



Clinical Medical Policy Out-of-Network and Out-of-Area Services

Benefit Coverage:

Services considered to be “covered benefits” which are rendered to members by out-of-network (non-participating) practitioners/providers or when the member is located out-of-area are covered when conditional criteria are met.

Description:

Out-of-network services are those services, treatments, and/or procedures provided to members by practitioners or providers who are not participating in the Neighborhood network.

Out-of-area services include those services provided by practitioners and/or providers outside of Rhode Island and its border communities that do not hold a participating provider contract with Neighborhood.

Continuity of Care describes a relationship with a physician or other health care provider that is ongoing and endures over time, during periods of illness and health; it is expected that the provider is familiar with the member’s past medical and personal history. Neighborhood’s expectation is that all clinicians involved in a member’s health care communicate, collaborate to coordinate the member’s care, and understand the goals for the member’s health care.

Coverage Determination:

General Information:

Covered emergent and urgent care services rendered in emergency rooms and urgent care centers are authorized without review. (Also refer to CMP-024 *Emergent and Urgent Care.*)

Requests for non-emergency care from non-participating practitioners or providers require prior authorization and medical review.:

Out-of-Network Services:

Neighborhood has a broad network of practitioners and providers and will work with members and their practitioners/providers to evaluate the availability of necessary services within the local delivery system.

Neighborhood evaluates the medical necessity of requests for services from out-of-network practitioners / providers. Prior authorization and medical review is required.

Criteria:

Requests for services for non-emergency care from out-of-network practitioners or providers are considered if the provider agrees to communicate findings and treatment plan with the member’s primary care practitioner **and** one (1) of the following criteria are met:

1. Services are not available within the participating provider network.
2. Member is temporarily outside the service area and the service cannot be delayed
3. Ongoing treatment is required for an acute medical condition, or if the member is undergoing active treatment for a chronic condition at the time the member’s practitioner terminates his/her contract with Neighborhood.
4. Follow up care from emergency services, with specialists who treated them in the ER.



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5. Services requested are to preserve continuity of care, namely an on-going clinical relationship with a non-participating primary or specialty care practitioner, including but not limited to
 - those receiving treatment for an acute medical condition or an acute episode of a chronic illness,
 - members in their second or third trimester of pregnancy, or
 - members who are unable to be transitioned to a provider with comparable or greater expertise.
6. Members newly enrolled to the Children with Special Health Care Needs (CSN), Substitute Care, or the Rhody Health Partners (RHP) lines of business who have an existing relationship with a non-participating practitioner/provider have six (6) months from the date of enrollment to transition services to a Neighborhood participating practitioner/provider.
Note: This also applies to RIte Care members transitioned from BCBSRI with eligibility dates with Neighborhood between October 18, 2010 and December 1, 2010.
7. Ancillary services required during a transition period for new members, until such practitioner/provider becomes contracted or member can safely be redirected to an in-network practitioner/provider with comparable or greater expertise in treating the needs of the member.

Exception: Rhody Health Partner members are allowed to access women's health care specialists both in and out-of-network without prior authorization.

Covered Procedures:

N/A

Exclusions:

Non-covered health plan services are not covered out-of-network or out-of-area.

CMP Number: CMP-027.00

CMP Cross Reference: CMP – Emergency and Urgent Care Services
Continuity and Coordination of Care

References:

Contract between State of RI and Providence Plantations Department of Human Services and Neighborhood Health Plan of Rhode Island, Inc, For the Provision of Health Plan Services.

The Merck Manual of Health and Aging, Section 2, Chapter 9

http://www.merck.com/pubs/mmanual_ha/sec2/ch09/ch09a.html



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Medical Reporter interview with Carolyn M. Clancy, M.D., Acting Director, the Agency for Healthcare Research and Quality (AHRQ), U.S. Public Health Service, Department of Health and Human Services, Rockville, Maryland USA; 3/22/02

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