THE OHIO STATE UNIVERSITY
HEALTH PLAN

Subject: Out of Network and Tier Exceptions – MHP **Revision**: 4/25

DESCRIPTION:

Certain qualifying events, in addition to emergency care, may require an approval of non-network services or a network tier exception. This includes transition of care for members receiving services from a non-network provider, such as when a covered person is new to OSU Health Plan, or a provider leaves the network or changes to a lower network tier. Additionally, certain geographical areas may lack adequate access to specific specialties. This policy establishes guidelines for authorization of out of network services and tier exceptions.

APPLICABILITY:

This policy applies to all OSU Health Plan (OSUHP) benefit plans

DEFINITIONS:

Established Care is defined as a condition (including pregnancy) diagnosed and/or documented by the provider prior to notification of the provider's termination. If no notification is provided, the condition must be diagnosed and documented prior to the provider's termination date. These services must also have been rendered within the previous 12 months to be considered a continuation/transition of care

Qualifying Event are major life events such as birth or adoption of a child, marriage, newly hired or open enrollment period.

Networks are a group of doctors, other health care providers, and hospitals that a plan contracts with to provide medical care to its members. They're known as "network providers" or "in-network

providers." A provider that is not contracted with the plan is called an "out-of-network provider."

POLICY:

Plan or Network Changes

OSU Health Plan considers out-of-network and tier network exceptions medically necessary when all the following criteria are met:

- The covered person has experienced one of the following:
  - Qualifying event; or
  - Newly covered person; or
  - Change in provider network status or tier; and
- The covered person has established care according to the definition prior to the event; and
- Services will be provided within the following transition period, which begins on the event date:
  - Obstetrics: Through the postnatal visit (approximately 6 weeks postpartum)
  - Outpatient behavioral health: 90 days or 12 visits (whichever comes first)
  - Outpatient medical: 90 days (includes primary care and specialists)
  - Outpatient therapy (PT/OT/ST): 90 days or 12 visits (whichever comes first)
  - Surgical: During the post-operative global period for the procedure performed, up to 90 days
  - Transplant: Reviewed on a case-by-case basis
  - Other: Covered persons with cancer currently undergoing treatment (chemotherapy, radiation, surgical intervention) will be reviewed on a case-by-case basis.

The event date is the date the covered person's plan change, the date they were notified of the network change, or the provider's termination date, whichever comes first.

Network Provider at Out-of-Network Facility

OSU Health Plan considers out-of-network exceptions for facilities when all the following criteria are met:

- The covered person is receiving care from a network provider at an in-network location; an
- The network provider does not have privileges at a network facility; and
- There are no coverage restrictions indicated for the network provider on the OSU Health Plan provider search (e.g., gynecology only); and
- The requested service is medically necessary according to plan guidelines.

Lack of Network Access Within Ohio

OSU Health Plan considers out-of-network and tier network exceptions medically necessary when the following criteria are met:

- Tier Exception:
    - There are no Premier Network providers of the same or similar specialty within the specified number of miles from the covered person's home zip code (Table 1[i]).
- Out-of-Network Exception:
    - There are no Premier or Standard network providers of the same or similar specialty within the specified number of miles from the covered person's home zip code (Table 1[i]).

Consideration will be given for a provider who falls inside the specified radius of the covered person's home zip code (Table 1[i]). If the out-of-network provider requested is outside the specified number of miles, OSU Health Plan will determine if there are network providers who can meet similar clinical and geographic conditions. If a network provider can meet the same requirements, the request will be denied.

Employee Assistance Program (EAP)

Covered persons who have utilized EAP for counseling services and are transitioning to their OSUHP medical benefit, have the responsibility to verify the network status of their EAP provider. Network or tier exceptions will not be granted unless the criteria in this section are met.

Travel Vaccinations

CDC recommended vaccinations can be obtained from some network primary care providers and convenient care locations (e.g., CVS Minute Clinic). However, if the necessary vaccinations are not available at these locations, the covered person may utilize the following clinics:

- Travel Health Services
- Passport Health

Outside Ohio

Requests for out-of-network services due to a provider's sub-specialty or specific types of treatment are reviewed on a case-by-case basis. For these requests, OSUHP will evaluate all network providers within the state of Ohio to determine if the specific services are available. If a network provider can meet similar requirements, the request will be denied.

All requests for network coverage outside the state of Ohio will require a letter of medical necessity from a network provider documenting the rationale behind the referral as well as medical records supporting the request.

