TITLE: Continuity of Care

IDENTIFIER: SHP-803
EFFECTIVE DATE: 06/08/15
DEPARTMENT: Utilization Management
Applies to:
☐SHP – Medicare Advantage+
☐SHP – Commercial
☒Scripps Health Plan

I. PURPOSE

The purpose of this policy is to provide a mechanism to arrange for the continuity of care for members undergoing treatment with a provider at the time of the provider's contract termination or when a member enrolls when undergoing treatment with a non-contracted provider.

II. POLICY

It is the policy of Scripps Health Plan (SHP) to provide continuity of care in accordance with the Knox Keene Act for members currently receiving a course of treatment from a terminated provider and for new enrollees who are undergoing an active course of treatment from a nonparticipating provider.

Continuity of Care is provided for members with acute conditions, serious chronic conditions, a pregnancy, a terminal illness, a newborn (up to 36 months old), a previously approved surgery or procedure, a behavioral health diagnosis, or any other diagnoses or conditions specified in current federal and/or state regulations regarding continuity of care. The continuation of care will be approved for an appropriate time, relative to the member's condition and consistent with clinical practice standards.

While participating in the Continuity of Care program, co-payments, deductibles and other cost sharing for which an enrollee is responsible will be the same whether care is provided by a contracted provider or a terminated provider. Members that are offered an open network option or the option to continue with their previous health plan do not qualify for continuity of care coverage.

A. There is no obligation to continue the provider's services beyond the contract if the terminated provider has been terminated due to medical disciplinary causes nor for reason of fraud or other criminal activity.

B. A terminated or nonparticipating provider must agree to, and be able to abide by all of the following terms and conditions:
   1. Agree in writing to abide by Scripps Health Plan contractual terms and conditions present prior to termination, or current SHP terms and conditions for non-contracting providers,

including but not limited to credentialing, hospital privileging, utilization review, per review, and quality assurance requirements.

2. For terminated providers, acceptance of the same rate and method of payment for services rendered that was present under the provider's contract at the time of the termination, or an agreed upon rate less than billed charges. The Scripps Health Plan provider contracts contain language to allow for continuing care treatment until the member can be safely transferred to an appropriate provider. Refer to SHP contracts for specific language.
3. For non-participating provider, agree to provide only services that are covered under the terms and conditions that are imposed upon currently contracting provider providing similar services who are not capitated and who are practicing in the same or similar geographic area as the nonparticipating provider.
4. SHP is not obligated to provide greater benefits than those that exist under the terms of an existing policy.

III. PROCEDURES

A. When the UM Department receives an authorization request for a terminated or nonparticipating provider, the request will be reviewed for any of the above conditions.

B. When a specialist provider terminates from the network, a list of open referrals and a list of members seen in the last six months will be generated to determine continuity of care needs. (See also Policy 1209 *PCP/Specialist Termination Process*)

C. Services will be approved according to the appropriate UM Policy and Procedure if the request meets the requirements of the contract and the law (SB 1129).

D. For terminated providers, review of reason for termination will be completed.

E. For nonparticipating providers, if the UM Department agrees to the continuation of care, information will be forwarded to the Provider Relations department to complete a letter of agreement.

F. Should any problems with the provider's compliance with the terms of the contract be identified, the UM Department is to notify the Manager, UM and QI, and the Manager, Provider Relations and Contracting, immediately.

G. For cases involving an acute condition, services shall be provided for the duration of the acute condition. For a serious chronic condition, health care services from the terminated or nonparticipating provider must be provided for up to the time frame specified by law as applicable to the member's condition or a longer period if necessary for a safe transfer to another contracted provider not to exceed 12 months from the contract termination date or 12 months from the effective date of coverage for newly covered enrollee. For cases involving a pregnancy, services must be provided during the three trimesters of pregnancy

until postpartum services related to the delivery are completed or for a longer period if necessary

H. For a safe transfer to another provider. For members with a terminal illness that has a probability of causing death within one year or less, completion of covered services shall be provided for the duration of the terminal illness which may exceed 12 months from the contract termination date of 12 months from the effective date of coverage for a new enrollee. Completion of care for a newborn child between birth and age 36 months not to exceed 12 months from the contract termination date or 12 months from the effective date of coverage for a newly covered enrollee. Performance of a surgery or other procedure that is authorized by the plan as part of a documented course of treatment and has been recommended and documented by the provider to occur within 180 days of the contract's termination date or within 180 days of the effective date of coverage for a newly covered enrollee.

1. Must be completed within the following timeline:
   a. 30 calendar days from the date of receipt
   b. 15 calendar days if the beneficiary's medical condition requires more immediate attention, such as upcoming appointments or other pressing care needs or
   c. 3 calendar days if there is risk of harm to the beneficiary
2. Upon receipt of the continuity of care request, SHP shall notify the beneficiary of the following within seven calendar days:
   a. The request approval
   b. The duration of the continuity of care arrangement
   c. The process that will occur to transition the beneficiary's care at the end of the continuity of care period and
   d. The beneficiary's right to choose a different provider from the plan's provider network.

I. The Medical Director will be contacted by the UM or QI Department or the PCP if any problem occurs with the transfer to another contracted provider. The Medical Director will determine the safety of a transfer and direct the staff in the process of either approving continuing treatment with a terminated provider or transferring care to a new contracted provider.

J. In accordance with current laws and regulations, members being transitioned to a new contracted provider will be given their appeal rights should they disagree with such a transfer. Members can receive a copy of the Continuity of Care Policy on request by contacting the member service number on their enrollment card. Appeals rights notifications will include the following language:

> "If you have been receiving care from a health care provider, you may have a right to keep your provider for a designated time period. Please contact your HMO's customer service department, and if you

have further questions, you are encouraged to contact the Department of Managed Health Care, which protects HMO consumers, by telephone at its toll-free number, 1-888-HMO-2219, or at a TTD number for the hearing impaired at 1-877-688-9891, or online at www.hmohelp.com."

K. Whenever possible in light of provider compliance with termination clauses in current contracts, members will be given a minimum of 60 days notice prior to transition to a new contracted provider.

IV. REFERENCES

CA HSC 1373.65(b); 1373.95(a)(2); 1373.96(b)
28 CCR 1300.67.1.3(b)
CA Business & Professions Code 805(a)(6)
NCQA NET-5.A

V. RELATED POLICIES

Policy 1209 *PCP/Specialist Termination Process*

HISTORY	
Review 06/01/08, 04/06/10, 04/09/12, 04/19/13, 04/16/15, 06/08/15	**Revised** 1/1/99, 4/2/01, 1/28/03, 02/17/04, 05/18/05, 05/17/09, 04/25/14

ENDORSEMENTS and APPROVALS		
	Chair Signature / Title	**Approval Date**
P&P Committee		
UM / QI Committee:		
DMHC	**Filed:**	**Accepted:**