Children's Special Health Care Services
Administrative Policy Manual

Benefit – Access to Care Policy # C-3c

Kimberly Minniear 12/3/10

Kimberly Minniear, CSHCS Operations Director
Children's Special Health Care Services

Latest Revision Date: October 13, 2010

Effective Date: January 1, 2005
Revision Reason: New Policy

Title: Alternate Provider

Purpose: To establish guidelines for handling participant care at an Alternate Provider for Primary Care, Specialty Care & Basic Dental Care.

Rule References:

410 IAC 3.2-7-2 Basic services included in the health care services package
410 IAC 3.2-7-2(b)(1) Primary care visits conducted by approved providers in accordance with …
410 IAC 3.2-7-2(b)(2) Secondary care visits at approved providers for medically necessary …

Policy: It is the intent of CSHCS to try to provide for covered health care services when due to the non-availability of a primary or specialty care provider and that provider has directed a participant, which is "Linked" to them, to receive patient care from an alternate provider. While this is not a frequently occurring situation, when it does happen & when the service has already been rendered, everything within reason should be done to pay the claim.

Background: Problems can arise when the alternate provider is a hospital emergency room or emergency care center and the reason for the visit is <u>not</u> of an emergency nature, or when the alternate provider is <u>not</u> a CSHCS provider and will not become a CSHCS provider or a One-Time-Only Payment provider.

At the time patient care is needed, if a call to their "Linked" CSHCS provider directs them to an alternate provider, it is likely the participant or their family/guardian may not remember that the Participant Manual contains the following instructions:

> Before making your first appointment with any provider please contact the provider to see if he/she is enrolled in the program and then call the CSHCS **Prior Authorization (PA) Unit at 1/800-475-1355 or TYY number 1/866-275-1274.** Before CSHCS will assist with any medical bills, your providers must be enrolled as CSHCS providers and **all services must be prior authorized**.
>
> The provider you select must be a CSHCS provider. If the provider you select is not a CSHCS provider, contact the CSHCS Claims Unit. They will contact your preferred provider to see if he/she is willing to enroll in the program. If you choose to stay with a provider who declines to become a CSHCS provider, **you will be responsible for the bills.**

References: <u>Linkage Policy</u>