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

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### **Applicability**

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

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### **Policy**

The MHD will ensure all network members/providers meet specific requirements in order to be enrolled in the network.

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### **Procedures**

The Managed Health Division shall use the following procedures to evaluate prospective providers for 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 each and every two (2) years to continue as a network member.
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 during the last five (5) years associated with this license.
  - c. Copy of the organization's licensure (if appropriate) as a specific care provider; including any commendations or citations issued or assessed during the last five (5) years.
  - d. Copy of the organization's basis to do business (if appropriate) in this area or the State of Michigan; including any commendations or citations during the last five (5) years.

- e. List of the Organization's professional and/or para-professional Workforce Members, identifying their discipline(s) and listing their license and license expiration dates.
- f. Copy of the organization's current accreditation and/or certification; including any commendations or citations associated with current certification.
- g. Copy of the organization's liability insurance with at least \$1 million-\$3 million coverage for the current year.
  - i. Include any adverse decisions rendered in the last ten (10) years.
  - ii. Identify any pending litigation, which, if settled or decided adversely, could impact upon the insurance.
  - iii. Documentation, which identifies whether provider coverage is based upon incident or occurrence.
- h. Copy of the organization's Medicare and Medicaid Provider identifications.
  - i. Documentation (copy) of the Recipient Rights Policies followed by the organization or signature that the organization agrees to follow the RR policies of Northern Lakes CMH.
  - j. Documentation (copy) of the organization's own Credentialing and Privileging Policy and Procedures.
  - k. Documentation (copy) of the organization's Quality Improvement Policy and Procedures and QI Plan.
  - l. List of the organization's accredited/certified service delivery programs with descriptions.
4. The Managed Health Division will collect and review the application packet and aforementioned documentation.
5. 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 MHD will award or deny the requested enrollment in writing to the organization's designated contact person, to the Network Administrator or contract manager and to the Northern Lakes CMH 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 MHD 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 CMH Chief Managed Care Officer and a member of the MHD. The hearing panel shall make a decision and issue a response within 30 days of the hearing.
3. The MHD will, within five (5) days, notify the applicant, the Chief Executive Officer, and the Network Administrator and/or the contract manager of the hearing decision.
4. If the hearing committee makes an adverse determination, the applicant-organization may appeal that decision to the Northern Lakes CMH 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 CMH 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 complete request for re-consideration is received from the appellant-organization.

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**Adoption Date:** June 4, 2006

**Review Dates:** June 5, 2009

**Revision Dates:**