



PROVIDER MANUAL

MENTAL HEALTH SERVICE AND SUPPORT PROVIDERS

May 2019

Northpointe Provider Manual
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Welcome

Welcome to Northpointe Behavioral Healthcare Systems network. Northpointe is committed to quality services for all individuals served by providing a well-established network of competent providers. Northpointe developed this manual to provide fundamental information necessary to fulfill obligations as a provider of services and supports to individuals with a mental illness and/or who have intellectual/developmental disabilities. All policies, procedures and plans are available at: www.nbhs.org. All Network Providers are required to review these at our website. Each Network Provider will receive a notice of any new or updated policy, procedure or plan and are responsible for informing appropriate staff within your organization. We ask that you update your contact information as needed to ensure proper and timely notice is received by your organization.

Northpointe provides services to individuals meeting medical necessity criteria and living in Dickinson, Iron or Menominee County. We organize and monitor services and supports for persons with intellectual/developmental disabilities, serious mental illnesses, serious emotional disorders (children and adolescents), and/or substance abuse disorders as requested by the Michigan Department of Health and Human Services under their Specialty Supports and Services Waivers with the federal government.

We welcome you to the Northpointe Behavioral Healthcare Systems provider network, and ask you to work with us to continue to assure the most effective and best value services for our members.

A Quick History of Northpointe

1. The Community Mental Health system began in 1963 when President Kennedy signed the Community Mental Health Act.
2. State of Michigan following the federal lead passed the Michigan Community Mental Health Act (P.A. 54) in 1964. P.A. 54 was replaced with Act 258 of the Public Acts of 1974 currently referred to as the Michigan Mental Health Code.
3. The Dickinson – Iron Community Mental Health Board (CMHSP) began November of 1964 with a total budget of \$60,000.00 and at that time the State provided 75% of the funding and the counties 25%.
4. The funding formula changed in 1974 to 90% State and 10% Local.
5. The Board opened its first residential facility in July of 1981 in accordance with the State's position of deinstitutionalization. The opening of this residential home coincided with the State offering funding for residential programs at 100% State money.
6. 1983 CMHSP's begin to bill the Medicaid program for limited services.
7. 1986 Medicaid billable services expand.
8. 1992 Newberry Regional Hospital closes.
9. 1995 Dickinson – Iron CMHSP and Menominee CMHSP merge to create Northpointe BHS under the Urban Cooperation Act.
10. 1995 Michigan implements the Comprehensive Medicaid Managed Mental Health Model. CMHSP responsible to authorize all mental health services for all Medicaid Enrollees. This is still a fee for service system.
11. 1996 the State of Michigan changes the Mental Health Code allowing CMHSP to become Authorities:
 - Authorities can incur debts & liabilities that are not the Counties responsibility.
 - Authorities can purchase property.
 - An authority is a public governmental entity separate from the counties that established it.
 - Invest funds in accordance with State statutes.
12. 1998 Medicaid program begins to reimburse the CMHSP system on a prepaid, capitated basis. Northpointe receives funding based on the number of Medicaid enrollees in the three county areas based on the enrollee's age, disability and program eligibility.
13. 2002 the State requires regionalization. Northpointe joins the other four U.P. CMHSPs in forming NorthCare the regional alliance headed by Pathways.
14. Jan. 1, 2014, NorthCare became a separate, legal regional entity governed by a board made up of 3 CMHSP board members from the 5 UP CMHSP's.

Quick Northpointe Facts

1. Northpointe's budget is approximately \$17 million.
2. Northpointe employs approximately 250 staff.
3. Northpointe's annual payroll is approximately \$7.0 million.
4. Northpointe served 1,712 priority individuals during FY17.
 - A. 359 Developmental Disabled individuals. (DD)
 - B. 1830 Mentally ill Adults. (MIA)
 - C. 378 Mentally ill Children (MIC)
5. Northpointe operates five residential group homes and one supported living Apartment facilities:
 - A. The Pines Home (I/DD adult home)
 - B. Boyington Place Home (I/DD adult home)
 - C. Maple Ridge Home (I/DD adult home)
 - D. Hughitt Street apartments
 - E. Belgium Pointe (mainly I/DD adult home)
6. Northpointe's fiscal year is October 1, to September 30.

Northpointe Funding Sources

1. Medicaid. Medicaid funding comes as a prepaid capitated health plan payment. Starting on 10-1-02 the State required 30,000 covered Medicaid lives to Contract with the Michigan Department of Health and Human Services. Northpointe affiliated with the other CMHSP in the U.P. to meet this requirement. The affiliation is called NorthCare and the members are Gogebic CMHSP, Copper Country CMHSP, Pathways, Hiawatha and Northpointe. These affiliations are referred to as pre-paid inpatient health plans or PIHP's. There are three types of funding streams in the capitated payment:
 - A. Type B funding is for state plan services.
 - B. Type B-3 funding is for alternative services.
 - C. Type C funding is for individuals enrolled in Hab Supports Waiver.
2. General Fund. General funds come directly from the State to Northpointe and are used to fund services to the priority population not covered by Medicaid. General funds also are used to pay for all state facility inpatient costs. General funds are allocated to CMHSP's on a historical model and are at the highest risk of reduction based on the State's budget problems. General funds require a ten percent local match.
3. Local Funds. Local funds are used to provide the ten percent match to GF funds, to pay the match on state facility utilization and currently to enable the draw-down of additional Medicaid funds. The sources of local funds are:
 - A. County appropriations.
 - B. Interest earned.
 - C. Client fees earned called P.A 423 funds.
4. Medicaid fee for service: Injectable Medications are billed directly to Medicaid as they are not included in the capitation payment.

