

Community Care Health

Continuity of Care Policy

Policy: 2.03a
Origination Date: 02/2016
Last Review Date: 02/2016

Purpose:

To ensure continuity of care (COC) for members when:

- Their Primary Medical Group (PMG), Independent Physician Association (IPA), individual physician or hospital is terminated from the Community Care Health provider network or;
- They are a new enrollee in Community Care Health (except newly covered members who had the option to continue with his or her previous health plan or provider and instead voluntarily chose to change health plans) and their treating provider is not part of the Community Care Health provider network.

Scope:

Under certain circumstances, Members of Community Care Health may be able to continue receiving services from Non-Participating/Terminating Providers.

COC assistance is intended to facilitate the smooth transition in medical care across health care delivery systems for new Members who are undergoing a course of treatment when the Member or the Member's employer changes Health Plans during open enrollment or when the Member is undergoing a course of treatment and the Member's treating provider is terminated from the Community Care Health network.

The length of the transition period will be determined on a case by case basis taking into consideration the severity of the enrollee's condition and the amount of time reasonably necessary to effect a safe transfer. Reasonable consideration is given to the potential clinical effect of a change of providers on the Member's condition. Completion of covered services by a provider whose contract has been terminated or not renewed for reasons related to medical disciplinary cause or reason, fraud or other criminal activity will not be facilitated.

Community Care Health must comply with applicable State law and regulations regarding provider terminations as outlined herein.

Policy:

For a Member to continue receiving care from a Non-Participating/Terminating Provider, the following conditions must be met:

1. COC services from Non-Participating/Terminating Provider must be Preauthorized by Community Care Health;
2. The requested treatment must be a Covered Service under this Plan;
3. The Non-Participating/Terminating Provider must agree in writing to meet the same contractual terms and conditions that are imposed upon Community Care Health's Participating Providers, including locations within Community Care Health's Service Area, payment methodologies and non-capitated rates of payment.

Covered Services for the COC condition under treatment by the Non-Participating/Terminating Provider will be considered complete when:

1. The Member's course of treatment is complete; or
2. The Member's COC condition under treatment is medically stable and there are no clinical contraindications that would prevent a medically safe transfer to a Participating Provider as determined by Community Care Health's Chief Medical Officer or his or her designee.

COC also applies to those new Community Care Health Members who are receiving Mental Health care services from a Non-Participating/Terminating Mental Health Provider at the time their coverage becomes effective. Members eligible for continuity of mental health care services may continue to receive mental health services from a Non-Plan Provider for a reasonable period of time to safely transition care to a Mental Health Participating Provider. A Non-Participating Mental Health Provider means a psychiatrist, licensed psychologist, licensed marriage and family therapist or licensed clinical social worker who has not entered into a written agreement with the network of Providers from whom the Member is entitled to receive Covered Services.

COC Condition(s) – The completion of Covered Services may be provided by: (i) a terminated Provider to a Member who, at the time of the Participating Provider's contract Termination, was receiving Covered Services from that Participating Provider, or (ii) Non-Participating/Terminating Provider for a newly enrolled Member who, at the time his or her coverage became effective with Community Care Health, was receiving Covered Services from the Non-Participating/Terminating Provider, for one of the COC Conditions, as limited and described below:

1. An Acute Condition – A medical condition, including medical and Mental Health that involves a sudden onset of symptoms due to an illness, injury, or other medical problem that requires prompt medical attention and that has a limited duration. Completion of Covered Services will be provided for the duration of the Acute Condition.
2. A Serious Chronic Condition – A medical condition due to disease, illness, or other medical or mental health problem or medical or mental health disorder that is serious in nature, and that persists without full cure or worsens over an

- extended period of time, or requires ongoing treatment to maintain remission or prevent deterioration. Completion of Covered Services will be provided for the period of time necessary to complete the active course of treatment and to arrange for a clinically safe transfer to a Participating Provider, as determined by Community Care Health's Chief Medical Officer or his or her designee in consultation with the Member, and either (i) the Terminated Provider or (ii) the Non-Participating Provider and as applicable, the receiving Participating Provider, consistent with good professional practice. Completion of Covered Services for this condition will not exceed twelve (12) months from the agreement's Termination date or twelve (12) months from the effective date of coverage for a newly enrolled Member.
3. A Pregnancy diagnosed and documented by (i) the Terminated Provider prior to Termination of the agreement, or (ii) by the Non-Participating Provider prior to the newly enrolled Member's effective date of coverage with Community Care Health. Completion of Covered Services will be provided for the duration of the pregnancy and the immediate postpartum period.
 4. A Terminal Illness – An incurable or irreversible condition that has a high probability of causing death within one (1) year or less. Completion of Covered Services will be provided for the duration of the Terminal Illness, which may exceed twelve (12) months from the contract termination date or 12 months from the effective date of coverage for a new enrollee.
 5. Surgery or Other Procedure – Performance of a Surgery or Other Procedure that has been authorized by Community Care Health or the Member's assigned Participating Provider as part of a documented course of treatment and has been recommended and documented by the: (i) Terminating Provider to occur within 180 calendar days of the agreement's Termination date, or (ii) Non-Participating Provider to occur within 180 calendar days of the newly enrolled Member's effective date of coverage with Community Care Health.
 6. Care for Child who is a Newborn to 36 Months of Age – Care for a Member child who is a newborn to 36 months of age, not to exceed twelve months from the Member's effective date of coverage with Community Care Health for newly enrolled Members, or twelve months from the agreement Termination date for Members receiving services from Terminated Providers.

Procedure:

Members may request COC by calling the Customer Care number that is located on the back of their insurance card and requesting the form "Request for Continuity of Care". All Continuity of Care requests will be reviewed on a case-by-case basis. Reasonable consideration will be given to the severity of the newly enrolled Member's condition and the potential clinical effect of a change in Provider regarding the Member's treatment and outcome of the condition under treatment.

Forms must be submitted to Community Care Health as soon as possible, but no later than thirty (30) calendar days of the Provider's effective date of Termination. Exceptions

to the thirty (30)-calendar-day time frame will be considered for good cause. The address is:

Community Care Health
Attention: Continuity of Care Department
P.O. Box 45020
Fresno, CA 93718
Fax: 1-559-228-5460

Community Care Health's Utilization Management department will complete a clinical review of a Continuity of Care request for the completion of Covered Services with a Non-Participating/Terminating Provider and the decision will be made and communicated in a timely manner appropriate to the nature of the member's medical condition. In most instances, decisions for non-urgent requests will be made within five (5) business days of Community Care Health's receipt of the completed form. Member will be notified of the decision by telephone and provided with a plan for their continued care. Written notification of the decision and plan of care will be sent to the member, by United States mail, within two (2) business days of making the decision. If the request for continued care with a Non-Participating/Terminated Provider is denied, the member may appeal the decision.

Members who have any questions, or would like a description of Community Care Health's continuity of care process, or want to appeal a denial, can contact our Customer Service department.

Please Note: It's not enough for a member to simply prefer receiving treatment from a Non-Participating/Terminated Provider. The member should not continue care with a Non-Participating/Terminated Provider without formal approval. If Preauthorization is not received by Community Care Health, payment for routine services performed from a Non-Participating/Terminated Provider will be member responsibility.

ATTACHMENTS:

- A. [Continuity of Care Request Form](#)