

# **BARRY COUNTY COMMUNITY MENTAL HEALTH AUTHORITY**

## **POLICY AND PROCEDURE MANUAL**

|                                                                                  |                     |                                         |
|----------------------------------------------------------------------------------|---------------------|-----------------------------------------|
| Policy: 12-F Provider out of Network                                             |                     | Application: BCCMHA Staff and Providers |
| Approved: <u><i>Rich Thiemkey</i></u><br>Richard Thiemkey, MA Executive Director |                     |                                         |
| Reviewed<br>5/6/2026                                                             | Revised<br>3/6/2025 | First Effective<br>2/1/2012             |

### **PURPOSE**

This policy establishes guidelines and support for the utilization of out-of-network providers for behavioral health services. Barry County Community Mental Health Authority (BCCMHA) may expand treatment options by offering a variety of treatment modalities and support client choice of providers by use of out-of-network service providers.

### **POLICY**

When the BCCMHA's provider network is unable to provide an emergent or non-emergent medically necessary service, adequate coverage of those services will be obtained in a timely manner utilizing out-of-network providers. Utilization of out-of-network providers will further support the philosophy of person-centered planning and support client choice of providers.

### **PROCEDURES**

#### **NON-EMERGENT SERVICES**

BCCMHA staff and the contract manager will work together in attempts to secure an agreement with an out-of-network provider who is willing and qualified to provide the medically necessary services and establish a business relationship with the provider (i.e., single case agreement). Terms of service provision and rate will be established. The out-of-network provider will be educated about record reviews, authorizations, and claims submission, which must be completed in a manner consistent with network providers. Non-emergent services will be secured in a timely manner after verification that no in-network provider, including BCCMHA is able to provide and/or is unavailable.

The single case agreement will be entered into the electronic health record (EHR) to allow utilization management of care and claims processing.

#### **EMERGENT SERVICES**

Per the Michigan Mental Health Code, all community mental health service providers shall have a crisis line for individuals with emergent need for services 24 hours a day, 7 days a week. On-call staff will be available to screen and assess the need and assist with crisis situations and the involuntary admission process as necessary. For more details, see the Emergency Services Policy.

When psychiatric hospitalization services are required and cannot be secured within the existing provider network, the agency clinical staff are authorized to seek inpatient psychiatric admission

out- of-network for the individual. Through the prescreening process authorization is made and Southwest Michigan Behavioral Health (SWMBH) is notified of the placement. The SWMBH Provider Network Manager or designee will secure the single case agreement. Terms of service provision and rate will be established. The out-of-network provider will be educated about the completion of continuing stay reviews, authorizations, and claims submission, which must be completed in a manner consistent with network providers.

A client requiring emergency psychiatric hospitalization outside of Barry County will be screened by the nearest community mental health service provider per the Michigan Department of Health and Human Services guidelines and authorization for admission will be made by the BCCMHA designee through the prescreening process. Admission to a non-network provider is acceptable. Through the prescreening process, authorization is made and SWMBH is notified of the placement. The SWMBH Network Manager or designee will secure the single case agreement. Terms of service provision and rate will be established. The out-of-network provider will be educated about the completion of continuing stay reviews, authorizations, and claims submission, which must be completed in a manner consistent with network providers.

The single case agreement, once fully executed, will be entered into the EHR to allow utilization management of care and claims processing.

#### **REFERENCE**

Michigan Mental Health Code

Michigan Department of Health and Human Services

BBA – 438.206(b)(4)