
Title 1	Northern Lakes Policies
Part 103	Managed Health Division
Subpart A	Network Administration
Policy No.	103.114
Subject	Rights and Responsibilities of the Member/Providers

Applicability

Policy applies to all MHD staff, NLCMH staff, and contract and network providers.

Policy

General Provider Responsibilities:

- a) To accept referrals and, except on emergencies, to provide only those services which are authorized.
- b) To provide all services within generally accepted standards of care and within specified time frames.
- c) To provide promptly written treatment and/or supports plans to the Utilization Management Department after the initial visit, at discharge, and periodically as requested by the Utilization Management Department
- d) To consult with and seek further authorization from the Utilization Management Department if additional services or supports are needed beyond those initially authorized.
- e) To comply with the Managed Health Division peer review, utilization review and quality assurance requirements, including participation in provider satisfaction surveys.
- f) To submit clean claims and claims data on a timely basis as defined by the contract.
- g) To comply with the Person Centered Planning process as outlined in the contract.
- h) To comply with approved Recipient Rights processes, including confidentiality, release of information, incident reporting, and grievance and appeal processes.
- i) To ensure that only appropriately privileged and/or credentialed staff provide authorized services.
- j) To allow Utilization Management Department Workforce Members, peer reviewers and other authorized Northern Lakes CMH representatives access to treatment and planning records upon request.
- k) To cooperate fully with Northern Lakes CMH peer review, utilization review and quality assurance programs.
- l) To maintain coverage for professional liability with minimum limits acceptable to Northern Lakes CMH, to provide evidence of coverage on request to Northern Lakes CMH, and to notify Northern Lakes CMH immediately of any material change in such coverage.
- m) To comply with all applicable state and federal child abuse and other reporting laws and duty to warn as well as encounter data and documentation standards.

- n) To keep and maintain appropriate and up to date records on each consumer. Providers subject to CARF, JCAHO, COA, AOA and other national accrediting organizations must meet the record keeping requirements of such organizations.
- o) To comply with the provisions of the Americans with Disabilities Act.
- p) To participate in network planning and network meetings.
- q) Participate in and track mandatory provider training.

General Rights of Providers:

- a) To receive prompt payment for clean claims.
- b) To utilize dispute resolution processes identified in the contract.
- c) To receive updates from the Managed Health Division.
- d) To receive timely authorization/reauthorization of services.
- e) To receive pertinent clinical and referral information relevant to the service request.
- f) To receive feedback on any relevant quality review, credentialing and/or performance monitoring results.

Procedures

None.

Adoption Date: June 4, 2006

Review Dates: June 5, 2009

Revision Dates: