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North Sound Mental Health Administration

Section 1500 – Clinical: Out of Network Referrals

Authorizing Source: 42 CFR 438.206

Cancels:

See Also:

Providers are required to have a policy consistent with

Responsible Staff: Quality Manager

Approved by: Executive Director

Date: 4/25/2008

Signature:

POLICY #1522.00

SUBJECT: OUT OF NETWORK REFERRALS

PURPOSE

To permit a referral to a Mental Health Care Provider (MHCP) outside of the North Sound Mental Health Administration (NSMHA) Provider Network in order to meet the medically necessary mental health needs of a NSMHA consumer.

POLICY

NSMHA has developed an integrated care system and strives to provide all medically necessary mental health care within the NSMHA Provider Network. NSMHA and its providers will have in place a process that permits a referral to an appropriate MHCP outside of the NSMHA Provider Network when there is not a MHCP with appropriate training and experience in the NSMHA Provider Network to meet the particular medically necessary mental health service needs of the NSMHA consumer.

Consumers referred to subcontracted MHCPs or out-of-network providers will remain in open status with the referring agency. Clinicians serving consumers who receive subcontracted or out-of-network care will get updates at least every six months and keep the NSMHA Care Coordinator informed of the status of the consumer's ongoing care. Providers are responsible for submitting encounter data to the MIS system and maintaining appropriate documentation to maintain compliance with Medicaid rules.

Subcontracted services are not considered out-of-network services, and do not require approval by NSMHA, but NSMHA does require notification of consumers receiving these services. A subcontract is an ongoing contract between a CMHA and individual or organization to provide services not available within the network for a group of individuals. Copies of subcontracts will be submitted to NSMHA annually and new contracts within 30 days of the contract start date.

An out-of-network referral is considered to be a service that is not covered by a current contract or subcontract, therefore requiring a new agreement to be initiated by the provider agency. It is for a specific individual at a specific time for a specific service and service period. It is not an ongoing subcontract.

Referrals to providers outside the state of Washington must be approved by NSMHA. These referrals will only be approved if it is found that there is no appropriate provider available within the region and state.

PROCEDURES

For Subcontracted and Out-of-network Services:

When a provider sends a consumer for treatment outside of the CMHA for either subcontracted services or out-of-network/in-state services, the provider will notify the NSMHA Care Coordinator by telephone, fax or letter including consumer name, consumer number, and the name/address/phone number of the non-CMHA provider, with a short justification for the use of the non-CMHA provider.

If the out of network provider recommends a particular treatment, diagnostic test, or service covered by NSMHA, and it is determined to be medically necessary and a NSMHA covered service utilizing NSMHA's criteria, then that treatment, diagnostic test or service will be provided at no cost to the consumer.

Subcontracted and out-of-network services are contracted and paid by the provider agency making the referral. NSMHA will reimburse the contracted provider at the standard hourly rate.

Out-of-state referrals: When a consumer requires a service that is not available within the state, a request may be submitted to the NSMHA Adult or Child Care Coordinator as appropriate.

The request can be submitted orally or in writing by:

1. The NSMHA consumer, custodial parents of children and adolescents, and/or others with legal custody;
2. NSMHA Provider, and/or the initial MHCP conducting the intake assessment.

The request for an out of state provider will be reviewed by a Care Coordinator or other decision making authority in conjunction with NSMHA's Medical Director based on medical necessity and the consumer's current symptoms. The Care Coordinator and Medical Director determine whether or not a qualified MHCP or an equivalent service is available within the NSMHA Provider Network or within the state before considering if an out of state referral is appropriate and the final determination is rendered. NSMHA may request a second opinion in this process.

Criteria for out-of-state service approval:

1. Consumer has a current coupon with a mental health benefit
2. Consumer has had an assessment by a contracted provider
3. Contracted CMHA provider certifies that the treatment requested for the consumer is medically necessary, is not available from that agency, and that they are not aware of its availability within the network or the state.
4. Contracted CMHA will continue to work with the consumer, monitor the out-of-state care the consumer is receiving, and report updates to the NSMHA Care Coordinator.

Notices of determination will be rendered within the following time limits:

1. Urgent/Emergent treatment within twenty-four (24) hours;
2. Routine treatment within fourteen (14) calendar days.

Medically necessary mental health care services can only be rendered by out of state MHCPs that are qualified to review and treat the particular mental health condition identified in the request.

Payment for out-of-state services is contracted directly by NSMHA with the out-of-state provider agency.

The Care Coordinator will keep a log of all subcontracted, out-of-network and out-of-state treatment provided.

Each Provider within NSMHA's Provider Network shall develop specific written procedures to implement the provision of this policy or shall incorporate this policy into their agency policy manual.

ATTACHMENTS

None