

**NORTH COUNTRY COMMUNITY MENTAL HEALTH
NORTHERN AFFILIATION
ADMINISTRATIVE MANUAL**

CHAPTER: Affiliation Chapter 4
PROCEDURE NAME: Out-of-Network Provider Agreement
PROCEDURE NUMBER: 4009

POLICY:
Consumer's Choice for out-of-network services.

PURPOSE:
To establish a Case Specific Letter of Agreement process to provide out-of-network services in order to meet the needs of Consumers that reside within Northern Affiliation's Counties of Financial Responsibility.

APPLICATION:
All North Country Community Mental Health, Northern Affiliation, and requested Out-of-Network Providers

- PROCEDURES:**
- I. Consumers/legal guardians/ or other referral sources contact the Access Center requesting out-of-network services. A screening is completed to identify the consumer's service needs, eligibility determination, and identify the Out-of-Network Provider.
 - II. Access Center then contacts the requested Out-of-Network Provider to determine if the consumer will be accepted for initial assessment.
 - III. Access Center will check to insure that the requested provider is not excluded from participation in Federal health care programs. If the provider is excluded, the Access Center will notify the Provider Network Manager, who will notify the requested provider in writing of the reason for the decision to decline.
 - IV. If the provider is not excluded from participation, the Access Center will obtain licensure information for verification by the Provider Network Manager.
 - V. If accepted, an Out-of-Network Provider Agreement is completed by the Access Center. This agreement specifies the terms under which services are to be provided and rates to be paid. The completed Out-of-Network Provider Agreement, Provider Information (Attachment A) and the Case Specific Letter of Agreement are then faxed to the Out-of-Network Provider.
 - VI. The Out-of-Network Provider signs the Out-of Network Provider Agreement, completing Provider Information (Attachment A), and the Case Specific Letter of Agreement. All documents are then returned to the Access Center.
 - VII. Access Center will provide Northern Affiliation Customer Services Specialist with the name, address, and contact information of the Out-of-Network Provider. The Customer Services Specialist will then contact the provider to ensure rights

protections, grievance and appeal protections and Member's Handbook is distributed in accordance with applicable federal and state regulation and contract requirements.

- VIII. The Out-of -Network Provider Agreement stipulates that a complete copy of any assessment/evaluation be submitted to the Access Center with the Case Specific Letter of Agreement to support specific request for continued services.
- IX. Upon receipt of the assessment/evaluation, Attachment A, and Case Specific Letter of Agreement, a review is conducted to determine authorization of ongoing services including type, amount, frequency, and duration based on clinical recommendations. Case specific authorizations are generated for those services deemed clinically appropriate and returned to the out-of-network provider.
- X. Before any additional service requests can be authorized, the provider must submit appropriate clinical documentation. Based on review of submitted documentation, an updated Case Specific Letter of Agreement and authorizations are generated by Access Center. The out-of-network provider signs and returns a copy to Access Center.

REFERENCES:

Michigan's Mental Health Code, 2005
Medicaid Managed Specialty Supports and Services Concurrent 1915 (b)/(c) Waiver Program FY 05-06
Michigan Department of Community Health, Medicaid Provider Manual

DISTRIBUTION:

All North Country Community Mental Health, Northern Affiliation and Network Providers.

REVISED:

APPROVED:

DATE

DATE