


COMMUNITY MENTAL HEALTH AUTHORITY

ADMINISTRATIVE POLICY AND PROCEDURES MANUAL				
Chapter	Section	Chapter	Section	Subject
Program Quality	Provider Network Management	05	05	04
Subject Network Provider Communication	Authorization			Approved: 12/26/17 Replaces: None

Reviewed/No Update: October 2022; Updated: October 2023

- I. **PURPOSE:** To ensure Community Mental Health Authority’s (CMHA) responsibility for maintaining and continually evaluating an effective provider network adequate to fulfill the obligations of the MDHHS/PIHP Specialty Services and Supports Contract. CMHA is accountable for the beneficiaries in its service area, regardless of the functions it has delegated to its Network Providers. CMHA will maintain regular means of communicating and providing information on changes in policies and procedures to its providers.

- II. **APPLICATION:** CMHA providers employed directly, contracted, or subcontracted by CMHA.

- III. **DEFINITIONS:** None

- IV. **POLICY:** CMHA will ensure that network providers are oriented to and are aware of all information necessary to provide care to beneficiaries and to comply with rules, regulations, accreditation standards, and CMHA’s policies and procedures.

- V. **PROCEDURE:**
 - A. New Provider Orientation:
 New participating providers will be oriented to the network through receipt of an Orientation Packet. Network providers will be directed to the online orientation packet via www.gccmh.org/contracted-providers/. A paper copy of the orientation material will be provided upon request. The Orientation Packet includes (at a minimum):
 1. CMHA’s Provider Manual(s).
 2. CMHA’s Policies and Procedures (relevant to network providers)
 3. Providers will also be trained on CMHA’s information systems such as SharePoint, myLearningPointe, and ELMER, as applicable.

 - B. Updates on CMHA Activities:
 Providers receive updates on CMHA activities through mechanisms such as the following:
 1. Contracted Provider section on the CMHA website at www.gccmh.org.
 2. Updated versions of Provider Manual (including policies and procedures) are available on the CMHA website under the ‘Contracted Provider’ tab
 3. Email communication of changes/updates.
 4. Provider meetings, both regular/ongoing meetings and those by invitation on an as needed basis.

C. Changes in Rates or Contracting Provisions:

Provider contracts contain the terms for provision of services, reimbursement rates, and provider responsibilities. It also describes the relationship between the organization and the participating provider. Changes in rates or contracting provisions are communicated to providers at least 30 days in advance, through written correspondence and typically include a contract amendment.

D. Benefit and Eligibility Information:

Benefit and eligibility information for CMHA consumers is available on-line in the Michigan Medicaid Provider Manual and at the CMHA website. Updates will be communicated as mentioned above under “Updates on CMHA Activities”.

E. Provider Grievance and Appeal Process:

Provider grievance and appeals information may be found in the Provider Network Policies and Procedures on-line on the Gogebic CMHA website at www.gccmh.org.

F. Provider Manuals:

Provider Manuals will be made available to all providers. The CMHA Provider Manuals can be found on the CMHA website at www.gccmh.org. Providers who do not have access to the CMHA website will be mailed a copy upon request. Providers will be notified when changes are made to the manual by mail or by email and prompted to review the changes on the CMHA website.

G. Provider Relations and Customer Service Contact Information:

Providers with questions regarding orientation materials or requiring assistance regarding provider network issues throughout their time as a participating provider may contact CMHA at 906-229-6104.

H. Mechanism to receive suggestions and guidance from Providers:

CMHA encourages active participation on committees and/or provider meetings that address how the provider network can best serve consumers. Providers with suggestions and guidance information about how to best serve CMHA consumers can contact CMHA’s Customer Services Coordinator.

I. Compliance with delegated functions:

CMHA will communicate with contractors who perform delegated functions for the CMHA regarding changes that impact delegated functions.

VI. REFERENCES AND LEGAL AUTHORITY: PIHP/MDHHS Contract Section 6.4; URAC Standard P-NM-3; P-NM-6; Network Provider Contracts and Contract Amendments; NorthCare Network Out of Network Provider Policy; NorthCare Network Provider Grievance and Appeal Process Administrative Policy; Northcare Network Network Provider Communication Policy

VII. EXHIBITS: None