



COUNTY OF MONTEREY HEALTH DEPARTMENT

Elsa Jimenez, Director of Health

Administration
Behavioral Health

Clinic Services
Emergency Medical Services
Environmental Health/Animal Services

Public Health
Public Administrator/Public Guardian

Policy Number	147
Policy Title	Out of Network
References	CCR title 9, section 1830.220, 1830.245, 1810.216, 1810.365, and 1820.225 42 C.F.R. section 438.206(b)(4)(b)(5),
Effective	February 27, 2018

1 Policy

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3 Monterey County Behavioral Health (MCBH) is dedicated in its effort to excel at providing quality
4 services for the benefit of all its consumers and their families. MCBH shall provide or arrange for
5 delivery or provision of behavioral health services covered by the agreement with the Department
6 of Health Care Services (DHCS) for services meeting medical necessity criteria for specialty
7 mental health services and substance use disorder treatment services, as applicable by contractual
8 requirements.

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10 Definitions

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12 Specialty Mental Health Services refers to services provided to Medi-Cal beneficiaries residing in
13 Monterey County provided through Monterey County Behavioral Health (MCBH) through a mental
14 health plan contract with the Department of Health Care Services (DHCS). Requirements for
15 specialty mental health service delivery is found throughout CCR title 9, Chapter 11, subchapter 1.
16 Medi-Cal funded services that are not the responsibility of the mental health plan may be obtained
17 by beneficiaries under the provisions of Title 22, Division 3, Subdivision 1, beginning with Section
18 50000.

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20 DMC-ODS, Drug Medi-Cal Organized Delivery System, refers to a pilot program to test a new
21 paradigm for the organized delivery of health care services for Medicaid eligible individuals with a
22 Substance Use Disorder (SUD). According to the National Survey on Drug Use and Health, 2008-
23 2011, nearly 12 percent of Medicaid beneficiaries over 18 have a SUD. Of the individuals that
24 previously did not have Medicaid [Medi-Cal in California] benefits but now qualify due to the
25 expansion of services, 13.6 percent have a SUD. DMC-ODS will demonstrate how organized SUD
26 care increases the success of DMC beneficiaries while decreasing other system health care costs.
27 (DHCS Drug Medi-Cal Organized Delivery System Waiver
28 <http://www.dhcs.ca.gov/provgovpart/Documents/DMC%20ODS%20FACT%20SHEET.pdf>)

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31 “Out-of-network provider” or “out-of-plan provider” means a provider or group of providers that does
32 not have a network provider agreement with a MCHB.

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“Out-of-Plan Services” means specialty mental health (CCR title 9, section 1830.220) and/or a substance use disorder services (DMC-ODS) provided to a beneficiary by providers other than health plan of the beneficiary or a provider contracting with MCBH (this definition excludes psychiatric nursing facility services).

"Emergency Psychiatric Condition" means a condition that meets the criteria in Section 1820.205 when the beneficiary with the condition, due to a mental disorder, is a current danger to self or others, or immediately unable to provide for or utilize, food, shelter or clothing, and requires psychiatric inpatient hospital or psychiatric health facility services. (1810.216)

Availability of Services (42 CFR 438.206 (b)(4)(b)(5))

Delivery network. Monterey County Behavioral Health shall meet the contractual agreements set forth with the Department of Health Care Services (DHCS).

1. If the provider network is unable to provide necessary services, covered under the contract, MCBH will adequately and timely cover these services out-of-network for the beneficiary, for as long as the MCBH provider network is unable to provide them.
2. MCBH will coordinate with out-of-network providers for payment and ensures the cost to the beneficiary is no greater than it would be if the services were furnished within the MCBH network providers.

Out-of-Network Services (42 C.F.R. § 438.206(b)(5)).

