

POLICY AND PROCEDURE MANUAL	BCCMHA	PAGE 1 OF 5
CATEGORY – PROVIDER NETWORK	CHAPTER 17	SUBJECT F
PROVIDER OUT OF NETWORK	REVISED 09/17/12 09/29/14 09/22/17 11/20/18 10/07/19	EFFECTIVE 2/1/12

I. PURPOSE

This policy establishes guidelines and support for the utilization of out-of-network providers for behavioral health services.

II. GOAL

Barry County Community Mental Health Authority (BCCMHA) may expand treatment options by offering a variety of treatment modalities and support client choice of providers by use of out-of-network service providers.

III. APPLICATION

The provision of this policy applies to BCCMHA.

IV. POLICY

When the BCCMHA’s provider network is unable to provide an emergent or non-emergent medically necessary service, adequate coverage of those services will be obtained in a timely manner utilizing out-of-network providers. Utilization of out-of-network providers will further support the philosophy of person-centered planning and support client choice of providers.

V. STANDARDS/PROCEDURES

Non-Emergent Services

Non-emergent services will be targeted to be secured within 14 days of identification of and documentation in the client’s treatment plan, of the need for non-emergent services and verification that no in-network provider is able to provide and/or is unavailable. BCCMHA staff and the contract manager will work together in attempts to secure an agreement with an out-of-network provider who is willing and qualified to provide the medically necessary

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services and establish a business relationship with the provider (i.e., single case agreement). Terms of service provision and rate will be established. The out-of-network provider will be educated about record reviews, authorizations, and claims submission, which must be completed in a manner consistent with network providers.

The single case agreement will be entered into the electronic health record (EHR) to allow utilization management of care and claims processing.

Emergent Services

Per the Michigan Mental Health Code, all community mental health service providers shall have a crisis line for individuals with emergent need for services 24 hours a day, 7 days a week. On-call staff will be available to screen and assess need and assist with crisis situations and the involuntary admission process as necessary. For more detail, see the Emergency Services Policy.

When psychiatric hospitalization services are required and cannot be secured within the existing provider network, the agency clinical staff are authorized to seek inpatient psychiatric admission out-of-network for the individual. Through the prescreening process authorization is made and Southwest Michigan Behavioral Health (SWMBH) is notified of the placement. The SWMBH Provider Network Manager or designee will secure the single case agreement. Terms of service provision and rate will be established. The out-of-network provider will be educated about the completion of continuing stay reviews, authorizations, and claims submission, which must be completed in a manner consistent with network providers.

A client requiring emergency psychiatric hospitalization outside of Barry County will be screened by the nearest community mental health service provider per the Michigan Department of Health and Human Services guidelines and authorization for admission will be made by the BCCMHA designee through the prescreening process. Admission to a non-network provider is acceptable. Through the prescreening process, authorization is made and SWMBH is notified of the placement. The SWMBH Network Manager or designee will secure the single case agreement. Terms of service provision and rate will be established. The out-of-network provider will be educated about the completion of continuing stay reviews, authorizations, and claims submission, which must be completed in a manner consistent with network providers.

The single case agreement, once fully executed, will be entered into the EHR to allow utilization management of care and claims processing.

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REFERENCE

Michigan Mental Health Code
Michigan Department of Health and Human Services
BBA – 438.206(b)(4)

QUALITY IMPROVEMENT

This policy/procedure will be evaluated by the Quality Improvement Committee on an annual basis to enhance and improve the quality.

At any time, employees can request in writing, on the form provided, that this policy or items in this policy be reviewed by the Quality Improvement Committee. Employee’s written requests can be given to any Quality Improvement Committee member.

When an area for improvement is indicated, the process for improvement as identified in the Quality Improvement Plan will be followed.

APPROVED BY:

Richard Thiemkey
Executive Director

Date

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Brenna Ellison
Corporate Compliance Officer/Contract Manager

Date

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REVIEW DATE

8/29/2012

9/18/2013

9/17/2014

9/16/2015

9/21/2016

9/20/2017

11/14/2018

10/02/2019