

Out of Network Consumer Specific Agreements

Partners Behavioral Health Management

Original Effective Date: (Policy, Procedure, Program Description or Plan) Board or QIC/MT	11/15/2012	Lines of Business:	LME/MCO	Category:	Provider Network Management		
				Policy Number:	8.24		
Policy Revision Board Approval Date:	7/18/2013	Policy Annual Board Approval Date:	4/16/2015	Procedure/Program Description/Plan Revision QIC/MT Approval Date:	2/24/2015	Procedure/Program Description/Plan Annual QIC/MT Approval Date:	3/10/2015

POLICY

It is the policy of Partners Behavioral Health Management (Partners BHM) to provide medically necessary services for consumers by out-of-network providers when they are traveling or temporarily living outside the counties under the Partners BHM Medicaid contract.

This policy will not apply to IPRS funded services, B-3 services or in situations where there is an appeal or pending litigation which prohibits contractual agreements with the provider.

The purpose of this policy is to define the process that Partners BHM will use to ensure continuity of care and access to services for identified consumers whose Medicaid originates from one of the Partners BHM counties.

PROCEDURE

Partners BHM consumers may be admitted for inpatient behavioral health services at a hospital that is not contracted in the Provider Network. The inpatient behavioral health treatment may be an admission to a psychiatric unit, medical detox that is coded as the primary treatment that occurs on a medical floor, or an admission to a medical floor for a behavioral health diagnosis when there is psychiatric consultation involved with the treatment.

An Out of Network Consumer Specific Agreement, can be issued based on the following:

1. verification, by Partners BHM Customer Service Unit, that the recipient’s Medicaid comes from our catchment on the dates of service
2. services that are authorized as Medically Necessary by Partners BHM Utilization Management
3. Partners BHM receives a complete and accurate packet of information and it is approved by Provider Network.

The table below outlines the documents, where they can be found and how often they should be submitted.

Document	Frequency of submission	Location document found at Partners BHM	How to submit to Partners BHM
Out of Network Hospital Single Client Inpatient Specific Agreement/Contract	Each admission/episode of care per enrollee	An Out of Network Hospital Single Client Inpatient specific Agreement/Contract form can be found: Partners BHM website - provider webpage - Information and Documents	Send via Secure email to providers@partnersbhm.org

		<p>-subheading of Information for Hospitals.</p> <p>The first three (3) pages of the document serve as the contractual agreement for the inpatient services. Linked to this document is also an inpatient review form which asks for clinical information about the consumer, treatment and plan.</p>	
Inpatient review form or can give live review by contacting UM reviewers direct at 704-842-6434 Monday – Friday 8 a.m. - 5 p.m.	At admission and per Utilization Management benefit limits until discharged	Partners BHM website - provider web page - information and documents - subheading of Information for Hospitals, stand-alone version, as well as linked to the Out-of-Network Hospital Single Client inpatient specific agreement/contract	Send via Secure email to providers@partnersbhm.org Or live review by contacting UM reviewers direct at 704-842-6434 Monday – Friday 8 a.m. - 5 p.m.
Manual Service Authorization Request (SAR) or can give live review by contacting UM reviewers direct at 704-842-6434 Monday – Friday 8 a.m. – 5 p.m.	At admission and per Utilization Management benefit limits until discharge	Partners BHM website - provider web - information and documents - subheading of Utilization Management	Send via Secure email to providers@partnersbhm.org Or live review by contacting UM reviewers direct at 704-842-6434 Monday – Friday 8 a.m. - 5 p.m.
Copy of Certificate of insurance for General & professional liability, automobile coverage as applicable, workers comp	Each admission/episode of care per recipient. Should cover the dates of service of the admission	N/A	Send via Secure email to providers@partnersbhm.org
Hospital based Clinician Registration worksheet	Each Admission/episode of care per recipient if attending physician services are billed as	Partners BHM website - provider web page - information and documents - Information for hospitals	Send via Secure email to providers@partnersbhm.org

	part of inpatient services by hospital		
Facility license – submission of copy not required	Verified by Partners BHM using DHSR Hospital listing	N/A	
Trading Partners BHM Agreement - Used only if filing claims using HIPAA compliant transactions.	Submitted one (1) time and kept on file unless there are changes. If already submitted for other services such as Emergency Department services, does not have to be submitted again unless there are changes.	Partners BHM website - provider web page - under the heading AlphaMCS Information Or will be mailed by Finance staff with fully executed out of network agreement for the facility's first agreement submitted	Send via Secure email to providers@partnersbhm.org Or Mail directly to: Partners Behavioral Health Management 901 South New Hope Road Gastonia, NC 28054 Attn: IT Department
W-9	Each admission/episode of care	N/A	
Vendor Form	Submitted with first admission from facility. Not required once set up. Not required with inpatient services if already on file from Emergency Department services unless there is a change	Will be mailed by Finance staff with fully executed out of network agreement for the facility's first agreement submitted	Send via Secure email to providers@partnersbhm.org Or Mail directly to Partners Behavioral Health Management 901 South New Hope Road Gastonia, NC 28054 Attn: Finance Department
ACH form – used to set up electronic payments to provider	Submitted with first admission from facility. Not required once set up. Not required with inpatient services if already on file from Emergency Department services unless there is a change.	Will be mailed by Finance staff with fully executed out of network agreement for the facility's first agreement submitted	Send via Secure email to providers@partnersbhm.org Or Mail directly to Partners Behavioral Health Management 901 South New Hope Road Gastonia, NC 28054 Attn: Finance Department

Information on how to submit claims can be found on the Partners BHM website by following sequenced steps as noted:

- The provider webpage
- Information and Documents,
- Subheading Information for Hospitals
- Hospital Behavioral Health Facility Instructions Manual

Request for Payment from an Out of Network Provider

1. All services provided under an executed Out of Network Consumer Specific Agreement, require Providers to submit a Service Authorization Request (SAR) and supporting documents per the Medicaid benefit plans to the Partners BHM UM Department for review and authorization. The Provider may request access to enter the authorization requests into Partners BHM AlphaMCS for electronic authorization or can complete a Manual SAR, attach required documentation* and fax to UM at 704-866-7727 or email to providers@partnersbhm.org and claims payment.
 - a. Claims submitted by Out of Network Providers will be reviewed to see if a current contract is in place. If no contract is found, the information is forwarded to Provider Network for initiation of an appropriate agreement as outlined in this policy. Claims may be pended up to 18 days while awaiting an out of network/out of area agreement.
 - b. Emergency Department claims will not require an authorization in the Partners BHM claims management system.
 - c. Once agreement is in place with Partners BHM, claims will be handled according to type and format as outlined in this policy and procedure.
 - d. Please refer to the Provider Manual for further information on submission of claims.
2. Claims Processing will work directly with Provider Network in the event of a claim that is submitted when there is no current contract in place between Partners BHM and the provider who has submitted the claim.

* The Medicaid Benefit Plan is located on the Partners BHM website.

<p><u>Regulatory References include but are not limited to-</u></p> <ul style="list-style-type: none"> • Rules/Regulations: • URAC: • NC DMH/I-DD/SA Contract: • DMA Contract: 6.18 • MCO P, P &Ps:
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REVISION CHRONOLOGY SECTION

<i>Revision Approval Date</i>	<i>Reason for Revision</i>
7/2/2013	Clarified language and updated process
2/24/2015	changes to the procedure were made to specifically address the Out of Network hospital process only.