Title: Compliance with Pre-paid Inpatient Health Plan (PIHP) Policies, Procedures, and Protocols Policy

Prepared By: Compliance Officer

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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 and part-time employees), contract 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) known as the 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 MSHN 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 MSHN, will abide by and support the written policies, procedures, technical requirements, and defined processes and clinical protocols established by MSHN. HBH will also willingly share any of its written policies and procedures with MSHN and other affiliate members of the PIHP (see also "Reciprocity Policy" ORI.1.33).
2. By virtue of its applicable written agreement and mutual partnership with MSHN, HBH will also comply with all applicable federal and state statutes and requirements including those of the Balanced Budget Act (BBA), Michigan Medicaid Provider Manual, and Medicaid Specialty Services and Supports Contract. MSHN will monitor HBH and other affiliate members by various methods such as Medicaid claims/events verification, provider training and credentials, clinical documentation review, utilization management reviews, customer service reports, person-centered planning reviews, quality assurance activities (Quality Assessment & Performance Improvement Plan/QAPIP projects), consumer satisfaction data, 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
OFPP – Office of Federal Procurement
OMB - Office of Management and Budget
PIHP – Prepaid Inpatient Health Plan
QAPIP – Quality Assessment & Performance Improvement Plan

Forms:

N/A

Records:

N/A

Reference(s) and/or Legal Authority

BBA 438.214(b)(2) @ http://www.gpo.gov/fdsys/pkg/CFR-2010-title42-vol4/pdf/CFR-2010-title42-vol4-sec438-214.pdf
Medicaid Managed Specialty Supports and Services Concurrent 1915(b)(c) Waiver Program (attachment P.6.4.3.1)
Medicaid Provider Manual @ http://www.mdch.state.mi.us/dch-medicaid/manuals/MedicaidProviderManual.pdf
Federal Procurement Guidelines (The Office of Federal Procurement/OFPP Office of Management and Budget/OMB)
MSHN Provider Network Management Policy
ORI.1.33 Reciprocity Policy
QI.2.10 Corrective Action Procedure

Change History:

Change Letter	Date of Change(s)	Changes
None		Brought into the Controlled Documentation System with no changes to content
A	05/05/09	Added "technical requirements" to Policy section
B	08/14/13	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.
C	05/13/14	Added #2 & #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.
D	06/24/16	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.
E	03/21/18	In "Policy" section added ", and on-site audits".
F	06/04/19	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 & QAPIP.
G	03/29/21	Made several minor wording/grammatical changes/corrections throughout policy without changing sentence content.
H	01/07/23	Made several minor wording/grammatical changes/corrections throughout policy without changing sentence content.
I	10/13/24	Made several minor wording/grammatical changes/corrections throughout policy without changing sentence content.
J	08/06/26	In "Policy" section #1 added "HBH will also willingly share any of its written policies and procedures with MSHN and other affiliate members of the PIHP (see also "Reciprocity Policy" ORI.1.33).", in "Acronyms" section added "OFPP" and "OMB", in "References" section added ORI.1.33,