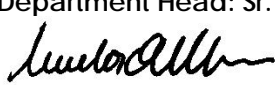
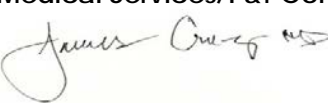


<b>Policy Title: Out of Network Services</b>		<b>POLICY #: 70.2.16</b>	
		<b>Line of business: ALL</b>	
<b>Department Name:</b> Utilization Management	<b>Original Date</b> 5/98	<b>Effective Date</b> 5/19	<b>Revision Date</b> 12/18, 3/22
<b>Department Head: Sr. Director, UM</b> 			<b>Date: 4/25/22</b>
<b>Medical Services/P&amp;T Committee: (If Applicable) PHP CMO</b> 			<b>Date: 4/25/22</b>

**PURPOSE**

To provide an agreement process between a non-contracted provider and Blue Shield of California Promise Health Plan (Blue Shield Promise) Utilization Management (UM) Department when a member is in need of a referral to a non-participating provider.

**POLICY**

It is the policy of Blue Shield Promise Health Plan 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. 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 a provider must be made by Blue Shield Promise’s Medical Director. Blue Shield Promise does not allow use of non-participating providers strictly for member convenience. Blue Shield Promise evaluates its provider panel periodically to adequately assess the need for specialists in all medical specialties.

**PROCEDURE**

1. Blue Shield Promise shall 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. Member requires care or a second opinion by a specialist not available in network
  - c. Member requires procedures and diagnostic services that are not available within the network.
  
2. 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 Blue Shield Promise Direct Contract list of specialists.

3. 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.
  
4. 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 10.2.11 Authorization, Denial, Pending, Deferral, and/or Modification Notification and 70.2.50 Prior Authorization review and Approval Process.
  
5. Criteria for selection of the appropriate non-contracted provider are described in UM P&P 70.2.85 –.

#### **REFERENCES**