



Current Status: *Active*

PolicyStat ID: 3324565



Origination:	06/2017
Effective:	06/2017
Last Approved:	06/2017
Last Revised:	06/2017
Next Review:	06/2018
Owner:	<i>Ricarda Pope-King</i>
Policy Area:	<i>Managed Care Operations</i>
References:	<i>NCQA CC3</i>

## Network Monitoring and Management

### POLICY

It is the policy of Detroit Wayne Integrated Health Network (DWIHN) that Managers of Comprehensive Provider Networks (MCPN) which includes residential, direct contract providers (i.e., inpatient, ambulatory, etc), and contracted Wayne County Departments comply with all applicable federal, state and local requirements

### PURPOSE

The purpose of this policy is to provide the MCPNs, their subcontractors, direct contractors, and contracted County Departments with the process and procedures that the DWIHN utilizes to assure that they comply with all applicable standards, regulations and laws ensuring that the DWIHN has a comprehensive array of behavioral health providers.

### APPLICATION

1. The following groups are required to implement and adhere to this policy: DWIHN Board, DWIHN Staff, Contractual Staff, Access Center, MCPN Staff, MCPN Subcontractors, Direct Contract Providers, Crisis services vendor, Credentialing Verification Organization (CVO). This does not apply to County of Financial Responsibility (COFR).
2. This policy serves the following populations: Adults, Children, I/DD, SMI/SEI, SED,SUD, Autism
3. This policy impacts the following contracts/service lines: MI-HEALTH LINK, Medicaid, SUD, Autism, Grants, General Fund

### KEYWORDS

1. Accreditation
2. Active Treatment
3. Contracted County Department
4. Credentialing
5. Impaneling
6. Monitoring

## 7. Utilization Management

# STANDARDS

1. Providers of Behavioral Health services that want to be included on the Provider Panel of the Detroit Wayne Mental health Authority must contact the Managed Care Operations unit to begin the impaneling process.
2. The Impaneling Specialists will complete a provider inquiry form and send the link to the TAP Impaneling application.
3. Providers will have 30 days to complete the impaneling application process.
4. If the applicant is requesting to be credentialed as a MI Health Link provider, they must submit evidence of Medicare enrollment.
5. Providers that are accredited must submit a copy of their most recent accreditation report with their application.
6. If the provider is not accredited they will receive a readiness review prior to implementation of their contract.
7. For accredited providers, a readiness review may occur prior to implementation of their contract at the discretion of DWIHN staff.
8. The application assessment will include a review of the Office of Inspector General List of Excluded Individuals Entities (LEIE), and the System for Awards Management (SAM) prior to the provider impaneling/credentialing process.
9. If DWIHN executes a contract after impaneling/credentialing the aforementioned databases will be reviewed at least monthly thereafter and at the time of re-credentialing.
10. Upon review a determination will be made based on the DWIHN's need for the requested services in the application.
11. The applicant will receive a letter stating that they met all requirements, or that they need to submit additional information or that the Authority does not need their services at this time.
12. Providers that have not had a contract with the Detroit Wayne Integrated Health Network or one of the Integrated Care Organizations within 12 months prior to their application submission will receive a readiness review by their assigned contract manager before implementation of their contract.
13. Providers added to the DWIHN's panel must attend an orientation which will include provider education, reporting requirements and training regarding the DWIHN's policies and procedures.
14. Providers will also be oriented to the Provider Manual which will include reporting requirements.
15. Providers will be added to the provider directory.
16. Providers will be re-credentialed every two (2) years.
17. DWIHN ensures that the full array of Medicaid and Medicare services are provided within 30 miles or 30 minutes of consumer's residence.
18. DWIHN monitors that the hours of operation are convenient to the population served. Access to mental health and/or substance use services are available 24 hours/day, 7 days a week when medically necessary.
19. DWIHN's Quality Improvement unit will annually complete a comprehensive site visit of the MCPN's to

validate their monitoring of their network and randomly review their contracted providers. In addition, QI will complete comprehensive site visits of all direct contract providers and County Department providers.

