
Title 1	Northern Lakes Policies
Part 103	Managed Health Division
Subpart B	Contract Management
Policy No.	103.206
Subject	Out of Network Providers

Applicability

Policy applies to all Managed Health Division workforce members, Northern Lakes CMHA workforce members, and contract and network providers.

Policy

Northern Lakes CMHA is responsible to provide direct access to behavioral health services for consumers and to promote consumer choice and effective freedom. At times, the current network of providers may not be able to meet the need of a consumer for required services. The Managed Health Division will have a process in place to provide access for that consumer in order for necessary treatment to be rendered in a timely and appropriate fashion by a provider who meets requirements.

Procedures

1. The Managed Health Division receives notice of a request for out-of-network authorization. Services require authorization under the same policies as those services provided by network "in-plan" providers.
2. The Managed Health Division must provide due diligence to assure the competency and appropriateness of the provider. For organizational and individual providers, at a minimum, the licenses, certifications, accreditation, general and professional liability insurance, and workforce members credentialing and privileging and training will be requested immediately for review. These will be verified to make sure all are free from sanctions by any federal, state, or professional organization including Medicare and Medicaid.
3. It is the intent of the Managed Health Division to preauthorize payment for services consistent with the Utilization Management Plan. In the event an inpatient or crisis residential provider unknowingly admits or serves a consumer without proper authorization, that admission or service must be reported to the Managed Health Division within 3 business days of discovery for retrospective review. This retrospective review must occur within 90 days. The provider information listed in #2 will be requested in addition to a claim and proper documentation to support the claim.

4. The Out-of-Network Provider must agree to accept the standard rate for services rendered. An agreement specific to the Member will be sent to the Provider, which indicates rates and billing requirements.
5. If a determination is made that the provider will be rendering services ongoing and that added capacity is needed in the network, an application packet will be sent to the Provider with follow-up for formal contracting, and acceptance to the provider network. Network Providers must meet all standards as established in Network Policies and Procedures for Network Development. These standards include but are not limited to: Credentialing and Privileging, Reporting, Training, Recipient Rights, Mental Health Code, and Person-Centered Planning.

Adoption Date: June 4, 2006

Review Dates: June 5, 2009
March 28, 2012
April 26, 2018

Revision Dates: April 30, 2018