

PRIMEWEST HEALTH SYSTEM POLICY & PROCEDURE

Title: Out-Of-Network Services	Policy Number: CC03
Effective Date: May, 2002	Revised:

POLICY

PrimeWest Health will encourage members to obtain services within its network whenever those services are available. Out-of-network services will be covered when:

1. Included in the member's applicable benefit set
2. Medically necessary and not reasonably available in-network
3. Coverage is required by Minnesota Department of Health (DHS) contract requirements or state law or regulation.

A Service Authorization is required for any out-of-network services, unless provided otherwise by PrimeWest Health policy and in accordance with contractual or regulatory requirements.

In accordance with DHS contract requirements (Section 6.25), PrimeWest Health will cover certain medically necessary out-of-plan or out-of-service area services received by a member. Care and services included in the applicable benefit set and received out-of-network are covered for the following reasons:

1. The member requires medical emergency services
2. The member requires post-stabilization care services to maintain, improve, or resolve the member's condition. PrimeWest Health shall continue coverage until:
 - a. A PrimeWest Health provider assumes responsibility for the member's care
 - b. PrimeWest Health reaches an agreement with the treating provider concerning the member's care
 - c. PrimeWest Health has contacted the treating provider to arrange for a transfer
 - d. The member is discharged
3. The member is out of the Service Area and requires Urgent Care
4. The member is out of the Service Area and in need of non-emergency medical services that are or have been prescribed, recommended or are currently being provided by a participating provider
5. PrimeWest Health may require Service Authorization when the member is authorized for out-of-plan care or out-of-service area care, PrimeWest Health shall reimburse the non-participating provider for such services pursuant to Section 6.25.3 of the DHS contract
6. The member moves out-of-service area and this change is entered on MMIS after the cut-off date, and a payment has been or will be made to PrimeWest Health for coverage for the member for that same or next month. PrimeWest Health shall reimburse, at no less than the Medical Assistance or General Assistance Medical Care (GAMC) fee-for-service rate, any services provided by non-participating providers to the member during the balance of the month or the month after which the member has moved. PrimeWest Health conditions reimbursement of

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- the out-of-plan services based on Service Authorization to receive such services except for service needed to respond to a medical emergency
7. Pregnancy-related services the member receives in connection with an abortion, including, but not limited to, transportation and interpreter services
 8. During transition of care as described in separate policy

<p>Originally Approved By: C. McKinzie, MD, Medical Director K. Rau, Director, Care Coordination</p>	<p>Date: May 21, 2002</p>
<p>C. McKinzie, MD, Medical Director K. Rau, Director, Care Coordination Kris Wilson</p>	<p>Reviewed: 12/04</p>
<p>C. McKinzie, MD, Medical Director K. Rau, Director, Care Coordination QCCC</p>	<p>Reviewed/Revised: 04/05</p>
<p>C. McKinzie, MD, Medical Director K. Rau, Director, Care Coordination QCCC</p>	<p>Reviewed: 03/06</p>
<p>C. McKinzie, MD, Medical Director K. Rau, Director, Care Coordination QCCC</p>	<p>Reviewed/Revised: 02/07</p>



3.6.08

Designated Senior Physician Acting as PrimeWest Health's Medical Director
 Dr. Charles McKinzie, MD/Date



3.6.08

PrimeWest Health Joint Powers Board of Directors/Date

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PROCEDURE FOR: Out-Of-Network Services CC03

Education Regarding In-Network Services

Members: PrimeWest Health will encourage members to use in-network services whenever possible. This educational process will begin at enrollment using the *Certificate of Coverage* and other new member information. PrimeWest Health will continue educational contacts throughout the member's participation in PrimeWest Health.

Providers: PrimeWest Health will work with its provider network to educate providers about PrimeWest Health's policy to use in-network providers whenever those providers are available and meet the needs of members.

Communicating Referral Policy

Referrals to out-of-network providers will be subject to Service Authorization.

Members: The *Certificate of Coverage* and other member information contain instructions for members including contact points and telephone numbers to initiate the Service Authorization process. PrimeWest Health works with members to facilitate the referral process.

Providers: PrimeWest Health notifies providers of the Service Authorization requirements through the Administrative Manual, the *PrimePointers* newsletter, and other educational opportunities. This information includes how to initiate Service Authorization requests. PrimeWest Health will work with its providers to facilitate the referral process.

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