20. The review of the provider network will include an assessment of adequacy of space to provide the designated services.
21. A report of findings will be submitted to the MCPN, direct contract provider, or the contracted County Department.
22. If there are any areas of deficiency, the DWIHN will require an appropriate response which could include a plan of correction, immediate resolution to the deficiency, or contractual sanctions. Depending on the nature on the deficiency contract may be terminated.
23. The MCPN, direct contract provider, or contracted County Departments may be required to submit status updates, quarterly, at a minimum, indicating how they are meeting specific standards.
24. DWIHN reserves the right to monitor the compliance of the MCPNs, direct contract providers, and contracted County Departments on a random basis or as needed.
25. MCPNs, and other DWIHN contractors with subcontractors are responsible, at least annually, for conducting site reviews of those providers to monitor the compliance with all federal, state and local requirements.
26. The DWIHN will review and monitor this activity during their annual MCPN, and direct contract provider site visits. The DWIHN may randomly validate the findings of the MCPNs.
27. MCPNs, their subcontractors, direct contract providers, and Contracted County Departments must have staffing standard requirements that ensure appropriate qualified staff are providing services.
28. Failure to comply with applicable federal, state, county and local laws, administrative directives, guidelines and/or policies will result in sanctions outlined in the DWIHN contract.
29. Michigan Department of Health and Human Services, Integrated Care Organizations, National Practitioner Database (NPDB) and DWIHN units will be notified if a provider is terminated, suspended or decline further participation in DWIHN's panel of providers.
30. Contract Managers, and if necessary, DWIHN staff from the Office of Recipient Right, Quality Management, Budget and Finance, Utilization Management, Customer Service, and Clinical Services will meet with MCPNs no less than monthly.
31. Contract Managers will meet with direct contract providers, and contracted Wayne County Departments no less than quarterly to ensure compliance with all applicable standards, laws and regulations.
32. An assigned Contract Manager will meet and provide technical assistance as needed with new contractors bi-monthly, at a minimum, until they are substantially compliant with their contract.
33. At the onset of the contractual relationship, MCPNs, direct contract providers and Contracted Wayne County Departments must be able to provide services delineated in Appendix A--The Scope of Purchase of the executed contract .
34. DWIHN will monitor the contractor's clinical and managerial structures, processes and outcomes objectively.
35. Providers will receive updates through newsletters, bulletins, and the Detroit Wayne Integrated Health Network website [www.dwmha.com](http://www.dwmha.com) including significant changes to the DWIHN's provider network.
36. In the event an MCPN/Provider's contract is terminated the DWIHN's MCPN/Provider Contingency/Close Out Plan will be implemented.

37. Enrollee/members will be notified of any closures/contract terminations within 30 calendar days of the notice, by letters, posting on websites, meetings with case managers and/or therapists, forums, and consumer fairs.
38. If a practitioner or provider group notifies DWIHN of termination less than 30 calendar days prior to the effective date, enrollee/members will be notified as soon as possible, but no later than 30 calendar days after receipt of notification.
39. Enrollee/members will continue to receive services per their IPOS for the current period of active treatment or 90 calendar days whichever is less. Practitioners will be worked with to develop a reasonable transition plan for each enrollee/member in active treatment.
40. If enrollee/members do not choose another provider they will be passively assigned by zip code to new provider.

## **QUALITY ASSURANCE/IMPROVEMENT**

DW IHN shall review and monitor contractor adherence to this policy as one element in its network management program, and as one element of the QAPIP Goals and Objectives.

The quality improvement programs of MCPNs, their subcontractors, and direct contractors must include measures for both the monitoring of and the continuous improvement of the programs or processes described in this policy.

## **COMPLIANCE WITH ALL APPLICABLE LAWS**

DW IHN staff, MCPNs, contractors, and subcontractors are bound by all applicable local, state and federal laws, rules, regulations and policies, all federal waiver requirements, state and county contractual requirements, policies, and administrative directives, as amended.

## **LEGAL AUTHORITY**

1. Michigan Mental Health Code, P. 258 of 1974, as amended; MCL 330.1206, MCL 330.1226
2. 42 Code of Federal Regulations 440.170, 42CFR441.62
3. Agreement Between Michigan Department of Health and Human Services and Detroit Wayne Mental Health Authority for the Medicaid Managed Specialty Supports and Services Concurrent 1915 (b)(c) Waiver Program 10/1/16-9/30/17
4. MDCH Application for Participation, 2013

