



# SUMMIT POINTE POLICY AND PROCEDURE MANUAL

<b>Section:</b> Provider Network	<b>Policy Name:</b> Notification of Summit Pointe Provider Network Changes	<b>Policy Number:</b> 1.2.7
<b>Owner:</b> Director of Provider Network	<b>Applies To:</b> <input checked="" type="checkbox"/> Summit Pointe Staff <input checked="" type="checkbox"/> Summit Pointe Contract Providers <input checked="" type="checkbox"/> Summit Pointe CCBHC Services <input type="checkbox"/> Summit Pointe CCBHC DCO Providers	
<b>Approved By:</b> <i>Jean M. Soodick</i>		
<b>Version Number:</b> 3	<b>Revised Date:</b> 02/01/2024	<b>First Effective Date:</b> 03/01/2024

I. **PURPOSE:**

To ensure communication is provided to customers regarding significant changes to the Summit Pointe Provider Network.

II. **DEFINITIONS:** Refer to the “Summit Pointe Policy and Procedures Definitions Glossary.”

III. **POLICY:**

It shall be the policy of Summit Pointe to provide notice of significant changes in the Summit Pointe Provider Network via multiple venues including, but not limited to, notification on the organization’s website, written correspondence, and bulletins on waiting room TV screens. Said notice shall meet the contractual and regulatory requirements of the Michigan Department of Health and Human Services (MDHHS) and Southwest Michigan Behavioral Health contracts, and Code of Federal Regulations (CFR).

IV. **PROCEDURE:**

Summit Pointe will ensure that contracted providers are listed within the Southwest Michigan Behavioral Health Directory. Information will be updated within thirty (30) days of when a change (i.e. addition, deletion, or modification in contact information) of a provider is known.

Summit Pointe will ensure provision of written notice of termination of a contracted provider to each customer and/or guardian for whom services were received on a regular basis.

Written notification shall occur at least thirty (30) days prior to the effective date of termination. In the event notification of termination is effective in less than thirty (30) calendar days, Summit Pointe will provide the affected customers and/or guardians as soon as possible but no later than thirty (30) calendar days after receipt of notification.

Written notification shall be in the form of postal mail or email.

Written notification shall, at a minimum, include the provider’s name, the effective date of the termination, and instructions on selecting another provider.

Notification shall occur whether the termination is an organizational provider or an independent practitioner.

Summit Pointe’s electronic health record will be utilized to identify services provided by external providers and customers affected by the change of status.



# SUMMIT POINTE POLICY AND PROCEDURE MANUAL

V. **REFERENCES:**  
None

VI. **ATTACHMENTS:**  
None