Benefit Coverage

Covered Benefit for lines of business including:
Health Benefits Exchange (HBE), Rite Care (MED), Children with Special Needs (CSN), Substitute Care (SUB), Rhody Health Partners (RHP), Rhody Health Expansion (RHE) Medicare-Medicaid Plan (MMP) Integrity
Excluded from Coverage:
Extended Family Planning (EFP)

Description/Definitions

Services considered to be "covered benefits" which are rendered to members by out-of-network (non-participating) practitioners/providers or when the member is located out-of-area are covered when conditional criteria are met.

Out-of-network services are those services, treatments, and/or procedures provided to members by practitioners or providers who are not participating in the Neighborhood Health Plan of Rhode Island (Neighborhood) network.

Out-of-area services include those services provided by practitioners and/or providers outside of Rhode Island and its border communities that do not hold a participating provider contract with Neighborhood.

Continuity of Care describes a relationship with a physician or other health care provider that is ongoing and endures over time, during periods of illness and health; it is expected that the provider is familiar with the member's past medical and personal history. Neighborhood's expectation is that all clinicians involved in a member's health care communicate, collaborate to coordinate the member's care, and understand the goals for the member's health care.

Coverage Determination

Neighborhood has a broad network of practitioners and providers and will work with members and their practitioners/providers to evaluate the availability of necessary services within the local delivery system.

Neighborhood evaluates the medical necessity of requests for services from out-of-network practitioners/ providers.

Authorization **NOT** Required	1. Covered emergent and urgent care services rendered in emergency rooms and urgent care centers are authorized without review. 2. Out of Network/Area dialysis is covered with no authorization required for the **Integrity population only.** All other lines of business will require prior authorization.
Requires Authorization	1. Requests for non-emergency care from non-participating practitioners or providers. 2. Services requested to preserve continuity of care, namely an on-going clinical relationship *(see criteria below for specific details).*

Criteria

1. Requests for services for **non-emergency** care from out-of-network practitioners or providers are considered if
   - ☐ the primary care practitioner and/or In-Network provider refers the member to the out of network provider, **AND**
   - ☐ the out of network provider agrees to communicate findings and treatment plan with the member's referring practitioner **AND**
   - ☐ one (1) of the following criteria are met:
     a. Services are not available within the participating provider network.

     b. Member is temporarily outside the service area and the service cannot be delayed.

     c. Ongoing treatment is required for an acute medical condition, or if the member is undergoing active treatment for a chronic condition at the time the member's practitioner terminates his/her contract with Neighborhood.

2. Post stabilization care

   Please note: the organization's (Neighborhood's) financial responsibility for post-stabilization care services that have not been pre-approved ends when –
   a. a plan physician with privileges at the treating hospital assumes responsibility for the enrollee's care, **OR**
   b. a plan physician assumes responsibility for the enrollee's care through transfer, **OR**
   c. a Neighborhood representative and the treating physician reach an agreement concerning the enrollee's care, **OR**
   d. the enrollee is discharged.

3. Services requested are to preserve continuity of care, namely an on-going clinical relationship with a non-participating specialty care practitioner of an unavailable subspecialty, including but not limited to:
    a. Those receiving treatment for an acute medical condition or an acute episode of a chronic illness,
    b. Members who are unable to be transitioned to a provider with comparable or greater expertise. It is expected that if the specialty is available in network, the transition will occur within six (6) months.

4. Children who are in foster care and are members who are legitimately a Rhode Island resident but are not living in the State of Rhode Island at that time. Once the child in foster care/member is living in the State of Rhode Island, it would be expected that the transfer back to an in network or the original provider will be made within six (6) months.

5. Members newly enrolled (New to Neighborhood or changing lines of business) to the Children with Special Health Care Needs (CSN), Substitute Care (SUB), Rhody Health Expansion (RHE), Rite Care (MED), Rite Care (MED), Rhody Health Partners (RHP), or Medicare Medicaid Plan (MMP) Integrity line of business who have an existing relationship with a non-participating practitioner/provider have six (6) months from the date of enrollment to transition services to a Neighborhood participating practitioner/provider.

6. Members newly enrolled (New to Neighborhood or changing lines of business) to the Health Benefits Exchange line of business, Individual Market only, lines of business who have an existing relationship with a non-participating practitioner/provider have (3) months from the date of enrollment to transition services to a Neighborhood participating practitioner/provider under certain circumstances.

7. Female members enrolled in RIteCare, Children with Special Health Care Needs (CSN), Substitute Care (SUB), Medicare-Medicaid Plan (MMP) Integrity, Rhody Health Expansion (RHE), or the Rhody Health Partners (RHP) lines of business are allowed access to an out of network women's health care specialist for routine and preventive services. A women's' health care specialist may include a gynecologist a certified nurse midwife, or another qualified health care professional.

8. Ancillary services required during a transition period for new members, until such practitioner/provider becomes contracted or member can safely be redirected to an in-network practitioner/provider with comparable or greater expertise in treating the needs of the member.

Authorization Forms

Please access Prior Authorization forms by visiting Neighborhood's website at www.nhpri.org

1. Go to the section for Providers
2. Click on "Resources & FAQ's"
3. Click on "Medical Management Request Forms"- forms are listed alphabetically by program.

Prior Authorization Forms

For assistance with prior authorizations please contact Clinical Administrative Support at 401-459-6060.
Fax authorization forms to 401-459-6023.

Covered Codes: For information on Coding please reference the Authorization Quick Reference Guide

CMP Cross Reference:

Created:	September 2007
Annual Review Month:	March
Review Dates:	12/29/09, 10/23/12, 1/21/14, 09/05/14, 3/3/15, 2/18/16, 2/28/17, 2/27/18, 3/6/19
Revision Dates:	11/03/10, 1/21/14, 09/05/14, 3/3/15, 2/18/16, 2/27/18, 3/6/19
CMC Review Date:	12/06/11, 11/13/12, 1/21/14, 09/16/14, 3/3/15, 3/1/16, 3/14/17, 3/20/18, 3/6/19
Medical Director Approval Dates:	2/12/08, 11/09/10, 12/28/11, 11/13/12, 1/28/14, 3/3/15, 3/1/16, 3/22/17, 4/12/18, 3/7/19
Effective Dates:	1/28/14, 3/3/15, 3/14/16, 3/23/17, 4/12/18, 3/7/19

Neighborhood reviews clinical medical policies on an annual base.

Disclaimer:
This medical policy is made available to you for informational purposes only. It is not a guarantee of payment or a substitute for your medical judgment in the treatment of your patients. Benefits and eligibility are determined by the member's coverage plan; a member's coverage plan will supersede the provisions of this medical policy. For information on member-specific benefits, call member services. This policy is current at the time of publication; however, medical practices, technology, and knowledge are constantly changing. Neighborhood reserves the right to review and revise this policy for any reason and at any time, with or without notice.

References:
Contract between State of RI and Providence Plantations Department of Human Services and Neighborhood Health Plan of Rhode Island, Inc, For the Provision of Health Plan Services. 2.08.03.08

The Merck Manual of Health and Aging. Continuity of Care. Section 2, Chapter 9
http://www.merck.com/pubs/mmanual_ha/sec2/ch09/ch09a.html