



CONTINUITY OF CARE POLICY AND PROCEDURE

Purpose:

To provide continuity of care (COC) for Community Care Health (CCH) members when:

- Their provider is terminated from CCH's provider network ("Terminated Provider"); or
- They are a new CCH member (except newly covered members who had the option to continue with their previous health plan and instead voluntarily chose to change health plans) and their treating provider is not part of the CCH provider network ("Non-Participating Provider").

Scope:

Under certain circumstances, members may be able to continue receiving services from Terminated Providers or Non-Participating Providers (together, "Terminated/Non-Participating Providers"). "Provider" means any professional person, organization, health facility, or other person or institution licensed by the state to deliver or furnish health care services.

Continuation of services from Terminated/Non-Participating Providers for a limited period of time is intended to facilitate the smooth transition of care across health care delivery systems for members who are undergoing a course of treatment when (i) the member's treating provider is terminated from the CCH provider network or (ii) the member changes health plans.

The length of the transition period will be determined on a case-by-case basis taking into consideration the severity of the member's condition, the amount of time reasonably necessary to effect a safe transfer, and the requirements of the law. 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 a medical disciplinary cause or reason, fraud or other criminal activity will not be facilitated.

Policy:

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

1. COC services from the Terminated/Non-Participating Provider must be preauthorized by CCH;
2. The requested treatment must be covered under the member's benefit plan (a "Covered Service");
3. The Terminated/Non-Participating Provider must agree in writing to meet the same contractual terms and conditions that are imposed upon CCH's contracted providers ("Participating Providers") including, but not limited to, a practice location within CCH's service area,

credentialing, hospital privileging, utilization review, peer review, quality assurance, and payment methodologies and rates of payment.

Covered Services for the COC condition under treatment by the Terminated/Non-Participating Provider will conclude 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 CCH's Chief Medical Officer or his or her designee.

COC may also be available to new CCH members who are receiving mental health care services from Non-Participating Mental Health Providers 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-Participating Mental Health Provider for a reasonable period of time to safely transition care to a Participating Provider. "Non-Participating Mental Health Provider" means a psychiatrist, licensed psychologist, licensed marriage and family therapist, licensed clinical social worker, or licensed professional clinical counselor 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 provider's contract termination, was receiving Covered Services from that provider, or (ii) a Non-Participating Provider for a newly enrolled member who, at the time his or her coverage became effective with CCH, was receiving Covered Services from the Non-Participating 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 CCH'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 12 months from the agreement's termination date or 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 CCH. Completion of Covered Services will be provided for the duration of the pregnancy and the immediate postpartum period. In addition, for maternal mental health conditions diagnosed and documented by a Terminated/Non-Participating Provider, completion of Covered Services for the maternal mental health condition shall not

exceed 12 months from the diagnosis or from the end of pregnancy, whichever occurs later. “Maternal mental health condition” means a mental health condition that can impact a woman during pregnancy, peri or postpartum, or that arises during pregnancy, in the peri or postpartum period, up to one year after delivery.

4. A Terminal Illness – An incurable or irreversible condition that has a high probability of causing death within one year or less. Completion of Covered Services will be provided for the duration of the terminal illness, which may exceed 12 months from the contract termination date or 12 months from the effective date of coverage for a new member.
5. Surgery or Other Procedure – Performance of a surgery or other procedure that has been authorized by CCH or the member’s assigned Participating Provider as part of a documented course of treatment and has been recommended and documented by the: (i) Terminated 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 CCH.
6. Care for Child who is a Newborn to 36 Months of Age – Care for a member who is a newborn to 36 months of age, not to exceed twelve months from the member’s effective date of coverage with CCH 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 Service number on the back of their ID card and requesting the “Request for Continuity of Care” form. All COC requests will be reviewed on a case-by-case basis. Reasonable consideration will be given to the severity of the 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 CCH as soon as possible, but no later than 30 calendar days of the provider’s effective date of termination or the newly enrolled member’s effective date of coverage. Exceptions to the 30-calendar-day time frame will be considered for good cause.

CCH’s Utilization Management department will complete a clinical review of the COC request and communicate the decision in a timely manner appropriate to the nature of the member’s medical condition. The member will be notified of the decision by telephone and by United States mail, within two business days of making the decision. If the request for continued care with a Terminated/Non-Participating Provider is denied, the member may appeal the decision by filing a grievance with CCH.

Members who have questions, or want to appeal a denial by filing a grievance, can contact Customer Service at the number on the back of their ID cards.