- Monterey County Behavioral Health (MCBH) shall authorize out of network services when a beneficiary with an emergency psychiatric condition is admitted on an emergency basis for psychiatric inpatient hospital services or psychiatric health facility services (CCR title 9 §§ 1830.220, 1810.216, 1820.225, and 1830.245).
- If MCBH’s provider network is unable to provide necessary services, covered under the contract with DHCS, to a particular beneficiary, MCBH shall adequately and timely cover the services out of network, for as long as MCBH’s provider network is unable to provide them.
- MCBH shall require that out-of-network providers coordinate authorization and payment with MCBH. MCBH must ensure that the cost to the beneficiary for services provided out of network pursuant to an authorization is no greater than it would be if the services were furnished within MCBH’s network, consistent with California Code of Regulations., title 9, section 1810.365. (42 C.F.R. § 438.206(b)(5).)
- MCBH shall comply with the requirements of CCR, title 9, section 1830.220 regarding providing beneficiaries access to out-of-network providers when a provider is available in Contractor’s network.
- Pursuant to 42 C.F.R. § 438.206(b)(5) and consistent with CCR title 9, §1830.220, MCBH shall require that out-of-network providers coordinate authorization and payment with MCBH. As is consistent with CCR title 9, §1810.365, MCBH must ensure that the cost to the beneficiary for services provided out of network pursuant to an authorization is no greater than it would be if the services were furnished within MCBH’s network.

Authorization of Out-Of-Plan Services (CCR title 9, section 1830.220)

- 81 • “Out-of-Plan Services” means specialty mental health services covered by this
82 Subchapter, other than psychiatric nursing facility services, provided to a beneficiary by
83 providers other than the MCBH of the beneficiary or a provider contracting with the MCBH
84 of the beneficiary.
- 85 • MCBH will provide out-of-plan services, when the services are also available through the
86 MCBH for the beneficiary or a provider contracting with MCBH, only under the following
87 circumstances:
 - 88 ▪ When a beneficiary with an emergency psychiatric condition is admitted for
89 psychiatric inpatient hospital services as described in Section 1820.225 to the
90 extent provided in Section 1830.230.
 - 91 ▪ When a beneficiary with an emergency psychiatric condition is admitted for
92 psychiatric health facility services under the conditions described in Section
93 1830.245.
 - 94 ▪ When a beneficiary is out of county and develops an urgent condition and there
95 are no providers contracting with MCBH reasonably available to the beneficiary
96 based on MCBH’s evaluation of the needs of the beneficiary, especially in terms of
97 timeliness of service.
 - 98 ▪ When there are no providers contracting with MCBH reasonably available to the
99 beneficiary based on the MCBH’s evaluation of the needs of the beneficiary, the
100 geographic availability of providers, and community standards for availability of
101 providers in the county in which the beneficiary is placed and the beneficiary is
102 placed out of county by:
 - 103 ○ The Foster Care Program as described in Article 5 (commencing with
104 Section 11400), Chapter 2, Part 3, Division 9 of the Welfare and
105 Institutions Code, the Adoption Assistance Program as described in
106 Chapter 2.1 (commencing with Section 16115), Part 4, Division 9 of the
107 Welfare and Institutions Code, or other foster care arrangement,
 - 108 ○ A Lanterman-Petris-Short or Probate Conservator or other legal
109 involuntary placement.
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- 111 • MCBH shall not exclude any nursing facility that is licensed and certified to provide
112 psychiatric nursing facility services and is in good standing with the Medi-Cal program from
113 providing services to the beneficiary on the grounds that the facility would be providing out-
114 of-plan services pursuant to Section 1830.220.

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116 Payment Authorization (CCR title 9, section 1830.215 (d-g))

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- 118 • MCBH may require that providers obtain MCBH payment authorization prior to rendering
119 any specialty mental health service covered by this Subchapter as a condition of
120 reimbursement for the service, except for those services provided to beneficiaries with
121 emergency psychiatric conditions as provided in Sections 1830.230 and 1830.245.
- 122 • Notwithstanding the provisions of Subsections (a) and (d), the MCBH shall require that
123 providers obtain MCBH payment authorization for day rehabilitation, day treatment
124 intensive and EPSDT supplemental specialty mental health services as required in the
125 MCBH contract with DHCS.
- 126 • Notwithstanding the discretion given to the health plans in Subsections (a) and the
127 requirements of Subsection (c), providers shall comply with the specific MCBH payment
128 authorization requirements of Sections 1830.230, 1830.245, and 1830.250.

