<table>
<tr><td>Subject: Notification of Provider Network Changes</td><td>Accountability: Customer Services</td><td>Effective Date: 1/1/2014</td><td>Pages: 3</td></tr>
<tr><td colspan="2">REQUIRED BY:
BBA Section 42 CFR 438.10(f)4, 5
PIHP Contract Section FY17 6.3.2B,1,b,c
NCQA/URAC Standard ___________________
Other ___________________________</td><td>Last Reviewed Date:
1/10/17</td><td>Past Reviewed Dates:
4/24/15
2/20/15</td></tr>
<tr><td>LINE OF BUSINESS:
☒ Specialty Waiver (B/C)
☒ 1115 Waiver
☒ Healthy Michigan
☒ SUD Medicaid
☒ SUD Block Grant
☒ MI Health Link
☐ Other:_______</td><td>APPLICATION:
☒ SWMBH Staff and Ops
☒ Participant CMHSPs
☒ SUD Providers
☒ MH / DD providers
☐ Other:_______</td><td>Last Revised Date:
1/10/17</td><td>Past Revised Dates:
4/24/15
2/20/15</td></tr>
<tr><td colspan="2">Approved : [signature] 7.18.17

Date: ___________________________________</td><td colspan="2">Required Reviewer:
Director of UM and ME
Director of Provider Network and Clinical Improvement</td></tr>
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I. Purpose

To ensure communication is provided to customers regarding the Southwest Michigan Behavioral Health (SWMBH) Provider Network.

II. Policy

It is the policy of SWMBH to provide written notice of significant changes in the provider network to customers.

III. Standards and Guidelines

A. SWMBH will ensure that provider network listings will be reviewed on a regular basis. Information in the directory will be updated as necessary when a change (i.e., addition, deletion, or modification in contact information) of a provider is known.

B. SWMBH will ensure that each customer is given written notice of any change in information specified below (B, C) at least 30 days before the intended effective date of the change, if possible. SWMBH will provide the following information to customers:

1. Names, locations, telephone numbers of, and Non-English languages spoken by current contracted providers in customer's service area, including identification of providers that are not accepting new customers.
2. Any restrictions on the customer's freedom of choice among network providers. The listing will be available in the format that is preferable to the beneficiary: written paper copy or on-line.
3. The listing must be kept current and offered to each beneficiary annually.
4. Enrollee rights and protections, as specified in §438.100.
5. Information on grievance, appeals, and fair hearing procedures, the information specified in §438.10(g) (1).
6. The amount, duration, and scope of benefits available under the contract in sufficient detail to ensure that enrollees understand the benefits to which they are entitled.
7. Procedures for obtaining benefits, including authorization requirements.

8. The extent to which, and how, customers may obtain benefits, including family planning services, from out-of-network providers.
9. The extent to which, and how, after-hours and emergency coverage are provided, including:
    a. What constitutes emergency medical condition, emergency services, and post stabilization services, with reference to the definitions in §438.114(a).
    b. The fact that prior authorization is not required for emergency services.
    c. The process and procedures for obtaining emergency services, including use of the 911-telephone system or its local equivalent.
    d. The locations of any emergency settings and other locations at which providers and hospitals furnish emergency services and post stabilization services covered under the contract.
    e. The fact that, subject to the provisions of this section, the customer has a right to use any hospital or other setting for emergency care.
10. The post stabilization care services rules set forth at §422.113(c) of the Medicaid Managed Care Regulations.
11. Cost sharing, if any.
12. How and where to access any benefits that are available under the State plan but are not covered under the contract, including any cost sharing, and how transportation is provided. For a counseling or referral service that SWMBH does not cover because of moral or religious objections, SWMBH need not furnish information on how and where to obtain the service. The State must provide information on how and where to obtain the service.

C. Specific information requirements for customers of SWMBH. In addition to the requirements in §438.10(f) of the Medicaid Managed Care Regulations, SWMBH must provide the following information to customers:
1. Grievance, appeal, and fair hearing procedures and timeframes, as provided in §§438.400 through 438.424 of the Medicaid Managed Care Regulations and SWMBH Operating Policy 6.4, in a description that must include the following:
    a. For State fair hearing—
        i. The right to hearing;
        ii. The method for obtaining a hearing; an
        iii. The rules that govern representation at the hearing.
    b. The right to file grievances and appeals.
    c. The requirements and timeframes for filing a grievance or appeal.
    d. The availability of assistance in the filing process.
    e. The toll-free numbers that the enrollee can use to file a grievance or an appeal by phone.
    f. The fact that, when requested by the customer—
        i. Benefits will continue if the customer files an appeal or a request for State fair hearing within the timeframes specified for filing; and
        ii. The customer may be required to pay the cost of services furnished while the appeal is pending, if the final decision is adverse to the customer.
    g. Any appeal rights that the State chooses to make available to providers to challenge the failure of the organization to cover a service.
2. Advance directives, as set forth in §438.6(i) (2) of the Medicaid Managed Care Regulations and SWMBH Operating Policy 6.3.
3. Additional information that is available upon request, including the following:
    a. Information on the structure and operation of SWMBH.

b. Physician incentive plans as set forth in §438.6(h) of the Medicaid Managed Care Regulations.

D. 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 days after receipt of or issuance of the termination notice.

IV. Definitions

None

V. References

42 CFR 438.10(f) 4, 5
MDHHS FY17 6.3.2B (b) (c)

VI. Attachments

None