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PARTNERS HEALTH PLAN

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# Out-of-Network Coverage Rules

If a medically necessary service or benefit is unavailable within PHP Care Complete FIDA-IDD Plan's provider network, your care coordination team will authorize the out-of-network services subject to utilization review. An out-of-network provider is one which Partners Health Plan has not contracted with for reimbursement at a negotiated rate. These types of providers have also not received any education or training on our membership, Utilization Management policies, practice guidelines, and other rules and regulations governing this specialized managed care program.

To be authorized, the out-of-network provider must meet the following criteria:

- Provider is certified by Medicare and/or Medicaid
- PHP Care Complete FIDA-IDD Plan would not exclude the provider from the network due to documented quality of care concerns
- Provider is willing to accept payment based on the current Medicare/Medicaid fee schedule, as applicable, by entering into a single case Letter Of Agreement (LOA) with PHP Care Complete FIDA-IDD Plan
- Provider agrees to comply with PHP Care Complete FIDA-IDD Plan's practice guidelines and Utilization Management policies
- Provider agrees to communicate as needed with Participant's care coordination team and IDT and share all records and documents relating to the participant's care

PHP Care Complete FIDA-IDD Plan's provider relations team will make reasonable efforts to recruit providers into the network to address any identified network gaps and/or to enhance access to services for participants. The care coordination team/IDT may also consult with the Chief Medical Officer, the Chief of Care Coordination, and/or other appropriate professionals during the service authorization process.

**Services Excluded from this Policy:**

- Emergency Services
- Urgent Care
- Out-of-Network Dialysis when Participant is out of the Service Area
- Family planning and Women's Health specialist services
- For any Participant that is an Indian eligible to receive services from a participating Indian health care provider; Indian Health Service (IHS); and Indian Tribe, Tribal Organization, or Urban Indian Organization (I/T/U) provider; covered services provided by that I/T/U provider, as long as that provider has capacity to provide the services

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