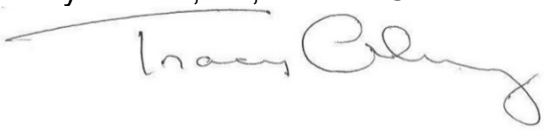
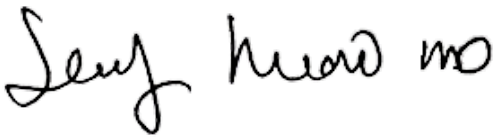
Policy Title: Out of Network Services		**POLICY #: 10.02.41** **Line of business: Medi-Cal**	
Department Name: Utilization Management	**Original Date** 5/98	**Effective Date** 5/19	**Revision Date** 12/18, 3/22, 7/22, 9/22, 2/23, 3/24
VP Approval Tracy Alvarez, VP, Medical Care Solutions 		**Date of Approval:** 3/12/2024	
Medical Services/P&T Committee: (If Applicable) PHP CMO Jennifer Nuovo, MD 		**Date of Committee Review:** 3/12/2024	

A. **PURPOSE:**

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

B. **DEFINITIONS:**

1. "American Indian" means an individual meeting any of the following criteria:
    a. Is a member of a federally recognized Indian tribe;
    b. Resides in an urban center and meets one or more of the four following criteria:
        i. Is a member of a tribe, band, or other organized group of Indians, including those tribes, bands, or groups terminated since 1940 and those recognized now or in the future by the state in which they reside, or who is a descendant, in the first or second degree, or any such member;
        ii. Is an Eskimo or Aleut or other Alaska Native;
        iii. Is considered by the Secretary of the Interior to be an Indian for any purpose; or
        iv. Is determined to be an Indian under regulations issued by the Secretary of Health and Human Services.
    c. Is considered by the Secretary of the Interior to be an Indian for any purpose; or
    d. Is considered by the Secretary of Health and Human Services to be an Indian for purposes of eligibility for Indian health care services, including as a California Indian, Eskimo, Aleut, or other Alaska Native.

2. "Indian Health Care Provider (IHCP)" is defined as a health care program operated by:
    a. The Indian Health Service, which means the agency of that name within the US

Department of Health and Human Services established by the Indian Health Care Improvement Act (IHCIA) Section 601, 25 USC Section 1661;
b. An Indian Tribe, defined in the IHCIA Section 4(14), 25 USC Section 1603(14);
c. A Tribal Organization, defined in the IHCIA Section 4(25), 25 USC Section 1603(26);
d. An Urban Indian Organization, defined in the IHCIA Section 4(29), 25 USC Section 1603(29).

C. **POLICY:**

I. It is the policy of Blue Shield Promise 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 Blue Shield Promise 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.

D. **PROCEDURE**

I. Blue Shield Promise will provide its clinical protocols and evidence-based practice guidelines governing Prior Authorization, Concurrent Review, and Retrospective Review to all out-of-network providers providing services to its members. Blue Shield Promise will arrange to provide these protocols and guidelines at the time that it enters into an agreement with an out-of-network provider for services provided to our members.

II. Blue Shield Promise 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. Blue Shield Promise will authorize an out-of-network provider to provide the second opinion by a specialist not available in network, in accordance with 42 Code of Federal Regulations (CFR) §438.206.
   c. Member is experiencing specific circumstances or care needs, and use of a noncontracted/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 Blue Shield Promise 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 Blue Shield Promise 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 Blue Shield Promise approved criteria/guidelines.

VI. Blue Shield Promise will permit an American Indian Member to obtain covered services from an out-of-network IHCP without requiring a referral from a network PCP or Prior Authorization.
    a. IHCPs, whether in the Blue Shield Promise network or out-of-network, can provide referrals directly to network providers without a referral from a network PCP or prior authorization.
    b. An American Indian Blue Shield Promise Member may receive services from an out-of-network IHCP even if there are in-network IHCPs available. When an American Indian Blue Shield Promise Member requests to receive services from an IHCP, and there is no in-network IHCP available, then Blue Shield Promise will assist the Member in locating and connecting with an out-of-network IHCP.

VII. Blue Shield Promise 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 processed within the standard or urgent timeframe based on the urgency of the request. Refer to UM P&P 10.02.08 Authorization Denial, Pending/Deferral, and/or Modification Notification and 10.02.38 Prior Authorization Review.

E. **MONITORING:**

N/A

F. **REPORTING:**

N/A

G. **REFERENCES & ATTACHMENTS:**

1. 22 California Code of Regulations section 53855(a)
2. 42 CFR sections 438.206; 438.210; 438.404(a)
3. 2024 DHCS Contract Exhibit A, Attachment III, Section 2.3 Utilization Management Program
4. 2024 DHCS Contract Exhibit A, Attachment III, Section 3.2.3 Out-of-Network Provider Relations
5. 2024 DHCS Contract Exhibit A, Attachment III, Section 4.3.11 Transitional Care Services
6. APL 24-002
7. California Health & Safety Code section 1367.01(h)(1)

8. 10.02.08 Authorizations Denial, Pending/Deferral, and/or Modification Notification
9. 10.02.38 Prior Authorization Review
10. Welfare & Institution Code section 14103.6

H. **REVISION HISTORY:**

Date	Modification (Reviewed and/or revised)	E-Filing Number
3/2024	2024 Annual Review • Reviewed regulatory requirements per DHCS • Minor formatting/grammatical updates • Added APL 24-002 content • Updated references	
2/2023	Updated DHCS regulatory requirements	