Responsibilities: SWMBH Member Services department 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 affected member who received or was seen on a regular basis by a terminated provider. A good faith effort of providing notice shall occur within 30 calendar days after receipt of or issuance of the termination notice.
1. In the event that the notification of termination is effective in less than 30 calendar days, SWMBH will provide the affected member notification as soon as possible but no later than 30 calendar days after receipt of the notification.
 2. Written notification of change shall be in the form of mail or email to the member.
 3. Written notification shall at a minimum include the affected practitioners name and effective date and instructions on selecting another practitioner.



- B. Should a new member to MI Health Link be in active treatment for a chronic or acute medical or behavioral healthcare condition, the member is allowed continuation of treatment through the current period of active treatment or for up to 90 days, whichever is less, with the current practitioner when the practitioner agrees to:
1. Continue the members' goals for treatment for a period not to exceed 90 days.
 2. Share information regarding the treatment plan.
 3. Continue to follow SWMBH UM policies and procedures.
 4. Not charge the member an amount beyond the required co-payment.
 5. (3-Way Contract: Exhibit 2)
- C. Exceptions to continued treatment beyond the effective date of termination include the following:
1. The member requires only routine monitoring for a chronic condition.
 2. SWMBH has discontinued a contract based on a professional review action as defined in the Health Care Quality Improvement Act of 1986 (as amended 42 U.S.C. section 11101 et seq).
 3. When a practitioner is unwilling to continue treatment or accept SWMBH payment or other conditions.
 4. When a member has been assigned to a group practice rather than an individual practitioner the member has access to alternative practitioners in the group practice.
- D. SWMBH shall utilize existing data from the data warehouse and other sources to determine which members are in active treatment and affected by a practitioner contract termination and provide applicable written notification of termination, continued treatment and transition options.

References:

- A. MI Health Link 3-Way Contract: 2.14.5 Requirements for the Provider and Pharmacy Network Directory
- B. Code of Federal Regulations: 42 CFR 422.111 (e)
- C. Health Care Quality Improvement Act of 1986 (as amended 42 U.S.C. section 11101 et seq)

Attachments: None



Revision History

Revision #	Revision Date	Revision Location	Revision Summary	Revisor
1	8/26/15	SWMBH		
2	6/2/17	SWMBH		
3	1/1/20	References, Standards and Guidelines: A, B	Updated per 3-way contract and Provider Network policy review	Heather Woods

