

 MedStar Family Choice <small>DISTRICT OF COLUMBIA</small>		
ADMINISTRATIVE POLICY AND PROCEDURE		
Policy #:	124.DC	
Subject:	Out of Network/Out of Area Care	
Section:	Clinical Operations	
Initial Effective Date:	10/01/2020	
Revision Effective Date(s):	07/21, 07/22, 07/23, 07/24, 07/25	
Review Effective Date(s):		
Responsible Parties:	Manager, Utilization Management	
Responsible Department(s):	Clinical Operations – Utilization Management	
Regulatory References:	DC Municipal Regulations Rule: 42 C.F.R.§ 431.51 District of Columbia Contract: Sections C.3.171, C.5.29.14, C.5.29.14.1, C.5.29.4.3, C.5.29.7.4, C.5.29.10.2 EQRO Systems Performance Review:	
Approved:	Director of Clinical Operations	Senior Medical Director (Chief Medical Officer-DC)

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

Scope: MedStar Family Choice District of Columbia (MedStar Family Choice DC)

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 Enrollee for the OON services. MedStar Family Choice District of Columbia will complete a negotiated fee agreement with an OON provider when they are unwilling to accept the Medicaid fee schedule .

Definitions:

1. Out of Service Area: Care rendered outside of the District of Columbia.
 - a. Out of Service Area and Out of Network emergent care for DC Healthy Families Enrollees do not require prior authorization.

- b. Out of Service Area and Out of Network care is not a covered benefit for DC Alliance Enrollees.
2. Out of Network:
- a. Care rendered by a non-participating provider or practitioner.
 - b. An individual or entity that does not have a written Provider Agreement with a Managed Care Plan (MCP) and, therefore, is not identified as enrolled in the MCP's network.

Procedure:

1. The Prior Authorization (PA) Nurse who is a Licensed Practical Nurse (LPN) or Registered Nurse (RN) receives the OON requests and contacts the referring provider to attempt to redirect to in-network provider.
2. If the redirection is successful, the PA Nurse will follow standard procedures for authorizing.
3. If the redirection is not successful, the PA Nurse will gather all necessary clinical information to make a decision and send a 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 PA Nurse will complete the authorization. Continuation of treatment through the lesser of the current period of active treatment or for up to a 90-calendar days transition period for Enrollees undergoing treatment for a chronic or acute medical condition is permitted. There will be no charge to the Enrollee for the OON services as long as they are deemed medically necessary.
 - a. The out of network provider must agree to the following:
 - i. To continue the Enrollee'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 DC.
 - iii. To continue to follow MedStar Family Choice DC's UM policies and procedures.
 - iv. To accept MedStar Family Choice DC's standard payment terms
 - b. If the OON Provider will not agree to MedStar Family Choice DC's standard payment terms, the PA Nurse or Manager of UM may escalate negotiation of a fee agreement to the Assistant Vice President of Clinical Operations or designee. The MedStar Family Choice Contracting Manager may also be consulted to determine payment terms when there is no precedent for the service.
5. In the event MedStar Family Choice DC's network is insufficient to furnish the specialty service, MedStar Family Choice DC shall pay for the cost of out of network services for

as long as a MedStar Family Choice DC's Network Provider is unable to provide the services.

6. Should the Enrollee need transportation services as well, MedStar Family Choice DC will coordinate those services.
7. For Enrollees who receive Emergency Services at OON hospital, MedStar Family Choice DC shall pay the OON hospital the District's Fee-for-Service rates. If MedStar Family Choice DC has a contract with the OON hospital, we will pay the OON hospital those contracted rates.
8. 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 PA Nurse will follow the standard decision-making process and or redirection.
9. MedStar Family Choice DC is not required to cover services rendered out of the country.
10. All documentation will occur in the clinical software system.
11. All Enrollees have the right to receive family planning services from a provider of their choice, whether the provider is in or out of the MedStar Family Choice DC's network. In addition, Enrollees do not need a referral to access family planning services. MedStar Family Choice DC will pay OON family planning providers for services provided to Enrollees and such payments will be at a rate no less than the Medicaid fee-for-service rate or in-network rates, whichever is greater.

Summary of Changes:	<p>07/25:</p> <ul style="list-style-type: none"> • Changed name Assistant Vice President of Clinical Operations to Director of Clinical Operations <p>07/24:</p> <ul style="list-style-type: none"> • MedStar logo moved to the left-hand side. • Removed names from approvers. • Changed Managed Care Organization (MCO) to Managed Care Plan (MCP) • Changed MFC-DC to MedStar Family Choice DC throughout the document. • Grammatical and formatting changes throughout the document <p>07/23:</p> <ul style="list-style-type: none"> • Changed LPN to PA Nurse • Grammatical and formatting changes throughout the document <p>07/22:</p>
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	<ul style="list-style-type: none">• Responsible Parties: Removed associates' names; added titles.• Regulatory References: Updated to reflect NCQA 2022.• Approver: Removed Dr. Patryce Toye, added Dr. Raymond Tu.• Clarified the LPN or UM Manager may escalate negotiation of fees if an OON provider is not agreeable to MFC-DC's standard payment terms.• Changed:<ul style="list-style-type: none">○ 'MFC' to MFC-DC'; 'enrollee' to 'Enrollee'; "case manager" to 'LPN' where applicable throughout the document. <p>07/21:</p> <ul style="list-style-type: none">• Updated the Responsible Parties.• Updated Responsible Department name. <p>10/20:</p> <ul style="list-style-type: none">• New policy.
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