

Out-of-Network Coverage Rules

Medical Care

Generally, you must obtain your treatment from any Healthfirst AbsoluteCare FIDA Plan (Medicare-Medicaid Plan) network providers. However, some exceptions apply, such as:

- Healthfirst AbsoluteCare FIDA Plan covers emergency or urgently needed care from an out-of-network provider.
- If you need care that Healthfirst AbsoluteCare FIDA Plan covers and our network providers cannot give it to you, you can get the care from an out-of-network provider. In this situation, we will cover the care as if you got it from a network provider and at no cost to you.
- Healthfirst AbsoluteCare FIDA Plan covers services and items from out-of-network providers and pharmacies when a provider or pharmacy is not available within a reasonable distance from your home.
- Healthfirst AbsoluteCare FIDA Plan covers kidney dialysis services when you are outside the plan's service area for a short time. You can get these services at a Medicare-certified dialysis facility.
- When you first join Healthfirst AbsoluteCare FIDA Plan, you can continue seeing the providers you see now during the "transition period." In most cases, the transition period will last for 90 days or until your Person-Centered Service Plan is finalized and implemented, whichever is later. However, your out-of-network provider must agree to provide ongoing treatment and accept payment at our rates. After the transition period, we will no longer cover your care if you continue to see out-of-network providers.
- If you are a resident of a nursing facility, you can continue to live in that nursing facility for the duration of the FIDA Program, even if the nursing facility does not participate in Healthfirst AbsoluteCare FIDA Plan's network.
- If you are receiving services from a behavioral health provider at the time of your enrollment, you may continue to get services from that provider until treatment is complete, but not for more than two years.

How to get care from out-of-network providers

If you need care that Healthfirst AbsoluteCare FIDA Plan covers and our network providers cannot give it to you, you can get permission from Healthfirst AbsoluteCare FIDA Plan or your Interdisciplinary Team (IDT) to get the care from an out-of-network provider. In this situation, we will cover the care as if you received it from a network provider and at no cost to you. You will need to receive prior authorization to seek out-of-network treatment. Your IDT can authorize this in your Person-Centered Service Plan, or you can contact us at **1-855-675-7630 (TTY/TDD)**

711), 8am - 8pm, 7 days a week. Remember, when you first join the plan, you can continue seeing the providers you see now during the “transition period.” In most cases, the transition period will last for 90 days or until your Person-Centered Service Plan is finalized and implemented, whichever is later. During the transition period, our Care Manager will contact you to help you find and switch to providers that are in our network. After the transition period, we will no longer pay for your care if you continue to see out-of-network providers, unless Healthfirst AbsoluteCare FIDA Plan or your IDT has authorized you to continue to see the out-of-network provider.

If you need to go to an out-of-network provider, please work with Healthfirst AbsoluteCare FIDA Plan or your IDT to get approval to see an out-of-network provider and to find one that meets applicable Medicare or Medicaid requirements. If you go to an out-of-network provider without first getting Plan or IDT approval, you may have to pay the full cost of the services you get.

You may also check your **Participant Handbook - Chapter 3: Using the plan’s coverage for your health care and other covered services and items** for additional information.

Pharmacy

We encourage you to use Healthfirst AbsoluteCare FIDA Plan in-network pharmacies at all times to fill your prescriptions. If you take a prescription drug on a regular basis and you are going on a trip, be sure to check your supply of the drug before you leave.

Generally, we pay for drugs filled at an out-of-network pharmacy only when you are not able to use a network pharmacy. We have network pharmacies outside of our service area where you can get your prescriptions filled as a participant of our plan.

We will pay for prescriptions filled at an out-of-network pharmacy in the following cases:

- If you get a covered prescription drug related to urgently needed or emergency care.
- If you are traveling within the United States, but outside of the plan’s service area, and become ill, lose or run out of your prescription drugs.
- If you are unable to get a covered drug in a timely manner within our service area, because there are no network pharmacies within a reasonable driving distance that provide 24-hour service.
- If you are trying to fill a covered prescription drug (including specialty drug) that is not regularly stocked at a network retail or mail-order pharmacy.

In these cases, please check first with Participant Services to see if there is a network pharmacy nearby. You can call Participant Services at **1-855-675-7630 (TTY/TDD 711), 8am - 8pm, 7 days a week.**

You may also check your **Participant Handbook - Chapter 5: Getting your outpatient prescription drugs and other covered medications through the plan** for additional information.

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