

GOGEBIC COMMUNITY  
MENTAL HEALTH  
AUTHORITY

PROVIDER NETWORK  
MANUAL

JUNE 2019



# **Gogebic Community Mental Health Authority Provider Network Manual**

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# **GOGEBIC COMMUNITY MENTAL HEALTH AUTHORITY PROVIDER NETWORK MANUAL**

Welcome to Gogebic Community Mental Health Authority's Provider Network

This manual has been developed as a reference and training guide for our contract providers. It gives you an overview of our Network design, discusses those Gogebic CMHA policies and procedures we require our providers to follow and gives you other pertinent information you may find useful as a provider of services.

If you have any questions or comments please contact the Gogebic CMHA's Contract Manager:

**Angela Pope at (906)229-6104 or by e-mail at [apope@gccmh.org](mailto:apope@gccmh.org)**

Beneficiaries must be excluded from any dispute between the participating provider and the Gogebic CMHA affiliates.

Thank you for joining the Gogebic Community Mental Health Authority's Provider Network. We look forward to working with you as we work to provide quality, cost effective and comprehensive behavioral health services to our recipients.

## **IMPORTANT NOTICE**

This manual explains many important aspects of Gogebic Community Mental Health Authority's Provider Network. This manual, in conjunction with the provider contract, outlines the procedures and requirements that providers must follow to be included in the Gogebic CMHA Provider Network.

**Gogebic Community Mental Health Authority**

**103 West U.S. 2**

**Wakefield, Michigan 49968**

**(906)229-6120**

**P.H.I F.A.X. (906)229-6191**

**Chief Executive Officer-Julie Hautala [jhautala@gccmh.org](mailto:jhautala@gccmh.org) 906-229-6106**

**Recipient Rights Officer-Angela Pope [apope@gccmh.org](mailto:apope@gccmh.org) 906-229-6104**

**Customer Services-Stephanie Otto [sotto@gccmh.org](mailto:sotto@gccmh.org) 906-229-6120**

**Compliance Officer-Missy Lane [mlane@gccmh.org](mailto:mlane@gccmh.org) 906-229-6105**

**Utilization Management-Ashley Parker [aparker@gccmh.org](mailto:aparker@gccmh.org) 906-229-6133**

# **GOGEBIC COMMUNITY MENTAL HEALTH AUTHORITY**

## **PROVIDER NETWORK PROVIDER MANUAL INTRODUCTION**

**Gogebic Community Mental Health Authority’s mission is, “To enhance the quality of life for our community by offering comprehensive behavioral health services in a trauma-informed culture of care, prompting integrated healthcare, recovery and community inclusion.” Gogebic CMHA provides an array of services to recipients needing mental health services and support services for persons with intellectual/developmental disabilities.**

As an assurance to our stakeholders; the Recipients, the Department of Community Health, the community and to our employees Gogebic CMHA will require that all providers of behavioral health services in the Network be qualified to deliver these services.

The credentialing and privileging process is designed to ascertain a provider’s:

- Formal Education
- Training
- Experience
- Competence

Executive authorization is granted for a Provider to perform specific services for a designated length of time. Providers who are privileged to deliver certain types of services must continue to meet the requirements, which have been established, to maintain good standing in the Network.

### **Principal Strategies and Objectives**

The principal strategies and objectives, which will be included in every aspect of the Provider Network for Gogebic CMHA, shall be as follows:

- Promotion of access to the least restrictive level of care required for the Recipient.
- Provision of quality care that is evidenced by Recipient satisfaction and clinical outcomes.
- Integration of person centered planning into all clinical activities.
- Management of financial and other resources to contain or reduce cost.
- Arrangement for care that is delivered quickly, locally and in a person centered manner.
- Development of a service delivery system that emphasizes prevention, wellness and recovery.

The Provider Network of Gogebic CMHA will assure network competencies and the sufficient amount of resources, quality and market competition.

This manual has been prepared as a guide to Gogebic CMHA's policies and procedures for individual practitioners, programs and facilities. It provides important information regarding the managed care features incorporated in the Provider Contract.

The manual has been designed to be a useful tool for participating providers and their staff. We look forward to a cooperative and rewarding relationship.

Gogebic CMHA is part of the Northcare Network. Northcare is the prepaid inpatient health plan that manages Medicaid dollars for specialty behavioral health services including substance use disorders in the Upper Peninsula. Our other affiliate members are Northpointe Behavioral Health Services, Hiawatha Behavioral Health, Pathways and Copper Country Mental Health Services.

## **Section 1: Provider Responsibilities**

### **Incident Reporting**

Providers must notify Gogebic CMHA's Recipient Rights Officer, Angela Pope, at (906)229-6104, immediately by telephone of serious injury or loss of life sustained by a Gogebic CMHA recipient. Written notification must follow within 24 hours. Gogebic CMHA must also be notified immediately of any recipient's unexpected absence from the home or program or discharge against medical advice. All incident reports need to be forwarded to the Recipient Rights Officer. Please see the Recipient Rights policies for more detailed information.

### **Confidentiality and Release of Information**

Confidentiality is an important professional and administrative aspect of Gogebic CMHA's policies and procedures. Providers agree to comply with all state and federal laws regarding privacy, confidentiality and release of information. The Provider agrees specifically that it will comply with the Mental Health Code, HIPAA and 42 CFR Part II (when appropriate) and its privacy protection as they relate to recipient information. To the extent necessary for the Provider to disclose information concerning any of Gogebic CMHA's recipients, to any third party, the Provider agrees to comply with notifications provisions of HIPAA and 42 CFR Part II. This provision applies to the Provider, its agents and employees, and the Provider must educate its employees and agents with respect to the confidentiality provisions of HIPAA and 42 CFR Part II as they relate to privacy rights of Gogebic CMHA's recipients.