5. MI Child. MI Child is a federal block grant that provides health insurance to children in low income families. These funds are received on a capitated basis, per month per enrolled child in our area. Northpointe is the sole provider for this plan.
6. Earned Revenue. These are monies earned by Northpointe by providing services to other payers. The largest source of these funds is the Social Security payments received from individuals in our residential program as individuals must pay for the room and board portion of their care as Medicaid does not pay for room and board.

Northpointe must cost settle their contract with MDHHS and the PIHP at the end of each fiscal year, if we spend less than the Medicaid and General fund monies allocated to us we may retain up to five percent of the general fund monies called carry forward funds which must be spent in the following year and up to seven and one half percent of the Medicaid funds referred to as Medicaid savings these funds are returned to Northcare. If Northpointe spends more than their allocated funds we are responsible for up to seven and one half percent of the over expenditure, this is known as the CMHSP's risk corridor. CMHSP's must have the seven and one half percent available in a fund balance to be eligible to contract with the State and the PIHP.

Mission, Vision and Values

MISSION STATEMENT

Improve the lives of those we serve through hope & empowerment

VISION STATEMENT

A belief in potential

A right to dream

An opportunity to achieve

VALUES

We will improve the lives of people challenged with severe emotional, behavioral, co-occurring, &/or intellectual/developmental disability through person-centered planning in a trauma-informed environment with the following core values:

- ~Individual Choice & Self-Determination
- ~Empowerment
- ~Individual Rights
- ~Health & Wellness
- ~Integrity, Trust, & Respect
- ~Open Communication & Active listening
- ~Accountability & Responsiveness
- ~Teamwork & Collaboration
- ~Professionalism
- ~Consistency
- ~Community Inclusion
- ~Anti-Stigma

Questions, Concerns, Contact Information

Northpointe wants to be as responsive and accessible to its providers as possible. If you, as a Northpointe provider, have any questions please don't hesitate to contact the appropriate office and/or staff at the number or address listed below. Northpointe maintains office hours between 8:00 a.m. and 4:00 p.m. CST Monday through Friday. Northpointe Offices:

715 Pyle Dr
Kingsford, MI 49802
Toll free: 800-750-0522
Or: 906-774-0522
www.nbhs.org

703 Second Ave.
Iron River, MI 49935
906-265-5126

401 Tenth Ave
Menominee, MI 49858
906-863-7841

NorthCare Access Unit
1-888-906-9060 or 1-906-225-4433

Chief Executive Officer	Jennifer Cescolini
Financial Director	Jane Lindow
Security Officer	Brent Johnson
Compliance Officer	Carly Luse
Crisis/ Services Manager	Jennifer Kenny
Reimbursement	Carol Havens
Recipient Rights	Katie Smith
Dickinson County Director	Jill Doll
Iron County Director	Sarah Graff
Menominee County Director	Maria Nerat
ELMER Specialist	Krystal Dewitt
Contract Specialist	Kelly Stankevich

Northpointe Network Responsibilities

Northpointe is responsible for the operation of the Concurrent 1915(b)/(c) Program within its designated service area. Operation of the Concurrent 1915(b)/(c) Program must conform to regulations applicable to the concurrent program and to each (i.e., 1915(b) and 1915 (c)) Waiver. Northpointe is also responsible for development of the service delivery system and the establishment of sufficient administrative capabilities to carry out the requirements and obligations of their contract. If Northpointe elects to subcontract, Northpointe shall comply with applicable provisions of federal procurement requirements, as specified in Attachment P 6.4.1.1. Northpointe is responsible for complying with all reporting requirements as specified in their contract with the Northcare Network.

Network Provider Responsibilities

In addition to specific responsibilities outlined in other sections of this manual and Northpointe Policy, Network Providers are required to report any material changes to information that was submitted as part of the Provider Panel and Credentialing application process. *All information must be reported within five (5) business days of the provider becoming aware of the information to Northpointe's CEO and/or Contract Manager.* Changes include, but are not limited to:

- a) Any action against any of its licenses;
- b) Any action against its accreditation status;
- c) Any changes in ownership, business address or phone number;
- d) Any legal or government action initiated that could materially affect the rendering of services in connection with this agreement;
- e) Any legal action commenced by or on behalf of a Northpointe member against provider;
- f) Any initiation of bankruptcy or insolvency proceedings with regard to Provider;
- g) Discovery that a claim, lawsuit or criminal or administrative proceeding is being brought against the provider relating to the provider's malpractice, compliance with applicable laws, including any action by licensing or Accreditation authorities and exclusions from government programs (Medicare or Medicaid);
- h) Expiration of required professional liability insurance coverage (must be reported within 30 days prior to the expiration of such coverage);
- i) Any changes in demographic information such as change of address, name change, coverage arrangements, tax identification number, National Provider ID Numbers (NPI), hours of operation, etc.
- j) Expiration of professional license/certification, DEA certificate, CDS (Controlled Dangerous Substance) Certificate, board certification and malpractice insurance. Current copies must be submitted within five (5) days of expiration. Failure to comply may result in sanctions.

