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Next Review:	*09/2018*
Owner:	*Lorraine Taylor-Muhammad: Director, Managed Care Operations*
Policy Area:	*Managed Care Operations*
References:	*NCQA CC3*

Out of Network Policy

POLICY

It is the policy of Detroit Wayne Mental Health Authority (DWMHA) that DWMHA is responsible to provide direct access to behavioral health services for enrollees/members and to promote enrollee/member choice and effective freedom. At times, the current network of providers may not be able to meet the need of an enrollee/ member for required services. DWMHA will have a process in place to provide access for that enrollee/ member in order for necessary treatment to be rendered in a timely and appropriate fashion by a provider that meets requirements.

PURPOSE

The purpose of this policy is to provide access to care when service needs are not able to be met through the existing provider network and/or to accommodate enrollee/member choice preferences or during transition of care.

APPLICATION

The provisions stated herein apply to all consumers served by Detroit Mental Health Authority, MCPNs and provider network as well as contracted licensed independent practitioners and other contract providers.

1. The following groups are required to implement and adhere to this policy: DWMHA Staff, Contractual Staff, Access Center, MCPN Staff, Network Providers, Crisis services vendor, Credentialing Verification Organization (CVO).
2. This policy serves the following populations: Adults, Children, I/DD, SMI/SEI, SED,SUD, Autism
3. This policy impacts the following **contracts/service lines** : MI-HEALTH LINK, Medicaid, SUD, SED Waiver, Autism, Grants, General Fund

KEYWORDS

1. Active Treatment
2. Network Provider
3. Out of Network
4. Single Case Agreement

STANDARDS

1. DWMHA shall ensure timely access to supports and services and will provide enrollee/members with opportunities to express their preferences and make choices.
2. If DWMHA is unable to provide necessary services to a particular enrollee/member, DWMHA will secure services out-of-network in a timely manner and until such time as DWMHA is able to provide the services within its provider network.
3. If a contracted individual provider terminates their contract and is in good standing, will provide enrollee/member the opportunity to remain with that individual provider during transition plan for up to ninety (90) days if enrollee/member in active treatment with that individual provider and the individual provider is willing to continue to treat the enrollee/member and follow all DWMHA policies and procedures.
4. DWMHA will assess out-of-network providers qualifications to provide services; if the provider is delivering services to another PIHP/CMHSP, DWMHA may opt to rely on that PIHP/CMHSP's credentialing decision.
5. DWMHA may attempt to add the out-of-network provider to the DWMHA Provider Network by asking the provider to complete the provider application. However the provider will remain out-of-network if the provider's distance or rates is such that it is not desirable for frequent usage, or the use of the provider was intended to be temporary.
6. When contracting with an out-of-network provider, the cost to the enrollee/member shall be no greater than it would be if the services were furnished within the provider network.
7. When securing services from an out of network provider, a single case agreement shall be executed.
8. If an enrollee/members choice is to receive service from an out-of-network provider, but the service may be obtained from a current member of the provider network, DWMHA will use a prudent purchaser standard in determining its ability to contract with the out-of-network provider.
9. In order to ensure compliance with the policy for all MI-Health Link enrollees, follow the MI-Health Link Non Contracted Provider Procedures.
10. For all other enrollees/members (Non Mi-Health Link) in need of Out of Network Services, follow the Out of Network Procedures for Behavioral Health Services (Non-Mi-Health Link)

QUALITY ASSURANCE/IMPROVEMENT

DWMHA shall review and monitor contractor adherence to this policy as one element in its network management program, and as one element of the QAPIP Goals and Objectives.

The quality improvement programs of MCPNs, their subcontractors, and direct contractors must include measures for both the monitoring of and the continuous improvement of the programs or processes described in this policy.

COMPLIANCE WITH ALL APPLICABLE LAWS

DWMHA staff, MCPNs, contractors, and subcontractors are bound by all applicable local, state and federal laws, rules, regulations and policies, all federal waiver requirements, state and county contractual requirements, policies, and administrative directives, as amended.

LEGAL AUTHORITY

Balanced Budget Act of 1997– CFR 438.206(b)(4), CFR 438.206(b)(5).

