

HEALTHWEST

Procedure

No. 06-024

Prepared by:

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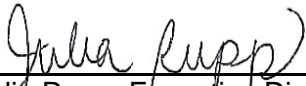
Revised: April 6, 2018

Pamela Beane

Director of Utilization Management and Substance Use Services

Approved by:

Subject: Obtaining Authorization for Services
Out of Network



Julie Rupp, Executive Director

I. PURPOSE

To establish a system for processing service authorizations for eligible members who move into a dependent living arrangement outside of Muskegon County and who require services coordinated or provided by a CMHSP Board, and for members who require urgent/emergent or specialty care outside of the Muskegon Provider Network.

II. APPLICATION

All Clinical, Claims, and Network staff of HealthWest.

III. DEFINITIONS

A: County of Financial Responsibility (COFR): The CMHSP program that is financially responsible for services provided to the individual is based on legal residence, or if the individual is in a dependent living situation, and the county where the individual last lived independently.

B: Serving CMHSP: The CMHSP program that provides a service to an individual who is the financial responsibility of another CMHSP program.

IV. PROCEDURE

A. HealthWest will receive a request for service from a referral source, the Community Mental Health Board within the county in which the individual is residing, or a specific request from an individual for a service that is outside our provider network.

B. A member of the stabilization team will determine financial liability based on the above definitions. If the person is the responsibility of HealthWest, clinical staff will assess what services are medically necessary for this individual. If the service that is required to meet the individual's needs is medically necessary, is a covered Medicaid benefit, and is not available within the current provider network, Utilization Management will be contacted by

the clinician to provide an authorization to proceed with a contract arrangement. It is also possible that the Utilization Management department may be contacted directly by the referral source to make this determination.

- C. Utilization Management staff will contact the provider to fax a copy of their rate sheet to the Access Center.
- D. Information will be forwarded to the Utilization Supervisor or Utilization Director who will review information and forward copies to Supervisor of Reimbursement and Network Manager.
- E. The Utilization Supervisor/Director completes a Purchase Order Requisition to serve in the interim until a contractual arrangement can be completed.
- F. A vendor and provider ID number will be issued by Claims staff to allow Utilization Management to enter the authorization into the electronic record. Benefit parameters will also be entered on all services authorized.
- G. Network staff will then proceed with the contracting process with the serving provider.
- H. It is the responsibility of the serving provider to contact the HealthWest Utilization Management Department for authorization. Failure to authorize service will result in non-payment.
- I. Individuals may make a request for a provider outside the existing network to meet special accommodations and support the right of choice. Preference will be made for individuals who have needs which cannot be met by the existing network providers.

PB/ab