

SAN FRANCISCO HEALTH PLAN

CO-55 Exception Handling of Non-Covered Benefits and Services

APPROVAL/REVIEW/REVISION HISTORY

Signature	Title	Date	Action
<div><div>DocuSigned by:</div><div><i>Nina Maruyama</i></div><div>9D4617B1400D431...</div></div>	CCO	11/26/2024	Biennial Review
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SFHP POLICY AND PROCEDURE

Exception Handling of Non-Covered Benefits and Services: One-Time and Ongoing

Policy and Procedure Number:	CO-55
Department	Clinical Operations
Accountable Lead	Clinical Operations Analyst
Lines of Business Affected:	<input checked="" type="checkbox"/> Medi-Cal <input type="checkbox"/> Medicare Advantage D-SNP <input checked="" type="checkbox"/> Healthy Workers HMO <input type="checkbox"/> Healthy SF <input type="checkbox"/> City Option <input type="checkbox"/> All lines of business and coverage programs as listed above

POLICY STATEMENT

SFHP's Member Handbook and Evidence of Coverage (EOC) define the benefits for Medi-Cal and Healthy Workers HMO lines of business. When a benefit or service is not covered in the Member Handbook or EOC, SFHP first defaults, if appropriate, to mirroring Medi-Cal benefit guidelines for a requested non-covered benefit or service. If the Medi-Cal benefit guidelines do not include the requested non-covered benefit or service, SFHP seeks guidance from relevant, external specialty expertise obtained from SFHP's Independent Review Organization.

This Policy and Procedure explains the handling of benefit and service exceptions for either a one-time case-by-case basis or an ongoing exception.

PROCEDURE

The Exception Handling process is initiated by either the Clinical Operations (CO), Prior Authorizations UM Team, through the Utilization Management Committee (UMC), or through the Operations Department. This policy focuses on the Clinical Operations Team perspective of the Exception Handling process.

1. Only benefits or services meeting the following criteria are reviewed as a potential exception:
 - a. A SFHP Medical Director, or Provider, deems a service is medically necessary;
 - b. SFHP's Utilization Management Committee (UMC) recommends to cover the service or benefit; or

- c. Covering the excluded service is cost effective; and
 - d. There is no diagnostic criteria available which qualifies the member(s) for alternative coverage including carve out benefits, specifically: California Children's Services, Medicare, Fee-for-service Medi-Cal, Community Behavioral Health Services, Golden Gate Regional Center, Genetically Handicapped Persons Program.
2. The assessment of whether a benefit and/or service is a potential exception is initially conducted by the UMC as needed.
- a. The UMC members review the original request for a non-covered benefit or service and conduct a clinical assessment of the request.
 - b. UMC voting members, at the end of the assessment discussion, vote on whether the non-covered benefit or service should be handled through the Exception Handling process.
 - c. If the UMC affirms the Exception Handling process is appropriate, a formal request is made through TeamDynamix to begin the due diligence phase of the assessment.
 - d. The due diligence is handled by a cross-functional team providing an evaluation of the potential implementation impact of the non-covered benefit or service. The cross-functional team consists of:
 - i. Medical Coders
 - ii. Provider Network Operations
 - iii. Business Solutions - Configuration Analysts Finance
 - iv. Chief Medical Officer
 - v. Marketing
 - e. Upon completion of the due diligence, the analyses is then reviewed by the Executive Team. The Executive Team may approve or deny the implementation of the non-covered benefit or service.
 - f. Once the Executive Team (ET) approves the implementation of the non-covered benefit or service, the ET informs Clinical Operations, Clinical Operations triggers the regular business processes to begin the standard implementation of the non-covered benefit or service.
 - g. CO Management informs Customer Service (CS) and Claims Management of any benefit updates or changes to educate CS and Claims staff.

MONITORING

UMC reviews one-time and on-going exceptions (1) to conduct a trend analysis of one-time exceptions for potential conversion to ongoing exceptions, and (2) to conduct a trend analysis of ongoing exceptions for potential conversion to standard benefit offerings.

DEFINITIONS

Exception Handling: the handling of benefit and service exceptions for either a one-time case-by-case basis or an ongoing exception.

AFFECTED DEPARTMENTS/PARTIES

Compliance and Regulatory Affairs
Finance
Information Technology Services
Marketing & Communications
Operations -- Business Solutions
Operations – Claims
Operations – Customer Service
Operations -- Provider Network Operations

RELATED POLICIES AND PROCEDURES AND OTHER RELATED DOCUMENTS

CO-01: Utilization Management Notice of Action Letters
CO-22: Authorization Requests
CO-57: Clinical Criteria
CS-02: Training Program for Customer Service Representatives
CT-01: Letters of Agreement
CT-02: Pricing of Claims for Extra-Contractual Services and Non-Contracted Providers

REVISION HISTORY

Effective Date: April 10, 2014
Revision Date(s): October 9, 2014; February 22, 2016; August 29, 2018;
November 19, 2020; November 17, 2022; November 21, 2024

REFERENCES

None