

**Community Mental Health Affiliation  
of Mid-Michigan**

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| <b>PROCEDURE:</b> 3.5  | Page 1 of 2 | <b>SUBJECT:</b> Out of Network Services  |
| <b>Related Policy:</b> 3.0   |             | <b>SUBJECT:</b> Enrollee Rights          |
| <b>Issuing Directors:</b> Director of Quality, Customer Service and Recipient Rights, and Director of Affiliation Operations |             | <b>Original Effective Date:</b> 02-17-06 |

**REVISED DATE**

**Review Date(s)**

|            |            |  |  |  |  |
|------------|------------|--|--|--|--|
| 03-06-2007 | 02-01-2010 |  |  |  |  |
| 03-06-2008 | 05-26-2011 |  |  |  |  |
| 02-26-2009 |            |  |  |  |  |

**I. PURPOSE:**

To ensure that Medicaid enrollees are able to receive necessary Medicaid covered services.

**II. STANDARDS:**

The following Federal statutes establish the standards for CMHAMM's Out of Network Services procedures:

- A. 42CFR 438.206: Availability of Services
- B. 42CFR 438.214: Provider Selection

**III. DEFINITIONS:**

- A. **CMHAMM:**  
Community Mental Health Affiliation of Mid-Michigan
- B. **CMHSP:**  
Community Mental Health Service program
- C. **CA:**  
Coordinating Agency (the authorizing body for substance abuse services)
- D. **PIHP:**  
Prepaid Inpatient Health Plan

**IV. PROCEDURES:**

- A. If CMHAMM providers are unable to provide necessary services covered under the Medicaid Contract, the CMHSP must provide those services outside of the CMHAMM PIHP Provider network.
- B. The out of network services must be adequate for the intended purpose.
- C. The out of network services must be provided timely.

- D. Covered services must be provided out of network for as long as CMHAMM providers are unable to provide the covered service.
- E. The out of network providers must coordinate payment with CMHAMM.
- F. The cost to the consumer shall be not more than the same service if provided in network.

**V. APPLICATION:**

All CMHAMM CMHSP's/CA's and their contract providers

**VI. MONITOR AND REVIEW:**

The Director of Quality, Customer Service and Recipient Rights shall monitor CMHSP/CA compliance with these functions. The PIHP Director of Affiliation Operations will review this procedure annually. External review will include MDCH and CMS site visits and reporting.

**VII. RELATED POLICIES AND PROCEDURES:**

CMHAMM Policy      3.0      Enrollee Rights