

Out-of-State Referrals for Medical Services

I. Policy

University Health Alliance (UHA) will reimburse for medical services received on the mainland when determined to be medically necessary and when the medical services meet all of the Criteria/Guidelines, Limitations/Exclusions, and Administrative Guidelines below.

UHA's participating provider network and service area is restricted to the State of Hawaii. UHA recognizes, however, that under certain circumstances members may require services from providers on the mainland that are medically necessary and not available in Hawaii. When services need to be provided outside of Hawaii because they are not available in state and a timely request for prior authorization is submitted for those services on the mainland, UHA will coordinate the service and try to contract with the mainland provider to minimize our members' out-of-pocket expenses and to sustain the most safe, efficient, and timely care under the most fiscally responsible circumstances.

In addition, UHA understands that many technical and surgical skills are transferrable and that sheer volume of a particular procedure at one medical center or with one physician is not a justification for referral. Local providers often have "world-class" competence in unique or challenging procedures even when the bulk of their practice lies in another arena. Examples include, but are not limited to, liver transplantation, complex urologic procedures, craniofacial reconstruction, mitral valve repair, resection of large cerebellar-pontine angle tumors, peri-acetabular osteotomies, and major pancreatic resections.

The purpose of this policy is to guide referring providers in the process of referrals for out-of-state medical services that are provided on the mainland.

Emergent situations, out-of-state care for members travelling not for the purpose of seeking medical care, and services for members who are legitimate out-of-state residents are not within the scope of this policy.

II. Criteria/Guidelines

UHA will reimburse for medically necessary services outside the state of Hawaii with prior authorization and subject to the following criteria and guidelines. As described in the Limitations/Exclusions, UHA's Chief Medical Officer or Medical Director will make the final determination as to whether requested services are performed in Hawaii and can be made available in Hawaii.

- A. When requested medical services are medically necessary and **not available in Hawaii**, UHA will reimburse for a patient to receive medical services on the mainland within the following criteria/guidelines:
1. UHA must be notified of any potential mainland referral by calling UHA Health Care Services (808-532-4006 or neighbor islands 1-800-458-4600) and discussing it with a RN Care Specialist, Health Care Services Liaison, or directly with a Medical Director or the Chief Medical Officer.
 - a. UHA may discuss mainland referrals with the member to ensure the member is aware of the implications and financial cost of receiving care outside of Hawaii.
 2. All out-of-state requested medical services that are medically necessary and not available in Hawaii require prior authorization.
 - a. Two weeks' advance notice is required for prior authorization to verify that the requested services meet UHA's payment criteria, which includes determining the service is medically necessary, and to make payment arrangements with the out-of-state provider. UHA will do its best to expedite the review if the request is time

sensitive. Genuine emergencies will be reviewed and acted upon within less than 72 hours.

3. UHA will require details about the services requested to determine medical necessity and if the requested services are not available in Hawaii. Failure to provide sufficient documentation will delay the review process and may result in denial for payment of services. The following information is required and should be submitted with the Prior Authorization forms:
 - a. Patient's condition/diagnosis that relates to the out-of-state medical service request and any pertinent comorbidities. Pertinent notes and test results are required.
 - b. Clinical nuances which could favor a technique not currently available in the state of Hawaii should be described.
 - c. Detailed description of the medical service requested, to include mainland provider or facility that will provide the service. Contact information is required.
 - d. Specific information supporting why any related medical services that are available in Hawaii are not sufficient.
 - e. Name of a specialty physician(s) within the state of Hawaii that concur(s) that out-of-state services are necessary (notes required).
 - f. Any available current research that supports medical necessity for the out-of-state medical services if based on new or experimental/investigational technology or treatment (Refer also to Clinical Trials Payment Policy and Emerging Technology Payment Policy).
 4. UHA has contracted with UnitedHealthcare's Options PPO Network providers across the mainland to provide services to our members when out-of-state services are medically necessary **and not available in Hawaii**. UHA's RN Care Specialists can help you determine if there is a participating UnitedHealthcare's Options PPO Network provider on the mainland who can provide the requested out-of-state services.
 - a. Referring to a UnitedHealthcare's Options PPO Network provider results in a substantial savings for members, however, the rates are almost always significantly higher than the UHA eligible charges and result in high copayments to your patient.
 - b. UHA makes no guarantee that there is a UnitedHealthcare's Options PPO Network provider in every area.
 - c. There are usually multiple providers involved in a particular service, and there is no guarantee that all of these providers are participating with UnitedHealthcare's Options PPO Network.

