Medical Policy
Continuity of Care
Providers with Unique Authorization Rules

Document Number: 028

	Commercial and Qualified Health Plans	MassHealth
Prior Authorization Requirements	N/A	See Attachment A

Overview

The purpose of this policy is to describe member access rules to AllWays Health Partners network providers that may have unique prior authorization rules for accessing care.

Coverage Guidelines

AllWays Health Partners provides equitable access to efficient and high quality specialized services that are cost-effective, affordable, and sustainable in the medium and long-term management of health care costs.

AllWays Health Partners may contract with providers in arrangements that have unique prior authorization rules for one or more of its products (Commercial, QHP, and MassHealth.) Within these arrangements, some providers may be assigned a Quaternary distinction and AllWays Health Partners may require prior authorization for services that differ from other network providers as stated in AllWays Health Partners' Prior Authorization, Notification and Referral Guidelines.

AllWays Health Partners works with members and providers to provide continuity of care and ensure uninterrupted access to medically necessary covered services by providers with the qualifications and expertise appropriate with the health care needs of the member. AllWays Health Partners ensures that members requiring access to services are not subject to unnecessary risk through redirection to an alternative health care provider to receive services either in part or whole.

Services requiring prior authorization under these unique arrangements are covered to the extent that these types of services meet the definition of medical necessity, taking into account:

1. the most cost-effective environment without forgoing quality of care; and
2. the ability to provide access to services at an alternative provider commensurate with the medical needs of the member.

AllWays Health Partners provides equitable access to all its network providers. However, members whose plan may be subject to unique prior authorization rule (see **Attachment A**) must meet at least one the guidelines as stated below:

1. For New Enrollees:
   A. Receiving ongoing treatment or management of an acute or chronic condition from the provider at the time of enrollment for up to 30 days;

B. Who are pregnant, to continue to receive care with the treating provider in conjunction with said pregnancy through the postpartum period;
C. Who have a terminal illness, to continue to receive care by a provider who is treating or managing the terminal illness up to the member's death; or
D. Who are hospitalized at the time of enrollment

2. In the absence of a participating in-network provider with the qualifications and expertise matching with the health care needs of the member for medically necessary covered services under the terms of their health benefit plan.
3. When access to a provider is unavailable because of distance and travel per the general area/distance and travel guidelines.
4. To minimize disruption of care when delays in accessing a different provider for medically necessary covered services under the terms of the member's health benefit plan, other than those attributed to the member, would result in interrupted access to medically necessary covered services under the terms of the member's health benefits plan.

Definitions

Distance and Travel Guidelines:

AllWays Health Partners assists the member, as needed, in choosing a provider that is located within the shortest travel time from the member's residence, taking into account the availability of public transportation. At a minimum and to the extent AllWays Health Partners is able to accommodate, reasonable travel time defined as follows:

1. All Specialists (including Obstetrical/Gynecological) where services are available within 15 miles or 30 minutes travel time from a member's residence.
2. Rehabilitation Hospital Services available within 30 miles or 60 minutes travel from the member's residence.
3. Acute Inpatient Services available within 20 miles or 40 minutes travel time from a member's residence. Note: Urgent and emergent admissions do not require prior authorization.
4. Urgent Care Services within 15 miles or 30 minutes travel time.
5. Note: Emergency Department care and urgent and emergent acute admissions do not require prior authorization.
6. Other Physical Health Services in accordance with usual and customary community standards for accessing care.

Medically Necessary or Medical Necessity:

MassHealth Definition

In accordance with 130 CMR 450.204, medically necessary services are those services:

(a) which are reasonably calculated to prevent, diagnose, prevent the worsening of, alleviate, correct, or cure conditions in the enrollee that endanger life, cause suffering or pain, cause physical deformity or malfunction, threaten to cause or to aggravate a disability, or result in illness or infirmity; and

(b) for which there is no other medical service or site of service, comparable in effect, available, and suitable for the enrollee requesting the service, that is more conservative or less costly; and

(c) That are of a quality that meets professionally recognized standards of health care and must be substantiated by records including evidence of such medical necessity and quality.

Postpartum Period:
The period following delivery usually between 21 and 56 days after delivery when the mother has a postpartum checkup.

Quaternary Care:
AllWays Health Partners uses the term **Quaternary care** as an extension of tertiary care in reference to advanced levels of medicine which are highly specialized and not widely accessed. A quaternary care hospital may have virtually any procedure available, whereas a tertiary care facility may not offer a sub-specialist with that training.

Terminally Ill or Terminal Illness:
An illness that is likely, within a reasonable degree of medical certainty, to cause one's death within six months.

Effective
December 2018: Annual review.
October 2017: Annual review.
January 2017: Annual review
January 1, 2016: Effective date

References:

MassHealth ACO Contract, Definitions and Terms, §2.6 A, D, §2.7 A, §2.9 C, §2.12 B2

Commonwealth of Massachusetts MassHealth Provider Manual Series, Hospice Manual 130 CMR 437.402

HEDIS 2016 Access/Availability of Care Prenatal and Postpartum Care (PPC)

Attachment A

MassHealth members without a Children's Hospital primary care provider (PCP) require prior authorization for all services provided at Children's Hospital, its satellites or by its Specialists as noted below.

Prior Authorization Requirements		
Plan Type	**PCP Selection**	**Prior Authorization Rules**
MassHealth Members	***Without*** a Children's PCP	All Specialty visits require a prior authorization. The PCP must request an authorization for a specialty visit. All services/procedures provided at Children's Hospital, its satellites, or by its Specialists require a prior authorization even when the service states no prior authorization is required in the *Prior Authorization, Notification and Referral Guidelines,* except for those services/procedures exempt from prior authorization. *For prior authorization exemptions see below.

*Exempt from Prior Authorization Rules
1. Emergency Room Visits. 2. Urgent care. 3. Emergency Admissions (Notification within 24 hours or next business is required. Each day of care following admission requires prior authorization). 4. Emergency Ambulance & Inter-facility transport. 5. Laboratory services. 6. OB/GYN visits for routine and preventive care only. 7. Family planning. 8. Outpatient radiology that is not part of AllWays Health Partners Outpatient High Tech Radiology Program (outpatient high tech radiology under prior authorization continues to require authorization) 9. Medically necessary covered services rendered during an authorized observation stay. All observation stays continue to require notification. 10. Medically necessary covered services rendered during an authorized inpatient stay or authorized ambulatory surgical day procedure. All elective admissions and ambulatory surgical day procedures require prior authorization. 11. Behavioral Health Services follow existing rules. Please see United Behavioral Health (Optum).