Provider Coverage during Absences

A network provider must contact Northpointe to discuss alternative provider coverage arrangements in any situation when he or she is unable to directly provide the contracted service for an individual at any time. Notification is required regardless of the reasons for utilizing an alternative provider (i.e. coverage while on vacation).

Obligation to Report/Duty to Warn

Northpointe and Network Providers must comply with all applicable state and federal child abuse, adult protective service and other reporting laws. It is the provider's responsibility to understand and comply with the professional and legal requirements in Michigan. The duty to warn *may* override the usual right to confidentiality of which an individual is assured when speaking to a clinician. This applies to any Northpointe provider who receives information during assessment or treatment. In a life-threatening situation, relevant clinical data or history may be released. If a provider believes that an individual represents a threat to others, the provider must attempt to warn the potential victim(s) in a timely manner. It is preferable to contact the police, but the provider should warn the intended victim by telephone, in accordance with applicable law, if that is the best way to assure the victim(s) safety. It is important to understand reporting laws as some state laws protecting "privileged" communications between clinicians and patients may prohibit making such reports and individuals receiving substance use disorder services are covered under more restrictive laws.

Access Center

Access to Northpointe's services is obtained by calling the Northcare Network's centralized Access Center at 1-888-906-9060. The Access system functions as the front door for obtaining behavioral health services and they provide an opportunity for callers with perceived problems resulting from trauma, crisis, or problems with functioning to be heard, understood and provided with options including treatment and provider options. The Access system is available, accessible and welcoming to all Michigan residents on a telephone and a walk-in basis. Individuals calling for mental health or substance use disorder (SUD) services or supports are provided timely and welcoming access to eligibility screening.

Individuals who are denied services are given an appropriate referral and verbally informed about the right to request a second opinion. A notice of denial for an initial assessment must also be given which includes specific contact information and instructions on appeal rights.

Customer Services

Northpointe and Network Providers must convey an atmosphere that is welcoming, recovery based, and trauma informed. Opening the door in this manner will assure individuals have the ability to lead, control, and exercise choice over, and determine their own path of recovery. Telephone calls to the customer services unit shall be answered by a live voice during business hours.

A welcoming philosophy is based on the core belief of dignity and respect for all people while in turn following good business practice. It is important for the system to understand and support the individual in seeking treatment by providing an environment including actions and behavior that foster entry and engagement throughout the treatment process and supports recovery.

Customer Services are mandated functions by the Michigan Department of Health and Human Services and Standards in the Balanced Budget Act.

Education and Marketing

All educational materials (both written and on the Northpointe website) and other general written communication must be accurate and clearly represent the activities/services provided by Northpointe and Network Providers. Documents, as appropriate, will indicate that they were paid for with funds from the Michigan Department of Health and Human Services All providers shall abide by:

- The Balanced Budget Act
- MDHHS Contract Attachment P.6.3.1.1 (Information Requirements 6.3.3)
- URAC Standard Core 10a: PMR 1, b, c, d: PMR 5a.b.; P-MR 10.

Rights and Protections of Individuals Served

Enrollee/Recipient Rights and Protections are delineated in the legal authority and the requirements of the rights of individuals receiving mental health specialty supports and services and substance use disorder services. These rights include, but are not limited to ensuring that:

- Recipient is free from abuse, neglect and other rights violations;
- Rights under the balanced budget amendment, Michigan Mental Health Code, Michigan Public Health Code and Administrative rules are protected;
- When there is reason to believe a recipient's rights have been violated, staff report to the proper agency; and,
- Each Member CMHSP has an office of recipient rights that is approved by the State of Michigan.

All providers shall abide by:

- Sections 4, 4a, 7 and 7a of the Mental Health Code and corresponding Administrative Rules in their entirety.
- Enrollee Rights and Protection as noted in Subpart C, 42 CFR 438.100.
- Enrollee Communications as noted in Subpart 42 CFR 438.102
- Grievance System as noted in 42 CFR § 438.400 et seq

Grievances and Appeals

The Grievance and Appeal processes are intended to facilitate Northpointe and its providers' compliance with the grievance and appeals process required by the state of Michigan and the federal government for Medicaid Beneficiaries. (This process is outlined in the PIHP/MDHHS Contract Attachment P.6.3.2.1 – Grievance and Appeal Technical Requirement PIHP Grievance System for Medicaid Beneficiaries.) The grievance system divides beneficiary complaints into two categories, those challenging an action and those challenging anything else. A challenge to an action is called an appeal. Any other type of complaint is considered a grievance.

Medicaid beneficiaries must receive “due process” whenever benefits are denied, reduced or terminated. Due Process includes: (1) prior written notice of the adverse action (2) a fair hearing before an impartial decision maker (3) continued benefits pending a final decision and (4) a timely decision, measured from the date the complaint is first made.

Medicaid beneficiaries have rights and dispute resolution protections under federal authority of the Social Security Act, including:

- ✓ State fair hearings through authority of 42 CFR 431.200 et seq.
- ✓ Local appeals through authority of 42 CFR 438.400 et seq.
- ✓ Local grievances through authority of 42 CFR 438.400 et seq.

Medicaid Beneficiaries, as public mental health recipients, also have rights and dispute resolution protections under authority of the State of Michigan Mental Health Code, (hereafter referred to as the 'Code") Chapters 7,7A, 4 and 4A, including:

- ✓ Recipient Rights complaints through authority of the Mental Health Code (MCL 330.1772 et seq.)
- ✓ Medical Second Opinion through authority of the Mental Health Code (MCL 330.1705)

Education

Individuals will be informed of their rights as outlined by the Michigan Administrative Rules 325.14301-14306 and as indicated in the Northpointe policy. Individuals will be provided assistance in understanding their rights and with all procedural steps required to register a rights complaint or grievance.

