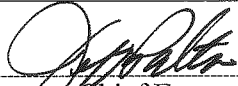


KALAMAZOO COMMUNITY MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES

ADMINISTRATIVE POLICY 02.03

Subject: Addition of Off Panel Providers		Section: Provider Network Management	
Applies To: <input checked="" type="checkbox"/> KCMHSAS Staff <input checked="" type="checkbox"/> KCMHSAS Contract Providers			Page: 1 of 2
Approved: <div style="text-align: center;"> ----- (Jeff Patton, Chief Executive Officer)</div>			
Revised: 01/14/2014	Supersedes: 01/16/2012	First Effective: 08/02/2000	

PURPOSE

There may be times when Kalamazoo Community Mental Health and Substance Abuse Services (KCMHSAS) may need to contract with providers who are off panel. This policy provides guidelines for when and how this is done.

DEFINITIONS

Agreement/Contract

A signed document that obligates the entity to a particular course of action. Generally speaking, an agreement identifies the parties, effective dates and what is agreed to (i.e., services, terms/conditions and may include a rate).

POLICY

A relationship with an off-panel provider may be established for 1) unique situations, including continuity of care, when the needs of an individual are unable to be met through the existing provider network or out of region services; or 2) if a necessary service covered under the contract is unavailable within the KCMHSAS network, KCMHSAS will adequately and timely cover the service out of network for as long as KCMHSAS is unable to provide it.

STANDARDS

- I. Prior to establishing an agreement/contract, consideration must include the review of the following requirements or qualifications:

- A. Accreditation by The Joint Commission, CARF, COA or another Provider Network Workgroup (PNWG) approved accrediting body and/or the capacity and commitment to meet the Michigan Department of Health and Human Services (MDHHS) certification standards.
 - B. Compliance with all applicable professional and/or facility licensing and certification requirements.
 - C. Credentialing of staff.
 - D. Clinical and/or service expertise and commitment to serving the target population(s).
 - E. Administrative and management capacity related to standards and requirements.
 - F. Confirmation of the rate charged by the out-of-network provider. KCMHSAS staff coordinating the service authorization shall contact the CMHSP where the out-of-network provider is located and obtain the rate paid by the CMHSP. This rate shall be used in negotiating the rate with the out-of-network provider.
 - G. Agreement on the mechanisms for monitoring the quality of care.
- II.** The KCMHSAS PNWG will continually assess that there are adequate mechanisms for monitoring the quality of care of off panel providers.
- III.** The KCMHSAS requires off panel providers to coordinate with KCMHSAS regarding payment and ensures that any costs to beneficiaries are no greater than they would be if services were furnished within the network. If there is no cost to the beneficiary for the KCMHSAS's in-network services, there may be no cost to the beneficiary for medically-necessary specialty services provided out-of-network.

REFERENCES

- Southwest Michigan Behavioral Healthcare Policy
 - 2.11 (Out of Network Providers)