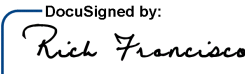




Policy/Procedure Title: Provider Capacity and Services	Policy and Procedure #: 10-018	<u>Review Dates</u>	
Category: Provider Network Subject: The purpose of this policy is to meet, track, monitor providers, and meet the needs of the consumers enrolled for services.	Prepared by: Name: Brandy Carlson Title: Chief Financial Officer Approved by: DocuSigned by:  Rich Francisco, Executive Director Effective Date: 06/01/2023	07/31/2025	
		06/30/2026	
		Last Revised Date: 05/03/2024	

I. POLICY

HealthWest will offer an appropriate range of services with adequate capacity for the anticipated number of individuals enrolled for services in the area within the approved funding allocation from outside sources. HealthWest will have a network of qualified providers that meet the geographic locations throughout the service area for the provision of all covered services. HealthWest will notify the Lakeshore Regional Entity within twenty-four hours if a significant change is made, if the availability and capacity of providers does not meet consumer demand, and if consumer demand exceeds approved funding from outside sources.

II. APPLICATION

Applies to all HealthWest services for its consumers.

III. PROCEDURE

- a. HealthWest will conduct a provider service review at a minimum of every two years to determine if there is a need for procurement in specific service or program areas. The HealthWest Team will conduct the service review process for the programs and services in the division they manage. Services, programs, and providers are reviewed for utilization patterns, outcomes, capacity concerns, choice options, service quality, service gaps, evidence-based practices, and fiscal viability, as well as any pertinent information gathered through contract management. Input from individuals served and their families/caregivers is highly valued and will be considered during service reviews.
- b. A service review will be conducted if changes in HealthWest's Provider Network occur which would negatively affect access to care.
- c. Based on the service review process, a decision may be made to procure services, request a system plan of correction, change the service array or program design, or to make other adjustments in programs or services within the requirement of the funding source(s).
- d. All reviews and resulting recommendations will be documented on the Service Review Form and submitted to the Contract Department for review and record retention.

- e. When required, procurement recommendations resulting from the service review process will be provided to the Executive Team for approval. Once approved, the recommendations will go to the HealthWest Board of Directors for final approval.

IV. Attachments

- a. Service Review Form

Authors Initials BC/hb