Emergency Services:

Refer to *MMPP 18.0 Unscheduled Admissions through the Emergency Department at Out of Network Facilities* for services provided by non-network or Standard Network providers as a result of an admission through the emergency department.

PROCEDURE:

Upon authorization of a network or tier exception, a letter will be sent to the covered person and provider. This communication explains the transition period and the expectations that the results of treatment during the Transition Period will be:

- Care will be completed within the time frame specified.

- The provider and covered person will work together during the period to transition to a network provider. OSU Health Plan can assist in identifying network providers who can assume treatment and ongoing care of the covered person.
- A formal request for extension beyond the specified time frame can be submitted. Each case will be given individual consideration. If a network provider can meet similar clinical, demographic and geographic considerations, the request will be denied. The covered person will be advised of the network providers available to assume their treatment and ongoing care.

After the authorization has expired, ongoing services will be processed according to the benefit levels described in The Ohio State University Faculty and Staff Health Plan Specific Plan Details Document (SPD).

Travel Vaccinations

If a covered person utilizes an out-of-network clinic for travel vaccinations, they must pay for services up front and submit a claim form to the third-party administrator for reimbursement. The claim will be processed according to the covered person's Premier network benefit.

PRIOR AUTHORIZATION:

Prior authorization is required for all out of network requests for members on Prime Care Advantage or Prime Care Connect. Prior authorization is required for all network tier exceptions

EXCLUSIONS:

The following services are not covered by OSU Health Plan (not all-inclusive):

- Copying or obtaining medical records
- Out of network exception for covered persons who have been dismissed from a Standard or

Prime network provider

- Tier exception for covered persons who have been dismissed from a Prime network provider
- Exceptions for ancillary services related to a network exception (for example, labs sent out of network or to a standard provider). According to the SPD, it is the covered person's responsibility to confirm the network status of all providers (physicians, labs, etc.), including those to whom you are referred, in order to ensure coverage under the medical plan.
- Network or tier exception resulting from a plan change during open enrollment. Existing covered persons making plan changes during open enrollment have the responsibility to understand health plan benefits and limitations and to make an informed decision when electing a change in coverage. This includes consideration of the network status for their established providers. Therefore, if a covered person elects a plan with more restrictive network requirements during open enrollment, non-network services will not be authorized after the new plan's effective date.

CODES

Coding does not apply.

REFERENCES:

CMS. (1/10/18). HSD Reference File. Retrieved from https://www.cms.gov/Medicare/Medicare-Advantage/MedicareAdvantageApps/index.html

CMS. (12/3/24). HSD Reference File. Retrieved from https://www.cms.gov/files/document/2025-hsd-reference-file-updated-12032024.xlsx.

OSU. (2024). The Ohio State University Faculty and Staff Health Plans Specific Plan Details Document. https://hr.osu.edu/wp-content/uploads/medical-spd.pdf.

[i] Table 1. Maximum Distance Requirements Based on CMS Rural Designation for Ohio

Specialty	**Distance (Miles)**
Acupuncture	60
Acute Inpatient Hospitals	60
Allergy and Immunology	75
Cardiac Catheterization Services	120
Cardiac Surgery Program	120
Cardiology	60
Cardiothoracic Surgery	90
Chiropractor	75
Critical Care Services – Intensive Care Units (ICU)	120
Counseling Services	20
Dermatology	60
Diagnostic Radiology	60
Endocrinology	90
ENT/Otolaryngology	75
Gastroenterology	60
General Surgery	60
Gynecology, OB/GYN	75
Infectious Diseases	90
Inpatient Psychiatric Facility Services	75
Laboratory	20
Mammography	60
Nephrology	75
Neurology	60
Neurosurgery	90
Occupational Therapy	60
Oncology - Medical, Surgical	60
Oncology - Radiation/Radiation Oncology	90

Ophthalmology	60
Orthopedic Surgery	60
Outpatient Behavioral Health	50
Outpatient Dialysis	50
Outpatient Infusion/Chemotherapy	60
Physiatry, Rehabilitative Medicine	75
Physical Therapy	60
Plastic Surgery	90
Podiatry	60
Primary Care	30
Psychiatry	60
Psychology	60
Pulmonology	60
Rheumatology	90
Skilled Nursing Facilities	60
Social Work	60
Speech Therapy	60
Surgical Services (Outpatient or ASC)	60
Urgent Care	30
Urology	60
Vascular Surgery	90