

# NWF Health Network Policy & Procedure

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<b>Series:</b>	700: Provider Network & Licensing	
<b>Policy Name:</b>	Provider Recruitment and Network Development	
<b>Policy Number:</b>	709	
<b>Origination Date:</b>	03/09/2009	<b>Revised:</b> Board Meeting of 12/13/2018 <b>Reviewed:</b> 4/17/2023
<b>Regulation:</b>	409.1671, F.S.	
<b>Related Policies:</b>	NWFHN OP 700-713, Monitoring of Subcontracted Services NWFHN OP 700-717, Network Provider Invoicing NWFHN OP 700-1502, Client Grievances and Complaints	

## Referenced Documents:

NWFHN Network Provider Application  
NWFHN Maximum Rates and Requirements for Services  
Exhibit B – NWFHN Referral and Invoicing Procedures  
Exhibit E – NWFHN Assessment and Service Referral Form

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## Policy

It is the policy of NWF Health Network (NWFHN), to coordinate a network of agencies and individual providers designed to meet the needs of children and their families and provide a comprehensive array of services that strengthen and stabilize families, maintain children in their communities, and lead to permanency.

## Procedure

### A. Service Provider Subcontracts and Network Provider Agreements.

1. NWFHN has two (2) types of agreements for services.
  - a. **Service Provider Subcontracts.** These are formal written agreements executed by NWFHN with sub recipients, called Service Providers, who are paid for the provision of services. Subcontracts include specific performance measures and Service Providers have programmatic responsibility defined as such by NWFHN and/or federal/state funding sources.
  - b. **Network Provider Agreements.** These are written agreements with vendors for professional services provided to children and families within the NWFHN network. Providers are often paid by Medicaid but in some instances are paid by NWFHN from Child Welfare Purchase of Service funds or other applicable funding sources. These Network Providers are not subject to NWFHN's contracting processes, but are subject to monitoring processes.

### B. Application Procedure for Network Provider Agreements.

# NWF Health Network Policy & Procedure

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1. Recruitment and Selection of Network Providers.
  - a. NWFHN maintains a network membership application on our website which is accessible to all individuals and agencies requesting network membership.
  - b. In addition, NWFHN actively seeks to include agencies and individuals based upon the anticipated or identified needs of the families and children served by the network.
  - c. Provider Network membership is open to all qualified providers and service agreements may be initiated with NWFHN Network Providers who meet the necessary qualifications.
2. Application for Provider Network Membership.
  - a. Any individual or organization wishing to become a Network Provider must submit a provider application.
  - b. The provider application provides a profile of the organization's/individual's capacity, including information related to:
    - i. Areas of expertise;
    - ii. History in working with the target population;
    - iii. Relevant licenses and insurance;
    - iv. Previous experience in the community;
    - v. Types of insurance accepted;
    - vi. Types of services to be provided;
    - vii. Associated cost of services.
  - c. All providers who participate in the provider network must meet NWFHN's requirements, including verification of the following information:
    - i. Copies of current license(s) not encumbered by restrictions, including, but not limited to, probation or suspension.
    - ii. Adequate and current liability insurance and no adverse professional liability claims which result in settlements or judgments paid by, or on behalf of, the provider which disclose an instance of, or pattern of behavior which may endanger clients.
    - iii. No adverse record of lack of cooperation with NWFHN's policies and procedures. No adverse record of provider actions that violate the terms of the past or current provider contracts.

# NWF Health Network Policy & Procedure

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- iv. Staff roster with breakdown of resumes, education, credentials and/or licenses.
  - v. Restricted vendor list compliance.
  - vi. Ability to be able to bill at least one (1) form of Medicaid (or willingness to become such a provider) OR the ability to provide a highly specialized service not otherwise accessible to consumers.
- d. NWFHN's Network Provider Specialist will review the application for completeness and verify documentation (i.e., copy of current license(s) and accreditation(s), copy of insurance, etc.).
- i. The NWFHN Network Provider Specialist or designee will review, in detail, specific aspects of the application to be clarified and will obtain clarification or additional information from the provider, if necessary.
  - ii. NWFHN's Network Provider Specialist will present the provider applications and recommendations to the NWFHN Provider Enhancement Committee prior to service agreement discussions and/or agreement execution.

**C. Verification of Network Provider Qualifications.** NWFHN has established qualifications for all types of direct service and clinical staff who will perform services under provider agreements. This process ensures that individual staff members who are part of the network are qualified to perform the services under the agreement.

1. Network Provider Agreements.
  - a. Prior to initiating a Network Provider Agreement, each potential provider will submit a packet for all staff members who will deliver direct and clinical services under the agreement. The packet documents staff qualifications and/or certifications.
  - b. NWFHN will verify the licensure and/or certification of the provider staff. For services where there are no set standards, NWFHN network provider staff will evaluate, at minimum, the educational level and training of staff that will deliver the service, to determine whether quality services can be delivered.
  - c. All providers will be expected to attend one (1) face-to-face provider meetings annually, which will include NWFHN expectations and invoicing instructions (see Provider Invoicing Policy). Additionally, providers agree to an annual monitoring of files to verify clinical efficacy of services rendered as well as service validation.
  - d. In order to maintain active status as a Network Provider, providers will be required to submit to NWFHN, within fifteen (15) business days, any changes in licensure, notice to NWFHN of any Medicaid-ordered corrective action plan, and all incident reports.
  - e. Failure to provide information requested by NWFHN will change a provider from an "active" status to an "inactive" status, and new referrals will not be made until the matter is rectified.

# NWF Health Network Policy & Procedure

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- f. Provider agreements are for a one-year period and are renewable. In order for an Agreement to be renewed, the provider must submit verification of any changes in insurance coverage, license renewal and staff roster with clearances.
  - g. In making determination about Agreement renewal, NWFHN may consider utilization information, timely invoicing, monitoring and reviews of client complaints/grievances and/or satisfaction data, as appropriate.
- D. Network Provider Grievances.** Any Grievances resulting from Provider Enhancement Committee decisions will be handled in the same manner as NWFHN's Client Grievances and Complaints Policy.