NORTHCARE NETWORK

POLICY TITLE: Network Capacity & Analysis	**CATEGORY:** Provider Network Management	
EFFECTIVE DATE: 10/3/12	**BOARD APPROVAL DATE:** 10/3/12	
REVIEWED DATE: 12/4/24	**REVISION(S) TO POLICY STATEMENT:** ☐ **Yes** ☒ **No**	**OTHER REVISION(S):** ☒ **Yes** ☐ **No**
RESPONSIBLE PARTY: Provider Network Specialist	**CEO APPROVAL DATE**: 12/10/24 Megan Rooney, CEO	

APPLIES TO
NorthCare Network Personnel
Network Providers

POLICY
NorthCare Network is responsible for maintaining and monitoring the network of appropriate providers to meet the needs of the anticipated number of beneficiaries in the service area.

PURPOSE
To comply with the BBA requirement, 42 CFR section 438.206(c) (1) (ii-vi) (2), 42 CFR Part 438.207(b) (2), and MDHHS contract requirements. NorthCare Network will perform a formal gap analysis to determine whether the network/panel of providers is sufficient to meet the needs of the members, provide adequate access, provide reasonable choice of provider, and offer the full range of services covered by the benefit plan. Based on this analysis, NorthCare Network will determine where there are specific gaps in service availability. Whenever possible, gap analyses conducted by each Member CMHSP relative to its local community network will be integrated into NorthCare Network's gap analysis.

DEFINITIONS
1. ***Sub-Contract*** – means a secondary contract: a secondary contract in which the CMH originally contracted in turn contracts with another individual or entity to provide all or part of the work or service.

REFERENCES
- BBA 42 CFR section 438.206(b) (17)
- BBA 42 CFR Part 438.206(c) (1) (ii-vi) (2)
- BBA 42 CFR Part 438.207(b) (2),
- Medicaid Provider Manual
- MDHHS/PIHP Contract
  https://www.michigan.gov/mdhhs/doing-business/contractor
- NorthCare Network Procurement Policy
- NorthCare Network Selection Policy
- NorthCare Network Adequacy Standards
- MDHHS Network Adequacy Standards – Medicaid Specialty Behavioral Health Services (10/29/18)

HISTORY

REVISION DATE: 9/12/12; 2/27/13, 9/18/13, 1/23/17, 2/4/20, 12/1/20, 1/11/22, 9/11/23, 12/4/24
REVIEW DATE: 2/27/13, 9/18/13, 6/14/14, 5/1/15, 3/22/16, 1/23/17, 11/20/17, 9/26/18, 2/4/20, 12/1/20, 1/11/22, 11/2/22, 9/11/23, 12/4/24
CEO APPROVAL DATE: 9/14/12, 2/27/13, 9/18/13, 6/14/14. 5/5/15,4/4/16, 2/7/17, 12/11/17, 10/2/18, 2/26/20, 1/5/21, 2/1/22, 12/6/22, 10/12/23, 12/10/24
BOARD APPROVAL DATE: 10/3/12

PROCEDURES

A. NorthCare Network will assess beneficiaries' needs and assure adequate access to services in appropriate settings to meet those care needs, while planning for the expansion, adjustment, and improvement of the Provider Network as deemed necessary. In addition, NorthCare Network will assure:

1. The Provider Network responds to the cultural, racial, and linguistic needs (including interpretive services as necessary) of the service area; providing services with necessary and reasonable accommodations, and furnished in a culturally competent manner;

2. Services are accessible, considering travel time, availability of public transportation, and other factors that may affect accessibility. NorthCare's Network of CMH providers meet Communities with Extreme Access Considerations (CEAC) criteria in all 15 counties and are held to the corresponding time/distance requirements for behavioral health.

3. Network providers do not segregate NorthCare Network consumers in any way from other consumers receiving their services, and offer hours of operation to NorthCare Network consumers that are no less than the hours offered other consumers receiving their services;

4. Network Providers do not contract or employ providers previously or currently sanctioned or excluded from participation in federal health care programs under Section 1128 or 1128a of the Social Security Act;

5. Network Providers do not discriminate against particular providers that serve high-risk populations or who specialize in conditions that require costly treatment.

6. Network Providers are regularly monitored 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 in the NorthCare Network service area.

7. Consumer to Provider ratios for selected services according to 42CFR438.207 will be calculated and assessed.

8. Network Providers are responsive to individual needs, provide for clean comfortable service facilities, have adequate office hours, and appropriately address other quality of care issues.

9. And corrective action is 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).

B. NorthCare Network's gap analysis will be conducted once each fiscal year.

C. NorthCare Network will consider the anticipated Medicaid enrollment, expected utilization of services, numbers and types (in terms of training, experience, and specialization) of providers required, number of network providers who are not accepting new beneficiaries, geographic location of providers and beneficiaries, considering time and distance, and transportation availability, including physical access for beneficiaries with disabilities.

D. Information for the gap analysis may come from a variety of sources, with the intent of obtaining a comprehensive overview of system needs. Such sources may include but are not limited to the following:

- Affiliate CMHSP local Gap analysis and PPG submission to MDHHS
- Customer Satisfaction Surveys
- Geo-mapping of provider locations to enrollee's zip codes
- Historical QI, TEDS and Service Data
- Incidence and Prevalence Data
- Information as requested from contracted providers
- Member data and Members served
- Occupancy rates of residential providers
- Provider Profiles, Numbers and Specialties
- Other information as deemed appropriate

E. NorthCare Network's CEO will assure that the report is reviewed by the NorthCare Network Performance Management Committee (PMC). Their review will include an analysis of service and provider "gaps" or potential needs. The committee will deliver any recommendations to NorthCare Network's CEO.

F. NorthCare Network's CEO will assure that the report is reviewed by the NorthCare Network Governing Board.

G. NorthCare Network's CEO, or designee, will complete the report and place it on the NorthCare Board agenda for discussion and action. NorthCare Network's CEO and the CEOs of the Member CMHSPs will be accountable for implementing specific procurement and/or improvement initiatives approved by the Board or as requested by the CEO.

H. NorthCare Network will submit its assurances of adequate capacity to MDHHS annually and at any time there has been a significant change, including changes in PIHP services, benefits, geographic service area, composition of or payments to its provider network, or for the enrollment of a new population in the PIHP. The annual report will be submitted by MDHHS' designated due date for the previous fiscal year.

I. CMHs who enter into sub-contract provider arrangements are required to comply with NorthCare Network Management Policies and Procedures. In addition, all contracts, contract renewals and performance monitoring will be submitted to appropriate NorthCare Network committee(s) for review and/or approval.