- 129 • Whether or not MCBH payment authorization of a specialty mental health service is
130 required pursuant to this Section, MCBH may require that providers notify MCBH of their
131 intent to provide the service prior to the delivery of the service.
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133 Beneficiary Billing (CCR title 9, section 1810.365)
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- 135 • MCBH, or an affiliate, vendor, contractor, or sub-subcontractor of MCBH shall not submit a
136 claim to, demand or otherwise collect reimbursement from, the beneficiary or persons
137 acting on behalf of the beneficiary for any specialty mental health services provided under
138 this Chapter or related administrative services such as billing for missed appointments or
139 making copies of client records, except to collect:
- 140 ▪ Other health care coverage pursuant to Title 22, Section 51005.
 - 141 ▪ Share of cost as provided in Title 22, Sections 50657 through 50659.
 - 142 ▪ Copayments in accordance with Section 14134 of the Welfare and Institutions
143 Code and Title 22, Section 51004.
- 144 • In the event that a beneficiary willfully refuses to provide other current health insurance
145 coverage billing information, as described in Title 22, Section 50763(a)(5), to a provider,
146 including MCBH, upon giving the beneficiary written notice of intent, the provider may bill
147 the beneficiary as a private pay patient.
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149 Payment Authorization for Emergency Admissions by a Point of Admission (CCR title 9, section
150 1820.225)
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- 152 • MCBH shall not require a hospital to obtain prior payment authorization for an emergency
153 admission, whether voluntary or involuntary.
- 154 • The hospital providing emergency psychiatric inpatient hospital services shall assure that
155 the beneficiary meets the criteria for medical necessity in Section 1820.205, and due to a
156 mental disorder, is:
- 157 • A current danger to self or others, or
 - 158 • Immediately unable to provide for, or utilize, food, shelter or clothing.
- 159 • The hospital providing emergency psychiatric inpatient hospital services shall notify the
160 MCBH of the county of the beneficiary within ten (10) calendar days of the time of
161 presentation for emergency services, or within the timelines specified in the contract, if a
162 time requirement is included as a term of the contract between the hospital and MCBH.
- 163 ▪ If the hospital cannot determine the mental health plan (MHP) of the beneficiary,
164 the hospital shall notify the MHP of the county where the hospital is located, within
165 ten calendar days of the time of presentation for emergency services,
 - 166 ▪ The MHP for the county where the hospital is located shall assist the hospital to
167 determine the MHP of the beneficiary. The hospital shall notify the MHP of the
168 beneficiary within ten calendar days of the date of presentation for emergency
169 services of determination of the appropriate MCBH.
- 170 • Requests for MCBH payment authorization for an emergency admission shall be approved
171 by MCBH when:
- 172 ▪ A hospital notified the Point of Authorization within ten (10) calendar days of the
173 date of presentation for emergency services, or within the time required by
174 contract, if a time requirement is included as a term of the contract between the
175 hospital and MCBH.

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- Written documentation has been provided to MCBH that certifies that a beneficiary met the criteria for medical necessity at the time of admission.
- Written documentation has been provided to MCBH that certifies a beneficiary met the medical necessity criteria for the day of admission.
- A non-contract hospital includes documentation that the beneficiary could not be safely transferred to a contract hospital or a hospital owned or operated by the MHP of the beneficiary, if the transfer was requested by the MHP.
- Any mandatory requirements of the contract negotiated between the hospital and MCBH are met.
- After an emergency admission, MCBH may:
 - Transfer the beneficiary from a non-contract to a contract hospital or a hospital owned or operated by the MCBH as soon the patient is stable. An acute patient shall be considered stable when no deterioration of the patient's condition is likely, within reasonable medical probability, to result from or occur during the transfer of the patient from the hospital.
 - Choose to authorize continued stay with a non-contract hospital.