Policy Title: Out of Network Services			POLICY #: 10.2.41 Line of business: Medi-Cal	
Department Name: Utilization Management	Original Date 5/98		Effective Date 5/19	Revision Date 12/18, 3/22, 7/22, 9/22, 2/23
VP Approval			Date of Approval: 2/10/2023	
Medical Services/P&T Committee: (If Applicable) PHP CMO			Date of Committee Review: 2/9/2023	

A. **PURPOSE:**

The purpose of this policy and procedure is to provide guidance on how Blue Shield Promise Health Plan's (BSCPHP) Utilization Management (UM) will process authorization requests between a non-contracted provider and BSCPHP when a member is in need of a referral to a non-participating provider.

B. **DEFINITIONS:**
N/A

C. **POLICY:**

I. It is the policy of BSCPHP to use contracted/participating providers for services rendered to its members. This requirement is necessary to ensure appropriate credentialing and compliance with health plan utilization management and quality management programs.

II. Out of network referrals shall be obtained in the event of variations in clinical practice standards, procedures, and diagnostics beyond the scope of in-network providers or if there is an unavailable in-network provider within the members geographical location. If the service required is not an emergency, the approval to use an out of network provider must be made by BSCPHP Medical Director. BSCPHP does not allow use of non-participating providers strictly for member convenience. BSCPHP evaluates its provider panel periodically to adequately assess the need for specialists in all medical specialties.

D. **PROCEDURE**

I. BSCPHP will provide its clinical protocols and evidence-based practice guidelines governing Prior Authorization, Utilization Management and Retrospective Review to all Out-of-Network Providers providing services to its Members. BSCPHP will

arrange to provide these protocols and guidelines at the time that we enter into an agreement with an Out-of-Network Provider for services provided to our Members.

II. BSCPHP will use non-contracted/participating providers under the following conditions:
   a. Member required emergency care in a non-participating facility and was seen by a non-participating provider
   b. BSCPHP will authorize an Out-of-Network Provider to provide the second opinion by a specialist not available in network, in accordance with 42 CFR §438.206.
   c. Member experiencing specific circumstances or care needs, and use of a non-contracted/participating provider is clinically in the member's best interest.

III. When the provider is identified as a non-contracted network provider, all attempts shall be made to re-direct the member to a contracted provider who can provide similar care. In some instances, attempts shall be made to utilize network IPA Specialist if a needed specialist is not available through the BSCPHP Direct Contract list of specialists.

IV. If using an out of network provider is necessary, UM staff shall request a letter of agreement (LOA). The UM staff shall forward the LOA request form to the Provider Network Operations (PNO) Department to negotiate a one-time service agreement.

V. Out of Network Care Management / Coordination of Care – the BSCPHP UM staff (qualified and appropriately licensed health professionals) will manage and track out-of-network visits and hospitalizations for members. Decisions to approve, deny, delay, or modify will be based on medical necessity. These decisions will reflect appropriate application of BSCPHP approved criteria/guidelines.

VI. BSCPHP will provide Non-Emergency Medical Transportation (NEMT) or Non-Medical Transportation (NMT) for the member to see the Out-of-Network Provider, at no cost to the Member.
   a. Requests for out of network referrals shall be process within the standard or urgent timeframe based on the urgency of the request. Refer to UM P&P 10.2.8 Authorization, Denial, Pending, Deferral, and/or Modification Notification and 10.2.38 Prior Authorization review and Approval Process.

E. **MONITORING:**

N/A

F. **REPORTING:**

N/A

G. **REFERENCES & ATTACHMENTS:**

1. 22 California Code of Regulations section 53855(a)
2. 42 Code of Federal Regulations section 438.210; 438.404(a)
3. 2024 DHCS Contract Exhibit A, Attachment III, Section 2.3 Utilization Management Program
4. PLAN 2024 DHCS Contract Exhibit A, Attachment III, Section 3.2.3 Out-of-Network Provider Relations
5. PLAN - 2024 DHCS Contract Exhibit A, Attachment III, Section 4.3.11 Transitional Care Services
6. Health & Safety Code section 1367.01(h)(1)
7. UM P&P 10.2.8 Authorizations Denials, Deferrals
8. UM P&P 10.2.38 Prior Authorization
9. Welfare & Institution Code section 14103.6

H. **REVISION HISTORY:**

Revisions History		
Revision Type	Revision Reason	Date Approved/Published
Update	Updated DHCS regulatory requirements	