## **RELATED POLICIES**

1. IPOS
2. CASE RECORDS MAINTENANCE AND REVIEW

## **RELATED DEPARTMENTS**

1. Administration
2. Claims Management
3. Clinical Practice Improvement







Current Status: *Active*

PolicyStat ID: 5827649



Origination:	07/2018
Effective:	02/2019
Last Approved:	02/2019
Last Revised:	02/2019
Next Review:	02/2020
Owner:	<i>Winifred Williamson</i>
Policy Area:	<i>Customer Service</i>
References:	<i>MDHHS Standard VI, NCQA RR4 Factor F</i>

## Service Provider and Practitioner Updates and Changes

### PROCEDURE PURPOSE

To provide procedural and operational guidance to DWIHN Service Providers and Individually Contracted Practitioners in maintaining accurate network information. This procedure outlines the required steps for a Service Provider and Individually Contracted Practitioner to notify DWIHN of changes to information regarding their practice.

### EXPECTED OUTCOME

DWIHN, the Access Center, Crisis services vendor, Service Provider, Individually Contracted Practitioners and their staff understand the time frames and process flow for reporting informational updates and changes to DWIHN.

### PROCEDURE

#### Reporting Time Frames:

1. DWIHN Service Providers and individually Contracted Practitioners must notify DWIHN Provider Network Support Specialist of impending changes by contacting the DWIHN Provider Network Specialist by phone at 313.344.9099, ext 3307 within 48 business hours of making a decision to change or knowledge that a change is needed.
  - a. Verbal updates and changes must be followed up with written notification.
  - b. Email all relevant information regarding the change to the following email address [pihpprovidernetwork@dwmha.com](mailto:pihpprovidernetwork@dwmha.com) and cc your assigned Provider Network Manager/Contract Manager on this email.
2. Service Providers or Individually Contracted Practitioners are required to notify DWIHN of any of the changes listed below at least sixty (60) calendar days prior to effective date of change.
  - a. In situations where member health and safety are at risk, the Service Provider or Individually Contracted Practitioner must notify DWIHN of the relevant change immediately.
3. Members must receive a notice of the relevant change at least 30 calendar days prior to effective date of change.
  - a. The Service Provider or Individually Contracted Practitioner will notify the member of the change.

- b. The Service Provider or Individually Contracted Practitioner will assist members with referrals and linkage to other Providers for continued care and services.

**Reasons for Provider Updates/Changes:**

Update of provider information includes but is not limited to the following:

- Provider name
- Provider Office Hours
- Provider Telephone Number
- No longer accepting new patients
- Provider Affiliation Change (i.e. Merger)
- Addition or deletion of service(s)
- Addition or change in program location (new or existing)
- Sanctions, suspensions or termination of Chief staff (i.e. CEO, COO,CIO, CFO, etc)
- Provider Closure

## PROCEDURE MONITORING & STEPS

1. DWIHN's Provider Network Support Specialist will notify DWIHN's Customer Service Department through pihproviderupdate@dwmha.com with a copy to the assigned Provider Network Manager and Provider Network Management Administrative Specialist, within 24 business hours.
2. MCO Provider Network Manager and Customer Service will review changes within 48 business hours and determine the need to communicate changes with other internal departments and the provider network as deemed appropriate.
3. Customer Service will make changes to the hard copy of the Provider Directory within 24 business hours after the review if appropriate.
4. Customer Service will notify IT of provider changes within 24 business hours after the review, if appropriate.
5. IT will update the on-line, searchable directory updates within 48 business hours. IT will provide Customer Service with confirmation of updated change(s).
6. Provider Network Administrative Specialist will update DWIHN contract assignment list and place in the next edition of the Provider Network News if appropriate.
7. DWIHN will complete all updates to Service Provider and Practitioner information including online directories within 30 days of receiving notification of change.

Who monitors this procedure:	Winifred Williamson and Bonnie Herndon
Department:	Customer Service Unit
Frequency of monitoring:	Weekly
Reporting provided to:	IT
<b>Comments: Attach to Network Management Policy</b>	

### Attachments:



## Approval Signatures

Approver	Date
Bessie Tetteh: CIO	02/2019
Lorraine Taylor-Muhammad: Director, Managed Care Operations	02/2019
Ricarda Pope-King	02/2019
Corine Mann: Chief Strategic Officer	02/2019
Gail Parker	02/2019
Michele Vasconcellos: Director, Customer Service [AS]	02/2019
Winifred Williamson [AS]	02/2019