### **Record Keeping Requirements**

Providers must establish a separate updates for every case upon initial contact with the recipient. Facilities subject to JCAHO, CARF, Northcare Network and other national accrediting organizations must meet the record keeping standards of such organizations. Providers who are not subject to these accrediting organizations must establish a medical record system, which includes the following information:

- Recipient demographic information
- Presenting problems
- Psychiatric and substance abuse history
- Relevant medical history, to include medication history
- Social and family supports
- Mental status exam
- Risk assessment
- DSM-IV five axial diagnoses
- ICD-9 CM diagnosis
- Treatment plan developed through person centered principles

Progress notes for each contact must include objective specific outcome/progress, based on therapeutic interventions provided and linked to measurable goals in the treatment plan.

### **Obligation to Report/Duty to Warn**

Providers must comply with all the state and federal child abuse, adult protective service and other reporting laws. It is the Provider's responsibility to understand and comply with the professional and legal requirements in Michigan. The duty to warn may override the usual right to confidentiality of which an individual is assured when speaking to a clinician. It is important to understand reporting laws as some state laws protecting "privileged" communications between clinicians and recipients may prohibit making such reports and individuals receiving substance use disorder services are covered under more restrictive laws.

Gogebic CMHA's Recipient Rights Officer Angela L. Pope needs to be informed any such situation.

### **Re-credentialing and Information Updates**

Gogebic CMHA must receive prior or immediate written notice of any additions, deletions or changes (including effective dates) related to any of the following:

#### Re-credentialing

- Verification of current state licensure or certification (annually)
- Verification of current federal DEA certification for M.D.'s or D.O.'s
- Verification of current individual malpractice liability insurance within limits, date of coverage and Provider's name
- Verification of criminal background check

- Fingerprint clearance
- Verification of non-inclusion on the excluded or restricted provider list of the Office of Inspector General, S.A.M. and the general accounting office
- Verification of non-inclusion on the sexual offender register
- Current resume/curriculum vita (every 2 years)
- Facility accreditation with JCAHO, CARF and/or other national accrediting organizations

#### Updated Information

- Tax identification numbers (W-9 form must be completed for Tax ID numbers)
- Change of corporate address and telephone numbers
- Change of practice sites and telephone numbers
- Change of address for claim payments
- Name changes
- Clinical subspecialties
- Admitting privileges (Practitioners only)
- Changes, additions or deletions of facility programs
- Changes in facility ownership
- Changes of practice ownership or principal interest
- Termination or resignation of any clinical staff
- Notification of any restrictions regarding licensure and accreditation
- Notification of any lawsuits filed against practice/principals
- Addition of new clinical staff

As a contractual requirement, it is understood that all changes/updated information required above, be immediately mailed to, e-mailed, faxed or telephoned:

Angela Pope, Contract Manager  
 Gogebic CMHA  
 103 West U.S. 2  
 Wakefield, MI 49968  
[apope@gccmh.org](mailto:apope@gccmh.org)  
 906-229-6104-Direct Phone Line  
 906-229-6191-PHI FAX

#### **Provider Coverage**

A Provider must contact Gogebic CMHA to discuss alternative Provider coverage arrangements in any situation when he or she is unable to keep Gogebic CMHA recipients in active treatment. Notification to the Gogebic CMHA Contract Manager is required regardless of the reasons for utilizing an alternative Provider (i.e.; coverage while on vacation).

#### **The American with Disabilities Act (ADA)**

Gogebic CMHA requires Providers to comply with all regulations of The American with Disabilities Act in the provision of care to Gogebic CMHA recipients.

## **Non-Discrimination**

Providers must be equal opportunity Providers and shall not discriminate with regard to race, color, sex, religion, national origin, age, weight, height, marital status, veteran status, handicap or any other protected category.

## **Clinical Record Reviews**

The Provider will allow all Health Care Financing Administration (HCFA), State of Michigan, Northcare Network and/or accreditation to conduct on-site reviews.

Gogebic CMHA will at times conduct reviews of clinical records regarding the treatment of recipients. These reviews will be conducted on-site at the Provider location, during normal business hours, with or without prior notice from Gogebic CMHA. It is important that the Providers cooperate fully with these reviews. Gogebic CMHA will be reviewing records for a number of purposes including but not limited to, the following areas:

- Quality Management
- Claims submission integrity
- Unusual occurrences
- Record keeping
- Corporate Compliance
- Credentialing Compliance
- Contract Compliance

## **Provider Disenrollment**

Either Gogebic CMHA or Provider may choose to terminate the Provider contract/agreement as outlined in the contract. This includes action taken as a result of any other breaches highlighted in the contract as a “material breach” and a potential cause for termination such as discrimination, non-compliance with applicable laws, non-compliance with recipients’ recipient rights and recipient grievance procedures, etc. A contract shall terminate immediately upon Provider loss of required certification/licensure; listing of the Provider by a department or agency of the State of Michigan as being suspended from service participation in the Michigan Medicaid and/or Medicare programs; and/or the provider being listed by a department or agency of the State of Michigan in its registry for Unfair Labor practices.

It is understood that the Provider, in the event of disenrollment, is obligated to cooperate with Gogebic CMHA in transitioning recipients and records of treatment.

## **Grievances and Appeals**

All recipients have the right to a fair and efficient process for resolving complaints regarding their services and treatment.

All recipients must receive due process whenever benefits are denied, reduced or terminated. This would include prior written notice of the adverse action, a fair hearing before an impartial decision maker and continued benefits pending a final decision and a timely decision from the date the complaint is made.

### **Provider Disputes and Appeals Process**

All participating providers have the right to dispute actions taken by Gogebic CMHA relating to their status within the network and actions related to non-compliance, professional competency or conduct.