

Notice on Rural Exceptions

Pursuant to Section 40.290 of the current RFP/contract, in areas in which there is only one health plan, any limitation the health plan imposes on the member's freedom to choose between PCPs may be no more restrictive than the limitation on disenrollment under 42 CFR Section 438.56(c) and Sections 30.520, 30.550 and 30.600 of the current RFP/contract. In this case, the member must have the freedom to:

- Choose from at least two (2) PCPs;
- Obtain services from any other provider under any of the following circumstances:
 - The service or type of provider (in terms of training, experience, and specialization) is not available within the health plan;
 - The provider is not part of the network but is the main source of a service to the member, is given the opportunity to become a participating provider under the same requirements for participation in the health plan, and chooses to join the network. If this provider chooses not to join the network, or does not meet the necessary qualifications to join, the health plan shall transition the member to an in-network provider within sixty (60) days. If the provider is not appropriately licensed or is sanctioned, the health plan shall transition the member to another provider immediately;
 - Select an out-of-network provider because the only provider in-network and available to the member does not, because of moral or religious objections provide the services the member seeks, or all related services are not available;
 - The member's PCP determines that the member needs related services that would subject the member to unnecessary risk if received separately and not all of the related services are available within the network; and
 - The State determines that other circumstances warrant out-of-network treatment.