All staff must have training in the full extent of recipients' rights within 30 days of hire and annually thereafter. Additional training and updates will be conducted as needed. Any change in policy or in forms requires staff training before implementation.

Advance Directives

Northpointe must provide adult Individuals with written educational information on advance directives policies and include a description of applicable state law. Providers of mental health services are further responsible to assist an Individual if the Individual decides to develop an Advance Directive for Mental Health Care. Providers are responsible for following the Northpointe Advance Directive Policy and to ensure their staff are adequately trained regarding such. Providers must ensure that all adult Individuals are asked at intake if they have an advance directive and document this in a prominent part of the record. If an Individual requests further information they must be provided with information and/or shall be provided referrals to appropriate sources to assist them when they wish to create an advance directive.

The Michigan Department of Health and Human Services website (www.michigan.gov/mdhhs) has detailed information about Advance Directives and several forms that may be accessed by individuals or the staff working with them.

Satisfaction

The Provider shall cooperate fully in Northpointe implementation of: (1) quantitative and qualitative member assessments periodically, including satisfaction surveys and other feedback methodologies; and (2) studies to regularly review outcomes for Medicaid recipients as a result of programs, treatment and community services rendered to individuals in community settings.

Financial Management

Participating Provider Payment Methodology and Fees

The Michigan Department of Health and Human Services (MDHHS) provides NorthCare Network with the state and federal share of Medicaid funds as a capitated payment based upon a per eligible person per month methodology. NorthCare Network sub-capitates for shared risk with Northpointe using an actuarially sound methodology.

Claims Processing and Encounter Reporting

Northpointe reports encounter data to NorthCare who in turn reports to the Michigan Department of Health and Human Services (MDHHS) for all services provided. Encounter data is collected for every service provided through accounts payable claims or service activity logs (SALs). Claims are adjudicated on a monthly basis. Northpointe is responsible for complying with all reporting requirements as specified in their contract with NorthCare and MDHHS; therefore, Network Providers are responsible for ensuring that documentation is completed and signed within one business day of service delivery. Northpointe is responsible for ensuring receipt of sub-contract invoices and that claims data is entered into ELMER within 15 days of the of the month following the service. Northpointe is responsible to monitor the completion of all required QI fields for every individual served.

Coordination of Benefits

Northpointe is responsible to ensure that Medicaid is the “Payer of Last Resort”. Network Providers are required to identify and seek reimbursement from all other Third Party Liabilities (TPL) before Medicaid. TPL refers to any other health insurance plan or carrier (e.g., individual, group, employer-related, self-insured or self-funded plan or commercial carrier, automobile insurance and worker's compensation) or program (e.g., Medicare) that has liability for all or part of an individual's covered benefit. It is expected that complete and accurate Coordination of Benefits are obtained for all individuals served. Member CMHSP's are responsible for verification of, and the accurate and timely recording of, Medicaid Benefits, and all TPLs in the ELMER Insurance and Demographic section of each individual's electronic health record. The Member CMHSP shall collect any payments available from other health insurers including Medicare and private health insurance for services provided to its individuals in accordance with Section 1902(a) (25) of the Social Security Act and 42 CFR 433 Subpart D, Medicaid Managed Specialty Supports and Services Concurrent 1915(b)/(c) Waiver Program FY 14 *Page 50 MA* and the Michigan Mental Health Code and Public Health Code section 226a as applicable. Member CMHSP's shall use the ELMER Electronic Billing system to process TPL claims for all applicable services on a regular monthly schedule and ensure accurate and timely balance billing to all individuals when an “Ability to Pay” exists.

Restrictions on billing

An Ability to Pay (ATP) amount shall be assigned and collected in accordance with the Michigan Mental Health Code Chapter 8, sections 330.1800 - 330.1842. The Ability to Pay shall be assigned during the initial intake process, annually thereafter and as an individual's financial circumstances change. For Medicaid beneficiaries with a monthly deductible Northpointe shall collect the ATP when Medicaid is not effective (until the deductible is met). Individuals will never be charged for services provided, when no ATP has been assigned and will never be charged more than the assigned ATP, even when the service charge is more than the ATP. When multiple members from the same family are being treated within the same month, only one family member will be charged the assigned ATP. Full billing criteria are outlined in the attached MMHC Chapter 8.

Appeal Procedures

As part of the Ability to Pay (ATP) process, individuals shall be informed of their right to appeal the assigned ATP amount in accordance with the Michigan Mental Health Code sections 330.1832 – 330.1834.

Individuals shall be informed that, under section 8 of the Michigan Mental Health Code, they believe that the income figure being utilized to determine their ability to pay is not appropriate to their current income status or does not appropriately reflect their ability to pay, they may request the community mental health services program make a new determination of ability to pay. The new determination of ability to pay should be based on the responsible party's current annualized Michigan taxable income. If this is not available, other documentation of income as described in section 8 shall be used. A new determination of ability to pay shall not be for an amount greater than the original determination.

