
Title 1	Northern Lakes Policies
Part 103	Managed Health Division
Subpart A	Network Administration
Policy No.	103.115
Subject	Rights and Responsibilities of the Network Administration

Applicability

Policy applies to all Managed Health Division workforce members, Northern Lakes CMHA workforce members, and contract and network providers.

Policy

Northern Lakes CMHA Network Administration (Managed Health Division) promotes evenhandedness and fairness to vendors/providers who are currently under contract or who have responded to a request for proposal or are under consideration for the provision of contractual services.

General Responsibilities of Network Administration:

- a) To authorize payment for specialized residential services and COFR services within contract specified time frames upon receipt of a clean claim.
- b) To monitor service utilization and provide data summary information to providers.
- c) To review and approve network provider applications.
- d) To survey consumers and other providers for service satisfaction information.
- e) To monitor contract compliance, including provider credentialing and privileging and training as outlined in provider contracts.
- f) To provide prompt response to provider complaints.
- g) To utilize the provider dispute resolution process.
- h) To provide network updates to providers on a regular basis.
- i) To develop and maintain a network of service providers ensuring consumer access to an array of behavioral health services.
- j) To review and approve qualifying requests for proposals for services bid out.
- k) To conduct strategic planning using input from consumers, providers and stakeholders.
- l) To assess outcomes and value of service.
- m) To give written notice of termination of a contracted provider, within 15 days after receipt or issuance of the termination notice, to each consumer who received his or her primary care from, or was seen on a regular basis by, the terminated provider.

General Rights of Network Administration:

- a) To review clinical records and documents of providers as needed to ensure quality care.
- b) To establish and review performance measures and expectations.
- c) To be notified of any changes related to members' application, contract and supporting documentation.

- d) To access consumers and/or consumer information at any point during service delivery.
- e) To award contracts based upon best value.

Procedures

None.

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March 28, 2012
April 25, 2018

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