

**Government Business Division
Policies and Procedures**

Section (Primary Department) Utilization Management		SUBJECT (Document Title) Prior Authorization for Non-Contracted Specialists/Facilities - CA	
Effective Date 08/24/2006	Date of Last Review 04/18/2024	Date of Last Revision 04/18/2024	Dept. Approval Date 04/18/2024
Department Approval/Signature:			

Policy applies to health plans operating in the following State(s). Applicable products noted below.

Products	<input type="checkbox"/> Arkansas	<input type="checkbox"/> Iowa	<input type="checkbox"/> Nevada	<input type="checkbox"/> Tennessee
<input checked="" type="checkbox"/> Medicaid/CHIP	<input checked="" type="checkbox"/> California	<input type="checkbox"/> Kentucky	<input type="checkbox"/> New Jersey	<input type="checkbox"/> Texas
<input type="checkbox"/> Medicare/SNP	<input type="checkbox"/> Colorado	<input type="checkbox"/> Louisiana	<input type="checkbox"/> New York	<input type="checkbox"/> Virginia
<input type="checkbox"/> MMP/Duals	<input type="checkbox"/> District of Columbia	<input type="checkbox"/> Maryland	<input type="checkbox"/> New York (WNY)	<input type="checkbox"/> Washington
	<input type="checkbox"/> Florida	<input type="checkbox"/> Minnesota	<input type="checkbox"/> North Carolina	<input type="checkbox"/> West Virginia
	<input type="checkbox"/> Georgia	<input type="checkbox"/> Missouri	<input type="checkbox"/> Ohio	<input type="checkbox"/> Wisconsin
	<input type="checkbox"/> Indiana	<input type="checkbox"/> Nebraska	<input type="checkbox"/> South Carolina	

POLICY:

Anthem Medicaid is committed to providing continuity, coordination and quality of health care services for its members. The purpose of this policy is to define the process for authorization of non-contracted specialty care providers. This policy applies to all counties that Anthem is the stated Health plan and, in any instance, where Anthem is a subcontractor to another Medi-Cal Managed Care Plan.

Capitated medical groups/Independent Provider Associations (IPA) delegated for certain activities, including specialist referrals, perform prior authorization for non-contracted specialist referrals for their assigned members. Anthem assists delegated groups in locating specialists upon request.

Emergency services provided at non-contracted facilities or provided by non-contracted physicians do not require prior authorization. Authorization from UM is not required for Medi-Cal members who self-refer (see Self-Referral) for sensitive services, even if services are rendered out-of-network.

DEFINITIONS:

None

PROCEDURE:

The Primary Care Provider (PCP) is the principal coordinator of care when members require medical services from other health care service providers, such as specialists. When there is no in network provider or specialist available, the PCP calls/faxes the Utilization Management (UM) Department to request assistance in identifying an in-network provider or an initial pre-service authorization for an out-of-network (OON) provider. Anthem’s Prior-Authorization Department creates a case and identifies an appropriate Specialist or facility. If the Prior-

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Authorization Department cannot identify a Specialist, the case is referred to the Anthem Access to Care team.

The Access to Care (ATC) staff will use additional resources to locate an appropriate Specialist. If the Access to Care staff is unable to find an in-network specialist within the geographic area, or if they are unable to find an in-network provider that can offer timely appointments, a referral will be made to an out-of-network specialist who can.

Out-of-network specialty referrals are tracked in the electronic Utilization Management system. An Authorization and a Claims data report is published on a quarterly basis which may be reconciled to determine whether or not the member utilized the authorization.

Anthem expects the PCP to send and receive formal written communication, describing the care rendered to members who have been referred for specialty care. Providers requesting Protected Health Information (PHI) to make an informed decision regarding accepting a member as his/her patient, will be provided only the medically necessary information.

If the accepting specialist refuses the Medi-Cal rates of reimbursement, the assigned Access to Care nurse will attempt to negotiate rates. If the accepting specialist refuses the Medi-Cal rates of reimbursement and/or the specialist refuses to accept any of the rates offered, the nurse will refer the case to Healthcare Networks (contracting) to negotiate a mutually agreed upon rate of reimbursement. Once terms have been established Healthcare Networks will send a letter of agreement to the Access to Care team to be finalized including obtaining the OON specialist or facility signature on the letter of agreement. The letter of agreement will provide instructions on how to access Anthem guidelines, protocols and how to submit claims.

The assigned nurse will notify the PCP of the specialist name/address/phone number and the authorization number. The PCP will notify the member of the scheduled appointment. Approval letters will be mailed to the provider and member.

Delegated Group Providers

Delegated group providers in need of assistance for identifying a Specialist/Facility are to contact their contracted medical group/IPA. The medical group/IPA will contact Anthem for assistance when needed. The medical group/IPA maintains responsibility for authorizing, monitoring, and tracking referrals for Specialist care and notifying the PCP of the authorization.

*Facility-only requests are completed by the Prior Authorization Department.

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REFERENCES:

- Annual Network Certification Policy – CA “Section III A. Out-of- Network Access”
- CA_CAXX_079 “Transition Assistance Continuity of Care”
- DHCS Contract Exhibit A, Attachment III; 5.2.7
- LA Care Contract
- Provider Operations Manual January 2024

RESPONSIBLE DEPARTMENTS:

Primary Department:

Utilization Management (UM)

Secondary Department(s):

Case Management (CM)

EXCEPTIONS:

None

REVISION HISTORY:

Review Date	Changes
04/18/24	<ul style="list-style-type: none"> • Annual Review • Updated References section for Provider Operations Manual- 2024 version
07/26/23	<ul style="list-style-type: none"> • Annual Review • Updated References section
03/30/23	<ul style="list-style-type: none"> • Off Cycle review • Updated Procedure and References sections
01/25/23	<ul style="list-style-type: none"> • Off cycle Review • Updated Procedure section • Updated and alphabetized References section • Updated Primary Department section from "Medical Management: Utilization Management (UM) & Case Management (CM)" to "Utilization Management (UM)" to match primary department in header

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Review Date	Changes
	<ul style="list-style-type: none"> Added "Case Management (CM)" as a secondary department
07/27/22	<ul style="list-style-type: none"> Annual Review Updated References
07/13/21	<ul style="list-style-type: none"> Annual Review, no changes
06/28/20	<ul style="list-style-type: none"> Annual Review Updated References
06/28/19	<ul style="list-style-type: none"> Annual Review Updated References
06/30/18	<ul style="list-style-type: none"> Updated References Wording Change Removed WMDS
06/30/17	<ul style="list-style-type: none"> Removed the word facility from the process of the ATC department
06/30/16	<ul style="list-style-type: none"> Annual review. Added "or if they are unable to find an in-network provider that can offer timely appointments" Update references
07/31/15	<ul style="list-style-type: none"> Updated References Updated process for rate negotiation
09/04/14	<ul style="list-style-type: none"> Changed header to Government Business Division Deleted Health Families Removed ER Admissions under policy Added P to the PE&C
09/24/13	<ul style="list-style-type: none"> Added verbiage regarding tracking and monitoring Out of- Network referrals Updated References
08/23/12	<ul style="list-style-type: none"> Changed reference from Anthem Blue Cross State Sponsored Business to Anthem. Deleted specific reference to LA Care in POLICY section to clarify that this policy applies to all counties Anthem serves, including LA Care. Changed reference from Care Management to Medical Management Updated references Added revision history to policy.