

NORTHCARE NETWORK

POLICY TITLE: Out of Network Reimbursement
For Psychiatric Hospital Based Services

POLICY EFFECTIVE DATE: 10/1/03

BOARD ADOPTED: 1/28/04

BOARD APPROVED REVISIONS: 08-01-07

REVIEWED/REVISED:

3/29/05; 06/07/07

Text Revision: 12/07/07

PURPOSE

To provide reimbursement by the Payer to the Provider for services when there is not a Network Provider Agreement for Psychiatric Hospital Based Services in place.

DEFINITIONS

Consumer: Means an individual who is a Michigan Medicaid enrolled recipient covered by NorthCare Network, or who is a service area resident covered as a priority population under the Mental Health Code and meets the service eligibility criteria and is receiving specialty supports and services.

Indigent: No insurance and unable to pay for services.

Medicaid eligible: An individual who has been determined to be entitled to Medicaid and who has been issued a Michigan Medicaid card. This includes persons entitled to Medicaid who are on a spend down and persons who are retro-eligible for Medicaid.

Payer: (One of the following CMHs): Pathways, Copper Country CMH Services, Gogebic CMH Authority, Northpointe Behavioral Healthcare Systems or Hiawatha Behavioral Health

Provider: The Hospital that is providing services.

POLICY

The Payer will reimburse the Provider for services rendered to any of the Payer's consumers who are covered by Medicaid, Adult Benefits Waiver (ABW) or Mi-Child Insurance or who are assessed by the Payer as being indigent.

The out of network hospital based services rate of reimbursement will be the lowest reimbursement rate made by other payers for inpatient psychiatric care. This includes preferred provider discounts, participating provider agreements or other programs where reduced pricing is in effect. The NorthCare claims processing specialist will work with the hospital staff person to determine this rate. The reimbursement rate will be all inclusive; any exceptions for separate Physicians fees will be reviewed and approved by NorthCare.

PROCEDURES

The preadmission screen or admission evaluation is faxed to NorthCare. The Provider will call the CMHSP Utilization Manager/Clinical Reviewer requesting authorization. The Provider does an inpatient review with the CMHSP Utilization Manager/Clinical Reviewer, and if appropriate gives verbal authorization. The CMHSP then calls NorthCare Claims Processing and relays the authorization

information. The authorization/adequate notice is processed by NorthCare and faxed to the Provider.

The Provider will do phone reviews for authorization and discharge purposes during the patient's stay with the CMHSP Utilization Manager/Clinical Reviewer. The CMSHP worker is responsible to relay the authorization information to NorthCare. When NorthCare receives the UB92 it will be processed for payment from the appropriate Payer.