COPY

**DETROIT WAYNE MENTAL HEALTH AUTHORITY  
MCPN/PROVIDER CONTINGENCY/CLOSE OUT PLAN**

<b>Task</b>	<b>Activities</b>	<b>Projected Time Line</b>	<b>Target Date</b>	<b>Position's Responsible</b>	<b>Status Update</b>
	<b>DWMHA STAFF WILL BE THE LEAD IN ALL ASPECTS OF THE CLOSURE OF A MCPN/PROVIDER</b>				
	<b>IN THE EVENT THAT A CLOSURE OF AN MCPN/PROVIDER OCCURS DUE TO HEALTH AND SAFETY TO CONSUMERS NOTIFICATION TO THE CONSUMERS WILL HAPPEN IMMEDIATELY AND CONSUMER CHOICE WILL BE LIMITED</b>				
	<b>THE RECEIVING MCPN MUST KEEP PROVIDERS WHOLE DURING THE CURRENT CONTRACTING PERIOD UNLESS THERE ARE IDENTIFIED HEALTH AND SAFETY ISSUES</b>	Within 30 days			

**DETROIT WAYNE MENTAL HEALTH AUTHORITY  
MCPN/PROVIDER CONTINGENCY/CLOSE OUT PLAN**

<b>Task</b>	<b>Activities</b>	<b>Projected Time Line</b>	<b>Target Date</b>	<b>Position's Responsible</b>	<b>Status Update</b>
	<b>THE RECEIVING MCPN WILL IDENTIFY A TRANSITION TEAM THAT WILL CONSIST OF CLINICAL, QUALITY, IT, CONTRACT AND CUSTOMER SERVICE REPRESENTATION</b>	Within one week			
<b>Notification</b>	The MCPN/Provider will notify consumers of contract termination	Within 30 days			
	MCPN will notify DWMHA of plan to discontinue contract and implementation of contingency closure plan.	Within 24 hours			
	MCPN will identify contingency project manager/ contact person	Within 24 hours			
	DWMHA will identify project team	Within one week			
<b>Communication</b>	Implement communication plan. Notify consumers, stakeholders, constituents, Board of Directors, etc. regarding the transition and ensure continuity of services.	Within one week			

**DETROIT WAYNE MENTAL HEALTH AUTHORITY  
MCPN/PROVIDER CONTINGENCY/CLOSE OUT PLAN**

<b>Task</b>	<b>Activities</b>	<b>Projected Time Line</b>	<b>Target Date</b>	<b>Position's Responsible</b>	<b>Status Update</b>
	Ensure communication plan is implemented with customer service, front desk receptionist, Access Center, MCPN/provider utilization management, contract management, Office of Recipient Rights, Quality Management, ProtoCall utilizing a script created by the Director of Communications	Within 24 hours			
	Schedule meeting with DWMHA Administration to review contingency closeout plan	Within one week			
	Schedule meeting with Recipient Rights to ensure consumer rights are not violated.	Within two weeks			
	Coordinate and communicate with Legal Division.	Within one week			
	Notify internal staff, Provider Network of contingency close out plan.	Within two weeks			
	Schedule meeting with consumers to inform them of contingency closeout plan.	Within two weeks			
	Notify consumers in writing and on the DWMHA website of MCPN/provider closure	Within two weeks			

**DETROIT WAYNE MENTAL HEALTH AUTHORITY  
MCPN/PROVIDER CONTINGENCY/CLOSE OUT PLAN**

<b>Task</b>	<b>Activities</b>	<b>Projected Time Line</b>	<b>Target Date</b>	<b>Position's Responsible</b>	<b>Status Update</b>
	Identify MCPN/ Network Provider that will receive consumers.	Within thirty days			
	Ensure staff retention plan is implemented.	Within thirty days			
	Schedule meeting with new MCPN/Provider Network.	Within thirty days			
<b>Clinical</b>	Identify consumers in community and state hospitals. Facilitate transition of consumers to the receiving MCPN. Ensure transition of appropriate clinical information to receiving MCPN	Within thirty days			
	Identify consumers that are in crisis and work with COPE and receiving MCPN to ensure that medically necessary services are provided	Immediately			
	Identify consumers scheduled to see Dr. for medication and schedule appointment. Ensure the smooth transition of appropriate clinical information, records, etc to the receiving MCPN	Within thirty days			