RELATED POLICIES

1. DWMHA Provider Manual
2. Person Centered Planning Policy
3. Behavioral Health UM Review Policy

RELATED DEPARTMENTS

1. Administration
2. Claims Management
3. Customer Service
4. Information Technology
5. Integrated Health Care
6. Legal
7. Managed Care Operations
8. Management & Budget
9. Quality Improvement
10. Recipient Rights
11. Substance Use Disorders

CLINICAL POLICY

YES

INTERNAL/EXTERNAL POLICY

EXTERNAL

Attachments:

MI Health Link Non Contracted Provider Procedure.pdf
Out of Network Procedures for Behavioral Health Services -Non MI-Health Link.pdf

Approval Signatures

Approver	Date
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Corine Mann: Chief Strategic Officer/Quality Improvement	08/2017

Approver	Date
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Policy Area:	*Managed Care Operations*
References:	*MI Health Link Three Way Contract effective Novemb, State Medicaid contract effective October 1, 2016, UM 2, UM 3, UM 5, UM 6, UM 7*

MI Health Link Non Contracted Provider Procedure

PROCEDURE PURPOSE

To provide procedural and operational guidance to all staff for service authorization procedures and standards for non-contracted Service Providers for the MI Health Link population.

EXPECTED OUTCOME

Enrollees/members will receive cost-effective, clinically appropriate, efficient services in the least restrictive setting that meets their needs and that provides measurable outcomes and enrollee/member satisfaction.

KEYWORDS

1. Authorization
2. Behavioral Health Supports and Services
3. Medical Necessity
4. Out of Network

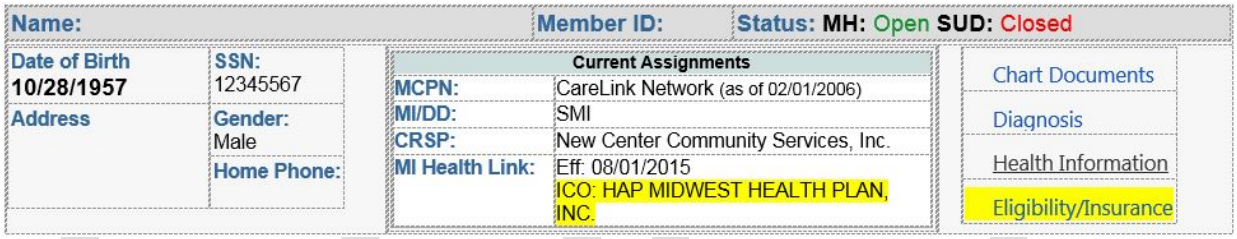
PROCEDURE

1. Whenever possible, DWMHA refers all enrollees/members to credentialed and contracted Service Providers from the DWMHA network.
2. Criteria for enrollee/members to receive Out Of Network (OON) services include but are not limited to the following:
    - Enrollee/member has an emergency or need of services outside of their County of residence;
    - Enrollee/member has a need for limited specialty practice not currently available in the network;
    - Enrollee/member's health would be jeopardized by requiring the enrollee/member to relocate to a contracted Service Provider for services;
    - Enrollee/member recently become enrolled in the MI Health Link Program and the non-contracted

Service Provider is currently serving the enrollee/member

- Enrollee/member has an existing care relationship with a non-contracted Service Provider and is in the process of becoming a contracted provider or is in the process of transitioning the member to a DWMHA contracted Service Provider.

3. When a contracted Service Provider cannot meet the clinical, geographic or other special needs of the enrollee/member, an out of network agreement will be negotiated to meet the enrollee/member's needs. Non-contracted Services Providers can be identified through a variety of mechanisms such as:
   - The enrollee/member has an existing or preferred Service Provider;
   - The referral source recommends a non-contracted Service Provider;
   - A DWMHA staff recommends a non-contracted Service Provider.
4. All non-contacted Service Providers must complete the Out-Patient Treatment (OTR) form (See Exhibit A) ***PRIOR*** to performing any non-emergent services and e-mail it to pihpauthorizations@dwmha.com or fax it to 313-833-3670. Services provided prior to obtaining authorization may not be reimbursed.
5. A DWMHA UM Reviewer verifies the enrollee/member's enrollment in the MI Health Link program for the dates of services requested by the non-contracted Service Provider by clicking the Eligibility/Insurance in the header of the case in MHWIN. See below:



