



Policy Title:	Access to In-Network Benefits When Network Adequacy Standards Are Not Met
Policy Number	NET 10.0
Policy Review Frequency:	Annually
Department:	Network
Affiliates:	1. Antidote Health Plan of Ohio, Inc. 2. Antidote Health Plan of Arizona, Inc.
Lines of Business:	1. Commercial 2. Exchange

I. PURPOSE

To ensure members receive timely and affordable access to medically necessary services when the issuer's provider network does not meet the network adequacy standards established by the Centers for Medicare & Medicaid Services (CMS) or applicable state regulations.

II. POLICY

If an Antidote member is unable to access a covered service from an in-network provider within the time and distance standards defined by CMS or applicable state regulatory authority(ies), Antidote shall:

- a. Authorize the use of an out-of-network provider for the covered service.
- b. Apply in-network cost sharing to the member for the authorized service.
- c. Attempt to enter into a single case agreement with the out-of-network provider to ensure no balance billing is imposed on the member for the authorized service.

III. DEFINITIONS

Single Case Agreement (SCA) is a contractual arrangement between Antidote and an out-of-network provider to deliver specific services to a member at negotiated rates, typically when 1) the needed service is not available in-network; 2) not available within the defined CMS or applicable state regulatory authority's time and distance standards; or 3) the Antidote's member requires covered services and the appointment wait time with an in-network provider is unreasonable given the member's needs; and 4) the Antidote member has a unique clinical need that justifies seeing a specific out-of-network provider.

IV. RESPONSIBILITIES

1. The Antidote member contacts Member Services at 888-623-3195 and indicates that no in-network provider is available within the required geographic proximity or wait time.

2. The member is instructed to contact Antidote's Member Services if they are billed amounts other than the in-network copayment, coinsurance and/or deductible as applicable.

V. PROCEDURES

1. Antidote's Member Services Department assists the member to identify an in-network provider. If Member Services and the member are unable to locate an in-network provider, a request for out-of-network access due to network inadequacy will be initiated.
2. If the services requested by the member are covered services and require a Prior Authorization, Member Services will refer the request to the Utilization Management Department and notify the applicable Network Development team.
 - a. The precertification team will review the member's request against Antidote's established clinical criteria. Following the review, an approval or denial of the authorization request will be sent to both the member and the out-of-network provider.
 - b. If the authorization is approved, the Network Development team initiates an SCA with the out-of-network provider.
 - i. Upon execution of the SCA, the Claims Department is notified.
 - c. If the out-of-network provider is unwilling to execute an SCA that prohibits balance billing the member, the Network Development team notifies the Claims Department that the out-of-network provider's claims should be paid at the in-network benefit level for the member.
 - i. The Explanation of Benefits to the member states that the out-of-network provider is prohibited from seeking amounts from the member more than the in-network copayment, coinsurance and/or deductible amounts.
3. If the services requested by the member are covered services and do not require a Prior Authorization, Member Services will refer the out-of-network request to the Network Development Team.
 - i. Upon execution of the SCA, the Claims Department is notified.

VI. APPROVED/REVISION HISTORY

Original Effective Date	Review Date	Reviewer Name	Action	Section(s) Revised
01/01/2025	NA	Debra Halladay	Approved	NA
	07/10/2025	Chris Jacquis	Reviewed	None identified