

<b>HEALTH PLAN POLICY</b>	
<b>Policy Title:</b> Out of Network Payment Policy	<b>Policy Number:</b> OPC30 <b>Revision:</b> B
<b>Department:</b> Operations	<b>Sub-Department:</b> Claims
<b>Applies to Product Lines:</b> <input type="checkbox"/> Medicaid <input checked="" type="checkbox"/> USFHP <input type="checkbox"/> Children’s Health Insurance Plan <input checked="" type="checkbox"/> Commercial Insured <input checked="" type="checkbox"/> Health Insurance Exchange <input checked="" type="checkbox"/> Non Insured Business <input checked="" type="checkbox"/> Medicare	
<b>Origination/Effective Date:</b> 02/08/2018	
<b>Reviewed Date(s):</b>	<b>Revision Date(s):</b> 05/22/2019, 03/11/2020

**SCOPE:**

The purpose of this policy is to provide *Out-of-Network* payment policies for all CHRISTUS Health Plans lines of business. Coverage for Out of Network (OON) services provided to a CHRISTUS Health Plan member depends on several factors, including whether the services meet the plan’s definition of Covered Services and whether the plan’s utilization management requirements have been satisfied.

**DEFINITIONS AND ACRONYMS:**

- **Covered Service(s) or Covered Benefit** means a benefit or service incurred by or on behalf of a Member for those services or supplies which are:
  - Administered or ordered by a Physician or other qualified Provider;
  - Medically Necessary to the diagnosis and treatment of an Injury or Illness;
  - Not excluded by any provision of the Contract; and
  - Incurred while the Member’s coverage is in force under the Contract.
- **Emergency Medical Condition --** is 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, would reasonably expect the absence of immediate medical attention to result in:
  - Serious jeopardy to the health of the individual or, in the case of a pregnant woman, the health of the woman or her unborn child;
  - Serious impairment to bodily functions; or
  - Serious dysfunction of any bodily organ or part

\*\* Emergency medical condition status is not affected if a later medical review found no actual emergency present.

- **Urgently Needed Services** – covered services that:
  - Are not emergency services as defined in this section but are medically necessary and immediately required as a result of an unforeseen illness, injury, or condition;
  - Are provided when:
    - The enrollee is temporarily absent from the plan’s service area and therefore, he/she cannot obtain the needed service from a network provider; or
    - When the enrollee is in the service or continuation area but the network is temporarily unavailable or inaccessible; and
      - Given the circumstances, it was not reasonable, for the enrollee to wait to obtain the needed services from his/her regular plan provider after the enrollee returns to the service area or the network becomes available.

## HEALTH PLAN POLICY

**Policy Title:** Out of Network Payment Policy

**Policy Number:** OPC30

**Revision:** B

- **Out of Network (OON) Services** are services provided by a provider who is not within the network.
- **In Network (INN) Services** are services provided by a provider who is within the network.
- **A Qualified Service** is a service where the TRICARE Manuals specify that an OON provider must be paid according to the INN benefit.
- **An Unqualified Service** is a service where the TRICARE Manuals specify that an OON provider must be paid at the POS benefit.

### **POLICY:**

#### **Health Insurance Exchange: Texas**

All non-emergent OON services require prior authorization. Emergent OON services are covered at the INN benefit if the condition meets the plan's definition of an Emergency Medical Condition. The patient is financially responsible for non-covered OON services and applicable copay, coinsurance, or deductibles.

Covered OON services are reimbursed according to the following payment hierarchy for OON services:

- 100% of Medicare rates,  
if no rate available then,
- 40% of billed charge,

#### **Medicare Advantage**

All non-emergent/urgent needed OON services require prior authorization. Emergent/urgently needed OON services are covered at the INN benefit if the condition meets the plan's definition of an Emergency Medical Condition or urgently needed condition. The patient is financially responsible for non-covered OON services and applicable copay, coinsurance, or deductibles.

Covered OON services are reimbursed at 100% of Medicare rates.

- Acute inpatient hospital claims are reimbursed based on the Medicare Inpatient Prospective Payment System (IPPS). Payment is based on diagnosis related groups (DRG).
- Outpatient hospital claims are reimbursed based on the Medicare Outpatient Prospective Payment System (OPPS) and Ambulatory Payment Classifications (APC).

#### **USFHP**

Emergent and Urgently Needed OON services are covered at the INN benefit if the condition meets the plan's definition of an Emergency Medical Condition or Urgently Needed Service. The patient is financially responsible for non-covered OON services and applicable copay, coinsurance, or deductibles.

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<b>Policy Title:</b> Out of Network Payment Policy	<b>Policy Number:</b> OPC30 <b>Revision:</b> B

Unqualified, Covered OON services are reimbursed at 100% of TRICARE/CHAMPUS rates less member liability at the Point of Service benefit. Qualified, Covered OON services are reimbursed at 100% of TRICARE/CHAMPUS rates less member liability at the Plan benefit.

- Acute inpatient hospital claims are reimbursed based on the TRICARE/CHAMPUS DRG-Based Payment System.
- Outpatient hospital claims are reimbursed based on the TRICARE Outpatient Prospective Payment System (OPPS)/Ambulatory Payment Classifications (APC).

**Member Cost-Sharing**

Covered services may be subject to applicable member out-of-pocket cost (e.g., copayment, coinsurance, deductible).

**REFERENCES:**

- <https://www.cms.gov>
- <https://health.mil/Military-Health-Topics/Business-Support/Rates-and-Reimbursement>

**RELATED DOCUMENTS:**

None

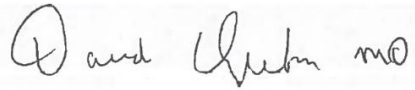
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**REVISION HISTORY:**

<b>Revision</b>	<b>Date</b>	<b>Description of Change</b>	<b>Committee</b>
New	02/08/2018	Initial release.	Executive Leadership
A	05/22/2019	Yearly review. Removed Medicaid STAR and CHIP from the policy.	Executive Leadership
B	03/11/2020	Yearly review. Updated Definitions and Acronyms, References, and verbiage throughout policy. Removed section for New Mexico health exchange.	Executive Leadership