




United Behavioral Health

Out of Network Referral Process		Policy Identifier/Number: AD-21	
Annual Review Completed Date: January 2018			
Policy Category: Government – Pierce Regional Support Network	Applicable Lines of Business: Medicaid	Entity/Plan: Optum Pierce Behavioral Health Organization	State: Pierce County, Washington
Approved by: Bea Dixon, Executive Director		Signature: 	

Policy Statement and Purpose

If an individual who is Medicaid-eligible requires medically necessary behavioral health services that are not available through the Optum Pierce Behavioral Health Organization (BHO) provider network, or are not available within Optum Pierce BHO access timeframes, or there is not a behavioral health care provider with the appropriate training and experience within the Optum Pierce BHO provider network, Optum Pierce BHO shall pay for services outside its network until the network is able to provide them. Contractors outside the Optum Pierce BHO must meet all state and federal requirements and enter into a contract for services with Optum Pierce BHO or one of its subcontracted Behavioral Health Agencies (BHAs).

To permit the referral of an Optum Pierce BHO enrollee to a behavioral health provider outside of the Optum Pierce BHO provider network in order for individuals to have timely access to medically necessary behavioral health services.

Policy Audience and Applicability

This policy is applicable to the Optum Pierce BHO and benefits administered through the Washington State Department of Social and Health Services (DSHS) current Prepaid Inpatient Health Plan (PIHP).

Policy Definitions

- **Out-of-network referral** is considered to be a service that is not covered by a current contract or subcontract therefore requiring a new agreement to be initiated by the provider agency. It is for a specific individual at a specific time for a specific service and service period. It is not an ongoing subcontract.
- **Subcontract** is an ongoing contract between a BHA and individual or organization to provide services not available within the network for a group of individuals. Subcontracted services are not considered out-of-network services.

Policy Provisions

Optum is responsible for adhering to all applicable state and/or federal laws governing activities within the scope of this policy, including the Mental Health Parity and Addiction Equity Act (MHPAEA) and the Health Insurance Portability and Accountability Act (HIPAA) privacy requirements, as well as the applicable requirements, standards and regulations as set forth by the Employee Retirement Income Security Act (ERISA), the Center for Medicare and Medicaid Services (CMS), the Department of Labor (DoL), and any applicable accrediting organizations.

1. For Subcontracted and Out of Network Services
 - 1.1. BHAs, Evaluation and Treatment Centers and other Contractors who subcontract services notify the Optum Pierce BHO of individuals receiving these services. They submit copies of existing subcontracts to the Optum Pierce BHO annually and submit copies of new subcontracts within 30 days of the contract's signature date.
 - 1.2. When a BHA is unable to meet an individual's medically necessary behavioral health needs at their BHA or the services are not available within Optum Pierce BHO timeframes, the BHA shall immediately inform an Optum Pierce BHO Care Manager and attempt to match the individual's needs with other behavioral health care providers within the Optum Pierce BHO.
 - 1.3. If the BHA is unable to find an appropriate behavioral health care provider within the Optum Pierce BHO, the BHA may arrange a subcontract for out-of-network services.
 - 1.3.1. The BHA notifies the Optum Pierce BHO Care Manager by telephone, fax, or letter of their intent to send an individual for treatment outside of the BHA.
 - 1.3.2. The notification shall include individual name, ProviderOne number, the name/address/phone number of the out-of-network behavioral health care provider, and a justification for the use of the out-of-network behavioral health care provider.
 - 1.4. The Care Manager shall review the request with the Optum Pierce BHO Medical Director. The review verifies the individual's Medicaid eligibility and medical necessity as defined in the Washington State Access to Care Standards, and evaluate whether the Optum Pierce BHO network can meet the need within the access timeframes.
 - 1.5. The decision shall be verbally communicated to the individual requesting services, his/her legal guardian, if any, and/or the agency making the request, followed by a written Notice, within the following timeframes:
 - 1.5.1. Urgent or Emergent need – within 24 hours
 - 1.5.2. Routine need – within 7 calendar days.
 - 1.6. If the out-of-network behavioral health care provider recommends a particular treatment, diagnostic test, or service covered by Optum Pierce BHO and it is determined to be medically necessary and a covered service utilizing Optum Pierce BHO's criteria, then that treatment, diagnostic test or service will be provided at no cost to the individual.
 - 1.7. Individuals referred to subcontracted behavioral health care providers or out-of-network providers remain in open status with the referring agency.
 - 1.7.1. BHAs serving individuals who receive subcontracted or out-of-network behavioral health care will get updates at least every 6 months and keep the Optum Pierce BHO Care Manager informed of the status of the individual's ongoing care.
 - 1.8. Subcontracted and out-of-network behavioral health services are contracted and paid for by the BHA making the referral. Optum Pierce BHO will reimburse the contracted BHA at the standard hourly rate.
 - 1.8.1. BHA's are responsible for submitting encounter data to the Optum Pierce BHO MIS system and maintaining appropriate documentation to maintain compliance with Medicaid rules.