6. If the enrollee/member is not enrolled in the MI Health Link program, the UM Reviewer will telephonically contact the non-contracted Service Provider and instruct him/her to contact the enrollee/member's assigned Health Plan.
7. If the enrollee/member is enrolled in the MI Health Link program, the UM Reviewer will scan the completed OTR form to the case in MHWIN.
8. If the enrollee/member is not in MHWIN but is enrolled in the MI Health Link program, the UM Reviewer contacts Wellplace/Access Center via telephone and has the enrollee/member entered in MHWIN.
9. DWMHA may authorize services to non-contracted Service Providers up to 180 days from the date of the individual's enrollment in the MI Health Link program. The member must be currently seeing the non-contracted service provider at the time of enrollment.
10. Currently enrolled members seeking behavioral health services must chose contracted provider within the DWMHA network.
11. The UM Reviewer may need to contact the non-contracted Service Provider if the clinical information is not comprehensive and appropriate to meet medical necessity criteria.
12. The UM Reviewer will complete the standardized Out of Network Provider Inquiry Form (See Exhibit B) and then e-mail the completed form to DWMHA Contract Management's e-mail at pihpprovidernetwork@dwmha.com. within one (1) business day of receipt of the OTR.
13. A DWMHA Contract Management staff will contact telephonically the non-contracted provider and explain the contracting process including how to submit claims. Note that Managed Care Operations (MCO) contacts non-par provider to explain contracting including how to obtain authorization and submit a claim;

explains contracting process; and sends a credentialing application if appropriate.

14. The DWMHA Contract Management staff will send the application to the Service Provider if applicable.
15. Within five (5) business days of receipt of the Out of Network Provider Inquiry form, the DWMHA Contract Management staff will add the contract number in MHWIN and send request to Corporation Counsel for rate setting if applicable. Once the rate is determined, Corporation Counsel will return Provider Inquiry Form to Managed Care Operations (MCO) via pihpprovidernetwork@dwmha.com for final completion of rates in MH-WIN system.
16. Within one (1) business day of entering the contract number in MHWIN, the DWMHA Contract Management staff will e-mail the contract number to the DWMHA UM Department at pihpauthorizations@dwmha.com as the contract number is needed to enter an authorization in MHWIN.
17. If medical necessity is met based on a review of the OTR, the DWMHA UM Reviewer will then enter the contract number, the number of units and the service codes requested by the non-contracted Service Provider in the authorization screen in MHWIN for the requested services for the 180 day transitional period. (M
18. The UM Reviewer contacts the Service Provider telephonically or via e-mail with the authorization number.
19. Retro-authorization will be considered by a UM Reviewer as long as the service(s) have taken place within 365 days of the request.
20. Authorization may be extended beyond the 180 day transitional period if:
    - The non-contracted Service Provider submits documentation of a denial from another payer; ***and /or***
    - The non-contracted Service Provider is in the process of contracting with DWMHA for the MI Health Link program.
21. ***If the non-contracted Service Provider does not want to contract with DWMHA,*** within five (5) business days of receipt of the Out of Network Provider Inquiry form, the DWMHA Contract Management staff will e-mail the DWMHA Integrated Care Department at pihpcarecoordination@dwmha.com and request that staff coordinate with the member to transition them to a contracted DWMHA Service Provider when the member has exhausted their 180 days. The DWMHA Contract Management staff will also copy the DWMHA UM Department on this e-mail.
    - Integrated care staff reach out to the member via phone as soon as they find out the provider does not want to join the network to let him or her know the end date for covered treatment with that provider. If a phone number is not in service, an initial letter is sent. The phone/and or letter explain the process for transitioning a member to a contracted service provider and include the DWMHA Access phone number, the DWMHA care coordinator contact information and a list of alternative service providers in his or her zip code.
22. ***If the non-contracted Service Provider is willing to contract with DWMHA,*** within five (5) business days of receipt of the Out of Network Provider Inquiry form, the DWMHA Contract Management staff will e-mail the DWMHA UM Department at ***pihpauthorizations@dwmha.com.***
    - The non-contracted provider will have 30 business days from the time of receipt of the provider credentialing/impaneling application to submit it to DWMHA and 30 business days from the time of receipt of the clinician credentialing application to submit to DWMHA's Credentialing Verification Organization (CVO). It is the non-contracted Service Provider's responsibility to follow through with the contracting process within these timeframes. In the event that the Service Provider fails to do so, authorization will ***not*** extend beyond the 180 day transitional time.

23. The DWMHA UM Reviewers are available from 8:30am to 5pm, Monday-Friday, at 313-344-9035 at DWMHA to address concerns/questions from a non-contracted Service Provider. The
24. UM Reviewers will return calls the same day in most cases but always within two (2) calendar days.
25. Staff must identify themselves by name, title and name of organization.

