

Policy and Procedure Manual Saginaw County Community Mental Health Authority		
Subject: Network Management & Development	Chapter: 05 - Organizational Management	Subject No: 05.06.01
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Purpose:

- A. To provide Saginaw County Community Mental Health Authority (SCCMHA) published guidelines for provider network development and management to benefit persons served, providers and the community.
- B. To ensure consistent and comprehensive standards for management oversight of services for all members of the SCCMHA provider network.
- C. To provide for ongoing person's served input in both provider network development and management
- D. To ensure network service capacity and competency in a full-service array system to meet individual person's needs.
- E. To guarantee minimum levels of contract/service delivery compliance.
- F. To provide for a monitoring system for network compliance.
- G. To ensure quality, acceptable levels of provider performance and to promote continual network performance improvement, including for individual providers.
- H. To demonstrate best value approaches in the selection and purchase of provider services.

Policy:

It is the policy of SCCMHA to generate adequate service capacity and to ensure that services are organized and coordinated as a system of care for the populations served. Priority attention will be given to recruiting and retaining experienced providers that understand the needs of persons with serious mental illness, serious emotional disturbance, developmental disabilities (as well as substance use disorders and/or any co-occurring con-

ditions) and in maintaining an integrated service delivery system. SCCMHA will ensure that the current network of service providers is maintained or updated as needed to accommodate persons service needs and demands, including: Medicaid or other relevant program enrollments; expected utilization of varied services according to history and/or projections; the volume, array and types of service providers needed to meet person's served needs; location of people served as well as providers within Saginaw County – or external to Saginaw County when indicated; ability of providers to accept new referrals; person's choices and service satisfaction feedback; distance and travel time as well as transportation resources of persons served and/or community providers; and physical access for all persons regardless of the nature of their disability or disabilities.

SCCMHA will apply consistent, fair standards to all members of the provider network. SCCMHA is responsible to maintain and continually measure the capacity and quality of an effective provider network adequate to meet all contractual and funding obligations of SCCMHA. SCCMHA will take proactive steps to continually develop, improve and evaluate the network of service providers, and to ensure that provider members adhere to all contractual and regulatory requirements for funding. SCCMHA will ensure that all members of the provider network sustain any appropriate or required credentials and accreditations. It is the policy of SCCMHA that provider input and suggestions will be welcomed and considered.

Application:

This policy applies to all provider network members, including contracted and direct operated service programs that provide services and supports to person's served.

Standards:

- A. SCCMHA will designate key staff to provide leadership and support in the area of provider network development and management, including contracting and monitoring.
- B. Provider network development will include procurement of additional choices of providers for person's served and families whenever feasible.
- C. SCCMHA will post service opportunities as well as a provider network application on the organizational website.
- D. A network development plan will be issued, at minimum annually, and will be based on identified goals for provider performance, other system needs and person's served and family input; the plan will include network administration, contract/regulatory compliance and provider performance, training, provider relations, cultural competence, and network performance improvement.
- E. SCCMHA will provide routine communications and educational or training opportunities for provider network members, including targeted mechanisms for certain provider types or populations served, service delivery, policy or regulatory changes, or identified system improvement goal areas.
- F. SCCMHA will seek and respond to input from person's served and other stakeholders regarding provider performance at regular intervals. Specific input will be sought when performance problems directly impact a person's welfare and are not immediately remedied.

- G. SCCMHA has been working with Mid-State Health Network (MSHN) and the entire region to develop a regional application process and the ability for providers to solicit multiple Community Mental Health's (CMH) to provide services.
- H. Providers residing and providing services in a bordering state MUST meet all applicable licensing and certification requirements for both states.
- I. SCCMHA will provide processes for informal and formal provider dispute resolution, including processes for appeal when SCCMHA chooses to alter the provider contract on the basis of quality of care or service.
- J. SCCMHA will ensure that the provider network is culturally diverse and linguistically responsive as well as physically accessible to persons receiving services; provider members will be asked to provide proof to SCCMHA of accommodations available to person's served in communications and other areas.
- K. SCCMHA will maintain a provider database and will publish provider directories on a routine basis.
- L. The SCCMHA Board of Directors and the community will receive routine summary reports regarding overall provider performance, as well as summary information regarding network providers and contract requirements.
- M. Provider network members will be expected to meet initial and annual application requirements and to adhere to minimum levels of performance as a condition of initial and continued contracting or provision of service and reimbursement of claims.
- N. SCCMHA reserves the right to conduct a pre-contract assessment to determine the provider's ability to provide the requested services, including delegated functions where applicable.
- O. Provider network performance measures will be provided at the time of service or contract engagement and will be based on key, objective facets of system quality.
- P. SCCMHA monitoring of the network will include routine performance review audits of provider performance, which will include review of contract and SCCMHA network provider requirements. SCCMHA will utilize proof sources of the provider - including fiscal and programmatic audits by other funding or accrediting bodies - as well as site visits and stakeholder input to complete audits whenever available and applicable.
- Q. SCCMHA may conduct ad hoc audits of specific providers based on performance concerns.
- R. Audit areas will include but may not be limited to accommodations, person-centered planning and person served choice, person served involvement, customer satisfaction, competency and training, quality improvement, community resource use, overall service environment, person served health and service documentation, as well those unique to the service provision; all providers will have uniform audit standards by type of service provision.
- S. SCCMHA providers are expected to collect and measure customer satisfaction data through an appropriate methodology; outcome and measurement information must be available for SCCMHA review upon request.
- T. Network providers will receive a provider manual, containing SCCMHA policies and other provider network member requirements, including regular updates as needed; generally, this will be provided in an electronic format that is also available to providers on the SCCMHA website.

