

Carelon Behavioral Health Policy and Procedure Addendum

Title:		Policy and Procedure number:	
California State Specific Requirement		NM 306 B	
Responsible department:		Author:	
Network Management		Rosy Murphy	
Approver:		Last reviewed/ approval date:	
Nicole Nole, Staff VP Network - National		03/25/25	
Original effective date:	Date of policy retirement:	Last revision date:	Last reviewed/ approval date:
04/10/10	N/A	03/25/25	03/25/25
Applicability			
<input checked="" type="checkbox"/> Commercial (incl. exchange) <input checked="" type="checkbox"/> Medicare <input checked="" type="checkbox"/> Medicaid (incl. grants)		Policy applies to: Carelon Behavioral Health Policies and Procedures cover the operations of all entities within the Carelon Behavioral Health corporate structure, including but not limited to Carelon Behavioral Health Strategies, LLC, Carelon Behavioral Health of California, Inc., Carelon Behavioral Health, Inc., and Carelon Behavioral Care, Inc.	
Regulatory information			
Resources and references			
Federal or state regulations and/or accreditation requirements:		42 CFR 422.105 and 422.111 Deficit Reduction Act (DRA) of 2005, Section 6085 Emergency Medical Treatment and Labor Act (EMTALA) Section 1867 of the Social Security Act California Health and Safety Code Section 1367.03 (a) and Rule 1300.67.2.2 (c)(7)(C) California Code Regulations Title 28 Section 1300.67.2.2 (c)(7)(c)	

Table of contents

- I. Scope
- II. Addendum Specific Content
- III. References
- IV. Revision History

I. Scope

Review of the workflow process after the Out of Network (OON) service(s) has been clinically approved based on medical necessity under the member's benefit plan for a designated length of time and the use of the Single Case Agreement (SCA) if applicable.

II. Addendum Specific Content

Exhibit B: California State Specific Requirement

CALIFORNIA SPECIFIC: It is the policy of Carelon Behavioral Health of California, to meet and be governed by section 1367.03 (a) and rule 1300.67.2.2 (c). Carelon Behavioral Health of California shall arrange for the provision of covered services from providers outside the plan's network if unavailable within the network, if medically necessary for the member's condition.

Carelon Behavioral Health Policy and Procedure Addendum

A member's cost for medically necessary referrals to non-network providers shall not exceed applicable in-network co-payments, co-insurance, and deductibles under rule 1300.67.2.2 (c)(7)(C). If medically necessary treatment of a mental health or substance use disorder is not available in network within the geographic and timely access standards, set by law or regulation, a plan shall arrange coverage outside the plan's network in accordance with subsection (d) of section 1374.72 of the Knox Keene Act.

A required by section 1371.9 of the California Knox-Keene Act, if a member receives covered services from a contracted health facility at which, or as a result of which, the member receives services provided by an OON provider, the member shall pay no more than the same cost sharing that the member would pay for the same covered services received from a contracted provider. This amount per the Act shall be referred to as the "in- network cost-sharing amount."

- A. A member shall not owe the OON provider more than the in-network cost-sharing amount. At the time of payment by Carelon Behavioral Health to the OON provider, Carelon Behavioral Health shall inform the member and the OON individual health professional of the in-network cost-sharing amount owed by the member.
- B. An OON provider shall not bill or collect any amount from the member for services except for the in-network cost-sharing amount. Any communication from the OON provider to the member prior to the receipt of information about the in-network cost- sharing amount pursuant to 1371.9 of the Act, shall include a notice in 12- point bold type stating that the communication is not a bill and informing the member that the member shall not pay until he or she is informed by Carelon Behavioral Health of any applicable cost sharing.
- C. If an OON provider has received more than the in-network cost-sharing amount from the member for services, the OON provider shall refund any overpayment to the member within 30 calendar days after receiving payment from the member.
- D. If the OON provider does not refund any overpayment to the member within 30 calendar days after being informed of the member's in-network cost-sharing amount, interest shall accrue at the rate of 15 percent per annum beginning with the date payment was received from the member.
- E. An OON provider shall automatically include in his or her refund to the member all interest that has accrued pursuant to this section without requiring the member to submit a request.

III. References

Referenced Policies
CUR 102 Single Case Agreements
CUR 110 Authorizations to Out-of-Network Providers
QM 4 Member Safety Program
Claims 44 Emergency Services Policy

Carelon Behavioral Health Policy and Procedure Addendum

IV. Revision history

Version number:	Approval date:	Description of change(s):
8	09/12/23	New Format
9	04/16/24	California Specific Rule updated to include Section 1367.03 (a) and Rule 1300.67.2.2 (c)(7)(C)
10	03/25/25	California Code Regulations Title 28 Section 1300.67.2.2 (c)(7)(c) Added