

Section:	Procedure Name:	Procedure #:			
Provider Network Management	Network Reporting and Access Remediation	P02.08.01			
Overarching Policy:					
02.08 Network Reporting Obligations and Provider Directory					
Owner:	Reviewed By:	Total Pages:			
Director of Provider Network	Mila C. Todd	4			
Required By:	Final Approval By:	Date			
$\square$ BBA $oxtimes$ MDHHS $oxtimes$ NCQA		Approved:			
☐ Other (please specify):	mila C. Jodl	Dec 13, 2021			
	Mila Todd (Dec 13, 2021 12:38 EST)	Dec 13, 2021			
Application:	Line of Business:	Effective Date:			
		12/7/21			
☐ Participant CMHSPs	☐ Healthy Michigan				
$\square$ SUD Providers	⊠ SUD Block Grant				
☐ MH/IDD Providers	SUD Medicaid				
☐ Other (please specify):	☑ MI Health Link				

**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:** Negatively impact access to care:

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 and December 31<sup>st</sup> for MHL) SWMBH Provider Network shall contact network providers to confirm continued participation as a network provider.

#### **B.** Contract Terminations/Expirations

 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.

#### 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)
- 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
				<u> </u>

# P02.08.01 Network Reporting and Access Remediation

Final Audit Report 2021-12-13

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