- U. All nonresidential providers will be required to upload documents to the CRM (Customer Relationship Management) software through MDHHS.
- V. SCCMHA will provide an orientation and application process for new provider members.
- W. SCCMHA will maintain contract and audit files on system providers, with a minimum of annual updates on provider file and application information.
- X. SCCMHA may request solvency and capacity information of provider members in order to minimize SCCMHA risk and to ensure service continuity.
- Y. SCCMHA monitoring, audit or performance review tool(s) used by SCCMHA to evaluate provider performance will be made available to provider network members and will generally be updated annually.
- Z. Potential conflicts of interest relative to provider network development and contracting on the part of provider members or SCCMHA employees are expected to be declared promptly by the party in writing and submitted to SCCMHA.
- AA. SCCMHA will monitor provider policies and procedures to ensure performance and contract compliance as well as system competencies, including provider human resource or subcontracting practices that promote direct care and service staff competencies.
- BB. Provider network members will receive fiscal, service and performance reports or summaries from SCCMHA on a routine basis.
- CC. Provider network members will have an assigned central contact person at SCCMHA; SCCMHA will make contact information available to providers, including updates when indicated.
- DD. SCCMHA provider network oversight functions will be coordinated as appropriate with external oversight organizations as appropriate.
- EE. Provider network oversight will be coordinated with SCCMHA Office of Recipient Rights, as well as appropriate licensing organizations.
- FF. Providers below an acceptable level of performance will receive written notice of non-compliance, and almost always will be asked to submit a corrective action plan acceptable to SCCMHA within a specified timeframe, with regular performance review checks until performance meets the standards. Any sanctions by SCCMHA will be issued in writing to the provider, with compliance and deficit areas noted and timeframe for corrective action if requested.
- GG. Person's served health and safety considerations may automatically supersede any provider contract agreements or service delivery plans, at the sole discretion of SCCMHA and/or the person served. Person choice and welfare shall not be compromised, and in fact are expected to be promoted, by provider performance. SCCMHA has proper authority and reserves the right to promptly discontinue service purchase for person(s) if safety or health is determined to be at a potentially serious risk level by SCCMHA.
- HH. Provider network members are expected to coordinate benefits with other payers to whatever extent possible, and to collaborate with community resources in order to best provide services for persons served and to maximize efficient use of SCCMHA funding.
- II. SCCMHA will provide reasonable notice and guidance to providers regarding policy or performance expectation changes; provider network members are expected to

provide timely notice to SCCMHA regarding key organizational changes or barriers to providing service(s).

- JJ. SCCMHA network providers will be expected to remain in good standing with their respective licensing and/or accrediting bodies. Copies of all accreditation certificates, corrective actions and reports are a required element of the SCCMHA provider file. Providers must give immediate notice to SCCMHA if their accreditation or licensure status relative to provider service requirements changes; routine updates in licensing and accreditation status are to be reported to SCCMHA promptly. SCCMHA reserves the right to request copies of survey detail pertaining to SCCMHA services.
- KK. Licensed residential providers are expected to routinely provide copies of licensing reports and citations to SCCMHA, including provider corrective action plans; for homes in which all consumers are funded by SCCMHA, the provider is expected to consult with SCCMHA prior to responding to any corrective action plan for licensing.
- LL. SCCMHA provider network members must comply with all required MDHHS performance indicators and state reporting data elements, as well as other local requirements as established by SCCMHA. SCCMHA will provide providers with a complete copy of applicable state and/or regional contracts upon request, electronic or hard-copy version.
- MM. SCCMHA will allow for out-of-network purchase of service when needed to meet person served needs under conditions specified in regulatory statutes; out of network providers must adhere to SCCMHA requirements, including coordination of person served co-payments when applicable in keeping with MDHHS and SCCMHA policies. Out of network services will be timely and for the length of time as needed by the person served to meet their needs.
- NN. SCCMHA will not discriminate in the selection and retention of provider network members to meet person served needs for services and supports.
- OO. SCCMHA will not participate with providers that are excluded from participation in federal health care programs as defined in regulatory statutes, including Medicaid and Medicare, and are prohibited from a service relationship in situations of debarment, suspension, or other exclusions; this includes all work force members, subcontractors, officers, directors, board members and will be verified as part of both an initial credentialing process and a re-credentialing process.
- PP. Primary providers are expected to assist individuals served in obtaining and maintaining benefit eligibility, including facilitation of capitated fund applications, associated renewals and spend down/deductible management, report of commercial insurance coverages and ability to pay renewals as well as maintain SCCMHA system current demographic information. Primary providers provide official notice of person served deaths or other sentinel events and coordinate medical and psychiatric services, including medication management and health care integration. Primary providers are also expected to oversee the proper maintenance of official person served records and facilitate the person-centered planning process.
- QQ. SCCMHA will acknowledge provider performance success through publications and other provider specific public recognition formats.

