

NORTHCARE NETWORK

POLICY TITLE: Out of Network Providers	CATEGORY: Provider Network Management	
EFFECTIVE DATE: 3/21/13	BOARD APPROVAL DATE: 3/21/13	
REVIEW DATE: 11/2/22	REVISION(S) TO POLICY STATEMENT: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	OTHER REVISION(S): <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
RESPONSIBLE PARTY: Provider Network Specialist	CEO APPROVAL DATE: 12/6/22 Dr. Tim Kangas, CEO	

APPLIES TO

NorthCare Network Personnel
Member CMHSPs

POLICY

It is the policy of NorthCare Network to coordinate with out of network providers in a timely manner directly or through delegation to Member CMHSPs. When a covered medically necessary urgent, emergent or non-emergent service is unavailable from in-network providers a single case agreement or contract will be secured. NorthCare Network or the Member CMHSP will coordinate with out-of-network providers with respect to payment and ensure that the cost to the enrollee is no greater than it would be if the service(s) was furnished within the network.

NorthCare Network and Member CMHSPs require out-of-network providers to coordinate with NorthCare/Member CMHSPs for payment and ensures the cost to the member is no great than it would be if the services were furnished within the network. Balanced billing is prohibited. Out-of-network Medicaid providers' claims will be paid at established Medicaid fees in effect on the date of service. If Michigan Medicaid has not established a specific rate for the covered service, NorthCare/Member CMHSPs must follow Medicaid Policy to determine the correct payment amount.

PURPOSE

To ensure all consumers receive medically necessary services when providers are not available in network.

DEFINITIONS

1. ***Emergent Situation*** - means a situation in which an individual is experiencing a serious mental illness or a developmental disability, or a minor is experiencing a serious emotional disturbance, and 1 of the following applies:
 - a. The individual can reasonably be expected within the near future to physically injure him/herself, or another individual, either intentionally or unintentionally.
 - b. The individual is unable to provide himself or herself food, clothing, or shelter or to attend to basic physical activities such as eating, toileting, bathing, grooming, dressing, or ambulating, and this inability may lead in the near future to harm to the individual or to another individual.
 - c. The individual's judgment is so impaired that he or she is unable to understand the need for treatment and, in the opinion of the mental health professional, his or her continued behavior as a result of the mental illness, developmental disability, or emotional disturbance can reasonably be

expected in the near future to result in physical harm to the individual or to another individual.

2. **Out-of-Network** - means a contract provider not on the PIHP provider panel.
3. **Urgent Situation** - means a situation in which an individual is determined to be at risk of experiencing an emergency situation in the near future if he or she does not receive care, treatment, or support services.

REFERENCES

- 42 CFR 438.206(b)(4)
- MDHHS/PIHP Contract, as amended- Schedule A, Access and Availability
https://www.michigan.gov/mdhhs/0,5885,7-339-71550_2941_4868_4899---,00.html
- Michigan Mental Health Code, P.A. 258 330.1100a and 1100d
- Accreditation Standards
- NorthCare Network Provider Manual(s)

HISTORY

REVISION DATE: 12/18/13, 7/27/16, 2/14/20, 12/5/20, 1/11/22

REVIEW DATE: 3/13/13, 12/18/13, 11/5/14, 9/23/15, 7/27/16, 5/24/17, 3/13/18, 12/18/18, 2/14/20, 12/5/20, 1/11/22, 11/2/22

CEO APPROVAL DATE: 3/13/13, 12/18/13, 11/5/14, 10/6/15, 8/2/16, 6/6/17, 3/27/18, 1/7/19, 2/26/20, 1/5/21, 2/1/22, 12/6/22

BOARD APPROVAL DATE: 3/21/13

PROCEDURES

- I. NorthCare Network coordinates with out of network providers directly or through delegation to Member CMHSPs for substance use disorder services, inpatient psychiatric services, MI Health Link program, and for individuals with SMI, SED, and/or I/DD. The out of network provider must have appropriate licensure, credentials, enrollment, and not be listed on any exclusion lists. Terms of service provision and rate will be established by NorthCare Network or the Member CMHSP. Providers will be educated about completion of continuing stay reviews, documentation, authorizations and claims submission which must be completed in a manner consistent with in-network providers.
 - A. Out of network providers directly coordinated by NorthCare Network
NorthCare Network Chief Executive Officer (CEO), or designee, will be notified of the need for an out of network provider through the preadmission screening and/or access eligibility screening process. NorthCare Network CEO, or designee, will secure a single case agreement or contract. Terms of service provision and rate will be established by NorthCare Network.
 - B. Out of network providers through delegation to Member CMHSPs
Terms of service provision and rate will be established by the Member CMHSP.
- II. Authorizations/Claims
 - A. Authorizations and Claims will be handled according to the terms of the single case agreement or contract. In general:
 1. NorthCare Network will process & adjudicate clean claims prior to sending to the CMHSP for payment.

2. The CMHSP will process the payment within 30 days.
3. NorthCare Network may deny claims for services provided without notification by the provider within two (2) business days of providing an emergent service.
4. Providers must verify **MI Health Link eligibility** and notify NorthCare Network within two (2) business days of providing an emergent service.