

Network Consent for Non-Network and Out of Network Services Process for PSHVN and UW Medicine

Out of Network Consent form (preauthorization required)

1. Consent form submitted for services that require prior authorization:
 - a. HCA ACP provider submits notification to Regence with a request for preauthorization of services via fax #877-663-7526. The preauthorization request must include **clinical documentation necessary for the medical necessity** review and the following information for the Out of Network consent form:
 - i. Approval from the ACP
 - ii. Out of Network Provider information including:
 1. Name
 2. Address
 3. Tax ID
 4. Dates of Service the exception is authorized for
2. Members/Providers will be notified via letter regarding the decision of medical necessity review (this will follow the standard Regence process for notification of services requiring preauthorization).

Out of Network Consent form (no preauthorization required)

1. Consent form submitted for services that don't require preauthorization:
 - a. HCA ACP provider submits notification to Regence via fax #877-663-7526. The consent form request must include the following information:
 - i. Approval from the ACP
 - ii. Out of Network Provider information including:
 1. Name
 2. Address
 3. Tax ID
 4. Dates of Service the exception is authorized for
2. The ASO Escalations Team will send notification to the ACP letting them know the network consent form exception has been loaded.

Retrospective requests for OON Consent forms will be treated as an appeal and the consent form from the ACP approving the request must accompany the appeal request.

Note: All medical necessity, prior authorization and HTA/HTCC policies/guidelines will be adhered to as part of the OON Consent form process for the ACP plans (includes Classic/CDHP).