- RR. Provider input and suggestions are welcomed by SCCMHA at any time. SCCMHA will provide opportunities for provider input whenever possible.
- SS. SCCMHA will maintain routine communication with network members of system notices, policy changes, and relevant information through newsletters and other correspondence.
- TT. SCCMHA reserves the right to share public information regarding provider performance reviews or credentialing with another CMHSP organization or PIHP system upon request, in order to promote reciprocity and efficiencies where feasible. Provider network performance and contact information is made available to persons served upon their request.
- UU. SCCMHA is responsible to conduct routine provider performance compliance reviews in areas required by MDHHS or federal sources, including but not limited to review of the existence (not content) of relevant employee performance evaluations, pre-employment background checks and testing. SCCMHA does not have the right to have open access or to review the details of workforce members' human resources files, including any general medical or performance information, as part of these routine reviews.
- VV. SCCMHA reserves the right to report when appropriate or indicated to appropriate authorities, including the regional PIHP, MDHHS, CCBHC the provider's regulatory board or agency, the Attorney General, Office of Inspector General, etc., any known serious issues and/or quality deficiencies that could result in a provider's suspension or termination from the SCCMHA network. If the issue is determined to have criminal implications, law enforcement agencies will also be notified by SCCMHA.
- WW. All SCCMHA primary service providers will ensure geographic access to services for persons served, including within 30 miles or 30 minutes in urban areas and 60 miles or 60 minutes in rural areas; Saginaw County geographic measurement allows for automatic compliance for providers located in Saginaw County.
- XX. Persons served may not be held liable when there is a payment dispute or claims disagreement between SCCMHA and the contracted service provider, including any impact on service when the provider has not been paid by SCCMHA. In addition, a person's ability to pay will not vary based on what provider program or site delivers services or supports, including if provided by out of network providers.
- YY. As the regional PIHP elects to delegate responsibilities to SCCMHA as a CMHSP, SCCMHA may elect to delegate certain functions to a provider or a panel of providers by type of service; SCCMHA reserves the right to review provider compliance with the delegated functions and will conduct pre-delegation assessments to evaluate the proposed contractor's ability to adequately perform the delegated functions.
- ZZ. Providers must notify SCCMHA of key changes or updates in a timely manner.
- AAA. All providers must promote the leadership involvement of persons served in their respective programs and organizations.
- BBB. SCCMHA will notify the regional PIHP and/or MDHHS of any key provider program changes or significant provider service array or capacity issues in a timely manner, but in no less than 7 days of any such provider network changes.
- CCC. Significant changes in provider network members which may or will impact persons served - including provider planned terminations, new provider network op-

tions, or location changes of provider programs which directly impact service recipients - are issued by the Executive Director of Clinical Services & Programs. SCCMHA will demonstrate a good faith effort that timely written notice of terminated contracted providers will be given to any or each applicable enrollee (person served) - who receives primary care from or is seen on a regular basis by such provider – in an advanced timeframe sufficient to best assist the enrollee in making any needed provider alternative choice decisions, but no less than within 15 days after receipt or issuance of the termination notice.

Definitions:

Best Value - a process used in competitive negotiated contracting to select the most advantageous offer by evaluating and comparing factors, such as quality and capacity, in addition to cost or price.

Sanction – Any negative consequence generally applied when a provider is non-compliant of a serious nature or level. Types should vary to fit the nature of the non-compliance. Sanctions could include payment withhold, repayment, discontinuation of referrals, discontinuation of services or contract cancellation.

Primary Provider - All SCCMHA programs, whether directly operated or contracted, who provide case management, supports coordination, wraparound, home based therapists, or outpatient services, or similar core services and take the lead in coordination of all services and supports. Key staff members may be referred to as ‘primary workers’ assigned to serve specific individuals. (Also referred to as Case Holder)

Secondary Provider - All SCCMHA provider programs which provide additional supports and services, including residential and other services for SCCMHA.

