



Section: Claims	Policy Name: MHL - Non-Participating Provider Reimbursement	Policy Number: MHL 09.12
Owner: Chief Administrative Officer	Reviewed By: Anne Wickham	Total Pages: 3
Required By: <input type="checkbox"/> BBA <input type="checkbox"/> MDHHS <input type="checkbox"/> NCQA <input checked="" type="checkbox"/> Other (please specify): ____ MHL 3-Way Contract	Final Approval By: <i>Anne Wickham</i>	Date Approved: <i>10/29/19</i>
Application: <input checked="" type="checkbox"/> SWMBH Staff/Ops <input type="checkbox"/> Participant CMHSPs <input type="checkbox"/> SUD Providers <input type="checkbox"/> MH/IDD Providers <input type="checkbox"/> Other (please specify): _____	Line of Business: <input type="checkbox"/> Medicaid <input type="checkbox"/> Other (please specify): _____ <input type="checkbox"/> Healthy Michigan _____ <input type="checkbox"/> SUD Block Grant <input type="checkbox"/> SUD Medicaid <input checked="" type="checkbox"/> MI Health Link	Effective Date: 10/29/19

Policy: In accordance with the agreement(s), Southwest Michigan Behavioral Health (SWMBH) will reimburse Non-Participating Providers according to the Medicare fee screens for Non-Par Providers.

Purpose: To allow for the reimbursement of non-participating providers in the MI Health Link demonstration project.

Scope: N/A

Responsibilities: Claims processors

Definitions:

- A. Non-Par Provider: Provider that does not have nor wish to execute an agreement/contract with SWMBH for the purposes of being an on-going MI Health Link Provider.
- B. Participating Provider: Provider that has a contract with SWMBH to provide services to MI Health Link enrollees

Standards and Guidelines:

- A. SWMBH will reimburse Non-Par Providers according to the Non-Par Amount in the annual Medicare Physician Fee Screen for Michigan Locality 99.
- B. Providers who submit claims for MI Health Link enrollees will be given the option to become participating providers and to receive on-going referrals.
- C. Providers who do not wish to become participating providers will be advised to transition the member to another participating provider.



Procedures: None

Effectiveness Criteria: None

References: None

Attachments: None



Revision History

Revision #	Revision Date	Revision Location	Revision Summary	Revisor
1	10/24/19		New format	Anne Wickham