Children's Hospital and Health System
CCHP - Out of Network Policy and Procedure

This policy applies to the following entity(s):

☐ CHW – Milwaukee	☐ CHW - Fox Valley
☐ CHHS Foundation	☐ CHW - Surgicenter
☐ CHW – Community Services Division	☒ Children's Community Health Plan
☐ Children's Medical Group - Primary Care	☐ Children's Specialty Group
☐ Children's Medical Group - Urgent Care	☐ CHHS Corporate Departments

Medical Utilization Management Policy

SUBJECT: OUT OF NETWORK SERVICES

INCLUDED PRODUCT(S):

Medicaid	Commercial	Marketplace
☒ BadgerCare Plus	☒ Together with CCHP	☒ Together with CCHP
☒ Care4Kids Program		

PURPOSE OR DESCRIPTION:

Children's Community Health Plan (CCHP) reviews the coverage/benefit determinations and the medical necessity of requests for services from out of network providers. For Medicaid members CCHP follows BadgerCare Plus standards for access and distance[1] in an objective and consistent manner. For Together members services covered from an out of network provider are defined in the Explaination of Coverage (EOC). This policy does not apply to the Designated Provider Network contracts for transplant and congenital heart disease services which are considered in-network.

POLICY:

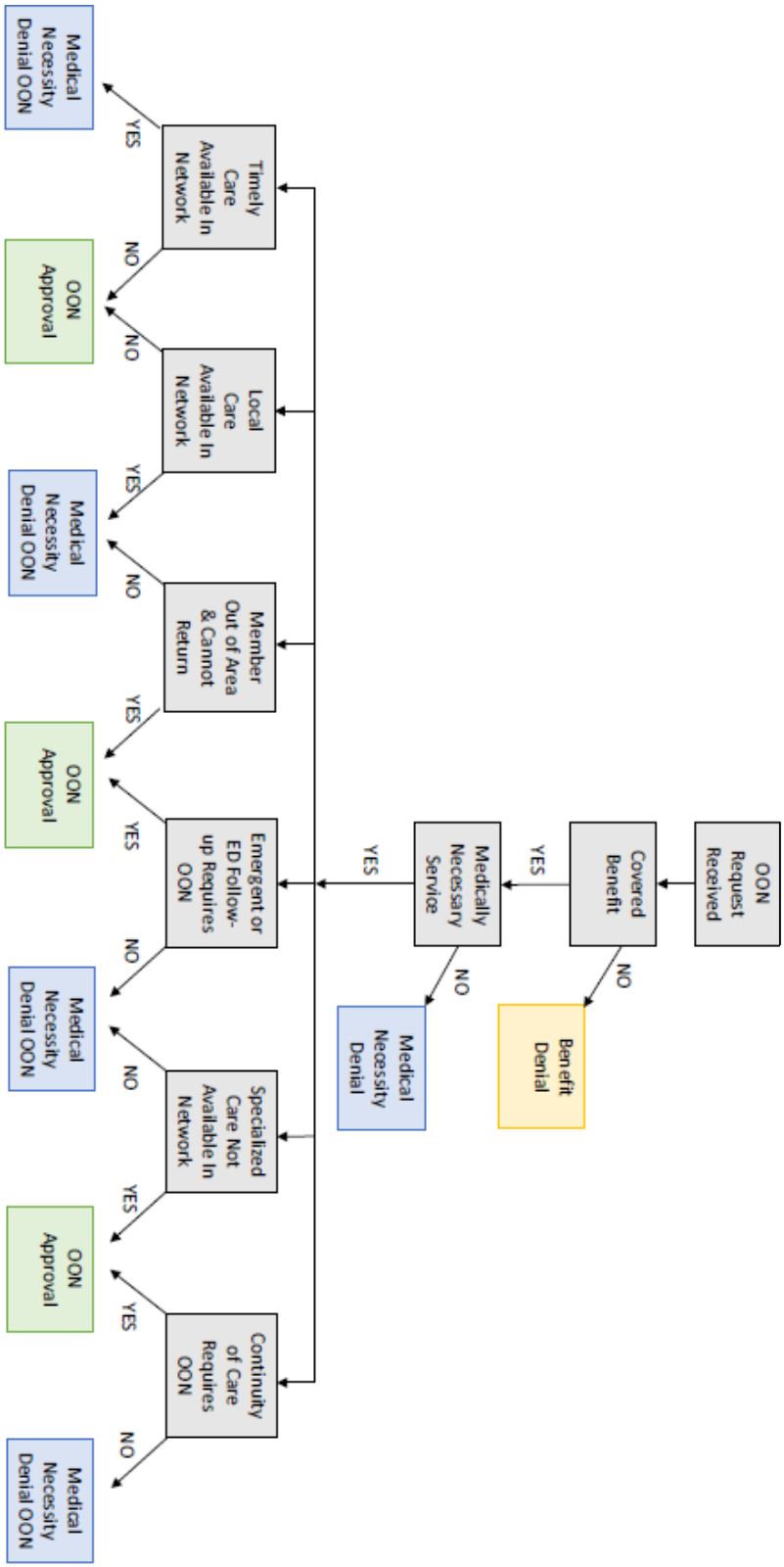
CCHP's utilization departments review requests for services from out of network providers in an objective and consistent manner. The utilization departments apply coverage/benefit determination and rules to out of network requests. CCHP's Medical Directors make all medical necessity denial determinations. Out of network requests are reviewed utilizing the following considerations:

