

Companion Guide: Becoming an MIHP Provider

Purpose

This document will provide additional guidance regarding becoming an MIHP provider.

Content

Becoming an MDHHS MIHP Provider

- The Michigan Department of Health and Human Services certifies MIHP providers.
- Agencies applying to become an MIHP provider must:
 - comply with all licensing laws and regulations applicable to the provider's practice or business in Michigan.
 - not currently be excluded from participating in Medicaid by state or federal sanction;
 - provide services that are directly reimbursable per Medicaid and MDHHS policy;
 - enroll as a Medicaid provider; and
 - carefully follow the application process.

Preapplication Process

STEP 1: A prospective applicant interested in becoming an MIHP provider may contact the MDHHS MIHP staff via an inquiry email to the MIHP@michigan.gov box.

- The inquiry email must contain the:
 - Name of the prospective applicant agency
 - Contact person name, title, email address and telephone number
- MIHP staff will acknowledge receipt of the inquiry by return email to the interested agency's contact person. The acknowledgment email will contain details about the next scheduled Prospective Provider Inquiry Meeting (PPIM).

STEP 2: The prospective applicant must attend the scheduled PPIM, where they will receive important information about the application process. If an agency cannot attend the requested PPIM, the agency must send a new email requesting attendance at a subsequent PPIM. Regular PPIM's are held every year in March and May.

Application Process

STEP 3:

- After attending the entire PPIM, the prospective applicant may request an official MIHP application by emailing the request to MDHHS-MIHP-CERT-REVIEW@michigan.gov.

- The prospective applicant submitting the application to become a MIHP provider must email the application to MDHHS-MIHP-CERT-REVIEW@michigan.gov by the date specified at the PPIM. No exceptions or extensions will be given.
- MDHHS MIHP staff Quality Improvement Specialist will send an email to the individual who signed the application acknowledging date and time of receipt of application. The acknowledgement of receipt does not indicate that the application has been approved.
- Applications that meet published criteria will be reviewed and evaluated by the MIHP Application Committee to determine approval or denial.

STEP 4: If the application is acceptable, the agency will receive email notification of the date, time, and location of the next scheduled New Provider Orientation (NPO). If an application is rejected for any reason, the prospective applicant must wait and re-apply the following year, at which time all steps of the application process must be followed, including attendance at the PPIM.

Prospective agency owners who have been an owner or coordinator of a previously terminated agency may not attend a Prospective Provider Inquiry Meeting before a period of 18 months after the agency termination date.

STEP 5: Accepted applicant's staff must attend and successfully complete all MIHP New Provider Orientation (NPO) requirements.

- The following members of the accepted applicant's staff must attend the entire NPO:
 - Agency owner/MIHP Program Coordinator
 - Nurse
 - Social Worker
- The NPO provides an in-depth review of:
 - MIHP program operations
 - Required forms
 - Interventions
 - Criteria used during the onsite provisional certification review

STEP 6: A Provisional Certification Review will be conducted to assess the provisionally approved applicant's readiness to begin providing services to MIHP beneficiaries.

- If the applicant passes provisional certification, nine-month Provisional Certification (PC) status is granted.
 - The agency will be designated an MIHP provider, listed on the *MIHP Coordinator Directory* and may begin rendering MIHP services after securing care coordination agreements and contracts with Medicaid Health Plans (MHPs).
- If the applicant fails the Provisional Certification Review, the agency may reapply the following cycle, and must follow the entire application process as outlined above.
- After PC status has been granted, a monthly consultation will be offered by an MIHP consultant until the next review (9 months):

- Billing and program record charts
- Program implementation
- Any challenges the new provider may have encountered

STEP 7: The new MIHP Provider will have a certification review scheduled approximately nine months after Provisional Certification status has been granted. If the new provider passes this certification review, nine-month Conditional Certification (CC-1) is granted. If the provider does not pass, the agency will be decertified.

Agency must have served at least 15 beneficiaries (9 for tribal organizations) by nine months after the third orientation day for this review to occur. This requirement may include open and discharged beneficiaries who were active at some point during this time frame. No more than ten transfer beneficiaries may be included in this requirement.

STEP 8: The new agency will receive another Certification Review approximately nine months after receiving the CC-1. New MIHP agency must pass the second certification review with a score of 70% or higher to remain certified as a MIHP agency. The subsequent review time frame depends on the score given at this review.

- New MIHP agencies receiving scores of:
 - 85 to 100% will receive *full certification* and be reviewed again in 18 months.
 - 70 to 84% will receive *conditional certification* and be reviewed again in 9 months.
 - 69% or less will be decertified

If an MIHP provider is decertified at any stage during the certification process, (e.g., PC, CC-1, CC-2, or FC), they must wait at least 18 months and then may enter the next application cycle, beginning as a prospective applicant by attending the Prospective Provider Inquiry Meeting.