

Children's Hospital and Health System Chorus Community Health Plans Policy and Procedure

This policy applies to the following entity(s):

- | | |
|--|---|
| <input type="checkbox"/> CHW – Milwaukee | <input type="checkbox"/> CHW - Fox Valley |
| <input type="checkbox"/> CHHS Foundation | <input type="checkbox"/> CHW - Surgicenter |
| <input type="checkbox"/> CHW – Community Services Division | <input checked="" type="checkbox"/> Chorus Community Health Plans |
| <input type="checkbox"/> Children's Medical Group - Primary Care | <input type="checkbox"/> Children's Specialty Group |
| <input type="checkbox"/> Children's Medical Group - Urgent Care | <input type="checkbox"/> CHHS Corporate Departments |

Medical Utilization Management Policy

SUBJECT: OUT-OF-NETWORK SERVICES

INCLUDED PRODUCT(S):

Medicaid

BadgerCare Plus

Care4Kids Program

Individual and Family

Commercial

Marketplace

PURPOSE OR DESCRIPTION:

Chorus Community Health Plans (CCHP) reviews the coverage/benefit determinations and the medical necessity of requests for services from out-of-network (OON) providers. For Medicaid members, CCHP follows BadgerCare Plus standards for access and distance¹ in an objective and consistent manner. For marketplace individual and family plans members, services covered from an OON provider are defined in the Explanation 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 management department reviews requests for services from OON providers in an objective and consistent manner. The utilization management department applies coverage/benefit determination and rules to OON requests. CCHP's medical directors make all medical necessity denial determinations. OON requests are reviewed using the following considerations:

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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 OON 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. Primary Care Provider (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 longer than 90 days for an appointment with a psychiatric provider
 2. Wait time no more than 72 hours for medication-assisted treatment of opioid use disorder
 - iii. Prenatal
 1. Routine prenatal care: no more than 30 days for a prenatal appointment
 2. High risk prenatal care: no more than 2 weeks of request for an appointment or no more than 3 weeks if the request is for a specific HMO practitioner who is accepting new patients
 - a. High risk defined as:¹
 - i. Members with a previous poor birth outcome (e.g., high birth weight, infant death, low birth weight, preterm infant)
 - ii. Members with a chronic condition that could negatively impact 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 OON service location is closer than the nearest in-network service location.
 - i. For primary care and obstetrics-gynecology (OB/GYN) providers:
 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, hospital, and subspecialty service providers:
 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 (i.e., physical therapy, occupational therapy, speech therapy, durable medical equipment (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

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- 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 OON provider?
 - i. Emergency defined as:¹
 - 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:
 - a. 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, or
 - b. Serious impairment of bodily functions, or
 - c. 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 exists if there is 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 OON service?
 - i. Defined as severity of illness, degree of impairment or disability, and level of comprehensive care management.²
 - g. Is an OON service needed for continuity of care? Will changing to an in-network service negatively impact 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).¹
- 4. For any OON service that is determined to be medically necessary, the services provided by an OON provider will continue to be considered medically necessary as long as the criteria listed in #3 above are met.

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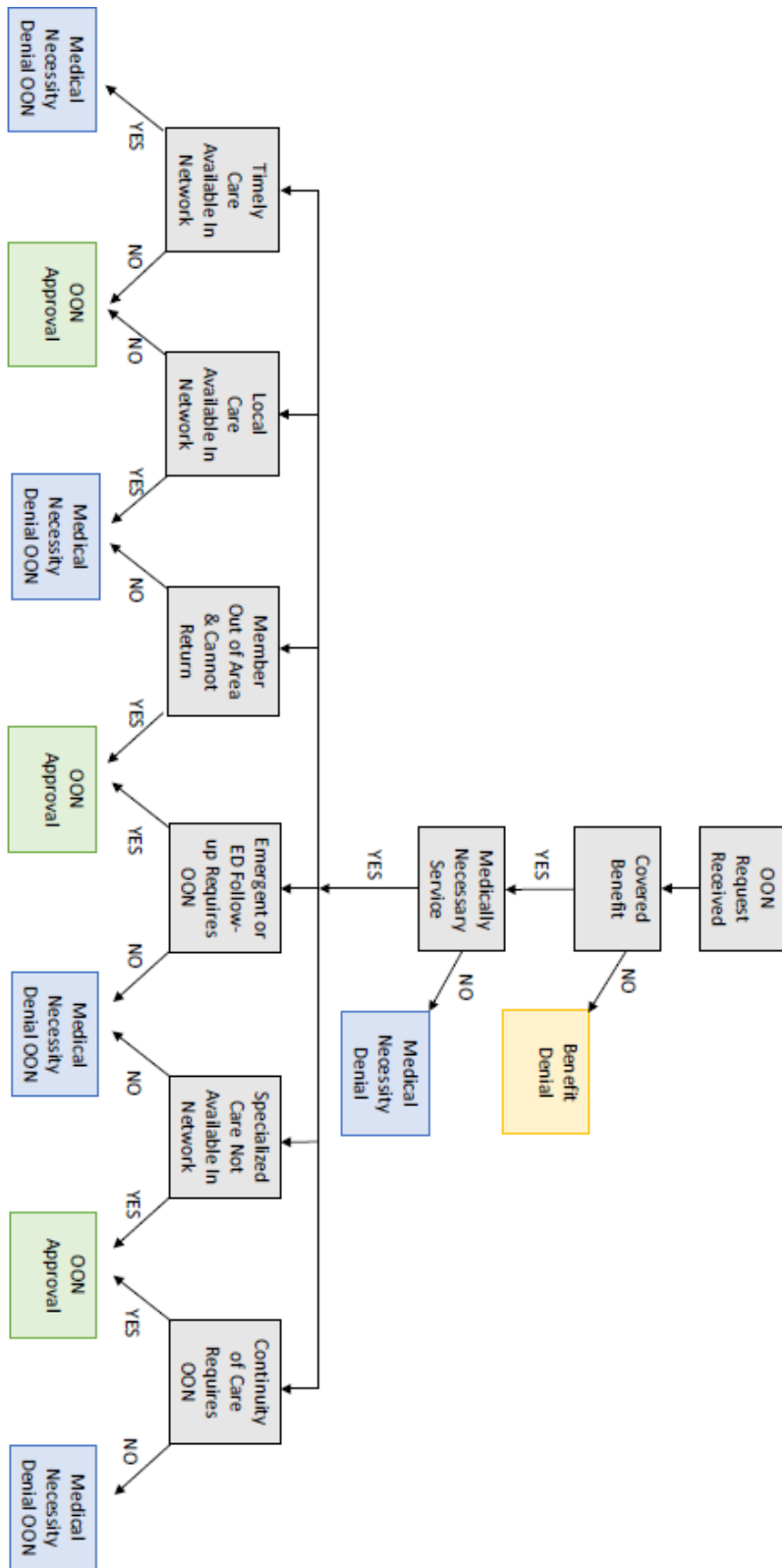
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PROCEDURE:



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References:

1. Contract for BadgerCare Plus and/or Medicaid SSI HMO Services Between the HMO and The Department of Health Services. January 1, 2022 through December 31, 2023
2. 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.

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

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