Information Management

Electronic Health Record

Network providers are required to maintain the confidentiality, integrity and availability of electronic protected health information (ePHI) through technical and non-technical mitigation techniques required by the Health Insurance Portability and Accountability Act of 1996 (HIPAA), the Health Information Technology for Economic and Clinical Health Act (HITECH), Michigan Mental Health Code and 42 CFR Part 2. Access to Electronic Health Systems is permitted only from Northpointe managed equipment or Business Associate managed equipment. No personal equipment shall be used to gain access to Electronic Health Systems.

Record Keeping Requirements

Network providers should know and follow the Northpointe clinical documentation policies which are located on the Northpointe website in the Policies & Procedures section under: Administrative/Medical Records. Any questions regarding record keeping requirements should be directed to the Northpointe Medical Records Manager.

Reporting

Northpointe is responsible to provide data reports to several entities; most of which is to comply with our contract with NorthCare and the Michigan Department Health and Human Services (MDHHS) The reporting of data by Northpointe is used to meet several purposes at (MDHHS) including: legislative boilerplate and annual reporting and semi-annual update; managed care contract management; system performance improvement; statewide and regional planning; Centers for Medicare and Medicaid (CMS) reporting; and actuarial activities. Individual level data received at Northpointe, NorthCare and (MDHHS) is kept confidential and published reports will display only aggregate data. Individual level data will be provided back to the agency that submitted the data for encounter data validation and improvement. This sharing of individual level data is permitted under the HIPAA Privacy Rules, Health Care Operations. Northpointe must submit individual level data immediately within 30 days following adjudication of claims for services provided, or in cases where claims are not part of Northpointe's business practices within 30 days following the end of the month in which services were delivered. Therefore, it is imperative that all data entered and/or submitted to Northpointe is accurate and timely, as required by Northpointe.

Provider Network Management

In order to provide quality services to individuals, it is necessary for Northpointe and the network providers to establish and maintain a cooperative relationship. Individuals must be excluded from any dispute between the network provider and Northcare Network. Network Providers are prohibited from any discrimination against individuals seeking or receiving services and will comply with all applicable Federal and State laws and regulations including Title VI of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, the Age Discrimination Act of 1973, and the Rehabilitation Act of 1973, and the Americans with Disabilities Act.

In the performance of any contract, the Network Provider agrees not to discriminate against any employee or applicant for employment or service delivery and access, with respect to their hire, tenure, terms, conditions or privileges of employment, programs and services provided or any matter directly or indirectly related to employment, because of race, color, religion, national origin, ancestry, age, sex, height, weight, marital status, physical or mental disability unrelated to the individual's ability to perform the duties of the particular job or position. Northpointe further agrees that every subcontract entered into for the performance of any contract will contain a provision requiring non-discrimination in employment, service delivery and access, as herein specified binding upon each subcontractor. This covenant is required pursuant to the Elliot Larsen Civil Rights Act, 1976 PA 453, as amended, MCL37.2201 et seq, and the Persons with Disabilities Civil Rights Act, 1976 PA 220, as amended, MCL 37.1101 et seq, and Section 504 of the Federal Rehabilitation Act 1973, PL93-112, 87 Stat. 394, and any breach thereof may be regarded as a material breach of the contract or purchase order. The Network Provider shall incorporate language in all contracts awarded: (1) prohibiting discrimination against minority-owned, women-owned, and handicapper-owned businesses in subcontracting; and (2) making discrimination a material breach of contract.

General Expectations

Network Providers must:

- ✓ respond to the cultural, racial, and linguistic needs (including interpretive services as necessary) of individuals served and provide services with necessary and reasonable accommodations in a culturally competent manner;
- ✓ ensure services are accessible, taking in to account travel time, availability of public transportation, and other factors that may affect accessibility; and, that the location of primary service providers is within 60 minutes or 60 miles from beneficiary's residence for office or site-based services;
- ✓ not segregate Northpointe individuals in any way from other individuals receiving their services, and offer hours of operation to Northpointe individuals that are no less than the hours offered other individuals receiving their services;
- ✓ not discriminate against particular providers that serve high-risk populations or who specialize in conditions that require costly treatment;
- ✓ regularly monitor sub-contractors to ensure all needed services are available and accessible to beneficiaries, and to determine whether provider capacity is sufficient in number, mix, and geographic distribution to assure adequate access to serve the expected beneficiary enrollment;
- ✓ must ensure Providers are responsive to individual needs, provide for clean comfortable service facilities, have adequate office hours, and appropriately address other quality of care issues; and
- ✓ require corrective action be taken if there is failure to comply with applicable requirements for availability of services (42 CFR Part 438.206) or assurance of adequate capacity and services (42 CFR Part 438.207).

Debarment and Suspension

Assurance is hereby given to Northpointe that the Network Provider will comply with Federal Regulation 45 CFR Part 76 and certifies to the best of its knowledge and belief that it, including its employees and subcontractors:

- a) Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any federal department or NorthCare;
- b) Have not within a three-year period preceding this agreement been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (federal, state, or local) transaction or contract under a public transaction; violation of federal or state antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
- c) Are not presently indicted or otherwise criminally or civilly charged by a government entity (federal, state or local) with commission of any of the offenses enumerated in section B, and;
- d) Have not within a three-year period preceding this agreement had one or more public transactions (federal, state or local) terminated for cause or default.

