

NORTHCARE NETWORK

POLICY TITLE: Provider Network Management and Appeals Mechanisms	EFFECTIVE DATE: June 26, 2002
DATE OF LAST REVIEW: (Reviewed with no changes or minimal text revisions.) June 10, 2008	DATE OF LAST POLICY REVISION: (Revision to policy statement.) December 10, 2010

POLICY

All provider contracts shall contain a mechanism for dispute resolution as an alternative to litigation.

NorthCare Network is responsible for maintaining and continually evaluating an effective Provider Network to meet the needs of its consumers. In this regard, NorthCare will:

- Maintain regular means of communicating and providing information on changes in policies and procedures to its providers.
- Have clear written mechanisms to address provider grievances and complaints and an appeal system to resolve disputes.
- Notify MDCH within 7 days of any changes to the composition of the Provider Network
- Assure that the Provider Network responds to the cultural, racial, and linguistic needs (including interpretive services as necessary) of the service area.
- Assure that services are accessible, taking into account travel time, availability of public transportation, and other factors that may affect accessibility.
- Assure that the network providers do not segregate NorthCare members in any way from other consumers receiving their services.
- Not contract or employ providers previously or currently sanctioned or excluded from participation in Federal health care program under either Section 1128 or 1128A of the Social Security Act.
- Not discriminate against particular providers that serve high-risk populations or specialize in conditions that require costly treatment.

PURPOSE

The policy is designed to develop and maintain a Provider Network that meets the needs of Medicaid consumers for Mental Health Specialty Services and Substance Abuse Services in the Upper Peninsula. It ensures the services purchased represent “best-value” from a price, quality, and service perspective. NorthCare will continually assess consumer needs, and provide services in appropriate settings to meet those care needs, while evaluating and planning for the expansion, adjustment, and improvement of the Provider Network.

APPLIES TO

All NorthCare Network Providers

PROCEDURES

I. SELECTION AND COMPOSITION:

NorthCare’s Performance Management Committee (PMC) will provide guidance to NorthCare for the management of the Provider Network.

All qualified providers, meeting specific criteria (e.g. accreditation status, fiscal

stability, litigation status, and appropriate insurance coverage) expressing an interest in contracting with NorthCare will be given the opportunity to compete for contracts. Contracts will be awarded in accordance with NorthCare's Procurement Process Policy. If NorthCare declines to include individual providers or groups of providers in its Network, it gives the affected providers written notice of the reason for its decision.

II. MANAGEMENT OF THE NETWORK

- A. Utilization Management reports and Quality Improvement data allow NorthCare to identify gaps in services. Reports/data to be used include:
1. Performance Indicator Reports
 2. Focused analysis of over and under utilization of services
 3. Consumer feedback through surveys, interviews, focus groups, member service committee meetings, and tracking complaints
 4. Grievance and Appeals data
 5. Consumer satisfaction data
- B. NorthCare through its QI Process will review the Provider Network to:
1. Determine if consumer input is incorporated into the network (i.e., through PCP, satisfaction surveys, RFP process, quality improvement, and contract monitoring)
 2. Determine if ethnic/cultural/racial network needs are being met including Limited English Proficiency (i.e. through PCP, satisfaction surveys, advisory board, contract monitoring).
 3. Determine if the number of providers is adequate to meet the particular service needs (i.e., timeliness indicators, utilization management, and satisfaction surveys).
 4. Ensure that there are no waiting lists for services.
 5. Determine the reasons for additions or losses to the Provider Network
 6. Determine the appropriate course of action based upon the above findings. (A detailed plan is developed to resolve any issues discovered delineating time frames and responsible persons.)
- C. Notification of Significant Changes to Provider Network
NorthCare will notify MDCH within seven days of any significant changes to the provider network composition that affect adequate capacity and services.

III. PROVIDER APPEAL MECHANISMS

A. Affiliate Provider Appeals

1. Formal Provider complaints should be directed to the Chief Operating Officer (COO) of NorthCare. An investigation of the complaint will be conducted by the staff assigned by the COO. A written summary of the outcome of NorthCare's examination of the complaint will be given to the provider and will also be forwarded to the PMC for any further action.
2. In a situation where two providers are in disagreement about the provision of services for a specific consumer, NorthCare Utilization staff will review the case and make a determination about appropriate services and the Board of Financial Responsibility. The review will be completed within 48 hours of the receipt of all necessary documentation. This review will not delay the consumer receiving services and the timeliness indicators will still apply. If the results of this review are

unsatisfactory to the CMH Boards, the Department of Community Health Contract Manager will be asked to review the case for a final decision.

3. Providers are expected to have a formal process for staff to appeal internal utilization management decisions. The CMHSP Utilization Management Plans and the NorthCare Substance Abuse Provider manual outline the required appeal mechanisms. (Reference-NorthCare Enrollee Rights and Protections Policy)

B. Other Contract Providers Appeals

1. The specific mechanism for appeals of decisions regarding authorization and payment will be established within the contract between NorthCare and the provider.

Ethical Standards

NorthCare maintains an active compliance program which includes a Code of Conduct. While NorthCare is committed to compliance with applicable State and federal laws, NorthCare is further obligated to maintain the highest ethical standards. It is the policy of NorthCare Network to require that all affiliates comply with all State, federal, local laws, regulations, and contracts and accreditation bodies' standards. Adherence to these requirements shall be monitored by NorthCare.

REFERENCES

- ✓ MDCH Procurement Technical Guideline and Checklist from Specialty Supports and Services - Contract Attachment 6.4.1.
- ✓ 45 CFR 74 Federal Regulations regarding Procurement
- ✓ 42 CFR 434 Federal Regulations regarding Procurement
- ✓ 42 CFR (Balanced Budget Act of 1976), Subpart C, 438.105(a)(1)
- ✓ Office of Management and Budget Circular A – 110
- ✓ NorthCare Network Procurement Policy
- ✓ NorthCare Compliance Program
- ✓ NorthCare Staff Competencies/Education Policy
- ✓ NorthCare Credentialing/Privileging Policy
- ✓ NorthCare Enrollee Rights and Protections Policy
- ✓ NorthCare Substance Abuse Provider Manual

BOARD ADOPTED/REVIEWED DATE

6/26/06; 4/23/03; 5/3/06; 3/2/2011

COO APPROVAL

1/13/11

HISTORY

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REVISION DATES: 4/23/03; 5/3/06; 3/17/07; 12/10/10