1. Does the service requested meet CCHP coverage/benefit criteria?
2. Is the service requested considered medically necessary?

3. Is it medically necessary for the requested service to be provided by an out of network provider?
    a. Is care available in-network? This includes the need for second opinion. (See Appendix A: CCHP Availability of Practitioners Policy and Procedure)
    b. Is timely care available in network? (See Appendix B: CCHP Accessibility of Practitioners Policy and BadgerCare Plus Contract pgs 123-140[1])
        i. PCP
            1. Wait time no longer than 30 days for an appointment with a PCP
        ii. Behavioral Health
            1. Wait time no longer than 30 days for an appointment with a behavioral health provider and no more than 90 days for a psychiatric appointment
            2. Wait time no more than 72 hours for medication-assistant treatment of opioid use disorder
        iii. Prenatal
            1. No more than 30 days for routine prenatal appointment
            2. High Risk – within 2 weeks of request for an appointment or within 3 weeks if the request is for a specific HMO practitioner, who is accepting new patients
                a. High Risk defined as[2]:
                    i. Women with a previous poor birth outcome (e.g., preterm infant, low birth weight, high birth weight, or infant death)
                    ii. Women with a chronic condition that could negatively affect their pregnancy (e.g., diabetes, severe hypertension)
                    iii. Women under 18 years of age
    c. Is local care available in network? (See Appendix B: CCHP Accessibility of Practitioners Policy and BadgerCare Plus Contract pgs 123-140.[1] Per BadgerCare Plus guidelines members who reside in Brown, Dane, Kenosha, Milwaukee, Ozaukee, Racine, Washington and Waukesha counties will be considered urban and urban driving distances will apply. Members who reside in all other counties will be considered rural and rural driving distances will apply.) OON services will be considered medically necessary if there is no in network service available within the driving distance listed below AND the out of network service location is closer than the nearest in network service location.
        i. For PCP and OB/GYN
            1. Urban Driving Distance: Within 20 miles of member's home
            2. Rural Driving Distance: Within 30 miles of member's home
        ii. For Behavioral Health and Substance Abuse Providers
            1. Urban Driving Distance: Within 35 miles of member's home
            2. Rural Driving Distance: Within 35 miles of member's home
        iii. For Urgent Care, Hospitals, and Subspecialty services
            1. Urban Driving Distance: Within 20 miles of member's home
            2. Rural Driving Distance: Within 35 miles of member's home
        iv. For Other Services (ie PT, OT, Speech, DME providers for supply pick-up, etc.)
            1. Urban Driving Distance: Within 20 miles of member's home
            2. Rural Driving Distance: Within 35 miles of member's home
    d. Is the member out of the area (traveling) and cannot return to the coverage area? (residence remains within coverage area)

