

Out-of-Network Exception (OONE) Reviews (Health Services)

LOB(s): <input checked="" type="checkbox"/> Commercial <input checked="" type="checkbox"/> Medicare	State(s): <input checked="" type="checkbox"/> Idaho <input checked="" type="checkbox"/> Montana <input checked="" type="checkbox"/> Oregon <input checked="" type="checkbox"/> Washington <input type="checkbox"/> Other:
<input checked="" type="checkbox"/> Medicaid	<input checked="" type="checkbox"/> Oregon

Enterprise Policy

PacificSource is committed to assessing and applying current regulatory standards, widely-used treatment guidelines, and evidenced-based clinical literature when developing clinical criteria for coverage determination. Each policy contains a list of sources (references) that serves as the summary of evidence used in the development and adoption of the criteria. The evidence was considered to ensure the criteria provide clinical benefits that promote patient safety and/or access to appropriate care. Each clinical policy is reviewed, updated as needed, and readopted, at least annually, to reflect changes in regulation, new evidence, and advancements in healthcare.

Clinical Guidelines are written when necessary to provide guidance to providers and members in order to outline and clarify coverage criteria in accordance with the terms of the Member's policy. This Clinical Guideline only applies to PacificSource Health Plans, PacificSource Community Health Plans, and PacificSource Community Solutions in Idaho, Montana, Oregon, and Washington. Because of the changing nature of medicine, this list is subject to revision and update without notice. This document is designed for informational purposes only and is not an authorization or contract. Coverage determinations are made on a case-by-case basis and subject to the terms, conditions, limitations, and exclusions of the Member's policy. Member policies differ in benefits and to the extent a conflict exists between the Clinical Guideline and the Member's policy, the Member's policy language shall control. Clinical Guidelines do not constitute medical advice nor guarantee coverage.

Background

Out-of-network (OON) services are treatments provided by non-participating providers and may result in higher member cost-sharing and may be subject to federal and state protections. An Out-of-network exception (OONE), also referred to as a network GAP exception, may be granted when a member lacks reasonable access to an in-network provider for a covered, medically necessary service, or as regulatorily required. OONE approvals are member-specific, time-limited, and do not establish ongoing network participation.

Permanent or network-level access arrangements and claims-processing overrides are addressed under separate policies and operational standards. See PacificSource *Out of Network Exceptions* policy for specific details.

Criteria

Commercial

I. Requests for Network Exception (GAP Exception/OONE)

A. PacificSource may approve an OONE request when **ONE or MORE** access conditions are met:

1. No in-network (INN) provider is available within network distance or specialty standards, including plan service area or extended network, if applicable and in accordance with PacificSource Policy *Network Availability Standards-Commercial*.

2. Available INN providers lack the specialty, experience, or capability required to safely furnish the medically necessary service
3. Member-specific clinical or access circumstances prevent appropriate, timely, or safe care from an INN Provider
4. Other documented access barriers exist such that in-network care would not reasonably meet the members' needs.
5. A new member is transitioning from another health plan or care delivery system and continued access to an existing provider is necessary to ensure safe, uninterrupted care during the transition period, **for up to 90 days**.

Note: See PacificSource *Care Coordination for New Members, Notification of Practitioner Termination and Availability of Continued Access, Transition of Care – Commercial, and Transition of Care when Benefits End* policies for additional continuity of care requirements.

6. Emergency, urgently needed, and post-stabilization services under the prudent layperson standard.

Note: See PacificSource's *Urgent, Emergency, and Post-stabilization Services* policy for prudent layperson standard.

Note: Commercial plans that exclude OON benefits do not cover services or supplies from OON providers, except for Urgent and Emergency Services. Planned care must be accessed within the plans service area unless the above criteria is met.

Medicaid

I. Requests for Network Exception (GAP Exception/OONE)

- A. PacificSource Community Solutions (PCS) may review an OONE request when **ONE or MORE** of the following conditions are met:

1. No in-network (INN) provider is available within network distance, capacity, or specialty standards, including plan service area or extended network, if applicable and in accordance with Oregon Health Authority (OHA) Network Adequacy Rules and PacificSource Policy *Network Availability Standards - Medicaid*
2. Unique clinical or communication needs cannot be reasonably accommodated by available contracted providers, including but not limited to language access, disability accommodations, behavioral health communication complexity, or culturally-specific care requirements
3. Emergency, urgently needed, and post-stabilization services, without regard to network status, prior authorization, or location when required under Oregon Medicaid rules and meets the prudent layperson standard

Note: See PacificSource's *Urgent, Emergency, and Post-stabilization Services* policy for prudent layperson standard.

