

# Single Case Agreement FAQs

## What is a Single Case Agreement?

A Single Case Agreement (SCA) is a one-time contract between a health plan and an out-of-network provider that allows services to be covered for a specific patient under agreed-upon terms.

## What is an SCA Used For?

An SCA allows a member to receive care from an out-of-network provider at in-network benefit levels when:

- The required service is not available in-network, or
- Continuity of care is clinically necessary, or
- The provider offers specialized expertise not otherwise accessible

## When is an SCA is not required?

An SCA is not required if the out-of-network provider agrees to accept reimbursement at 100% of Medicare rates. In this situation, the provider only needs to submit a prior authorization request (if the service requires prior authorization). If the authorization is approved, claims will be reimbursed at 100% of Medicare rates without the need for an SCA.

## Prior Authorization Comes First

If the requested service requires prior authorization (PA), an approved PA must be obtained before an SCA can be executed. Services must match the approved scope (codes, units, timeframe).

## How to Obtain a Single Case Agreement

To request an SCA, the out-of-network provider must:

- Review and complete the Single Case Agreement Request Form, found on our website, and submit the completed request to Gold Kidney Health Plan.
- Await review and decision. If authorized, the SCA will specify the member, time period, and/or approved services (e.g., number of visits, date range, CPT/HCPCS codes).

## Preclusion Screening / Federal Program Exclusions

Provider attests they are not listed on:

- OIG List of Excluded Individuals and Entities (LEIE), or
- System for Award Management (SAM)

...and that no excluded persons/entities will be used in delivering services under the agreement.



### Gold Kidney Provider Assistance

[ProviderContracting@goldkidney.com](mailto:ProviderContracting@goldkidney.com)

**(844) 294-6535 (TTY 711)**

#### HOURS OF OPERATION

**Oct 1 - March 31:**

8 a.m. - 8 p.m., local time,  
7 days a week (except holidays)

**April 1 - Sept 30:**

8 a.m. - 8 p.m., local time, Monday -  
Friday (except holidays)

Gold Kidney Health Plan, Inc.® is an HMO-POS C-SNP with a Medicare contract. Enrollment in Gold Kidney Health Plan depends on contract renewal.

## Key Points for Providers

### Patient-Specific

- The SCA applies to one member only, and for the specified, authorized services only.
- It is valid for a defined time period and/or specific services (e.g., 12 visits, 90 days, specific CPT codes).

### Reimbursement Terms

- Rates are negotiated in advance and outlined in the SCA.
- Payment is typically tied to specific CPT/HCPCS codes.
- The SCA does not establish broader in-network status or an ongoing contract.

### Authorization Requirements

- Prior authorization is usually required.
- Services must match the approved scope (codes, units, timeframe).

### Billing Guidelines

- Claims must be submitted according to the health plan's billing requirements.
- The agreed rate (less applicable member cost share) is considered payment in full.

### Member Cost Share

- The member is responsible only for their in-network cost share (copay, coinsurance, deductible), unless otherwise stated.

### No Ongoing Contract

- The agreement does not create a long-term network contract.
- A new SCA must be executed for additional members or services beyond the original scope.

### Provider Responsibilities and Compliance

Providers agree to:

- Obtain required authorization before starting services/procedures.
- Cooperate with utilization management instructions.
- Submit required clinical documentation (e.g., consultation and/or operative reports) for procedures performed.
- Comply with applicable Medicare rules and regulations for Medicare Advantage plans.

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## Single Case Agreement Request Form

### What is a Single Case Agreement?

Gold Kidney Health Plan (GKHP) enters into Single Case Agreements with out-of-network providers that allow members to see those out-of-network providers in limited circumstances. **Single Case Agreements are authorized on a case-by-case basis.**

### What conditions must exist for a Single Case Agreement to be made?

- An area is geographically remote and does not have any in-network GKHP provider.
- A clinical specialty is not available within GKHP's network.
- Continuity of Care: If a new member has been treated by an out of network provider, the new member may be permitted to continue to see his or her out-of-network provider for a limited time.

### If a Single Case Agreement is authorized, what are the terms and conditions of working with Gold Kidney Health Plan?

Non-contracted professionals must agree to the following:

- Arrangement is for a Single Case Agreement for only the individual for whom it was authorized and for only those services authorized, and there are no in-network providers whose qualifications or specialties match those required to adequately treat the individual.
- To accept agreed upon rate less copayments, coinsurance or deductibles as payment in full. No balance billing.
- To Perform all services in compliance with applicable Medicare rules and regulations as applicable Medicare Advantage plans.
- To **(1)** receive Authorization prior to commencing any service or procedure, **(2)** cooperate with Plan with respect to utilization management instructions, **(3)** submit consultation and/or operative reports with regard to all procedures performed, **(4)** comply with federal and state laws and any sub-regulatory guidance governing Medicare and managed care programs and the protection of protect all Personal Health Information (PHI), and remain in compliance with all Health Insurance Portability and Accountability Act of 1996 (HIPAA) regulations.

### Preclusion Screening

Provider attests that they are not on the OIG List of Excluded Individuals and Entities (LEIE) or the GSA System of Award Management (SAM) exclusion listings and that none of these persons or entities are excluded from participation in federal programs.

### What must a non-contracted professional do to obtain a Single Case Agreement?

- Complete **all form fields** of the Single Case Agreement Request Form.
- **Attach a W9** with your request submission.
- Submit completed form(s) to Gold Kidney Health Plan by fax at **(855) 915-6513**.

Member Information			
Last Name:	First Name:	MI:	
Date of Birth:	Member ID:		
Provider Information			
Provider Name:	Licensure (MD, NP, LCSW, etc.):		
Group Name (if applicable):	Phone Number:		
Tax ID:	Rendering Provider NPI:		
Billing Address:	City:	State:	ZIP:
Medicare Number:	Fax Number:		
Point of Contact Name:	Email Address:		
Physical Address:	City:	State:	ZIP:
Dates of Services:	ICD-10 Code:		
Procedure Code(s) Requested:			
Single Case Agreement Rationale		Reimbursement Rate	
<input type="checkbox"/> Lack of In-Network Providers	<input type="checkbox"/> Accepts 100% Medicare Allowable Rates		
<input type="checkbox"/> Continuity Of Care	<input type="checkbox"/> Other:		
Signatures			
Provider Signature:		Date:	
Gold Kidney Health Plan Representative Signature:		Date:	