
 <b>CHILDREN COME FIRST</b> <small>COMMUNITY PARTNERSHIPS, INC</small>  <b>POLICY &amp; PROCEDURE</b>	 <small>A Division of Community Partnership, Inc. and the DCF's and the Clinical Services Department of Human Services</small>	Date Issued: <b>1/1/00</b>	Subject:  <b>Out of Network Providers</b>		
		Revised: <b>11/13/07</b>			
		Effective: <b>1/1/08</b>	Section: <b>PROVIDER NETWORK</b>	Policy No: <b>002</b>	Page: <b>1 of 2</b>

## I. PHILOSOPHY

Children Come First (CCF) maintains a diverse and highly qualified Provider Network. The use of in-network providers ensures Enrollees treatment that is consistent with CCF philosophy and practice.

## II. POLICY

Children Come First will consider time-limited funding of out-of-network providers for a specific client in the following circumstances:

- Urgent or immediate care is needed;
- An enrollee is placed outside of Dane County and there are no in-network Providers in the area;
- The service requested is not provided by an in-network Provider; or
- A court-ordered assessment is assigned to an out-of-network provider through the Clinical Assessment Unit of the Mental Health Center of Dane County.

With the exception of an above circumstance(s) all other services to CCF enrollees must be referred to CCF's Provider Network or the network serving the Enrollee's insurance/HMO.

## III. PROCEDURE

### A. Care Coordinator Responsibilities

1. The service must be identified by the Child and Family team and meet a need described in the Plan of Care, with the exception of urgent care.
2. The Care Coordinator must make every attempt to locate an in-network provider for the service.
3. The Care Coordinator must obtain approval from their Clinical Supervisor to use an out-of-network vendor. Approval is limited to 6 months.
4. The Care Coordinator is responsible for notifying the Clinical Services Manager of their intent to use an out-of-network vendor and provide him/her with:
  - a. Vendor and/or clinician name
  - b. Contact information
  - c. Enrollee name
  - d. Services to be provided
  - e. Period of approval by the Clinical Supervisor.

### B. Provider Network Responsibilities

1. The Clinical Services Manager will contact the Vendor to:
  - a. Discuss rates and credentialing standards. All out-of-network vendors will be held to the credentialing standards established by CCF for network providers.
  - b. Orient the Vendor to CCF procedures
2. Upon receipt of credentialing materials, the Clinical Services Manager will verify credentials.

3. The Clinical Services Manager will develop a single case agreement and forward it to the Vendor (via mail, email or fax) for review and signature.
4. Upon receipt of a signed agreement, the Clinical Services Manager will sign the agreement and forward a fully executed copy to the Vendor.
5. The Clinical Services Manager will set up the Vendor in the management information system.
6. The Clinical Services Manager will notify the Care Coordinator that the agreement is complete and that authorizations for services can be entered.

**C. Vendor Responsibilities**

1. Provide credentialing materials to the Clinical Services Manager.
2. Sign the single case agreement and return it to CCF.
3. Submit Prior Authorization/Progress Report (PA/PR) forms in accordance with CCF procedures.
4. Submit billing within 60 days of the end of the month in which the agreed upon service was provided.

**D. Completion of Service**

The service must be completed within the time frame initially approved by the Clinical Supervisor unless an exception has been granted.

The Care Coordinator is responsible for notifying the Clinical Services Manager if the service ends early.

**Reviewed & Approved by:** \_\_\_\_\_  
**Scott Strong, Executive Director**