

**To: Providers, Facilities and Vendors**

**From: Community Health Network of CT, Inc.**

**Date: July 20, 2009**

**Re: Out-of-Network Provider Prior Authorization Process**

**Purpose: Notice to providers explaining the process to follow when a provider or MCO requests the delivery of care by a provider who is not participating with the member's MCO.**

As part of their contractual requirements, HUSKY/Charter Oak Managed Care Organizations (MCO) offer their members, on exception basis, the opportunity to see an out-of-network (OON) provider under certain limited circumstances:

- When a specialty or subspecialty provider is not available within the MCO's contracted provider network, or
- When a contracted provider who is able to meet the member's needs is not available within a reasonable geographic distance.

To be guaranteed payment, an OON provider must obtain prior authorization from the patient's MCO. To request an OON authorization for a HUSKY or Charter Oak patient, the primary care provider or specialist must call the MCO at the phone number on the back of the patient's MCO member card prior to providing services.

Once care by an OON provider is approved, the MCO must continue paying this provider as long as the services remain medically necessary and the MCO's network providers are unable to provide the service.

Please note: Once prior authorization is given by the MCO based on the criteria outlined above, several other factors must be agreed to in order for the provider to receive reimbursement:

- The provider must be willing to accept the OON referral;
- Agreement on reimbursement rates must be reached between the OON provider and the MCO **prior** to services being rendered; and
- The OON provider must agree to not balance bill the patient for any amounts other than the allowable cost share.

For Out-of-Network Authorizations please contact Community Health Network of CT at 1-800-859-9889 or 1-800-440-5071.

---