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Owner: *Deabra Hardrick-Crump: Claims Administrator*
Policy Area: *Claims Management*
References:

NON-CONTRACTED PROVIDERS CLAIMS HANDLING POLICY

POLICY

It is the policy of Detroit Wayne Integrated Health Network (DWIHN) to provide behavioral health care services using network providers who have direct contracts with DWIHN.

PURPOSE

The purpose of this policy is to identify a process for handling claims when out of network providers bill for services rendered to our members.

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APPLICATION

1. The following groups are required to implement and adhere to this policy: DWIHN Board, DWIHN Staff, Contractual Staff, Clinically Responsible Service Provider (CRSP) and their subcontractors, Specialty Providers, Crisis Services Vendors, Credentialing Verification Organization (CVO)
2. This policy serves the following populations: Adults, Children, Individuals with Intellectual and/or Developmental Disabilities (I/DD), Serious Mental Illness (SMI), Serious Emotional Disturbance (SED), Substance Use Disorder (SUD), Autism
3. This policy impacts the following **contracts/service lines**: MI-HEALTH LINK, Medicaid, SUD, Autism, Grants, General Fund

KEYWORDS

1. **Direct Contracts:** A contract between DWIHN and individual hospitals, physicians, clinicians, etc. to provide services to our members.
2. **Network Providers:** Health care providers and hospitals that have contracted with DWIHN to provide medical care to our members.
3. **Out-of-Network Providers:** Providers which have not contracted with your DWIHN for reimbursement at a negotiated rate.

STANDARDS

1. DWIHN shall ensure timely access to supports and services and will provide members with opportunities to express their preferences and make choices.
2. If DWIHN is unable to provide necessary services to a particular member, DWIHN will secure services out-of-network in a timely manner and until such time as DWIHN is able to provide the services within its provider network.
3. If a contracted individual provider terminates their contract and is in good standing, DWIHN will provide the member an opportunity to remain with that individual provider during transition plan for up to ninety (90) days if the member is in active treatment with that individual provider and the individual provider is willing to continue to treat the member and follow all DWIHN policies and procedures.
4. DWIHN will maintain out of network providers up to one hundred and eighty (180) calendar days of the date of enrollment for MI Health Link members.
5. DWIHN will maintain current out of network providers at the time of Enrollment for ninety (90) calendar days. (DWIHN must honor existing plans of care and prior authorizations (PAs) until the authorization ends or one hundred eighty (180) calendar days from Enrollment, whichever is sooner).
6. ***If the non-contracted Service Provider does not want to contract with DWIHN,*** within five (5) business days of receipt of the Out of Network Provider Inquiry form, DWIHN Contract Management staff will e-mail the DWIHN Integrated Care Department at pihpcarecoordination@dwmha.com and request that staff coordinate with the member to transition them to a contracted DWIHN Service Provider when the member has exhausted their 180 days. The DWIHN Contract Management staff will also copy the DWIHN UM Department on this e-mail.
7. If there is no outpatient treatment review form from the non-contract provider and the enrollment is within 180 days, the claims department will email the form to the non-contacted provider for completion.
8. When a non-contracted provider bills for services the claims department will verify the member's enrollment date in the MI Health Link program. This may involve contacting the ICO and/or Access Center. If the service provided is within one hundred eighty (180) calendar days of enrollment the claim(s) will be processed for payment. If the service provided is over the one hundred eighty (180) calendar days of enrollment the claim will be denied, and the explanation of benefits will sent to the provider. An email will be sent to the Integrated Care Department at pihpcarecoordination@dwihn.org and request that staff coordinate with the member to transition them to a contracted DWIHN Service Provider.
9. The Integrated care staff will reach out to the member via phone as soon as they find out the provider does not want to join the network to let him or her know the end date for covered treatment with that provider. If a phone number is not in service, an initial letter is sent. The phone/and or letter will explain the process for transitioning a member to a contracted service provider and include the DWIHN Access phone number, the DWIHN care coordinator contact information and a list of alternative service providers in his or her zip code.

QUALITY ASSURANCE/IMPROVEMENT

DWIHN shall review and monitor contractor adherence to this policy as one element in its network management program, and as one element of the QAPIP Goals and Objectives.

The quality improvement programs of their subcontractors, and direct contractors must include measures for both the monitoring of and the continuous improvement of the programs or processes described in this policy.

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COMPLIANCE WITH ALL APPLICABLE LAWS

DWIHN staff, contractors, and subcontractors are bound by all applicable local, state and federal laws, rules, regulations and policies, all federal waiver requirements, state and county contractual requirements, policies, and administrative directives, as amended.

LEGAL AUTHORITY

1. Michigan Department of Health and Human Services Medicaid Provider Manual (in effect, and as as amended)
2. Medicaid Managed Specialty Supports and Services Concurrent 1915(b)/(c) Waiver Program (PIHP/CMHSP contracts in effect, and as amended)

RELATED POLICIES

RELATED DEPARTMENTS

1. Claims Management
2. Clinical Practice Improvement
3. Compliance
4. Customer Service
5. Information Technology
6. Integrated Health Care
7. Legal
8. Managed Care Operations
9. Management & Budget
10. Quality Improvement
11. Recipient Rights
12. Substance Use Disorders

CLINICAL POLICY

No

INTERNAL/EXTERNAL POLICY

EXTERNAL

Attachments

No Attachments

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Approval Signatures

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