**DETROIT WAYNE MENTAL HEALTH AUTHORITY  
MCPN/PROVIDER CONTINGENCY/CLOSE OUT PLAN**

<b>Task</b>	<b>Activities</b>	<b>Projected Time Line</b>	<b>Target Date</b>	<b>Position's Responsible</b>	<b>Status Update</b>
	Implement QM and Clinical plan to ensure identification and protection of vital records and databases. Plan must include retention of all financial, administrative and clinical records under the MCPN responsibility. Transition/ transfer of consumer files to new MCPN/ Network Provider. Clinical Plan must ensure each provider agency is aware of the process for protecting the IPOS/PCP for each consumer and continuing all prior authorized services.	Within forty-five days			
<b>IT/Claims</b>	Schedule meeting with IT/Claims to implement plan on transferring IT/Claims to new MCPN. Authority should be included in meeting.	Within forty-five days			
	Coordinate IT/Claim department activities.	Within sixty days			
	Determine final date for claims submission and inform provider network.	Within sixty days			
<b>Fiscal</b>	Ensure fiscal contingency plan is implemented. Provide Authority with cash flow projections	Within thirty days			

**DETROIT WAYNE MENTAL HEALTH AUTHORITY  
MCPN/PROVIDER CONTINGENCY/CLOSE OUT PLAN**

<b>Task</b>	<b>Activities</b>	<b>Projected Time Line</b>	<b>Target Date</b>	<b>Position's Responsibility</b>	<b>Status Update</b>
	Inform current banking institutions of contingency close out plan.	Within sixty days			
	Complete inventory of property and ensure UCC Financing guidelines are implemented.	Within ninety days			
	Provide Authority with inventory.	Within 90 days			
<b>Customer Service</b>	Ensure communication plan is implemented with Customer Service personnel at all levels of the service provider network that is responsible for Customer Service activities.	Within 24 hours			
	Include information about MCPN or Provider closure/termination in Consumer Newsletter				
	Schedule a meeting with Customer Service provider network Liaisons and, Grievance Coordinators to initiate an in-service on the internal contingency processes (i.e. script, documentation and reporting) that are to be used by Customer Service and Grievance Personnel.	Within 1 week			
<b>Office of Peer Advocacy</b>	Identify Consumer Employees i.e. Peer Support and Enhanced Consumer Employees and coordinate with DWMHA their potential re-assignment.	Within 1 week			

**DETROIT WAYNE MENTAL HEALTH AUTHORITY  
MCPN/PROVIDER CONTINGENCY/CLOSE OUT PLAN**

Task	Activities	Projected Time Line	Target Date	Position's Responsibility	Status Update
	Identify Consumers who are participants and or members of MCPN affiliated meetings i.e. advisory, focus groups, etc. and schedule meeting to discuss contingency plan.	Within 2 weeks			
<b>ORR</b>	Review all open investigations to: <ul style="list-style-type: none"> <li>• Identify all investigations involving the MCPN as the respondent and prioritize accordingly</li> <li>• Identify all investigations that involve direct contracts with the MCPN and prioritize accordingly</li> </ul> Contact MDHHS for approval to implement Administrative Closure of cases when needed. <ul style="list-style-type: none"> <li>• Assist other DWMHA Units in responding to rights related matters.</li> </ul>				
<b>MI HEALTH LINK</b>	Identify the MI Health Link enrollees	Within 48 hours			
	Identify the percentage of MI Health Link enrollees who have had a Level I Referral	Within 72 hours			



**DETROIT WAYNE MENTAL HEALTH AUTHORITY  
MCPN/PROVIDER CONTINGENCY/CLOSE OUT PLAN**

<b>Task</b>	<b>Activities</b>	<b>Projected Time Line</b>	<b>Target Date</b>	<b>Position's Responsible</b>	<b>Status Update</b>
	Identify the CRSP assigned to MI Health Link enrollees	Within 48 hours			
	Identify the MHL enrollees that do not have a CRSP identified	Within 48 hours			
	Identify the MHL enrollees who are residing in specialized residential facilities	Within 72 hours			
	Ensure that Case Managers/Supports Coordinators facilitate the transition of consumers to another MCPN/Provider of their choice ensuring that continuity of care delineated in the IPOS is not impacted with closure	Within 2 weeks			
	Communicate with the ICO's the closure plan that ensures them that the MME will not be harmed and that they will be notified of the new MCPN/Provider	Within 24 hours			