Network Provider Selection

It is the policy of Northpointe to develop and maintain a Provider Network that meets the needs of individuals for Mental Health Specialty Supports and Services and Substance Use Services in the Upper Peninsula of Michigan. Northpointe will continually assess individual needs and provide the full array of services in appropriate settings to meet those care needs while evaluating and planning for the expansion, adjustment and improvement of the Provider Network. Soliciting providers for the service delivery system must be done with due deliberation and sensitivity to procurement and contracting issues. Reimbursement will be the lowest rate paid by other payers for the same or similar service. This includes advertised discounts, special promotions, and other programs where reduced pricing is in effect.

Northpointe will not discriminate for the participation, reimbursement, or indemnification of any provider who is acting within the scope of his or her license or certification under applicable state law, solely on the basis of that license or certification; and is not required to contract with providers beyond the number necessary to meet the needs of its beneficiaries, and is not precluded from using different practitioners in the same specialty. In addition, selection policies and procedures cannot discriminate against particular providers that serve high-risk populations or specialize in conditions that require costly treatments. Northpointe will not contract with a provider who prohibits, or otherwise restricts, a health care professional acting within the lawful scope of practice, from advising or advocating on behalf of an enrollee who is his or her patient.

When it has been determined that Northpointe is in need of contractual services for either an organizational provider or individual practitioner, the Chief Executive Officer (CEO), or designee, shall either initiate the procurement process for goods and services or make systemic inquiries, within the current network of providers, on the availability of any contractual service provider(s) whom may have the qualifications and the experience required to meet the specific needs of Northpointe. All qualified providers, meeting specific criteria (e.g. accreditation status, fiscal stability, litigation status, properly credentialed and appropriate insurance coverage) expressing an interest in contracting with Northpointe Network will be given the opportunity to compete for contracts. Contracts will be awarded in accordance with Northpointe's *Procurement Policy*. This policy also lists certain circumstances where Northpointe's CEO may grant a

waiver from the procurement process and select a service provider or vendor without a competitive bidding process.

If an organizational provider, group, or individually licensed provider disagrees with a determination by Northpointe in the application process or during review of a provider's status, and wishes to have the matter reviewed at a higher level, the provider may do so in accordance with Northpointe's *Network Provider Grievance and Appeals Policy*.

Credentialing

Northpointe assures due diligence in credentialing and recredentialing to provide a competent workforce for the individuals we serve. The Balanced Budget Act (BBA) and the Michigan Department Health and Human Services (MDHHS) and URAC have regulations, policies and standards that require managed care entities to follow clearly defined policies and procedures for credentialing and recredentialing staff. The Northpointe Credentialing Policy on the website outlines the credentialing process, policies and forms to assure staff who provide clinical oversight, management, and services to individuals receiving services within the provider network are fully qualified and in good standing. Initial credentialing must be completed prior to hire and recredentialing must be completed every two years thereafter.

Northpointe utilizes standard applications for all providers, whether an individual or an organization, that applies for participation in the provider network. The appropriate form will be provided to interested providers and can also be found at www.nbhs.org.

Network Provider Monitoring

Northpointe monitors each network provider for the purposes of ensuring compliance with Federal and State standards and regulations, provider contracts, Northpointe policies and procedures, and managed care administrative delegations. Monitoring of performance will occur at least once during each fiscal year via desk audit and/or on-site reviews, more frequently when deemed necessary. Northpointe may delegate provider monitoring and monitoring of direct operated group homes to Member CMHSPs and Substance Use Disorder (SUD) providers. Northpointe will monitor all delegated activities. Clinical documentation reviews and verification of services will be part of provider monitoring.

Contract Termination

Either Northpointe or a network provider may choose to terminate the provider contract as outlined in the contract. This includes action taken as a result of any other breaches highlighted in the contract as a "material breach" and a potential cause for termination such as discrimination, non-compliance with applicable laws, non-compliance with Individuals' recipient rights and Individual grievance procedures, etc. A contract shall terminate immediately upon provider loss of required certification/licensure; listing of the provider by a department or agency of the State of Michigan as being suspended from service participation in the Michigan Medicaid and/or Medicare programs; and/or the provider being listed by a department or agency of the State of Michigan in its registry for Unfair Labor practices.

If a network provider chooses to resign from the network, Northpointe must be notified in writing as indicated in the provider contract. Northpointe will acknowledge receipt of the provider's request and confirm the disenrollment date. If Northpointe chooses to terminate a contract, a written notification of the termination including the effective date, will be given as specified in the provider contract.

Provider Disputes & Appeals Process

All participating providers in the Northpointe network have the right to dispute actions taken by Northpointe relating to their status within the provider network and actions related to provider's non-compliance, professional competency or conduct. These actions may include decisions made in the Northpointe provider monitoring process or instances when Northpointe has chosen to discontinue a provider's participating status within the Network based on issues of quality of care/service, performance or noncompliance. It also includes action taken as a result of any other breaches highlighted in the contract as a "material breach" and a potential cause for termination such as discrimination, non-compliance with applicable laws, non-compliance with Individuals' recipient rights and Individual grievance procedures, etc.

The two-level appeals process is outlined in Northpointe's QI policy *Network-Provider Grievance and Appeals Policy* and does not apply to medical necessity appeals (which are covered under Recipient Rights Policy) or conditions dictated in the provider contract that result in immediate termination such as provider loss of required certification/licensure; listing of the provider by a department or agency of the State of Michigan as being suspended from service participation in the Michigan Medicaid and/or Medicare programs; and/or the provider being listed by a department or agency of the State of Michigan in its registry for Unfair Labor practices. See the provider contract for a full listing of conditions for immediate termination.

