

GOGEBIC COMMUNITY MENTAL HEALTH AUTHORITY

PROVIDER NETWORK MANUAL

January 2023



GOGEBIC
Community Mental Health

Gogebic Community Mental Health Authority Provider Network Manual

Table of Contents:

Page 4: Introduction

Page 5 - SECTION 1: Provider Responsibilities

Page 9 - SECTION 2: Provider Network Management

Page 11 - SECTION 3: Code of Ethical Practices, Corporate Compliance & Designated Authority

Page 14 - SECTION 4: Recipient Rights

GOGEBIC COMMUNITY MENTAL HEALTH AUTHORITY PROVIDER NETWORK MANUAL

Welcome to Gogebic Community Mental Health Authority's Provider Network.

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.

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:

Kristina Potesta at (906)229-6104 or by e-mail at kpotesta@gccmh.org

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.

It is expected that you will review the following categories of policies in conjunction with this provider manual. The policies can be found at www.gccmh.org:

- Provider Network Management
- Recipient Rights
- Reporting Unusual Incidents
- HIPAA
- Ethics & Compliance

**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-Melissa Hall mhall@gccmh.org 906-229-6106
Recipient Rights Officer/Contract Mgr./Cust. Svcs. Coord./Training Coord.- Kristina Potesta
kpotesta@gccmh.org 906-229-6104
Compliance Officer-Michelle Sorensen msorensen@gccmh.org 906-229-6105
Utilization Management-Ashley Parker 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, promoting person-centered planning, 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 Michigan Department of Health and Human Services, 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 Healthcare System, 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, Kristina Potesta, 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 update 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, Kristina Potesta, 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:

Kristina Potesta, Contract Manager
Gogebic CMHA
103 West U.S. 2
Wakefield, MI 49968
kpotesta@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.

SECTION 2: Provider Network Management

In order to provide quality services to consumers, it is necessary for Gogebic Community Mental Health and the network providers to establish and maintain a cooperative relationship. Recipients of services must be excluded from any dispute between the network provider and Gogebic Community Mental Health. Network Providers are prohibited from any discrimination against individuals seeking or receiving services and will comply with all applicable Federal and State laws and regulations including Title VI of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, the Age Discrimination Act of 1973, and the Rehabilitation Act of 1973, and the Americans with Disabilities Act.

In the performance of any contract or purchase order resulting here from, Gogebic Community Mental Health and the Network Provider agrees not to discriminate against any employee or applicant for employment or service delivery and access, with respect to their hire, tenure, terms, conditions or privileges of employment, programs and services provided or any matter directly or indirectly related to employment, because of race, color, religion, national origin, ancestry, age, sex, height, weight, marital status, physical or mental disability unrelated to the individual's ability to perform the duties of the particular job or position. The PIHP further agrees that every subcontract entered into for the performance of any contract or purchase order resulting here from will contain a provision requiring non-discrimination in employment, service delivery and access, as herein specified binding upon each subcontractor. This covenant is required pursuant to the Elliot Larsen Civil Rights Act, 1976 PA 453, as amended, MCL37.2201 et seq, and the Persons with Disabilities Civil Rights Act, 1976 PA 220, as amended, MCL 37.1101 et seq, and Section 504 of the Federal Rehabilitation Act 1973, PL93-112, 87 Stat. 394, and any breach thereof may be regarded as a material breach of the contract or purchase order. Gogebic Community Mental Health and the Network Provider shall incorporate language in all contracts awarded: (1) prohibiting discrimination against minority-owned, women-owned, and handicapper-owned businesses in subcontracting; and (2) making discrimination a material breach of contract.

General Expectations

Network Providers must:

- Respond to the cultural, racial, and linguistic needs (including interpretive services as necessary) of individuals served and provide services with necessary and reasonable accommodations in a culturally competent manner;
- Ensure services are accessible, taking in to account travel time, availability of public transportation, and other factors that may affect accessibility; and, that the location of primary service providers is within 60 minutes/60 miles from beneficiary's residence for office or site-based services;

- Not segregate Gogebic Community Mental Health individuals in any way from other individuals receiving their services, and offer hours of operation to Gogebic Community Mental Health individuals that are no less than the hours offered other individuals receiving their services;
- Not discriminate against particular providers that serve high-risk populations or who specialize in conditions that require costly treatment;
- Regularly monitor sub-contractors to ensure all needed services are available and accessible to beneficiaries, and to determine whether provider capacity is sufficient in number, mix, and geographic distribution to assure adequate access to serve the expected beneficiary enrollment;
- Must ensure Providers are responsive to individual needs, provide for clean comfortable service facilities, have adequate office hours, and appropriately address other quality of care issues; and
- Require corrective action be taken if there is failure to comply with applicable requirements for availability of services (42 CFR Part 438.206) or assurance of adequate capacity and services (42 CFR Part 438.207).

