VENTURA COUNTY
HEALTH CARE PLAN

Utilization Management Policy & Procedure:
Out of Area Dialysis Services
Created: November 7, 2011
Effective: November 18, 2011
Reviewed: January 2012, February 2013, February 2014, February 2015, February 2016, February 2017, May 2017, February 2018, February 2019, February 2020

Subject: Out-of Area Dialysis Services

Purpose: To establish guidelines for handling claims for non-emergency out-of-area medical services.

Objectives:

Define the methods by which non-emergency care performed outside of the service area will be covered or reimbursed.

Develop standards by which VCHCP will deny or compensate for such services if performed outside of the service area.

Description:

Non-Emergency Services are defined as services that are performed for conditions that are neither an emergency nor urgently needed. Such services can range from a trivial nature all the way to routine services which are necessary for the long-term health of the member. Examples of such non-emergency services include but are not limited to: routine dialysis, allergy appointments and serum injections, routine hearing and vision tests, health consultations, dietary nutritionist services, chemotherapy, radiation therapy, prostate or breast exams, podiatrist visits, non-emergency medical consults for allergies, rheumatoid arthritis, sore joints, diabetes, glaucoma, bunions, warts, skin cancers, tendonitis, etc.

Emergency Services are defined as any otherwise covered service that a reasonable person with an average knowledge of health and medicine would seek if he or she were having serious symptoms (including serious symptoms of a severe mental illness) and believed that without immediate medical treatment the member would likely endanger to his or her health or the health of a pregnant member's unborn child; bodily functions, organs, or parts would become seriously damaged; or his or her organs or parts would seriously malfunction. Emergency services include treatment of severe pain, active labor, or other emergency conditions.

Emergency Medical Condition is defined as a sudden, serious, and unexpected illness, injury or condition requiring immediate diagnosis and treatment both in and outside of the Plan's service area.

Urgently Needed Care means otherwise covered services necessary to prevent serious deterioration of the health of a member, or a pregnant member's fetus, resulting from an unforeseen illness, injury, or complication of an existing condition, including pregnancy, for which treatment cannot be delayed until the member is able to see his or her PCP.

Examples of Urgently Needed Care include: sore throats, ear infections, sprains, high fevers, vomiting, and urinary tract infections.

Out-of-Area is defined as all geographic regions located outside of the County of Ventura.

Scope: The scope of this policy is to include primary, specialist, diagnostic, and ancillary medical services of a non-emergency nature while the member is out of the service area.

Policy: It is hereby adopted that the policy of VCHCP shall be to deny all *non-emergency* and *non-urgent* services while the member is outside of the service area. In order for coverage to exist, the member must be inside the service area **or** the condition must meet the definition of *emergency* or *urgent*.

An exception shall include routine dialysis services up to a maximum of 13 service treatments/visits per calendar year in order to accommodate reasonable out-of-area travel, but not due to a change of residency to any out-of-area locations, by Plan members. VCHCP Utilization Management (UM) will review the requests for prior authorization and arrange case agreements with these out of network dialysis providers. In cases where the out of network dialysis provider will not make case agreement arrangement with VCHCP, these out of network dialysis services are to be arranged by the member with the provider of their choice, paying out of pocket, and submitting for reimbursement. VCHCP will reimburse the member their cost of the dialysis minus the applicable per visit copayment when documentation of member payment is received. The member will not be responsible for any dialysis costs beyond the applicable copayment whether the services are arranged through a case agreement or by the member. Request for reimbursement in excess of 13 treatments/visits per calendar year are not covered and shall therefore be denied.

A. Attachments: none
B. References:
C. Reviewers: Utilization Management Committee; Medical Director; QA Manager; Health Services Director
D. Created: November 7, 2011 by Mitch Craven, Lita Catapang, Faustine Dela Cruz & Albert Reeves, MD.
E. Review & Revision History:
Committee Review: UM: November 18, 2011; QAC: November 22, 2011
Reviewed/No Changes by: Faustine Dela Cruz, RN, Cecilia Cabrera-Urango, RN & Albert Reeves, MD
Committee Review: UM: February 9, 2012; QAC: February 28, 2012
Reviewed/No Updates by: Faustine Dela Cruz, RN, Cecilia Cabrera-Urango, RN & Albert Reeves, MD

Committee Review: UM: February 14, 2013; QAC: February 26, 2013 Reviewed/No Updates: Linda Baker, RN & Catherine Sanders, MD
Committee Review: UM: February 13, 2014; QAC: February 25, 2014
Reviewed/No Updates: Faustine Dela Cruz, RN & Catherine Sanders, MD
Committee Review: UMC: February 12, 2015; QAC: February 24, 2015
Reviewed/No Updates: Faustine Dela Cruz, RN, Catherine Sanders, MD
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Reviewed/No Updates by: Faustine Dela Cruz, RN, Catherine Sanders, MD
Committee Review: UMC: February 14, 2019; QAC: February 26, 2019
Reviewed/No Updates by: Faustine Dela Cruz, RN, Howard Taekman, MD
Committee Review: UMC: February 13, 2020; QAC: February 25, 2020

Revision Date	Content Revised (Yes/No)	Contributors	Review/Revision Notes
2/9/17	Yes	Catherine Sanders, MD; Robert Sterling, MD, Faustine Dela Cruz, RN	Annual review; added that VCHCP UM will review requests for prior authorization and arrange case agreements with OON dialysis providers.
5/11/17	Yes	Faustine Dela Cruz, RN; Catherine Sanders, MD	Updated to meet DMHC requirement stating that the member will only be responsible for the applicable per visit copayment whether the services are arranged through a case agreement or by the member.
2/8/18	No	Catherine Sanders, MD; Robert Sterling, MD, Faustine Dela Cruz, RN	Annual review
2/14/19	No	Catherine Sanders, MD; Robert Sterling, MD, Faustine Dela Cruz, RN	Annual review
2/13/20	No	Howard Taekman, MD; Robert Sterling, MD, Faustine Dela Cruz, RN	Annual review