Quality Assessment and Performance Improvement

Performance Measures

Network Providers shall meet the performance indicators and objectives in accordance with requirement of the MDHHS and NorthCare Master Contract. This includes participation in regional Quality/Performance Improvement Projects, assessment of members experience with services, studies to regularly review outcomes for individuals served, etc. as required.

Incident Reporting

All incidents are to be reviewed by Northpointe to determine if they meet the criteria and definitions to be categorized as a sentinel event, critical event, risk event, or an immediately reportable event. Events may meet criteria for more than one category. Providers must review and notify Northpointe according to Northpointe's *Event Reporting & Notification Policy*.

Quality of Care

In order to ensure high quality of care for our members, providers must meet the criteria included in the Provider Application such as being officially licensed, properly accredited (if an organizational provider) and insured.

Providers must agree to participate in Northpointe Network Utilization Management and Performance Improvement programs as detailed in the provider contract and adhere to the following access to care standards as stipulated by the Michigan Department Health and Human Services (MDHHS)

Quality of Service

Northpointe has identified a minimum set of standards to ensure quality of service for our Individuals including:

- Access to emergency service 24 hours a day, seven days a week
- Office hours that reflect Individual need Provider offices must be clean and free of clutter with unobstructed passageways.
- Office staff must be responsive to individual's needs; it is our expectation that everyone is treated with respect and dignity.
- Phone calls are to be answered within 4 rings and when that cannot happen, return calls are expected to be responded to within the next business day.
- Providers must be able to communicate with individuals speaking languages other than English and those who are hearing or vision impaired or provide interpretive services at no cost to the individual.
- Providers must be able to accommodate individuals with physical disabilities.

Compliance and Ethics

The Northpointe Compliance Program is designed to further Northpointe's commitment to comply with applicable laws, promote quality performance throughout the Northpointe, and maintain a working environment that promotes honesty, integrity and high ethical standards. Northpointe's Compliance Program is an integral part of Northpointe's mission, and all Northpointe personnel, contracted providers and subcontracted providers are expected to comply with all regulations related to health care. These include but are not limited to the Michigan Mental Health Code, Michigan Medicaid Provider Manual, Balanced Budget Act, the ADA, and civil rights laws and regulations, including limited English proficiency regulations, and applicable accreditation standards. It is up to the provider to be aware of the laws and regulations governing health care services, but a provider may at any time contact the Northpointe Compliance Officer with any questions.

Code of Conduct

Network Providers are expected to conduct themselves in accordance with standards set forth in the Northpointe Code of Conduct, applicable federal and state laws, rules and regulations, Northpointe Compliance Plan and policies and procedures, standards of conduct incumbent upon an individual by virtue of holding state licensure or registration, and ethical standards binding on an individual as a practitioner of a particular profession. Network Providers have a responsibility to treat individuals and their family members with dignity and respect and to provide services and supports that are developed to meet the medical necessity of each individual or family.

Conflict of Interest

Network Providers may not engage in any transaction, arrangement, proceeding or other matter or undertake positions with other organizations that involve a conflict of interest. Network Providers should avoid not only actual but the appearance of conflicts of interest as well. Network Providers shall disclose all potential or known conflicts of interest to Northpointe.

Privacy and Confidentiality

Network Providers shall preserve the confidentiality of Protected Health Information (PHI). All information (oral, written, or electronic) in and regarding the clinical record or obtained in the course of providing services is confidential. In the use and disclosure of PHI, Network Providers are to comply with all legal, ethical, and applicable accreditation standards. PHI may be used or disclosed for treatment, payment and healthcare operations unless it is protected under the Michigan Mental Health Code or 42 C.F.R. Part 2.

Except as otherwise required by law (e.g. Mental Health Code, 42 CFR, Part II relative to substance abuse services, HIPAA), individual identifying and confidential information shall not be released without an appropriately signed "Authorization to Disclose Confidential Information" or official judge's court order.

Network Providers shall have written policies and procedures that comply with HIPAA, 42 CFR Part 2, the Michigan Mental Health Code and Northpointe policy. Staff needing access to an individual's medical record must do so only in the course of assigned duties and responsibilities. All employees must follow the standards of "minimum necessary" and "need to know" for any and all access to protected health information.

Service and Utilization Management

Utilization Management

Northpointe is accountable for managing the specialty services and support benefits for eligible persons in its service area. As a result, Northpointe has oversight authority to ensure these funds are used for authorized purposes and from that perspective, indirectly manages individual's care from the point of entry, through treatment and delivered services, to discharge.

Utilization Management (UM) is intended to complement quality improvement activities of provider organizations such as clinical practice improvement initiatives, service/billing integrity verification, and compliance risk monitoring. The UM Plan is designed specifically to identify roles and responsibilities for service and authorization functions and how those activities are implemented, monitored, and managed. The UM Plan establishes a framework for oversight and guidance of the Medicaid and Healthy Michigan Programs by assuring consistent application of program/service eligibility criteria, and in decisions involving the processing of requests for initial and continued authorization of services.

Medical Necessity

The UM program must operate within a common definition of medical necessity which must be consistently applied region-wide to ensure eligible persons have equitable access to services. Northpointe is committed to assuring that services and supports identified in the individual plan of service meet medical necessity criteria, and are sufficient in amount, duration and scope to reasonably achieve the purpose of the service. Northpointe is equally committed to assuring the various programs within the provider network operate effectively and efficiently. This includes ensuring that value purchasing guides the service selection and service delivery process. As applied to services and supports, value purchasing assures appropriate access, quality, and the efficient and economic provision of supports and services.

