



PENINSULA RSN

CLINICAL POLICIES AND PROCEDURES

Policy Name: PROVIDER PURCHASING OUT OF NETWORK SERVICES- MEDICAID ONLY **Policy Number:** 11.17

Reference: 42 CFR 438.207; DSHS Contract

Effective Date: 7/2005

Revision Date(s): 12/2010

Approved by: PRSN Executive Board

CROSS REFERENCES

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

PURPOSE

The Peninsula Regional Support Network (PRSN) contracted community mental 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 and pay for such services to be delivered in a timely manner.

- The 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 mandated by federal statute and contract.

1. This policy will be monitored through use of PRSN:
 - Annual PRSN Provider Directory requests
 - Annual PRSN Provider and Subcontractor Administrative Review
 - Annual PRSN Provider Fiscal Review
 - Exhibit N Provider Complaint and PRSN Grievance Tracking
 - Biennial Provider Quality Review Team On-site Review
 - Quality Management Plan and QUIC activities, such as review of Provider Directories updates and historical comparisons for staffing trends and recommendations.
 - 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 PRSN approval.