

# COUNTY RURAL OFFICES of SOCIAL SERVICES

## CONTRACTING /RATE SETTING POLICIES AND PROCEDURES

### **A. Regional Contracts**

All MHDS contracts shall utilize a standard contract template that has been approved by the CROSS Governing Board. All contracts for MHDS services shall be annual contracts based on a July 1<sup>st</sup> to June 30<sup>th</sup> fiscal year. Discretion for all contracting and rate setting issues shall rest with the CROSS Governing Board and not with individual member counties.

### **B. Contracting/Rate Setting Structure**

CROSS shall utilize a Contracting/Rate Setting Committee (CRS Committee) for all contracting/rate setting matters. The CRS Committee shall be composed of a maximum of 3 members of the Technical Assistance Team. The CEO shall appoint the CRS Committee members and CRS Committee Chair.

### **C. Contracting/Rate Setting Process**

Contracting and rate negotiation matters shall be handled in one of the following methods:

- The CRS Committee, or committee representatives designated by the CRS Committee Chair, shall meet with a current or prospective contracting party to negotiate contract terms and rates with the final recommendation being reviewed by the full CRS Committee, or,
- The “host” county Care Coordinator, as designated by the CRS Committee, shall meet with a current or prospective contracting party to negotiate contract terms and rates. The host county Care Coordinator shall present their recommendation to the full CRS Committee. The CRS Committee shall have discretion to accept, reject, or change the recommendation.

Upon review, the CRS Committee shall present a recommendation to the Technical Assistance Committee. The Technical Assistance Committee shall review the recommendation of the CRS Committee and may accept, reject, or change the recommendation. The Technical Assistance Committee shall then make a recommendation to the CROSS Governing Board. All contracting/rate setting matters shall require action of the CROSS Governing Board.

### **D. Eligibility To Contract with CROSS**

In order to contract with CROSS, a provider must meet at least one of the following criteria:

- Be currently licensed, accredited, or certified by the State of Iowa, or
- Be a currently enrolled as a Medicaid provider, or
- Have a current accreditation by a recognized state or national accrediting body (such as JCAHO, CARF, etc.), or
- Currently contracting with a CROSS member county.

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New providers wishing to contract with CROSS shall apply to do so by submitting the Provider Network Application to the CRS Committee. The CRS Committee shall make a recommendation to the Technical Assistance Committee. Upon approval of the Technical Assistance Committee the contracting/rate setting process outlined above may be initiated.

### **E. Rate Setting Terms**

There is an expectation that providers shall complete a designated (CRIS) cost report. Any exception must be approved by the Technical Assistance Committee, upon recommendation by the CRS Committee. Rates established and approved by the State (such as HCBS Waiver, Hab Services, etc.) shall be acceptable rates for regionally funded comparable services. All rates and rate changes shall be effective July 1<sup>st</sup> of each year. A rate established for a new service, or provider, shall be in effect until the following June 30<sup>th</sup>. Any exceptions for mid-year rate changes must be authorized by the CRS Committee. Contracts will be on a fee-for-service basis with any exceptions authorized by the CRS Committee. CROSS will honor and utilize rates established by other MHDS regions for providers out of CROSS. Providers must not negotiate or accept rates or terms lower than those contracted with CROSS from any other Region or County.

### **F. Quality Assurance**

The CRS Committee and/or Technical Assistance Committee may establish outcome measures in order to measure performance and progress. The CRS Committee may initiate billing or other audits of provider records if warranted on an “as needed” basis.

### **G. Appeals**

A Provider may appeal a decision of the CROSS Governing Board related to contract rates and/or terms by following the procedures outlined below:

1. To initiate a review of a decision, a Provider must send a written request for review to the CROSS Contracting/Rate Setting (CRS) Committee Chair. The request must be postmarked or personally delivered within 10 working days from the date of decision.
2. **Level 1 Review.** The CRS Committee shall review the decision within 10 working days of receipt of the written request for review. The CRS Committee may allow the Provider to submit additional information relative to the appeal and/or may schedule a meeting with the Provider. Within 10 working days of Level 1 Review the CRS Committee shall issue a written recommendation related to the appeal to the Technical Assistance Committee.
3. **Level 2 Review.** The Technical Assistance Committee shall review the appeal request and the recommendation of the CRS Committee at the next Technical Assistance Committee meeting. The Technical Assistance Committee shall provide a written

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decision of their findings. If the Technical Assistance Committee recommends a change in the previous decision, the Chief Executive Officer (CEO) shall place the recommendation on the agenda of the next CROSS Governing Board meeting for action regarding the recommendation. The CEO shall send a written explanation of the Technical Assistance Committee action and/or recommendation to the Provider. If the Technical Assistance Committee does not recommend any change in the previous decision of the CROSS Governing Board the previous decision shall stand.

4. **Level 3 Review.** The CROSS Governing Board shall review and take action regarding the recommendation of the Technical Assistance Committee at the next scheduled meeting of the CROSS Governing Board. The CROSS Governing Board Chair, or designee, shall send a written explanation of action taken regarding the appeal.
5. If still dissatisfied following the above process, the Provider may appeal the decision to an Administrative Law Judge (ALJ). The request for appeal hearing by an ALJ shall be submitted in writing to the CROSS CEO within 10 days of the final review decision. The ALJ will schedule and conduct a hearing and shall issue a written decision following the hearing. The decision of the ALJ shall be the final step of the process.