

County of Marin Behavioral Health and Recovery Services (BHRS)	POLICY NO. BHRS-45
	Next Review Date: December 1, 2027
POLICY:	Date Approved: December 13, 2024
<u>OUT OF NETWORK ACCESS</u>	By:  Todd Schirmer, PhD, CCHP Director of Behavioral Health and Recovery Services

POLICY: OUT OF NETWORK ACCESS

I. PURPOSE:

This policy is to describe processes for out-of-network services for County of Marin beneficiaries. Out-of-network provider means a provider who is not on the Mental Health Plan or Drug Medi-Cal Organized Delivery System county's list of providers.

II. REFERENCES:

Code of Federal Regulations (CFR) Title 42 §438.14 (b) (4); 438.206 (b)(4)
California Department of Health Care Services (DHCS) Information Notice 18-011
BHRS-31 Service Authorization for Specialty Mental Health Services
BHRS-26 Substance Use Services Medical Necessity
BHRS-89 Medical Necessity for Specialty Mental Health Services
BHRS-83 Selective Provider Contracting
BHRS-46 Timely Access to Services
BHRS-58 Continuity of Care and Transitions of Care

III. POLICY:

It is the policy of the Behavioral Health and Recovery Services (BHRS) Mental Health Plan (MHP) and Drug/Medi-Cal Organized Delivery System (DMC-ODS), referred to as the Behavioral Health Plan (BHP), to ensure appropriate services to beneficiaries that meet medical necessity. If the BHP provider network is unable to provide necessary services, within the time, distance, and timely access standards, covered under the Contract with DHCS, to a particular member, the BHP shall allow members to access the services and adequately and timely cover the services out-of-network, for as long as the BHP's provider network is unable to provide them and in accordance with state and federal law, the contract with DHCS, and DHCS information notices, including BHIN 21-008, and any subsequent notices. (42 C.F.R. § 438.206(b)(4).

In cases where an out-of-network provider is not available within the time and distance standards, the BHP shall arrange for telehealth or transportation to an in-person visit. Marin's BHP shall ensure that members have the right to an in-person visit if they do not want to accept a telehealth visit. Marin BHP shall ensure that services rendered by out-of-

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network providers, including those provided within a DHCS approved alternative access standard, comply with timely access standards.

Out-of-network providers are required to coordinate with the BHP for payment and must ensure that the cost to the enrollee is no greater than it would be if the services were furnished within the network.

Medically necessary services are authorized as described in the BHRS Policy and Procedure BHRS-26 for Substance Use Services, BHRS-89 Medical Necessity for Specialty Mental Health Services and BHRS Policy and Procedure BHRS-31 Service Authorization, specifically using the same protocol as in the “Initial Service Authorization” section.

If an individual is eligible for American Indian Health Services (IHS), and there are no American Indian Health Care Providers (IHCP) within the county, the BHP permits out-of-network services from a certified IHCP. The Contractor is not obligated to pay for services provided to non-AI/AN (American Indian/Alaska Native) members by out-of-network IHCPs.

IV. AUTHORITY/RESPONSIBILITY:

Quality Management
Program Managers/Supervisors
Access Team Supervisor
Contract Managers

V. PROCEDURE:

- A. Requests for out-of-network access shall go through the Access Team, or designee, for consideration and decision.
- B. The BHP will make efforts to contract with IHS for medically necessary services as deemed appropriate for eligible participants.