Person Centered Planning and Self Determination

As a Network Provider, you may be required to participate in an individual's Person Center Planning (PCP) process and/or may be part of a self-determination arrangement. MDHHS defines PCP as *"Person-centered planning" means a process for planning and supporting the individual receiving services that builds upon the individual's capacity to engage in activities that promote community life and that honors the individual's preferences, choices, and abilities.* MCL 330.1700(g)

The purpose of the community mental health system is to support adults and children with intellectual/developmental disabilities, adults with serious mental illness and co-occurring disorders (including co-occurring substance abuse disorders), and children with serious emotional disturbance to live successfully in their communities—achieving community inclusion and participation, independence, and productivity. Person-centered planning (PCP) enables individuals to achieve their personally defined outcomes. As described below, PCP for minors (family-driven and youth-guided practice) accommodates the entire family.

Person-centered planning is a way for individuals to plan their lives with the support and input from those who care about them. The process is used for planning the life that the individual aspires to have - taking the individual's goals, hopes, strengths, and preferences and weaving them in plans for a life with meaning. PCP is used anytime an individual's goals, desires, circumstances, preferences, or needs change.

The Mental Health Code also requires use of PCP for development of an Individual Plan of Service. Northpointe will ensure that a person-centered planning process is used to develop a written individual plan of services in partnership with the recipient. A preliminary plan shall be developed within 7 days of the commencement of services or, if an individual is hospitalized for less than 7 days, before discharge or release. The individual plan of service shall consist of a treatment plan, a support plan, or both. A treatment plan shall establish meaningful and measurable goals with the recipient. The individual plan of services shall address, as either desired or required by the individual, the individual's need for food, shelter, clothing, health care, employment opportunities, educational opportunities, legal services, transportation, and recreation. The plan shall be kept current and shall be modified when indicated. The person in charge of implementing the plan of services shall be designated in the plan. (MCL 330.1712).

Self-determination is the value that people served by the public mental health system must be supported to have a meaningful life in the community. The components of a meaningful life include: work or volunteer activities that are chosen by, and meaningful to, the person, reciprocal relationships with other people in the community, and daily activities that are chosen by the individual and support the individual to connect with others and contribute to his or her community. With arrangements that support self-determination, individuals have control over a budget for their mental health services and supports to live the lives they want in the community. Northpointe must offer arrangements that support self-determination, assuring methods for the person to exert direct control over how, by whom, and to what ends they are served and supported.

Person-centered planning (PCP) is a central element of self-determination. PCP is the crucial medium for expressing and transmitting personal needs, wishes, goals and aspirations. As the PCP process unfolds, the appropriate mix of paid/non-paid services and supports to assist the individual in realizing/achieving these personally defined goals and aspirations, are identified.

The principles of self-determination recognize the rights of people supported by the mental health system to have a life with freedom and to access and direct needed

supports that assist in the pursuit of their life, with responsible citizenship. These supports function best when they build upon natural community experiences and opportunities. The individual determines and manages needed supports in close association with chosen friends, family, neighbors, and co-workers as a part of an ordinary community life.

Clinical Practice Guidelines

Northpointe is responsible for adopting, implementing and evaluating regional practice guidelines. (See the Balanced Budget Act (BBA), subpart D, section 438.236 and the Michigan Department Health and Human Services (MDHHS) Master Contract Attachment P 6.7.1.1, X.) The BBA allows the adoption of practice guidelines either from a nationally recognized expert body or a consensus of healthcare workers in a particular field. The federal agency charged with providing guidance in our field is the Substance Abuse & Mental Health Services Administration (SAMHSA). They offer the following definitions of Practice Guidelines (PG) and Evidence Based Practices (EBP):

Practice Guidelines (PG)--*Systematically developed statements to standardize care and to assist in practitioner and patient decisions about the appropriate health care for specific circumstances. Practice guidelines are usually developed through a process that combines scientific evidence of effectiveness with expert opinion. Practice guidelines are also referred to as clinical criteria, protocols, algorithms, review criteria, and guidelines. (SAMHSA)*

Evidence Based Practices(EBP) --*In the health care field, evidence-based practices generally refer to approaches to prevention or treatment that are validated by some form of documented scientific evidence. What counts as "evidence" varies. Evidence often is defined as findings established through scientific research, such as controlled clinical studies, but other methods of establishing evidence are considered valid as well. Evidence-based practice stands in contrast to approaches that are based on tradition, convention, belief, or anecdotal evidence. (SAMHSA)*

The clinical context for utilization of a specific practice is whether as a treatment it supports a Recovery–Oriented System of Care. Northpointe Recovery and Resiliency policy mandates that all services and supports be based on recovery principles. The components of a recovery oriented environment are those that: encourage individuality; promote accurate and positive portrayals of psychiatric disability while fighting discrimination; focus on strengths; use a language of hope and possibility; offer a variety of options for treatment, rehabilitation, and support; support risk-taking, even when failure is a possibility; actively involve service users, family members, and other natural supports in the development and implementation of programs and services; encourage user participation in advocacy activities; help develop connections with communities; and help people develop valued social roles, interests and hobbies, and other meaningful activities.