PROCEDURE MONITORING & STEPS

Who monitors this procedure:	DWMHA UM Supervisor or designee
Department:	Utilization Management
Frequency of monitoring:	Monthly
Reporting provided to:	Director of UM

Comments: Associated Policy:

1. **Behavioral Health UM Review Policy**
2. **Out of Network Policy**

Monitoring Steps:

1. Secure claims report from DWMHA IT Department identifying providers and enrollees/members that utilization services outside the UM Guidelines.
2. Verify the enrollees/members identified in the claims report have authorizations in MHWIN for services outside the UM Guidelines.
3. Analyze trends for over utilization by providers.

Attachments:

MIHL NonContractedProcedure.JPG

Out of Network Treatment Review Form.docx

Approval Signatures

Approver	Date
Lorraine Taylor-Muhammad: Director, Managed Care Operations	08/2017
Lorraine Taylor-Muhammad: Director, Managed Care Operations	08/2017

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Next Review:	*08/2018*
Owner:	*Lorraine Taylor-Muhammad: Director, Managed Care Operations*
Policy Area:	*Managed Care Operations*
References:	*NCQA CC3 Element B*

Out of Network Procedures for Behavioral Health Services (Non MI-Health Link)

PROCEDURE PURPOSE

To provide procedural and operational guidance to all staff for providing access to behavioral health services when the current network of providers is not able to meet the needs of an enrollee/member for required services.

EXPECTED OUTCOME

Enrollee members receive needed services and/or continuation of services.

PROCEDURE

1. Whenever possible, DWMHA refers all enrollees/members to credentialed and contracted Service Providers from the DWMHA Network.
2. Criteria for enrollee/members to receive Out Of Network (OON) services include but are not limited to the following:
    a. Enrollee/member has an emergency or need of services outside of their County of residence;
    b. Enrollee/member has a need for limited specialty practice not currently available in the network;
    c. Enrollee/member's health would be jeopardized by requiring the enrollee/member to relocate to a contracted Service Provider for services;
    d. Enrollee/member has an existing care relationship with a non-contracted Service Provider and provider is in the process of becoming a contracted provider or is in the process of transitioning the member to a DWMHA contracted Service Provider.
    e. Enrollee/member is currently receiving active treatment with an individual provider that has terminated their contract with Managers of Comprehensive Provider Networks (MCPN) or with DWMHA. Does not include providers who were terminated due to a professional review action. If enrollee/member is receiving active treatment from a practitioner group rather than individual provider and has continued access to practitioners in the group, then enrollee/member can continue with a practitioner in that group rather than continue with the terminated provider.
    f. Enrollee/member has a need for Crisis Services and there is no capacity to service them at a DWMHA Network Provider

3. When a contracted Service Provider cannot meet the clinical, geographic or other special needs of the enrollee/member, an out of network agreement will be negotiated to meet the enrollee/member's needs. Non-contracted Services Providers can be identified through a variety of mechanisms such as:
    a. The enrollee/member has an existing or preferred Service Provider;
    b. The referral source recommends a non-contracted Service Provider;
    c. A DWMHA staff recommends a non-contracted Service Provider.
4. In the circumstance of a provider in good standing terminating their contract with the MCPN or DWMHA and the enrollee/member is undergoing an active course of treatment with that provider the following will occur:
    a. The MCPN or DWMHA may authorize services to the terminated provider for up to ninety (90) days from the date of the termination if the provider is willing to continue to provide treatment for the enrollee/member while developing a transition plan and provider is willing to share treatment plan and adhere to DWMHA's or the MCPN's policies and procedures.
    b. The enrollee/member will be notified about the opportunity to continue treatment during this period of time.
    c. MCPN or DWMHA must also complete a Single Case Agreement/ OON Agreement with the provider using DWMHA established rate range. This process must be initiated at the time of the agreement by the provider to continue to treat the enrollee/member

Request for OON Inpatient Behavioral Health Services (Adults- SMI or I/DD)

With request for inpatient admissions being processed by the DWMHA Mobile Crisis Team the following process must be followed to ensure the enrollee/member's services is not delayed.

