



POLICY AND PROCEDURE MANUAL

SUBJECT: Notification of Provider Termination	ACCOUNTABILITY NMRE, NMRE Network Providers	Effective Date: April 23, 2014	Pages: 2
REQUIRED BY	BBA Section: 42 CFR 438.207(c) PIHP Contract Section: 6.3.2, "Informational Requirements," P7.7.1.1, PIHP Reporting Requirements Other:	Last Review Date: February 22, 2022	Past Review Date: April 21, 2016
Policy: <input checked="" type="checkbox"/> Procedure: <input type="checkbox"/>	Review Cycle: Annual Author: NMRE Provider Network Manager	Responsible Department: Provider Network	Reviewers:

Definitions

Beneficiary: A person served by the publicly funded behavioral health and substance use disorder system or his/her representative.

Individual Plan of Services (IPOS): The written details of the supports, activities, and resources required for the individual to achieve personal goals. An individual and his/her team are responsible for developing the individual plan of services.

Network Provider: Any provider that receives Medicaid funding directly or indirectly to order, refer, or render covered services as a result of the state's contract with the NMRE, its member CMHSPs, and the Substance Use Disorder provider panel.

Northern Michigan Regional Entity (NMRE): The PIHP for Region 2, the 21-counties located in Michigan's northern lower peninsula.

Purpose

The purpose is to establish a process to ensure timely and appropriate notification of discontinuation or termination of any contract for services provided to beneficiaries.

Policy

The NMRE will ensure its Network Providers will send timely and appropriate notices to the NMRE of a discontinuation or termination of a subcontracted provider, as well any changes to their provider network.

The NMRE ensure each beneficiary is notified in writing of a significant change in its applicable provider network including the addition of new providers and planned termination of existing providers.

The NMRE will make good faith efforts to ensure written notice of the termination of a contracted provider is made by that latter of 30 calendar days prior to the effective date of the termination or 15 days after receipt or issuance of the termination notice, to each beneficiary who received his/her primary care from, or was seen on a regular basis by, the terminated provider.

The NMRE will have procedures for reporting improper known organizational provider or individual practitioner conduct that results in suspension or termination from the its provider network to appropriate authorities (i.e., MDHHS, the provider's regulatory board or agency, the Attorney General, etc.). Such procedures will be consistent with current federal and state requirements, including those specified in the MDHHS-PIHP contract and NMRE policies.

The NMRE will demonstrate to that it has the capacity to serve the expected number beneficiaries enrolled in its service area in accordance with the State's standards for access to care and 42 CFR 438.207, §438.68, and §438.206(c)(1).

Approval Signature

A handwritten signature in black ink, appearing to read "Eric Rung", is written over a horizontal line.

NMRE Chief Executive Officer

2/22/22

Date

SUBJECT: Notification of Provider Termination	ACCOUNTABILITY NMRE, NMRE Network Providers	Effective Date: April 23, 2014	Pages: 1
REQUIRED BY	BBA Section: 438.207(c) PIHP Contract Section: 6.3.2, "Informational Requirements," P7.7.1.1, PIHP Reporting Requirements Other:	Last Review Date: February 22, 2022	Past Review Date: July 29, 2019
Policy <input type="checkbox"/>	Review Cycle: Annual Author: NMRE Provider Network Manager	Responsible Department: Provider Network	Reviewers:
Procedure <input checked="" type="checkbox"/>			

Procedure

- A. Beneficiaries will be provided appropriate notice of any change of their authorized services. Efforts will be made to assure a smooth transition to a new provider.
- B. Notification of provider discontinuation or termination from the network and the revision of the IPOS will be documented in the beneficiary's health record.
- C. Network Providers will notify the NMRE of any provider changes as soon as they are known and the reason for the action.
- D. The NMRE will notify the MDHHS within seven (7) days of any changes in the provider network that significantly affects network capacity/adequacy. The NMRE will immediately notify MDHHS and other applicable authorities when providers are terminated for compliance or other legal issues.
- E. Upon notification of network changes resulting in termination, NMRE will conduct a capacity analysis to determine the most appropriate action to sustain an adequate provider network based on access to care.

Approval Signature



NMRE Chief Executive Officer

7/19/19

Date