

Division of Prevention and Behavioral Health Services

Using Out-Of-Network Providers

Definitions

Network Providers - The network of DPBHS providers are those who have been selected through established processes in compliance with applicable policies and procedures, e.g., DPBHS Provider Network Membership ADM # 007, DSCYF Bids and Contracts Policy, and who are listed as network providers.

Use of Out-of-Network Providers

Out-of-Network providers shall be used only in the following situations:

1. The client is currently active with Clinical Services Management (CSMT) and, because of a psychiatric emergency occurring in another state, must be hospitalized in that state.
2. The client is active with CSMT and has unique or unusual problems and/or circumstances which cannot be treated by the current network providers. Examples may include but not necessarily be limited to:
 - a. severe eating disorders
 - b. hearing impaired clients
 - c. clients and families who are not fluent in English
 - d. complex medical conditions seriously complicated by behavioral health disorders

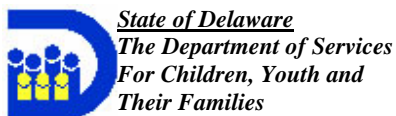
Process

The process for determining that it is necessary to seek a provider outside of the established DPBHS network will be a collaborative one between the CMST and a program administrator.

The service system administrators for each level of care are as follows:

- Residential and Hospital Treatment – Jennifer Tse
 - Non-Residential Services – Vanessa Bennifield
1. When a CSMT member believes that it is necessary to find a provider outside of the established network to serve a particular client, he/she should contact the appropriate administrator.
 2. The administrator and the CSMT members will work together to discover whether there is an existing provider in the DPBHS network to serve the client.
 3. If there is mutual agreement that an out-of-network provider is required:
 - a. The CSMT member will complete the enclosed form, specifying the reason why an out-of-network provider is being sought. (This will also be used to document gaps in services which may exist).
 - b. The form must be signed by both administration and clinical before further action can be taken on the out-of-network request.
 4. The CSMT member will:
 - a. Obtain the name and number of a clinician liaison at the target agency and call said person to discuss the clinical feasibility of the proposed admission.
 - b. Discuss any clinical reports or other deliverables which are necessary for DPBHS continuing stay determinations.
 - c. Establish with the clinical liaison DPBHS continuing stay expectations.
 - d. Authorize the service in FACTS as soon as the provider is available.
 - e. The CSMT member may provide other assistance/recommendations to the administrator since the service being requested is a specialty or otherwise clinically unique service.

5. The service system administrator will:
 - a. Call the relevant provider representative to determine whether he/she/they are willing to do business with DPBHS, under the requirements established by the CSMT.
 - b. Determine the method, e.g., contract, direct claim, P.O., letter of agreement, required to establish the business relationship with the provider.
 - c. Ensure that provider is entered in FACTS and assure that the DPBHS data office and the DMS cost-recovery office are notified.
 - d. The FACTS liaison will let the CSMT member know when the provider is in FACTS so they can authorize services.



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Justification for Use of Out-Of-Network Provider

Date _____

Level of service needed:

☐ Residential/Hospital ☐ Non-Residential

Client Name _____

DOB _____

Reason for seeking out-of-network provider:

- ☐ The client is currently active with DPBHS and, because of a psychiatric emergency occurring in another state, must be hospitalized in that state.

Name of Hospital _____

Location of Hospital _____

Telephone Number of Hospital _____

- ☐ The client has unique or unusual problems and/or circumstances which cannot be treated by the current panel of providers. Examples may include but not necessarily be limited to:

- ☐ severe eating disorders
- ☐ hearing impaired
- ☐ not fluent in English - Language needed _____
- ☐ complex medical conditions seriously complicated by behavioral health disorders
- ☐ other - Please explain _____

Suggested provider (if any): _____

Clinical requirements (e.g., reports, length of stay, etc.) _____

Signatures of those participating in the decision:

Service System Administrator

Date

Clinical Service Management Team Leader

Date