1. When it has been identified that an OON Provider must be used due to identified criteria in #2, the Out of Network provider Inquiry Form (OPIF) must be completed by the Mobile Crisis Team and sent to the assigned Manager of Comprehensive Provider Network. (MCPN). This form must be completed upon determination that the services of an OON Provider is needed. This should occur immediately following contact with the OON Provider but no more than one hour following this contact.
2. Mobile Crisis Team will complete initial authorization to OON Provider as determination for urgent/ emergent services has been completed.
3. MCPN must make contact with OON Provider within 1 hour of receipt of OPIF to facilitate payment of admission.
4. MCPN will determine if provider is interested in becoming a provider in the DWMHA Network. If provider is interested, this should be noted on the OPIF in the notes section and sent to the PIHP Provider Network email address (pihpprovidernetwork@dwmha.com). This notification must be sent within 3 calendar days.
5. MCPN must also complete a Single Case Agreement/ OON Agreement with the provider using DWMHA established rate range. This process must be initiated at the time of the call to OON Provider.
6. DWMHA Provider Network Management Unit will follow up with OON Provider regarding the impaneling process, and send provider an application if applicable.
7. The OON Provider will have 30 business days from time of receipt of the Provider Credentialing/ Impaneling Application to submit to DWMHA's Provider Network Management Unit.
8. It is the responsibility of the OON Provider to follow through with the contracting process within these

timeframes. In the event that the OON Provider fails to do so. The OON Provider File will be closed and will remain Out of Network.

Request for Outpatient Behavioral Health Services (Adults - SMI or I/DD)

Non-Emergent Services are managed by the MCPN's and would follow MCPN process when there is a need for an Out of Network Service

Request for Outpatient Behavioral Health Services (Autism)

1. Whenever possible, DWMHA refers all enrollees/members to credentialed and contracted Service Providers from the DWMHA Network.
2. When it has been identified that an OON Provider must be used due to identified criteria in #2, the Out of Network Provider Inquiry Form (OPIF) must be completed by UM Reviewer and e-mailed to the DWMHA Provider Network Manager at pihpprovidernetwork@dwmha.com within one (1) business day of request for services.
3. DWMHA may authorize services to OON Providers as clinically appropriate.
4. A DWMHA Provider Network Management staff will contact telephonically the non-contracted provider and explain the contracting process including how to submit claims.
5. The DWMHA Provider Network Management staff will send the application to the Service Provider if applicable.
6. Within five (5) business days of receipt of the Out of Network Provider Inquiry form, the DWMHA Contract Management staff will add the contract number in MHWIN and send request to Corporation Counsel for rate setting if applicable. Once the rate is determined, Corporation Counsel will return Provider Inquiry Form to Managed Care Operations (MCO) via pihpprovidernetwork@dwmha.com for final completion of rates in MH-WIN system.
7. Within one (1) business day of entering the contract number in MHWIN, the DWMHA Contract Management staff will e-mail the contract number to the DWMHA UM Department at pihpauthorizations@dwmha.com as the contract number is needed to enter an authorization in MHWIN.
8. If medical necessity is met based upon review of clinical information , the DWMHA UM Reviewer will then enter the contract number, number of units and service codes requested by the OON Provider in the Authorization Screen in MH-WIN for requested services.
9. If the non-contracted Service Provider does not want to contract with DWMHA, within five (5) business days of receipt of the Out of Network Provider Inquiry form, the DWMHA Provider Network Management staff will e-mail the Autism Contract Manager and request that staff coordinate with the member to transition them to a contracted DWMHA Service Provider. The DWMHA Provider Network Management Staff will also copy the DWMHA UM Department on this e-mail for informational purposes.
10. If the non-contracted Service Provider is willing to contract with DWMHA, The Out of Network Provider will have 30 business days from the time of receipt of the provider credentialing/impaneling application to submit it to DWMHA. It is the Out of Network Service Provider's responsibility to follow through with the contracting process within these timeframes. In the event that the Service Provider fails to do so, the file will be closed and enrollee will be transitioned to a Network Provider if appropriate.

PROCEDURE MONITORING & STEPS

Who monitors this procedure:	DWMHA MCO Provider Network Manager

Department:	Manage Care Operations
Frequency of monitoring:	Monthly
Reporting provided to:	Director of MCO
Comments:	

Attachments:

No Attachments

Approval Signatures

Approver	Date
Lorraine Taylor-Muhammad: Director, Managed Care Operations	08/2017
Lorraine Taylor-Muhammad: Director, Managed Care Operations	08/2017