

Comprehensive Provider Responsibilities

Introduction

In order to provide quality services, it is necessary for the Northern Affiliation and comprehensive providers to establish and maintain a cooperative relationship. Providers are encouraged to direct any questions and concerns about the managed care program to any of the staff members of the Northern Affiliation. *Beneficiaries must be excluded from any dispute between comprehensive providers and the Northern Affiliation.*

North Country CMH, Northern Affiliation has a Provider Network Manager located at offices of the Northern Affiliation in Petoskey, Michigan. The phone number is (231) 487-9144 between the hours of 8:00 a.m. – 5:00 p.m.

Unified Policies

Comprehensive providers must become familiar with and formally integrate into their local management systems a series of unified policies contained in this manual. Formal integration includes approval of the policies by the governing board of the comprehensive provider and a signed attestation of adherence to the policies.

Confidentiality and Release of Information

Confidentiality is an important professional and administrative aspect of the Northern Affiliation. Whenever a comprehensive provider begins providing supports and services to someone whose care is managed by the Northern Affiliation, the comprehensive provider must have the consumer, or as appropriate, the parent or legal guardian sign a consent form authorizing the release of clinical information to the Northern Affiliation.

Comprehensive providers are responsible to ensure that they have any necessary consumer consents.

Record Keeping Requirements

Comprehensive providers must establish a separate file for every case upon initial contact with the person receiving services. Facilities subject to JCAHO, CARF, COA, AOA and other national accrediting organizations must meet the record keeping standards of such organizations. A medical record system containing a separate file for each person served is required, which includes the following information:

Consumer's demographic information

- Presenting problems, precipitants and severity of symptoms
- Psychiatric and substance abuse history
- Relevant medical history, to include medication history
- Social, family supports and vulnerabilities

- Mental Status Exam
- Risk Assessment
- DSM-IV five axial diagnoses
- ICD-9 CM diagnoses
- Individual Plan of Service developed through person-centered processes

Progress notes for each contact must include objective specific outcome/progress, based on therapeutic/habilitative interventions provided linked to measurable/attainable goals in the person centered plan and linked to assessed therapeutic/habilitative needs in the assessment. A complete packet of Northern Affiliation paperwork is included in this manual.

Obligation to Report/Duty to Warn

Comprehensive providers must comply with all applicable state and federal child abuse and other reporting laws. It is the comprehensive provider's responsibility to understand and comply with the professional and legal requirements in their state.

The comprehensive provider is required to comply with all applicable State and Federal statutes regarding the obligation to report and duty to protect.

Re-credentialing and Information Updates

The Northern Affiliation must receive prior or immediate written notification of any additions, deletions, or changes (including the 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, dates of coverage and provider's name
- Verification of criminal background check
- Verification of non-inclusion on the excluded or restricted provider list of the Office of Inspector General and the general accounting office
- Verification of non-inclusion on the sexual offender register
- Current resume/curriculum vita (every two years)
- Organizational accreditation with JCAHO, CARF, COA, AOA 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
- Changes, additions, or deletions of organizational programs
- Changes in organizational legal status
- Termination or resignation of any clinical staff
- Notification of any suites filed against the organization or it's clinical staff
- Notification of any restrictions regarding licensure and accreditation
- Addition of new clinical staff

It is understood that it is a contractual requirement that all changes/updated information required above, be immediately communicated to:

Provider Network Manager
Northern Affiliation
One MacDonald Drive, Suite E
Petoskey, MI 49770

Comprehensive Provider Coverage

Comprehensive providers must contact the Northern Affiliation to discuss alternative provider coverage arrangements in any situation when they are unable to keep someone whose services are managed by the Northern Affiliation in active treatment. Notification to the Northern Affiliation Provider Network Manager is required regardless of the reasons for utilizing an alternative provider.

Any after hour coverage arrangements must be communicated to the Northern Affiliation initially and immediately upon any change. The Northern Affiliation reserves the right to refer consumers in accordance with their policies and procedures.

Non-Discrimination

In performing their duties and responsibilities under this Agreement, the parties hereto shall comply with all applicable federal and state laws, rules and regulations prohibiting discrimination.

The Payer and the Provider shall not discriminate against any employee or applicant for employment with respect to hire, tenure, terms, conditions, or privileges if employment or a matter directly or indirectly related to employment because of race, color, religion, national origin, age, sex, height, weight, or marital status pursuant to the Elliot Larsen Civil Rights Act of 1976 PA 453, Section 209, as amended.

The Payer and the Provider shall comply with the provisions of the Michigan Handicappers Civil Rights Act of 1976 PA 220, as amended, and Section 504 of the Federal Rehabilitation Act of 1973 P.L. 93-112, 87 Stat 394, as amended, with states that no employee or client or otherwise qualified handicapped individual shall, solely by reason of his or her handicap, be excluded from participation, be denied benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance.

The Payer and the Provider shall comply with the Americans with Disabilities Act of 1990 (ADA), P.L. 101-336, 104 Stat 328 (42USCA A 12101 et.seq.), as amended, which prohibits discrimination under any program or activity receiving federal financial assistance.

The Payer and the Provider shall not refuse to treat nor will they discriminate in the treatment of any customer or referral, under this Agreement, based on the individual's source of payment for services, or on the basis of age, height, weight, marital status, arrest record, race, creed, handicap, color, national origin, or ancestry, religion, gender, political affiliation or beliefs, or involuntary consumer status.

Clinical Record Reviews

Comprehensive providers will allow, facilitate and participate in all CMS (Centers for Medicare and Medicaid Services), State of Michigan, accreditation site surveys and/or Northern Affiliation site reviews.

The Northern Affiliation will conduct reviews of clinical records regarding the services provided. These reviews will be conducted on-site at the provider location, during normal business hours, upon prior notice from the Northern Affiliation. It is important that comprehensive providers cooperate fully with these reviews. The Northern Affiliation will be reviewing records for a number of purposes, including but not limited to, the following areas:

- Quality Management
- Confirmation of telephone review information
- Unusual occurrences
- Claims submission integrity
- Record keeping

- Corporate Compliance
- Credentialing and Privileging
- Participating Provider Dis-enrollments

Either the Northern Affiliation or a comprehensive provider may choose to terminate the comprehensive provider agreement.

If a comprehensive provider chooses to resign from the network, the Northern Affiliation must be notified in writing ninety (90) calendar days prior to the effective date as indicated in the comprehensive provider contract. The Northern Affiliation will acknowledge receipt of the comprehensive provider's request and confirm the un-enrollment date.

If the Northern Affiliation chooses to un-enroll a comprehensive provider, written notification of the un-enrollment including the effective date, will be given as specified in the participating provider contract. Immediate un-enrollment may occur as a result of any one of the following:

- Conviction of a felony
- Unethical clinical and/or business practices
- Failure to comply with a Northern Affiliation Plan of Correction

It is understood that the comprehensive provider, in the event of un-enrollment, is obligated to cooperate with the Northern Affiliation in transitioning consumers and records of treatment.