4. Covered family-planning services when furnished by an OHA Provider, consistent with member choice protections.

Note: See PacificSource *Preventive Care, Family Planning, and Services for Sexual and Reproductive Health* policy for covered family-planning services

5. Out-of-network services for American Indian/Alaska Native members when accessing Indian Health Service, tribal, or urban Indian providers.

Note: See PacificSource *Access to Equitable and Culturally Responsive Healthcare Services for Tribal Citizens and Tribal Affiliated Individuals* policy for specific considerations.

6. Necessary OON access, **up to 90 days** to ensure continuity and coordination of care, including during transitions, multi-system involvement, or when required to meet care coordination responsibilities.

Note: See PacificSource policies *Transition of Care - Medicaid* and *Notification of Practitioner Termination and Availability of Continued Access* for continuity of care requirements.

Medicare

I. Member or Provider Requests for Network Exception (GAP Exception/OONE)

- A. PacificSource Medicare may approve an OONE access-based request only when medically necessary to ensure access to a covered Medicare benefit **ONE or MORE** of the following access conditions are met:

1. No in-network (INN) provider is available to furnish the required service within CMS network adequacy and timeliness standards, in accordance PacificSource Policy Medicare Network Adequacy
2. Available INN provider(s) lack the appropriate specialty, expertise, or capability to safely furnish the medically necessary service
3. Delays in access to an INN provider would pose a risk to the member's health or ability to regain maximum function, based on clinical documentation
4. Emergency, urgently needed, and post-stabilization services under the prudent layperson standard

Note: See PacificSource's *Urgent, Emergency, and Post-stabilization Services* policy for prudent layperson standard

5. Continuity of care transition periods (e.g., new enrollment or provider contract termination) **for a minimum of 90 days.**

Note: See PacificSource policies *Medicare Continuity of Care, Notification of Practitioner Termination and Availability of Continued Access, and Medicaid and Medicare Authorizations* for continuity of care requirements.

Related Policies

Access to Equitable and Culturally Responsive Healthcare Services for Tribal Citizens and Tribal Affiliated Individuals

Care Coordination for New Members

Covered Services

Early and Periodic Screening, Diagnostic, and Treatment (EPSDT)

Medicaid and Medicare Authorizations
Medicaid Grievance and Appeals System
Medicare Continuity of Care
Medicare Denials and Reductions
Medicare Network Adequacy
Network Availability Standards - Commercial
Network Availability Standards - Medicaid
Notification of Practitioner Termination and Availability of Continued Access
Out of Network Exceptions
One Time Agreements
Timeliness of UM Decisions and Notifications of Decisions
Transition of Care – Commercial
Transition of Care – Medicaid
Transition of Care when Benefits End
Urgent, Emergency, and Post-Stabilization Services

References

Centers for Medicaid and Medicare (CMS). (2015). MA Payment Guide for Out of Network Payments. <https://www.cms.gov/medicare/health-plans/medicareadvtgsspecratestats/downloads/oonpayments.pdf>

Appendix

Policy Number:

Effective: 5/21/2026

Next review: 5/1/2027

Policy type: Enterprise

Author(s):

Depts.: Health Services

Applicable regulation(s): NCQA UM 1A, UM 7B Factors 1 and 2; Patient Protection and Affordable Care Act, Pub. L. No. 111-148 (2010), codified primarily at 42 U.S.C. §§ 18001 et seq.; No Surprises Act (Division BB, Consolidated Appropriations Act, 2021, Pub. L. No. 116-260, codified at 26 U.S.C. § 9816, 29 U.S.C. § 1185e, and 42 U.S.C. § 300gg-111; 42 C.F.R. § 438.68; 42 C.F.R. § 422.111 and § 422.112; 45 C.F.R. § 156.230; Medicare Advantage Managed Care Manual, Chapter 4; NCQA PHM 2A-2D); CCO contract Ex B pt 2 (3)(9), Ex B Pt 3, (3)(7)(b) and (6)(b), Ex B Pt 3 (13)(b) Exhibit B Part 4; Medicaid Accessibility of Services policy; ORS § 743B.225; OARs: 410-141-3515, 410-141-3565, 410-141-3815, 410-141-3825, 410-141-3840, 410-141-3860, 410-141-3865, 410-141-3870.

External entities affected: N/A

OPs Approval: 5/21/2026