NORTHCARE NETWORK

POLICY TITLE:	CATEGORY:
Notification of Change in Provider Network	Provider Network Management
EFFECTIVE DATE:	BOARD APPROVAL DATE:
10/3/12	8/10/16
REVIEWED DATE:	REVISION(S) TO OTHER
8/15/23	POLICY STATEMENT: REVISION(S):
	⊠ Yes □ No ⊠ Yes □ No
RESPONSIBLE PARTY:	CEO APPROVAL: 9/5/23
Provider Network Specialist	Megan Rooney, Interim CEO

APPLIES TO

NorthCare Network Personnel Member CMHSP **SUD Providers**

POLICY

It is the policy of NorthCare Network to have established guidelines to address notification requirements of any changes in administrative positions and in the composition of the provider network organizations that negatively affect access to care.

PURPOSE

To ensure adequate capacity and continuity of care, NorthCare Network will make sure that changes in its provider network and the networks of its Member CMHSPs are communicated in compliance with state and federal requirements.

DEFINITIONS

N/A

REFERENCES

- BBA Section 438.207 (c)(2); 438.10 (f)(5)
- MDHHS/PIHP Contract, as amended https://www.michigan.gov/mdhhs/0,5885,7-339-71550 2941 4868 4899---,00.html
- NorthCare Network Provider Directory Policy
- NorthCare Network Sanctions Policy

HISTORY

REVISION DATE: 1/6/14, 9/23/15, 7/27/16, 3/13/18, 12/11/18, 9/24/20, 7/28/21,

4/15/22, 2/9/23, 8/15/23

REVIEW DATE: 9/12/12, 3/20/13, 1/6/14, 12/3/14, 9/23/15, 7/27/16, 5/24/17, 3/13/18,

12/11/18, 1/21/20, 9/24/20, 7/28/21, 4/15/22, 2/9/23, 8/15/23

CEO APPROVAL DATE: 9/14/12, 3/20/13, 1/6/14, 12/3/14, 9/23/15, 8/2/16, 6/6/17,

3/27/18, 1/7/19, 2/4/20, 9/24/20, 8/3/21, 5/3/22, 2/10/23, 9/5/23

BOARD APPROVAL DATE: 10/3/12, 8/10/16

PROCEDURES

Written procedures must be in place to address changes in the network that negatively affect beneficiaries' access to care. Other significant changes in the provider network will be communicated to beneficiaries and NorthCare Network by the contracted provider.

A. Notice to NorthCare Network:

Member CMHSPs and SUD Providers are required to notify NorthCare Network of changes in the composition of their provider network that negatively affect access to care and changes in administrative positions within four (4) business days.

NorthCare may apply sanctions to the Provider if a network change that negatively affects beneficiaries' access to care is not reported timely, or the Provider is not willing or able to correct the issue as outlined in NorthCare Network's Sanctions Policy.

B. Notice to MDHHS:

NorthCare Network will notify MDHHS within seven (7) days of any changes to the composition of the provider network organizations that negatively affect access to care.

C. Notice to Providers:

NorthCare Network will notify Network Providers of any changes in administrative positions.

D. Notice to Beneficiaries:

NorthCare Network and Member CMHSPs must give each beneficiary written notice of a significant change in its applicable provider network including the addition of new providers and planned termination of existing providers.

- A written letter of notice to the beneficiary must be given by the later of 30 calendar days prior to the effective date of the termination or within 15 calendar days after receipt or issuance of the termination notice.
- If the termination impacts services, ABD must also be provided.

E. Provider Directory Updates:

Provider Directories will be maintained as outlined in the *Provider Directory Policy*.

F. Plan to Address Changes in Provider Network

When a negative impact to the access of care is identified, NorthCare Network will develop a written plan to address steps needed to ensure appropriate and timely access to care which will include, but not be limited to:

- Identify estimated time frame of the negative impact to care.
- Ensure communication with each individual.
- Identify and connect to appropriate services when an immediate need is identified.
- Take necessary steps to mitigate future negative impacts to access.