Application to Add New Service

To Paneled NMRE Location(s)

As the NMRE SUD Treatment network is built based upon need, the NMRE reviews the adequacy of its network and maintains the authority to approve new ASAM service levels for our paneled locations. NMRE is not required to add new locations or services once we have determined our network to have met adequacy standards. As such, existing contracts with the NMRE for previously approved ASAM levels do not guarantee that new MDHHS approved service levels (or other SUD Treatment services and specialties) will automatically be added to the NMRE panel for the associated service location.

To request addition of a new ASAM level or other SUD Treatment service for authorization and reimbursement with the NMRE, please complete this form. The NMRE will review the request to add the new service level to our provider network based upon our current network adequacy needs.

Once the NMRE has completed our review, we will send written notification of approval or denial, request new hire forms for any new staff providing these services at the location, and add the service level (and staff) to our billing system.

Location Information

Address at which new service will be provided:

Site Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Contact person for request: _____

Phone number: _____ Email: _____

Service Information

Please check the service(s) you are requesting to add to our panel below:

- ☐ ASAM Level 0.5
- ☐ ASAM Level 1
- ☐ ASAM Level 1.5
- ☐ ASAM Level 1.7
- ☐ ASAM Level 2.1
- ☐ ASAM Level 2.5
- ☐ ASAM Level 2.7
- ☐ ASAM Level 3.1
- ☐ ASAM Level 3.5
- ☐ ASAM Level 3.7
- ☐ ASAM Level 4.0
- ☐ ASAM Level 3.2WM
- ☐ ASAM Level 3.7WM

Page 2 is specific to Withdrawal management, Residential Services, and/or MOUD

For Withdrawal Management and Residential Services, Provide: Intake Days/Hours

Day	Hours of Intake
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	
Sunday	

For Residential, Provide- Hours of clinical services available per day (7 days a week)

Day	Hours of Clinical Services Available per Day
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	
Sunday	

1. Please list Medications utilized – Sub-Acute Detoxification, Residential and MOUD:

2. Evidenced Based Programming Utilized:

3. Please explain how services are provided as part of a trauma informed system of care:

4. Indicate if and what women's specialty services are available:

5. How will this location accommodate the need for evening or weekend hours?

6. Description of the co-occurring services provided.:

Submission Checklist and Receipt of Application Packet

In addition to completing the above form, please ensure that the submission will include:

- ☐ Accreditation document, if the service is new to your organization (Joint Commission, CARF, COA, AOA, AAAHC)
- ☐ Copy of substance abuse LARA license matching level(s) of care submitted if applicable
- ☐ Copies of ASAM certification letters

NMRE will review applications for approval subject to the adequacy of our current provider panel, services may be approved or denied. NMRE will issue written response based upon the outcome of our review.

Communication

The NMRE shall not be responsible for any verbal communication between any employee of the NMRE and any potential Provider. Only written requirements and qualifications in the form of this application will be considered.

This request should be submitted to providersupport@nmre.org

Any additional questions can be sent to providersupport@nmre.org.