Delegation – SCCMHA designation to an assigned provider or group of providers a certain responsibility or responsibilities to be completed according to SCCMHA, PIHP or MDHHS requirements.

References:

Internal - SCCMHA Policies & Procedures - “Quality Assessment & Performance Improvement Program,” “Regulatory Management,” “Competency Requirements for the SCCMHA Provider Network” “Accommodations,” “Cultural Competence,” “Person-Centered Planning,” “Event Verification,” “Persons Served Choice & Service Management,” “Eligibility Criteria,” “Ability to Pay/Coordination of Benefits,” “Care Management,” “Auditing Procedure,” “Service Provider Selection & Contracting,” “SCCMHA Service Provider Application (current), “Capitated Fund Source Application,” Network Service Provider Appeals & Dispute Resolution, “ Credentialing of SCCMHA Providers & Staff”

Current SCCMHA “Audit Checklist(s)” by provider service type

External – MDHHS and/or PIHP contract, including related attachment and reference documents

Delegated to Primary Providers - Procedure

SCCMHA may delegate some key functions to contracted primary providers and conducts an annual pre-contract delegation to ensure that the provider has the ability to perform all delegated functions as part of the annual new fiscal year contract renewal cycle. The process used may vary some by provider, taking into consideration the length of SCCMHA experience with the provider, the number of delegated functions, the provider accreditation status and any applicable bid process used in procurement of provider services. The pre-contract delegation review will include SCCMHA consideration of provider 1) policies and procedures; 2) recent audit outcomes; 3) participation at relevant meetings and completion of required trainings; 4) care and contract management oversight outcomes relative to compliance performance; and 5) any other communications, including history of sanctions or commendations.

SCCMHA will indicate whether the provider has or has not met the requisite abilities in written communication. SCCMHA may request a provider corrective action plan on any area of delegation as deemed appropriate by SCCMHA as a result of the pre-delegation review. In some cases, SCCMHA may elect to conduct a site visit to conduct this pre-delegation review of the provider's abilities in delegated area(s) or to follow up on adherence to the corrective action plan. Delegated functions are also included in SCCMHA provider audit requirements for primary providers. SCCMHA reserves the right to issue provider sanctions at any time for non-compliance in any delegated areas.

Delegated areas may include: Quality Assurance & Performance Improvement (QAPI), performance measurement, practice guidelines, staff qualifications, staff training, utilization management, customer service, enrollee rights, enrollee grievance, provider network management, credentialing, access and availability and appeals.

Exhibits:

None

Procedure:

ACTION	RESPONSIBILITY
Approves policy and annual network management & development plan.	CEO
Develops and implements an annual provider network development plan, assures person served input in network administration and reviews and recommends revisions to policies and procedures where indicated. Oversees and directs provider network functions in coordination with SCCMHA administration including Care Management, Quality Systems, Clinical Services & Programs, Enhanced Health, Health Home,	Director of Network Services, Public Policy, Continuing Education, OBRA/PASARR & Enhanced Health Services

Customer Service, Recipient Rights, Regulatory Compliance, Information Systems, Human Resources and Financial Services; coordinates publishing provider performance reports. Receives and responds to formal provider disputes or appeals. Oversees annual system continuing education plan, contract management and provider network auditing. Publishes regular provider newsletters. Provides state notification regarding key provider changes -such as location changes of primary providers or certified programs or critical capacity or service issues.	
Provide input on provider related policies and plan, as well as leadership to address provider network needs, including specific provider education and system performance assurances.	Chief of Network Business Operations, Director of Customer Services, Executive Director of Clinical Services & Programs, Director of Network Services, Public Policy, Continuing Education, OBRA/PASARR, & Enhanced Health Services
Issues person served notices of significant provider changes including terminations, new options or location of service changes.	Executive Director Clinical Services & Programs
Prepares, issues, negotiates and updates provider contracts; acts as central contact for all SCCMHA service coordination agreements; maintains provider database and files. Oversees contract compliance. Inspects, manages and addresses property related issues.	Chief of Network Business Operations
Prepares and maintains annual audit schedule. Conducts annual and ad hoc network service provider audits of contractors and SCCMHA programs, including event verification, and performance against comprehensive provider network standards. Provide follow up on corrective action plans.	Provider Network Auditing Supervisor
Plans and provides comprehensive continuing education program for network; identifies needs and recommends priorities.	Continuing Education Supervisor

Respond to SCCMHA requirements and informational needs in a timely manner; provide input on continuing education needs and barriers to provision of required services. Attend minimum trainings as required. Assure program compliance to SCCMHA standards and policies.	Provider Network Members
Provide initial and routine input on network policies and procedures, and the annual network management & development plan. Review audit tools and outcomes and provide feedback. Participate directly in audits on an annual basis.	Representative persons served/families/stakeholders