



## **SALISH BHO**

### **CLINICAL POLICIES AND PROCEDURES**

**Policy Name:** PROVIDER PURCHASING OUT OF NETWORK SERVICES- MEDICAID ONLY      **Policy Number:** 11.16

**Reference:** 42 CFR 438.207; PHIP and State Contract

**Effective Date:** 7/2005

**Revision Date(s):** 5/2016; 6/2018

**Reviewed Date:** 5/2016; 7/2017; 6/2018

**Approved by:** SBHO Executive Board

#### **CROSS REFERENCES**

- Policy: Corrective Action Plan
- Policy: Monitoring of Contractors
- Policy: Provider and Subcontractor Non-Compliance Penalties

#### **PURPOSE**

The Salish Behavioral Health Organization (SBHO) contracted community behavioral health agencies shall provide adequate and timely covered out of network services when unable to provide medically necessary services.

#### **PROCEDURE**

If a contracted network provider is unable to provide a medically necessary service to a Medicaid recipient, the provider shall arrange for such services to be delivered in a timely manner.

- Prior to procuring out of network services, the provider shall ensure that the out of network provider is fully credentialed by reviewing the agency or individuals licensing status with the State, including, but not limited to the Department of Health. Exclusion checks through the Office of Inspector General (OIG) must also be completed as part of the credentialing process. Additional credentialing requirements must be met as represented in Salish Behavioral Health Organization Policy and Procedure 5.19.
- Prior to procurement, the network provider's Compliance Officer shall complete, or have the out of network agency complete, a full Medicaid Exclusion review in compliance with SBHO policies and federal regulations.

- The behavioral health network provider is responsible to pay for such services until such time as they are able to provide them.
- The cost of services to the Medicaid enrollee shall be no greater than if the services were provided within the provider network.

## **MONITORING**

This policy is a mandated by federal statute and contract.

1. This policy will be monitored through use of SBHO:
  - Annual SBHO Provider Directory requests
  - Annual SBHO Provider and Subcontractor Administrative Review
  - Annual SBHO Provider Fiscal Review
  - SBHO Grievance Tracking Reports
  - Utilization Management Plan and Committee activities, such as review of monthly trends and service costs
2. If a provider performs below expected standards during any of the reviews listed above a Corrective Action will be required for SBHO approval.