MedStar Family Choice

ADMINISTRATIVE POLICY AND PROCEDURE		
Policy #:	**124**	
Subject:	**Out-of-Network Services**	
Section:	**Care Management**	
Initial Effective Date:	**10/01/2003**	
Revision Effective Date(s):	**07/18, 07/19, 07/21, 07/22, 07/23, 07/24**	
Historical Revision Date(s):	**09/04, 10/05, 12/06, 10/07, 09/08, 11/09, 09/10, 07/11, 09/11, 10/12, 10/13, 10/14, 10/15, 10/16, 07/17**	
Review Effective Date(s):	**07/20**	
Historical Review Date(s):		
Responsible Parties:	**AVP of Clinical Operations, Manager of Utilization Management**	
Responsible Department(s):	**Clinical Operations**	
Regulatory References:		
Approved:	AVP of Clinical Operations	**Chief Medical Officer**

Purpose: To establish a process to handle out-of-network (OON) requests for services.

Scope: MedStar Family Choice, Maryland

Policy: All OON requests will be reviewed individually by the Medical Director. All attempts will be made to redirect services in-network; however, service requests that are not available in-network will be authorized to an OON provider on a case by case basis. There will be no additional cost to the member for the OON services. MedStar Family Choice will complete a fee agreement on an as needed basis for the OON provider when they are unwilling to accept the Medicaid fee schedule, and an alternate fee is negotiated.

Procedure:

1. The Utilization Management nurse receives the OON requests and calls the referring provider to attempt to redirect in-network.
2. If the redirection is successful, the case manager will follow standard procedures for authorizing.

3. If the redirection is not successful, the case manager will gather all necessary clinical information to support decision making and sends referral to the Medical Director via the Clinical Software System.
4. If the Medical Director determines that the OON request is medically appropriate and services are not available in-network, the case manager will complete the authorization. Continuation of treatment through the lesser of the current period of active treatment or for up to a 90-calendar day transition period for members undergoing treatment for a chronic or acute medical condition is permitted. There will be no charge to the member for the OON services that are deemed medically necessary.
    a. The out of network provider must agree to the following:
        i. To continue the member's treatment for an appropriate period of time (based on transition plan goals).
        ii. To share information regarding the treatment plan with MedStar Family Choice.
        iii. To continue to follow MedStar Family Choice's UM policies and procedures.
        iv. To accept MedStar Family Choice payment terms.
5. If the Medical Director determines that the OON request is not medically necessary or can be handled by a network provider when services are beyond the transition of care period, the case manager will follow the standard process for denial and/or redirection.
6. MedStar Family Choice is not required to cover services rendered out of the country.
7. All documentation will occur in the clinical software system.

Summary of Changes:	**07/24:** • Responsible Parties and Approved By titles updated. • MFC replaced with MedStar Family Choice. • Case Manager replaced with Utilization Management nurse. **07/23:** • Responsible Parties updated to remove Theresa Bittle and add Carol Attia. • The Approved section Theresa Bittle and Patryce Toye were removed, and Carol Attia and Dr. Karyn Wills were added. **07/22:** • Removed Nitza Larbie from Responsible Parties, added Teresa Boileau. **07/21:** • Changed Case Management to Clinical Operations in Responsible Departments. • Added "Maryland" to scope. **07/20:** • No changes. **07/19:** • Removal of "A" from policy number. • Removal of NCQA MED Standards reference. • Removal of "Maryland" from scope.

	• Responsible parties- removed Priscilla Thomas and added Nitza Larbie. **07/18:** • Updated Regulatory Reference for NCQA Year. • Modified Effective Date to Initial Effective Dates; added Historical Revision Dates and Revision Effective Dates; and added Historical Review Dates and Review Effective Dates. **07/17:** • Updated Regulatory Reference for NCQA Year. • Changed Approved from Carol Attia to Theresa Bittle and updated Dr. Toye's title from Senior Medical Director to Chief Medical Officer. • Changed Physician Advisor to Medical Director throughout policy. **10/16:** • Changed CCMS to Clinical Software System. **10/15:** • Clarification of OON benefit criteria and timeframes. • Text added to specify that MFC is not required to cover services rendered out of the country.