<table>
<tr><td colspan="3" rowspan="2">Policy Title: Out of Network Member/Service Monitoring</td><td colspan="2">POLICY #: 90.2.65</td></tr>
<tr><td colspan="2">Line of business: CMC</td></tr>
<tr><td colspan="2">Department Name:
Utilization Management</td><td>Original Date
3/13</td><td>Effective Date
6/19</td><td>Revision Date
12/18</td></tr>
<tr><td colspan="4">Department Head: Sr. Director, UM</td><td>Date: 3/21</td></tr>
<tr><td colspan="4">Medical Services/P&T Committee: (If Applicable) PHP CMO</td><td>Date: 3/21</td></tr>
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PURPOSE

Out-of network services are managed and coordinated by the Blue Shield of California Promise Health Plan (Blue Shield Promise) case management staff in order to bring the member back into the care of contracted providers at contracted facilities as soon as it is appropriate.

POLICY

The Blue Shield Promise case management staff (qualified and appropriately licensed health professionals) will manage and track out-of-network emergency room visits and hospitalizations for members and arrange for transfer to an in-network facility/hospital as soon as the member is stable for transfer. The Blue Shield Promise case management staff will collaborate these efforts with their providers according to the contractual agreements.

A designated Blue Shield Promise physician is closely involved in the out-of-network case management process. When required cases are referred to a board-certified physician for the specialty area to assist in making determination of medical appropriateness.

PROCEDURE

1. Blue Shield Promise Health Plan's case management staff will gather the following information for out-of-network emergency room visits and hospitalizations for follow-up.
    a. Member name
    b. Member ID#
    c. Out-of-network facility name, location and telephone number
    d. Contact person/case manager
    e. Date of ER visit or hospitalization
    f. Member's diagnosis
    g. Services provided
    h. Member's clinical status
    i. Attending physician's name and telephone number
    j. Member's primary care physician

2. Out-of-Network hospitalization of a member at a non-contracted facility (which is within the contract geographic region) is referred by the health plan case management staff to the member's primary care physician:

    a. The primary care physician assists in arranging for the member to be transferred to a contracted facility as soon as he/she is stable for transfer
    b. The health plan case management staff will be notified as soon as possible by the hospital case management staff of the non-contracted facility hospitalization. Concurrent review begins and the health plan case manage monitors the stay and facilitates transfer to an in-plan hospital when the member is determined stable for transfer.
3. For members who are hospitalized outside of the contract geographic region (specified radius), the health plan staff assists the hospital case management staff in managing the member's care and in facilitating transfer to a contracted facility. Note: Health Plan contractual agreements should be checked regarding specific risk-sharing arrangements:
    a. Both the hospital case management staff and the health plan staff will be notified of out-of-area emergency room visits and hospitalizations.
    b. The member's primary care physician, in coordination with the health plan case manager, will determine with the out-of-area attending physician when it is appropriate for the member to be transferred safely back into the area contracted facility.
    c. The health plan case manager will ascertain any benefit limitations and continue concurrent review at the facility in network.
    d. Tracking and monitoring of this process is accomplished through the health plan's daily inpatient census reports, claims report, ER reports and retrospective review.
    e. Out-of network ambulatory services are reviewed through the claims reports, ER reports and retrospective review.

REFERENCES

UM P&P 70.2.65