


LAPEER COUNTY COMMUNITY MENTAL HEALTH**Date Issued 06/26/2007****Date Revised 08/16/12; 05/07/14; 07/13/15; 05/22/18; 11/01/20; 06/14/21;
05/16/22; 04/18/23**

CHAPTER Administrative	CHAPTER 01	SECTION 002	SUBJECT 30
SECTION Operations	DESCRIPTION Network Monitoring		
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APPLICATION:

<input checked="" type="checkbox"/> CMH Staff	<input checked="" type="checkbox"/> Board Members	<input checked="" type="checkbox"/> Provider Network	<input checked="" type="checkbox"/> Employment Services Providers
<input checked="" type="checkbox"/> Employment Services Provider Agency	<input checked="" type="checkbox"/> Independent Contractors	<input checked="" type="checkbox"/> Students	<input checked="" type="checkbox"/> Interns
<input checked="" type="checkbox"/> Volunteers	<input checked="" type="checkbox"/> Persons Served		

POLICY:

Lapeer County Community Mental Health (LCCMH) provides and monitors a comprehensive network of specialized services and supports to meet the needs and accommodate the choices of all persons served.

STANDARDS:**LCCMH:**

- A. Maintains a Network Monitoring Team led by the Quality Improvement Department to ensure compliance with the standards in this policy.
- B. Monitors provider contracts and sends language updates to the Contract Department to reflect current functionality and changing rules and regulations annually.
- C. Ensures its provider network supports services are:
 - 1. Based on the identified needs of persons served
 - 2. Based on the expectations of persons served and/or guardian

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3. Based on the expectations of family members when appropriate
 4. Based on the expectations of community stakeholders
 5. Demonstrating opportunity for choice by the persons served in accordance with 42 Code of Federal Regulations (CFR) 438.6(m)
 6. Provided in an agreed-upon timeframe
 7. Sensitive to the cultural diversity of the persons served and the community in which the services are provided
 8. Enhancing the dignity of the persons served
- D. Manages the provider network of directly operated services and contract services in accordance with:
1. LCCMH Network Management and Monitoring Plan
 2. Terms and conditions of the Pre-Paid Inpatient Health Plan (PIHP) contractual agreement
 3. Agency policies and the applicable PIHP Provider Network Policies
- E. Ensures all services covered under the state plan, Habilitation Support Waiver (HSW), and 1915 (b)(3) additional services listed in the Michigan Department of Health and Human Services (MDHHS) and PIHP contracts are available and geographically accessible to all persons served.
- F. Operates with the understanding a Medicaid beneficiary must qualify for at least one state plan service documented in the Individual Plan of Service (IPOS).
- G. Offers additional 1915 (b)(3) services in addition to or in lieu of a state plan service(s).
- H. Considers all state plan services entitlement programs and make plans available to a Medicaid beneficiary upon specific request, if medically necessary.
- I. Ensures a sufficient service delivery network is available to meet the following requirements:

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1. A network of appropriate providers is supported by written agreements and is sufficient to provide adequate access and meet standards of care for all services covered under the service contracts.
2. Considers the following in maintaining and monitoring its provider network:
 - a. The anticipated Medicaid enrollment
 - b. The expected utilization of services, taking into consideration the characteristics and healthcare needs of the specified populations in Lapeer County
 - c. The numbers and types of providers required to provide the contracted Medicaid services
 - d. The numbers of network providers not accepting new Medicaid referrals; and any capacity limitations existing in the network
 - e. The geographic location of providers and Medicaid beneficiaries considering distance, travel time, the means of transportation ordinarily used by Medicaid beneficiaries within the region, and whether the location provides physical access to persons with disabilities
- J. Maintains sufficient capacity to provide a second opinion for medical necessity from a qualified health care professional within the network or will arrange for the Medicaid beneficiary to obtain a second opinion outside the network.
- K. Ensures necessary services covered under the MDHHS and PIHP contracts may be obtained out-of-area, should sufficient capacity not exist within the local network to provide adequate and timely services, at no cost to the beneficiary.
- L. Ensures out-of-area services are obtained at no greater costs to the PIHP than if furnished within the network.
- M. Ensures sufficient access to Indian Health Care Providers (IHCP), including access to out-of-state IHC Providers, as required by 42 CFR 438.14.
- N. Demonstrates its network providers are credentialed as required by CFR 438.214 and the Medicaid Provider Manual, Chapter III.