Debarment and Suspension

Assurance is hereby given to Gogebic Community Mental Health that the Network Provider will comply with Federal Regulation 45 CFR Part 76 and certifies to the best of its knowledge and belief that it, including its employees and subcontractors:

- Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any federal department or PIHP;
- Have not within a three-year period preceding this agreement been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (federal, state, or local) transaction or contract under a public transaction; violation of federal or state antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
- Are not presently indicted or otherwise criminally or civilly charged by a government entity (federal, state or local) with commission of any of the offenses enumerated in section B, and;
- Have not within a three-year period preceding this agreement had one or more public transactions (federal, state or local) terminated for cause or default.

Network Provider Selection

It is the policy of Gogebic Community Mental Health to develop and maintain a Provider Network that meets the needs of individuals for Mental Health Specialty Supports and Services in Gogebic County of Michigan. Gogebic Community Mental Health will continually assess individual needs

and provide the full array of services in appropriate settings to meet those care needs while evaluating and planning for the expansion, adjustment and improvement of the Provider Network. Soliciting providers for the service delivery system must be done with due deliberation and sensitivity to procurement and contracting issues. Reimbursement will be the lowest rate paid by other payers for the same or similar service. This includes advertised discounts, special promotions, and other programs where reduced pricing is in effect.

Gogebic Community Mental Health will not discriminate for the participation, reimbursement, or indemnification of any provider who is acting within the scope of his or her license or certification under applicable state law, solely on the basis of that license or certification; and is not required to contract with providers beyond the number necessary to meet the needs of its beneficiaries, and is not precluded from using different practitioners in the same specialty. In addition, selection policies and procedures cannot discriminate against particular providers that serve high-risk populations or specialize in conditions that require costly treatments. Gogebic Community Mental Health will not contract with a provider who prohibits, or otherwise restricts, a health care professional acting within the lawful scope of practice, from advising or advocating on behalf of an enrollee who is his or her patient.

When it has been determined that Gogebic Community Mental Health is in need of contractual services for either an organizational provider or individual practitioner, the Chief Executive Officer (CEO), or designee, shall either initiate the procurement process for goods and services or make systemic inquiries, within the current network of providers, on the availability of any contractual service provider(s) whom may have the qualifications and the experience required to meet the specific needs of Gogebic Community Mental Health. All qualified providers, meeting specific criteria (e.g. accreditation status, fiscal stability, litigation status, properly credentialed and appropriate insurance coverage) expressing an interest in contracting with Gogebic Community Mental Health will be given the opportunity to compete for contracts. Contracts will be awarded in accordance with Gogebic Community Mental Health's Procurement Policy. This policy also lists certain circumstances where the Gogebic Community Mental Health' CEO may grant a waiver from the procurement process and select a service provider or vendor without a competitive bidding process. If an organizational provider, group/individually licensed provider disagrees with a determination by Gogebic Community Mental Health in the application process or during review of a provider's status, and wishes to have the matter reviewed at a higher level, the provider may do so in accordance with Gogebic Community Mental Health Network Provider Grievance and Appeals Policy.

SECTION 3: Code of Ethical Practices, Corporate Compliance & Designated Authority

Gogebic Community Mental Health's compliance practices are designed to further Gogebic CMHA's commitment to comply with applicable laws, promote quality performance throughout the Provider Network, and maintain a working environment that promotes honesty, integrity and high ethical standards. Gogebic CMH's compliance practices are an integral part of our mission, and all Gogebic CMHA Personnel, contracted Providers and subcontracted Providers are expected to comply with all regulations related to health care. These include, but are not limited to; the

Michigan Mental Health Code, Michigan Medicaid Provider Manual, BBA, the ADA, and civil rights laws and regulations, including limited English proficiency regulations, and applicable accreditation standards. It is up to the Provider to be aware of the laws and regulations governing health care services but may at any time contact the Gogebic CMHA's Compliance Officer with any questions. Network Providers are expected to have policies and practices in place that will assist in the education and prevention of fraud, waste, and abuse of public resources. Policies and practices shall also promote an open-door policy for reporting suspected or known fraud, waste, or abuse as well as whistleblower provisions and non-retaliation protections when reporting in good faith.

Code of Conduct

Network Providers are expected to conduct themselves in accordance with standards set forth in Gogebic CMHA's Code of Conduct Policy, applicable federal and state laws, rules and regulations, Gogebic CMHA policies and procedures, standards of conduct incumbent upon an individual by virtue of holding state licensure or registration, and ethical standards binding on an individual as a practitioner of a particular profession. Network Providers have a responsibility to treat consumers and family members with dignity and respect and to provide services and supports that are developed to meet the medical necessity of each individual or family.