e. Was the member seen emergently and/or follow-up services require an out of network provider?
    i. Emergency defined as[3]:
        1. A medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that a prudent layperson, who possesses an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention to result in:
        2. Placing the health of the individual (or, with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy.
        3. Serious impairment of bodily functions, or
        4. Serious dysfunction of any bodily organ or part.
    ii. With respect to a pregnant woman who is in active labor:
        1. Where there is inadequate time to effect a safe transfer to another hospital before delivery; or
        2. Where transfer may pose a threat to the health or safety of the woman or the unborn child.
    iii. A psychiatric emergency involving a significant risk or serious harm to oneself or others.
    iv. A substance abuse emergency exists if there is significant risk of serious harm to a member or others, or there is likelihood of return to substance abuse without immediate treatment.
f. Does the complexity/specialization of a member's care require out of network service?
    i. Defined as severity of illness, degree of impairment or disability, and level of comprehensive care management.[4]
g. Is an out of network service needed for continuity of care. Will changing to an in network service negatively affect the quality of care provided to the member.
    i. Example: The OON provider has already provided care to the member and can provide better follow up care than an in network provider.
    ii. Example: Because the member has already established a relationship with the OON provider an in-network provider is unwilling to take over care.
    iii. (See Appendix C: CCHP Policy Continuity of Care:Termination and Suspension of a Provider and BadgerCare Plus Contract pgs 123-140[5]).

PROCEDURE:


OON Request Received
Covered Benefit
YES
NO
Benefit Denial
Medically Necessary Service
YES
NO
Medical Necessity Denial
Timely Care Available In Network
YES
Medical Necessity Denial OON
NO
OON Approval
Local Care Available In Network
NO
YES
Medical Necessity Denial OON
Member Out of Area & Cannot Return
NO
YES
OON Approval
Emergent or ED Follow-up Requires OON
YES
NO
Medical Necessity Denial OON
Specialized Care Not Available In Network
NO
YES
OON Approval
Continuity of Care Requires OON
YES
NO
Medical Necessity Denial OON

References:

1. Contract for BadgerCare Plus and/or Medicaid SSI HMO Services Between the HMO and The Department of Health Services. January 1, 2020 through December 31, 2021; updated 12/17/19. Article V; Section V. Provider Network and Access Requirements; C. Written Standards for Accessibility of Care; pgs 123 – 140.

2. Contract for BadgerCare Plus and/or Medicaid SSI HMO Services Between the HMO and The Department of Health Services. January 1, 2020 through December 31, 2021; updated 12/17/19. Aricle X; Section X Quality Assessment Performance Improvement; L. Improving Birth Outcomes pg 185.

3. Contract for BadgerCare Plus and/or Medicaid SSI HMO Services Between the HMO and The Department of Health Services. January 1, 2020 through December 31, 2021; updated 12/17/19. Article I; Section A. Definitions pgs 15-16.

4. Definition of Serious and Complex Medical Conditions; Carole A. Chrvala, PHD, and Steven Sharfstein, MD; Committee on Serious and Complex Conditions; Division of Health Care Services; Institute of Medicine, 1999; pg 19.

5. Contract for BadgerCare Plus and/or Medicaid SSI HMO Services Between the HMO and The Department of Health Services. January 1, 2020 through December 31, 2021; updated 12/17/19. Article II; Section II Enrollment and Disenrollment C. Exemptions pg 48.

Appendices:

A. CCHP Availability of Practitioners Policy and Procedure

B. CCHP Accessibility of Practitioners Policy and Procedure

C. CCHP Continuity of Care: Termination and Suspension of a Provider Policy and Procedure