



SUMMIT POINTE POLICY AND PROCEDURE MANUAL

Section: Provider Network	Policy Name: Use of Out of Network Providers	Policy Number: 1.2.6	
Owner: Director of Provider Network	Applies To: <input checked="" type="checkbox"/> Summit Pointe Staff <input checked="" type="checkbox"/> Summit Pointe Contract Providers <input checked="" type="checkbox"/> Summit Pointe CCBHC Services <input checked="" type="checkbox"/> Summit Pointe CCBHC DCO Providers		
Approved By: <i>Janm. Sooduck</i>			
Version Number: 4	Last Review Date: 01/30/2026	Revised Date: 01/30/2026	First Effective Date: 11/01/2018

I. **PURPOSE:**

To outline standards that the Summit Pointe Provider Network has established to ensure access to all covered benefits, regardless of network status.

II. **DEFINITIONS:** Refer to the “Summit Pointe Policy and Procedures Definitions Glossary.”

III. **POLICY:**

A relationship with an off-panel provider may be established when a covered benefit/service is determined to be medically necessary for a customer and the service is not available within the Summit Pointe Provider Network. Summit Pointe will cover these services in a timely manner for the enrollee if there is no network provider available. Summit Pointe will ensure that there is no cost to the customer.

IV. **PROCEDURE:**

The following guidelines have been established for Non-Emergent and Emergent Services.

Non-Emergent Services:

Within fourteen (14) days of identification of and documentation in the consumer’s person-centered plan, of the need for non-emergent service and verification that no in-network provider can provide the service, Summit Pointe will secure an agreement with an out-of-network provider.

Summit Point will locate a provider who is qualified and willing to provide the medically necessary service and establish a business relationship with the provider (i.e. single case agreement). Terms of service provision and rate will be established. The out-of-network provider will be educated about authorizations and claims submission which must be completed in a manner consistent with network providers.

The single case agreement, once fully executed, will be entered into the designated reimbursement system to allow Utilization Management of care, and claims processing.

Emergent Services:

Per the Michigan Mental Health Code, all Community Mental Health agencies provide a crisis line for enrollees with emergent need for 24 hours per day, seven (7) days per week. On-call staff is available to screen and assess needs, as well as assist with crisis situations and the involuntary admission process as necessary.



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When psychiatric hospitalization services (which are available 24/7) are required within the Southwest Michigan Behavioral Health (SWMBH) service area and cannot be secured within the existing Provider Network, the SWMBH staff or designee is authorized to seek inpatient psychiatric admission out-of-network for the enrollee. Through the prescreening process authorization is made, and SWMBH is notified of the placement. The SWMBH Provider Network designee will secure the single case agreement. Terms of service provision and rate will be established.

An enrollee requiring emergency psychiatric hospitalization outside the SWMBH service area will be screened by the nearest Community Mental Health per MDHHS guidelines and authorization for admission will be made by the SWMBH designee through the prescreening process. Admission to a non-network provider is acceptable. Through the prescreening process authorization is made and SWMBH is notified of the placement.

The SWMBH Provider Network designee will secure the single case agreement. Terms of service provision and rate will be established. The out-of-network provider will be educated about the completion of continuing stay reviews, authorizations, and claims submission which must be completed in a manner consistent with network providers.

The single case agreement, once fully executed, will be entered into the designated reimbursement system to allow Utilization Management of care, and claims processing.

V. **REFERENCES:**

SWMBH Operating Policy 02.11
Michigan Mental Health Code
42 CFR 422.204
42 CFR 438.12

VI. **ATTACHMENTS:**

None