
Title 1	Northern Lakes Policies
Part 103	Managed Health Division
Subpart A	Network Administration
Policy No.	103.116
Subject	Network Enrollment

Applicability

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

Policy

The Managed Health Division will ensure all network providers meet specific requirements in order to be enrolled in the network.

Procedures

The Managed Health Division shall use the following procedures to evaluate prospective providers for enrollment and re-enrollment in the network.

1. The prospective Organization-provider will complete an application packet and submit the required material to Network Administration.
2. Every organization-applicant that is denied enrollment may re-apply annually. Every organization that is granted enrollment must reapply prior to the expiration of contract to continue as a network provider.
3. Submitted with or before the application must be the following information:
 - a. Copies of the organization's W-9 form including the Federal Tax ID #.
 - b. Copy of the organization's licensure as a provider, where appropriate; including any commendations or citations issued or assessed for the period consistent with Michigan Compiled Law MCL 400.734b associated with this license.
 - c. Copy of National Provider Identifier (NPI), where appropriate.
 - d. Copy of Regulatory Compliance Plan.
 - e. Disclosure of Ownership for any individual with ownership or control interests in the organization.

- f. Copy of the organization's current accreditation and/or certification; including any commendations or citations associated with current certification.
 - g. Copy of insurance policies as follows: General and professional liability insurance with at least \$1,000,000 per occurrence and \$3,000,000 aggregate coverage for the current year; automobile insurance with \$1,000,000 coverage (when transporting consumers); and Worker's Comprehensive insurance with \$500,000 coverage.
 - i. Identify any pending litigation which, if settled or decided adversely, could impact insurance coverage.
 - h. Copy of training documentation for all employed staff and background checks, where applicable.
 - i. Copy of Financial Report, or IRS Schedule C.
 - j. Consent to conduct background investigation.
4. The Managed Health Division will collect and review the application packet and aforementioned documentation. Documentation collected will be stored securely within NLCMHA Contract Management software.
 5. At the time of enrollment and re-enrollment, NLCMHA Managed Health Division shall search the Office of Inspector General Exclusion Database to ensure potential contractor and any individuals with ownership or control interests in the entity have not been excluded from participating in federal health care programs or previously sanctioned by any Medicaid Program.
 6. The Managed Health Division will respond within 60 days following completion of the application packet for re-appointment and 30 days for new applicants. The Managed Health Division will award or deny the requested enrollment in writing to the applicant organization's designated contact person, to the Network Administrator or contract manager and to the Northern Lakes CMHA Chief Executive Officer. If enrollment is denied, specific reasons for the denial will be stated along with the recommended remedial action.

APPEALS PROCESS

1. If the Managed Health Division makes an adverse determination (denial of enrollment, revocation or suspension, or reduction in the level of approval) the applicant/organization may, within ten (10) days of receiving written notification of the adverse action, request in writing an appeals hearing with the MHD. This hearing must be held within thirty (30) days of the receipt of the request.
2. The applicant-organization, at the appeals hearing, may present in written form, any additional documentation, information or testimony to support their position. The hearing panel shall include the Northern Lakes CMHA Director of Integrated Health and Managed Care and two (2) members of the Managed Health Division. The hearing panel shall make a decision and issue a response within 30 days of the hearing.

3. The Managed Health Division will, within five (5) days, notify the applicant and the Northern Lakes CMHA Chief Executive Officer of the hearing decision.
4. If the hearing committee makes an adverse determination, the applicant-organization may appeal that decision to the Northern Lakes CMHA Chief Executive Officer within 10 days of receipt of notification of adverse ruling. Requests for reconsideration must include written information, which presents their best argument for approval of their application. The Northern Lakes CMHA Chief Executive Officer shall review all facts and information introduced in the original application process, the record of the appeal hearing and information submitted with the appeal to the hearing decision. The Chief Executive Officer shall issue a final decision within thirty (30) days of the date the completed request for re-consideration is received from the appellant-organization.

Adoption Date: June 4, 2006

Review Dates: June 5, 2009
March 28, 2012
April 25, 2018

Revision Dates: April 30, 2018
January 29, 2021 TA, MC