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| Subject: Provider Network | Procedure: Out of Network Providers | |
| Last Updated: 03/12/2025 | Owner: MCCMH Chief Network Officer | Pages: 2 |

I. PURPOSE:

To define and describe the operational guidelines for appropriate and timely coordination of out of network providers.

II. DEFINITIONS:

A. Out of Network Agreement

An agreement between MCCMH and a non-contracted service provider, when there are no other in-network service providers that can meet the clinical, geographic, or other special needs of the person served.

B. Out of Network Provider

A provider that is not a part of the MCCMH Provider Network and does not receive referrals from MCCMH.

III. PROCEDURE:

A. MCCMH ensures timely access to supports and services and provides persons served with opportunities to express their preferences and make choices. Whenever possible, MCCMH refers persons served to credentialed and contracted service providers from the MCCMH Network.

B. If MCCMH is unable to provide necessary services to a particular person served, MCCMH secures services out-of-network in a timely manner and until such time as MCCMH is able to provide the services within its provider network. MCCMH includes reference to the provision of out-of-network covered services in its service authorization decision.

C. When securing services from an out of network provider, an agreement is executed.

D. For crisis level needs that cannot be met within the MCCMH network, MCCMH may ask the provider to complete the Organizational Credentialing application when appropriate. The provider will remain out-of-network.

- E. For non-crisis services that cannot be provided within the MCCMH network, MCCMH will require Organizational Credentialing and a fully executed contract prior to reimbursement of services. The provider will remain out-of-network.
- F. MCCMH follows all related Medicaid Policies regarding authorization and reimbursement for out-of-network providers. MCCMH pays out-of-network Medicaid providers' claims at established MCCMH rates in effect on the date of service. If Michigan Medicaid has not established a specific rate for the covered service, MCCMH must follow Medicaid policy to determine the correct payment amount.
- G. MCCMH coordinates with out-of-network providers with respect to payment and follows all applicable MDHHS policies to ensure the cost to the person served is not greater than would be expected for in-network services.
- H. All contractual agreements receive formal approval from the MCCMH Board of Directors and Macomb County Office of the County Executive.

IV. REFERENCES:

V. RELATED POLICIES:

- A. MCCMH MCO Policy 3-006, "Network Monitoring and Oversight"

Annual Review Attestation / Revision History:

| Revision #: | Revision/Review Date: | Revision Summary: | Reviewer/Reviser: |
|-------------|-----------------------|------------------------|-----------------------|
| 1 | 3/12/2025 | Creation of Procedure. | Chief Network Officer |