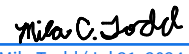




Section: <b>Provider Network Management</b>	Procedure Name: <b>Network Reporting and Access Remediation</b>	Procedure #: <b>P02.08.01</b>
Overarching Policy: <b>02.08 Network Reporting Obligations and Provider Directory</b>		
Owner: <b>Director of Provider Network</b>	Reviewed By: <b>Mila C. Todd</b>	Total Pages: <b>4</b>
Required By: <input type="checkbox"/> BBA <input checked="" type="checkbox"/> MDHHS <input type="checkbox"/> NCQA <input type="checkbox"/> Other (please specify): _____	Final Approval By:  <a href="#">Mila Todd (Jul 31, 2024 15:08 EDT)</a>	Date Approved: <b>Jul 31, 2024</b>
Application: <input checked="" type="checkbox"/> SWMBH Staff/Ops <input type="checkbox"/> Participant CMHSPs <input type="checkbox"/> SUD Providers <input 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	Effective Date: <b>12/7/21</b>

**Policy:** SWMBH shall have written procedures in place to address changes in its network that negatively affect access to care. Additionally, SWMBH shall have procedures in place to verify network providers’ continued participation in the SWMBH network, and to notify affected customers of any changes.

**Purpose:** To set forth the processes that will be followed to notify affected customers of changes to SWMBH’s provider network, as well as to timely address and remediate network changes that negatively affect access to care.

**Scope:** SWMBH Provider Network, SWMBH SUD, and SWMBH Customer Services

**Responsibilities:** SWMBH’s Provider Network department shall verify providers’ continued participation in the SWMBH network for directly held contracts, and shall notify SWMBH’s Customer Services department of any contract terminations or expirations.

SWMBH’s Customer Services department shall follow applicable requirements and time frames for notifying affected customers of provider contract terminations and/or expirations.

SWMBH shall immediately work with participant CMHSPs, providers, and affected SWMBH functional areas to address changes in network composition that negatively impact access to services.



**Definitions: Adverse Provider Disenrollment:** Termination of a provider’s participation in SWMBH’s network due to revocation of the provider’s credentialing, material breach of contract, substantiated findings of fraud as part of a SWMBH Program Integrity & Compliance investigation, etc.

**Contract Termination:** When a network provider or SWMBH ends the contract prior to the end of the contract term. This can include terminations for cause or termination without cause under the provider’s contract terms.

**Contract Expiration:** This may also be referred to as non-renewal or allowing a contract to “sunset”. This is when a network provider, SWMBH, or both determine that a contract will not be renewed following the end of the current contract term.

**Procedure:**

**A. Contract Verification**

1. For SWMBH’s directly held contracts, 60 days prior to the end of the contract term (September 30<sup>th</sup> for Medicaid) SWMBH Provider Network shall contact network providers to confirm continued participation as a network provider.

**B. Contract Terminations/Expirations**

1. SWMBH Provider Network shall immediately notify SWMBH Customer Services of any planned contract expirations and/or upon receipt or issuance of any contract termination notices.
2. SWMBH Customer Services shall:
  - a. SWMBH Customer Service will contact IT and request a report with all members who have received their primary services or were seen regularly from that provider within the last 90 days.
  - b. SWMBH Customer Service will strive to update the closure letter to be personalized for each member.
  - c. SWMBH Customer Service will print and mail notices to the customer 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.
3. SWMBH Provider Network shall immediately notify SWMBH Program Integrity & Compliance of any adverse Provider disenrollments based on compliance activities (example – a provider is disenrolled (i.e. credentialing revoked) from SWMBH’s network due to a substantiated finding of fraud). SWMBH Program Integrity & Compliance shall



report adverse provider disenrollments in the MDHHS OIG Quarterly Report, consistent with SWMBH Policy 10.08 and Procedure 10.08.01.

**C. Notification and Remediation of Network Changes that Negatively Affect Access to Care**

1. SWMBH shall notify MDHHS immediately of any changes to the composition of its provider network that negatively affect access to care.
2. SWMBH shall immediately begin working with participant CMHSPs and/or applicable providers to remediate access to care issues. This may include but is not limited to:
  - a. Discussions and transition planning with affected CMHSPs and/or providers;
  - b. Working with existing network providers to enhance capacity;
  - c. Pursuing contracts with out-of-network providers for similar services;
  - d. Regional Provider Network Management Committee review, discussion, and deliberation toward a Regional solution, including new program development and/or support.

**References:**

- A. MDHHS-PIHP Contract – Schedule A, Section 1(E)(3); Section 1(R)
- B. Managed Care Regulations 438.10 (f)(1)

**Attachments:** None



## Revision History

Revision #	Revision Date	Revision Location	Revision Summary	Revisor
Initial	12/7/21	Throughout	New procedure	M. Todd
01	07/11/24	Procedure	Added paragraph B(3) regarding adverse provider disenrollment reporting.	M. Todd
N/A	07/19/24	N/A	Reviewed at Regional Compliance and Regional Provider Network Management Committees	Mila C. Todd

# P02.08.01 Network Reporting and Access Remediation

Final Audit Report

2024-07-31

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