Example: Surgeons and facilities may be UnitedHealthcare's Options PPO Network providers but pathologists and/or anesthesiologists may not be UnitedHealthcare's Options PPO Network providers.
 5. UHA has special agreements with preferred facilities for transplants (other than kidney and liver), congenital heart disease, and cancers that cannot be treated in Hawaii. Please contact UHA Health Care Services prior to making any arrangements. Services at these centers are subject to UHA's prior authorization requirements and must be coordinated by UHA.
- B. When requested medical services are medically necessary and **are available in Hawaii**, the following applies:

1. If the Chief Medical Officer or Medical Director determines that the same, similar, or other appropriate alternative service can be done in Hawaii, the member, referring physician, and rendering mainland provider(s) will be notified that the service will be paid at UHA's eligible charges and at the non-participating benefit level. A determination letter and Member Cost Transparency Notice (MCTN) constitutes the notification that will be provided. If given at least two weeks' advance notice of the request, a call will also be made to the member to explain the contents of the MCTN. This is done to ensure the member understands their financial exposure if they choose to seek out of state/network care for procedures or services that are already available within UHA's network, which is in the state of Hawaii.
2. The patient becomes responsible for the difference between the mainland providers' billed charges and UHA's reimbursement. This can mean there are significant out-of-pocket expenses for the patient, which often results in a contentious situation – something that UHA hopes to avoid by making the provider and member aware of the financial consequences of obtaining these services outside of Hawaii. UHA asks that all providers please remain cognizant of the following:
 - a. If medically necessary services are obtained out-of-state and are available in Hawaii, the patient is responsible for any charges above UHA's eligible charges:
 - i. The eligible charges shall reflect the most current UHA non-participating professional and facility fees.
 - ii. If no UHA eligible charge exists, then UHA will determine the eligible charge based on what UHA pays providers for similar services in Hawaii.
 - iii. If no similar services in Hawaii exist, then UHA may base the eligible charge on Medicare guidelines.
 - iv. For implants, UHA requires the invoice and will reimburse invoice +10%.
 - b. The member may wish to negotiate with the mainland provider to reduce the difference between UHA's payment and the mainland provider's billed charges or find a provider who is willing to accept UHA's eligible charges.
- C. When a member is a student, family member, or a subscriber **living or working out-of-state**, for whom an elective surgery or treatment is being recommended, the Health Care Services department will review the request to determine if it is reasonable for the member to safely return to Hawaii to have the procedure or treatment performed here.
 1. If it is reasonable for the member to return to Hawaii for care, but the member elects to have the service performed on the mainland, then the service will be reimbursed at UHA's eligible charges and at the non-participating benefit level.
 2. Examples include, but are not limited to, elective surgery such as varicose vein surgery and orthopedic procedures.

NOTE:

This UHA payment policy is a guide to coverage, the need for prior authorization and other administrative directives. It is not meant to provide instruction in the practice of medicine, and it should not deter a provider from expressing his/her judgment.

Even though this payment policy may indicate that a particular service or supply is considered covered, specific provider contract terms and/or member individual benefit plans may apply, and this policy is not a guarantee of payment. UHA reserves the right to apply this payment policy to all UHA companies and subsidiaries.

UHA understands that opinions about and approaches to clinical problems may vary. Questions concerning medical necessity (see Hawaii Revised Statutes §432E-1.4) are welcome. A provider may request that UHA reconsider the application of the medical necessity criteria in light of any supporting documentation.

III. Limitations/Exclusions

- A. UHA's Chief Medical Officer or Medical Director will make the final determination as to whether requested medical services are performed in Hawaii and can be made available in Hawaii.
 - 1. The Chief Medical Officer or Medical Director will query Hawaii-based specialists who are familiar with the proposed service(s) to see if the service or clinically similar services are performed and available in state.
 - 2. In cases where the determination is unclear, or where the requesting provider or member disputes the decision, the case will be referred to an Independent Review Organization (IRO) for determination. If decision of the IRO is in dispute, the provider or member may appeal.

IV. Administrative Guidelines

- A. Prior authorization is required.
 - 1. Two weeks' advance notice is required for prior authorization to verify that the requested medical services meet UHA payment criteria and are medically necessary and to make payment arrangements with the out-of-state mainland provider.
 - 2. Approval for retrospective prior authorizations in non-emergent situations cannot be relied upon and may result in significant expenses for your patient. UHA requests you make every effort to avoid this situation by obtaining prior authorization for your patient.
 - 3. To request prior authorization, please submit via UHA's online portal. If a login has not been established, you may contact UHA at 808-532-4000 to establish one.

V. Policy History

Policy Number: MPP-0120-160401

Current Effective Date: 07/01/2022

Original Document Effective Date: 04/01/2016

Previous Revision Dates: 07/01/2016, 08/01/2016, 12/01/2017, 01/29/2019

PAC Approved Date: 03/15/2016