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- O. Ensures direct operations and contracts are compliant with the following requirements:
1. PIHP standards for timely access to care and services, taking into account the urgency of the need for services
 2. Hours of operation meet the needs of persons served and are no less than the hours of operation offered to commercial plan enrollees or comparable Medicaid fee-for-providers
 3. Services included in the MDHHS and PIHP contracts are available twenty-four hours a day, seven days a week, when medically necessary
- P. Establishes mechanisms to ensure compliance by sub-contractor providers (i.e. contract monitoring). LCCMH Network Monitoring:
1. Monitors its providers regularly to determine compliance with contract attachments
 2. Outlines specific contract performance requirements and indicators in contract Attachment D
 3. Takes corrective action if there is a failure to comply
- Q. Provides a list of all subcontract services to the PIHP within 60 days of signing the CMH-PIHP Contract.
- R. Complies with the subcontracting requirements of the CMH-PIHP Contract.
- S. Notifies the PIHP at any time it enters into a new / changed contract with a sub-contract provider.
- T. Notifies the PIHP at any time there are changes in the agency services, benefits, geographic services area, or payments to a provider.
- U. Maintains a local uniform credentialing and re-credentialing policy aligning with the PIHP professional staff and provider organization credentialing policies.
- V. Documents a process for credentialing and re-credentialing of its direct and contract agency providers (organization and practitioner providers).

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- W. Establishes uniform provider selection policies and procedures for the provider network. The agency will ensure compliance with the PIHP network selection policies.
- X. Has uniform non-discrimination policies for its provider network, regarding provider selection which do not discriminate against particular providers serving high-risk populations or specialize in conditions requiring more-costly treatment. The agency will ensure compliance with the PIHP's non-discrimination policy in the selection and maintenance of network providers.
- Y. Does not employ or contract with providers excluded from participation in the Federal Healthcare Programs.
- Z. Completes monthly Federal Sanctioned Provider and OIG Exclusion checks.
- AA. Notifies the PIHP of any exclusion status of any person with an ownership or control interest or who is an agent or managing employee of the provider.
- BB. Notifies the PIHP of any changes to programs or sites, including change of address or discontinuation. In turn, the PIHP will be the responsible entity to notify MDHHS of any program changes.

PROCEDURES:

- A. LCCMH Quality Department conducts an annual needs assessment and GAP Analysis to determine if network capacity meets the need for services. (see I.2 above). Results are shared with the Chief Executive Officer (CEO) to plan for any gaps in services identified.
- B. LCCMH reviews and revises the Network Monitoring Plan, as applicable.
- C. LCCMH ensures providers have the most up-to-date version of the services contract, including staff training requirements.
- D. LCCMH Network Monitoring Team monitors each sub-provider on the following domains of the Network Monitoring Plan:
 - 1. Contract Compliance
 - 2. Recipient Rights

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3. Corporate Compliance
4. Clinical Assessment
5. Finance/Data Compliance
6. Training Compliance

- E. Providers are given a copy of their final network monitoring results. If compliance falls below the threshold for any of the domains, a corrective action plan (CAP) is required.
- F. If providers continue to fall below the threshold, the CEO is notified and more serious interventions will be implemented, up to and including contract termination.
- G. The final provider report is sent to the Quality Council for approval, then to the LCCMH Board and posted on the agency webpage.
- H. LCCMH provides copies of the network monitoring documents and reports to the PHIP for contract monitoring as requested.

DEFINITIONS:

Region 10 Prepaid Inpatient Health Plan (PIHP): The Region 10 managed care entity under contract with the Department of Health and Human Services responsible for ensuring delivery of Mental Health and Substance Use Disorder Services to Medicaid-eligible persons in Lapeer, St. Clair, Sanilac and Genesee Counties.

Provider Network: The set of service providers, which, together, constitutes a system of specialized services and supports for persons served.

REFERENCES:

Centers for Medicare and Medicaid Services Code of Federal Regulation-42 CFR 438.6(m) and 42 CFR 438.14.

Lapeer County Community Mental Health Network Monitoring Plan

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This policy supersedes
#03/11019 dated 03/31/2011.
