Purpose:

To define the requirements for all employees of Huron Behavioral Health to comply with the Pre-paid Inpatient Health Plan’s (PIHP) applicable written policies, procedures, and protocols located at http://www.midstatehealthnetwork.org/policies/.

Scope:

This policy applies to all employees (including full-time employees, part-time employees, contractual providers, volunteers, students, and/or interns) of Huron Behavioral Health (HBH).

Information:

- Huron Behavioral Health (HBH) is an affiliate member of the Prepaid Inpatient Health Plan (PIHP) entitled Mid-State Health Network (MSHN). MSHN has developed and adopted common policies and standards for managing its network of providers, of which HBH is an affiliate Community Mental Health Services Program (CMHSP) member.
- When a MSHN policy or procedure impacts HBH, it will be denoted in the “Applies to” section of the document and the box entitled "MSHN CMHSP Participants” will be checked.

Policy:

1. Huron Behavioral Health, by virtue of its signed written agreement and mutual partnership with the PIHP, will abide by and support the written policies, procedures, technical requirements, and defined processes and clinical protocols as established by the PIHP.

2. By virtue of its applicable written agreement and mutual partnership with MSHN, HBH will also comply with all applicable federal and state standards and requirements including those of the Balanced Budget Act (BBA), Medicaid Provider Manual, and Medicaid Specialty Services and Supports Contract. The PIHP will monitor HBH by various methods such as Medicaid claims/events verification, provider training and credentials, clinical documentation review, utilization management, customer service reports, person-centered planning reviews, quality assurance activities (Quality Assessment & Performance Improvement Plan/QAPIP projects), and on-site audits. If unacceptable performance is determined by MSHN, HBH will provide any necessary corrective actions to evidence that the required corrections have been implemented. (See also “Corrective Action Procedure” QI.2.10).

Definitions/Acronyms:

- **BBA** – Balanced Budget Act
- **CMHSP** – Community Mental Health services Programs
- **HBH** – Huron Behavioral Health
- **MDHHS** – Michigan Department of Health and Human Services
- **MSHN** – Mid-State Health Network
- **PIHP** – Prepaid Inpatient Health Plan
- **QAPIP** – Quality Assessment & Performance Improvement Plan

Forms:

N/A
Records:

N/A

Reference(s) and/or Legal Authority


Medicaid Managed Specialty Supports and Services Concurrent 1915(b)(c) Waiver Program (attachment P.6.4.3.1)


Federal Procurement Guidelines (The Office of Federal Procurement/OFPP Office of Management and Budget)

MSHN Provider Network Policy

QI.2.10 Corrective Action Procedure

<table>
<thead>
<tr>
<th>Change Letter</th>
<th>Date of Change(s)</th>
<th>Changes</th>
</tr>
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<tbody>
<tr>
<td>None</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A</td>
<td>05/05/09</td>
<td>Added &quot;technical requirements&quot; to Policy section</td>
</tr>
<tr>
<td>B</td>
<td>08/14/13</td>
<td>Reviewed and revised to comply with 8th edition COA standards – changed “AAM” to “PIHP” and “Mid-State Health Network”, in “Reference” section removed “AAM contract” and “AAM Provider Manual”, in “Policy” section removed “This includes all aspects of the authorization process…”, minor wording changes without changing sentence content.</td>
</tr>
<tr>
<td>C</td>
<td>05/13/14</td>
<td>Added #2 &amp; #3 to comply with MSHN “Provider Network Policy” adopted 12/03/13, added 5 references in “Reference” section, in #1 changed “contractual agreement” to “written agreement”, removed “AAM” from “Acronym” section.</td>
</tr>
<tr>
<td>D</td>
<td>06/24/16</td>
<td>Changed “MDCH” to “MDHHS” (3 places), added second bullet in “Information” section, made several minor wording/grammatical changes/corrections throughout document without changing sentence content.</td>
</tr>
<tr>
<td>E</td>
<td>03/21/18</td>
<td>In “Policy” section added “and on-site audits”</td>
</tr>
<tr>
<td>F</td>
<td>06/04/19</td>
<td>In “Information” section 1st bullet added second sentence in “Policy” section removed #3 (“HBH will conduct an annual Community Needs Assessment in accordance with the Michigan Department of Health and Human Services (MDHHS) guidelines to aid in decisions regarding sufficiency and adequacy of HBH to address local/community needs and priorities as well as determining services provided are in accordance with MDHHS and Medicaid Provider Manual requirements”.) and moved to “SD.1.03 Service Delivery Policy” In “Acronyms” section added CMHSP &amp; QAPIP.</td>
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