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	ORIGINAL ISSUE DATE 11/2012	CURRENT EFFECT DATE 02/2026	<b>Department Guideline</b>
	AFFECTED DEPARTMENT:  Utilization Management		ENTITY(S):  SRS
TITLE:  Out of Network Requests			

**I. PURPOSE:**

Out of network services will be reviewed to determine if the request meets the requirement that the requested services are emergent and not available within Sharp Rees Stealy. This process will be in place for all pre-service, diagnostic, ambulatory, and specialty care referrals

**II. DEFINITIONS:**

- An in-network provider is one that is provided by the medical group or contracted with the medical group to provide services to members.
- An out-of-network provider is one not contracted with the medical group.

**III. TEXT: N/A**

**IV. PROCEDURE:**

1. Out of Network requests will be reviewed to determine if the request meets the requirement that the services are emergent and/or not available within Sharp Rees Stealy.
2. When OON services are required, our defined service area of San Diego County is reasonably accessible by car and, if necessary, our case management personnel will be able to assist in coordinating transportation.
3. For non-emergent care, an out of network request may be approved if the service is medically necessary and that service is not provided within Sharp Rees Stealy. The review will also take into account the geo access for the patient as defined by current CMS Health Service Delivery (HSD) and DMHC definitions, as appropriate. The UM staff will follow the process for communication of the approval to the appropriate parties within the appropriate timeframes. (See UM Plan and UM Plan attachment 2A and 2B TAT Standards)
4. If specifically requested by the patient, in addition to medical necessity and benefits, cultural considerations will be taken into account when considering to approve or deny out of network services. Such consideration include, but are not limited to patients with diverse cultural and ethnic backgrounds, gender, religious beliefs, limited English proficiency or hearing incapacity.

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5. If the request is for a non-emergent service and if the service is available within Sharp Rees Stealy, the Utilization Review Physician may make the determination to deny the referral/request. The UM staff will follow the process for the communication of the denial to the appropriate parties within the appropriate timeframes. (See UM Plan and UM Plan attachment 2A and 2B TAT Standards)

6. Retrospective Review, Emergency Treatment: The UM Department reviews only those Emergency Department (ED) claims for services at non-Sharp facilities that are not included on the ICE emergent list diagnoses according to policy. Requests cannot be denied for failure to obtain a prior approval when approval would be impossible or where a prior approval process could seriously jeopardize the life and health of the member. While reviewing requests for Emergency Department treatment, SRS will cover those services considered necessary to screen and stabilize members without precertification in cases where a prudent person, acting reasonably, would have believed that an emergency medical condition existed. The perception of the prudent person will always be a consideration in the decision-making process for retrospective emergency treatment rendered in network and out of network at all levels, including ambulance, hospital and urgent care.

**V. REFERENCES:**

NCQA Standards  
 Medicare Managed Care Manual Chp. 4 Subsections 10.5.2, 1101.1; Capitated  
 Provider Administrative Guide, Non-Discrimination.  
 DMHC: Hospital and PCP within 15 miles or 30 minutes and Specialists within 30  
 miles or 60 minutes.  
 CMS: CMS/Medicare HSD (Health Service Delivery tables).  
<http://www.cms.gov/Medicare/Medicare-Advantage/MedicareAdvantageApps/index.html>

**VI. CROSS REFERENCES:**

UM Plan  
 UM Plan, Attachment 2A and 2B TAT Standards  
 DG 0001 Timely Access  
 DG 114 Referral Authorization Process

**VII. ATTACHMENTS: NA**

**VIII. APPROVALS:** Managed Care Committee: 11/2012, 7/2018, 8/2020, 01/2024, 1/2026

**IX. REPLACES: NA**



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X. REVIEWED/REVISED: 2/2026