

**SHIAWASSEE COUNTY COMMUNITY MENTAL HEALTH AUTHORITY**  
**POLICY AND PROCEDURE MANUAL**

Section: Clinical  
Policy Number: 61  
Subject: **Access to Provider Network**

Effective Date: 4/29/02  
Last Revision Date: 12/29/15  
Page: 1 of 2

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**Policy**

It is the policy of Shiawassee County Community Mental Health Authority (SCCMHA) that the clinical service provider network is efficiently integrated with the utilization management process to assure that consumers experience seamless access to their benefit plan through the SCCMHA provider network and that accomplished providers are positive in their desire to serve the customers of the managed care organization.

**Purpose**

This policy is being adopted to ensure that consumers receive appropriate access to the network of providers.

**Application**

This policy will apply to all SCCMHA programs and services.

**Compliance**

External: MSHN  
MDHHS Master Contract and Attachments  
MDHHS Application for Participation Standards

Approved by:   
Board Chairperson

4-14-2016  
Date

  
Chief Executive Officer

4/14/16  
Date

Review/Revision Dates:

Date:	By:
2002-2008	Review by Board
10/17/08	Revised by Clinical Leadership, changed policy from "Provider Satisfaction with UM Process"
4/1/09	New formatting
1/11/10	Reviewed by Program Committee
8/21/12	Reviewed by Craig Hause
01/30/14	Reviewed and Revised by Craig Hause
12/29/15	Reviewed by Craig Hause