2. Out-of-State Referrals:

- 2.1. Referrals to behavioral health care providers outside the state of Washington must be approved by Optum Pierce BHO. These referrals are only approved if it is found that there is no appropriate behavioral health care provider available within the region and state.
- 2.2. When an individual requires a behavioral health service that is not available within the state, a request is submitted to an Optum Pierce BHO Care Manager.
- 2.3. The request is submitted orally or in writing by:
 - 2.3.1. The Optum Pierce BHO individual, custodial parents of children and adolescents, and/or others with legal custody;
 - 2.3.2. Optum Pierce BHO provider, and/or the initial behavioral health professional conducting the intake assessment.
- 2.4. The request for an out-of-state behavioral health care provider will be reviewed by the Care Manager in conjunction with Optum Pierce BHO Medical Director based on medical necessity and the individual's current symptoms.
- 2.5. The Care Manager and Medical Director will determine whether or not a qualified Mental Health Professional or an equivalent service is available within the Optum Pierce BHO or within the state before considering if an out-of-state referral is appropriate and the final determination is rendered. Optum Pierce BHO may request a second opinion in this process.
- 2.6. Medically necessary behavioral health care services can only be rendered by out of state Behavioral Health Professionals that are qualified to review and treat the particular behavioral health condition identified in the request.
- 2.7. The criteria for out-of-state approval is:
 - 2.7.1. Individual is enrolled in Medicaid with a behavioral health benefit.
 - 2.7.2. Individual has had an assessment by a contracted BHA.
 - 2.7.3. The contracted BHA certifies that the treatment requested for the individual is medically necessary, is not available from that agency, and that they are not aware of its availability within the network or the state.
 - 2.7.4. Contracted BHA will continue to work with the individual, monitor the out-of-state care the individual is receiving, and report updates to the Optum Pierce BHO Care Manager.
- 2.8. Notices of determination are rendered within the following time limits:
 - 2.8.1. Urgent or Emergent need – within 24 hours
 - 2.8.2. Routine need – within 14 calendar days.
- 2.9. Payment for out-of-state services is contracted directly by Optum Pierce BHO with the out-of-state behavioral health care provider.
3. The Care Manager tracks all subcontracted, out-of-network and out-of-state treatment provided on the appropriate Care Management Unit data spreadsheet.

Related Policies, Procedures & Materials

- Pierce Behavioral Health Organization policy: QA-04 *Monitoring of Important Aspects of Care and Services*

Attachments

N/A

Approval History

- Policy created and effective: 10/2011
- Policy and Procedure Committee review and approval: 12/02/2013
- Policy and Procedure Committee review and approval: 9/22/2014
- Policy and Procedure Committee review and approval: 09/28/2015
- Operational Procedures and Standards Committee reviewed and accepted: 12/28/2016
- Optum Pierce BHO reviewed and accepted: January 2018