Conflict of Interest

Network Providers may not engage in any transaction, arrangement, proceeding or other matter or undertake positions with other organizations that involve a Conflict of Interest. Network Providers should avoid not only actual conflicts of interest, but the appearance of Conflicts of Interest as well. Network Providers shall disclose all potential or known Conflicts of Interest to Gogebic CMHA.

Privacy and Confidentiality

Network Providers shall preserve the confidentiality of Protected Health Information (PHI). All information (oral, written, or electronic) in and regarding the clinical record or obtained in the course of providing services is confidential.

In the use and disclosure of PHI, Network Providers are to comply with all legal, ethical, and applicable accreditation standards. PHI may be used or disclosed for treatment, payment and coordination of care activities per the Michigan Mental Health Code and Gogebic CMHA policy, unless it is protected under 42 CFR, Part 2, HIPAA, or other regulatory laws or standards. Except as otherwise required by law (e.g. Mental Health Code, 42 CFR, Part 2 relative to substance abuse services, HIPAA), consumer identifying, and confidential information shall not be released without an appropriately signed Consent to Share Behavioral Health Information or official judge's court order.

Network Providers shall have written policies and procedures that comply with HIPAA, 42 CFR Part 2, the Michigan Mental Health Code and Gogebic CMHA Policies. Individuals needing access to an individual's medical record must do so only in the course of assigned duties and responsibilities. All individuals must follow the standards of "minimum necessary" and "need

to know” for *any and all* access to protected health information.

Consent to Share Information

Gogebic CMHA and Network Providers will utilize, accept and honor the MDHHS-5515 Consent to Share Behavioral Health Information for Care Coordination Purposes. The consent form is to be utilized for all electronic Health Information Exchange (HIE) environments. Gogebic CMHA providers must obtain a consent to share information such as mental health records or information on treatment or referrals for alcohol and substance use services as required by law and Gogebic CMHA Policy.

If the following information is requested, a HIPAA compliant consent to share information must be used:

- a) Psychotherapy notes except when in the course of treatment, payment, or health care operations (see 45 CFR 164.508 (a)(2) for further details)
- b) Marketing with the exceptions noted in 45 CFR 164.508 (a)(3)

It is the responsibility of the primary care clinician and/or care coordinator who has first contact with the individual to secure the proper consent. This consent is then uploaded into the ELMER medical record system or faxed/sent to the other parties (UPHP/ICO, NorthCare Network, Providers) as authorized and necessary.

To ensure appropriate and timely integration/coordination of care for each person, it is strongly encouraged that the following Providers and health plans, as applicable and chosen by the consumer, be included on the MDHHS-5515:

- UPHP
- NorthCare Network
- Gogebic Community Mental Health
- Primary Care Physician by name or by name of practice
- Mental Health Provider by name or by name of practice
- Substance Use Disorder Provider by specific name
- Specialty Physician(s), as appropriate

Each disclosure for individuals receiving SUD services and made with the individual’s consent must be accompanied by a re-disclosure statement that reads:

“This record which has been disclosed to you is protected by federal confidentiality rules (42 CFR part 2). The federal rules prohibit you from making any further disclosure of this record unless further disclosure is expressly permitted by the written consent of the individual whose information is being disclosed in this record or, is otherwise permitted by 42 CFR part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose (see § 2.31). The federal rules restrict any use of the information to investigate or prosecute with regard to a crime any patient with a substance use disorder, except as provided at §§ 2.12(c)(5) and 2.65.”

SECTION 4: Recipient Rights

Enrollee/Recipient Rights and Protections are delineated in the legal authorities noted below and the requirements of the rights of individuals receiving mental health specialty supports and services and substance use disorder services. These rights include, but are not limited to ensuring that:

- Recipients are free from abuse, neglect, and other rights violations;
- Rights under the balanced budget amendment, Michigan Mental Health Code, Michigan Public Health Code, and Administrative rules are protected;
- When there is reason to believe a recipient's rights have been violated, staff report to the proper agency; and,
- Each Member CMHSP has an office of recipient rights that is approved by the State of Michigan.

All providers shall abide by:

- Sections 4, 4a, 7, and 7a of the Mental Health Code and corresponding Administrative Rules in their entirety.
- Enrollee Rights and Protection as noted in Subpart C, 42 CFR438.100.
- Enrollee Communications as noted in Subpart 42 CFR 438.102
- Grievance System as noted in 42 CFR § 438.400 etseq
- Reporting any suspected or known recipient rights violations to the Gogebic CMHA Recipient Rights officer immediately

If you have any questions concerning Recipient Rights, please contact the Gogebic CMHA Recipient Rights Officer via the information below:

Kristina Potesta
Recipient Rights Officer
Gogebic CMHA
(906) 224-6104
kpotesta@gccmh.org