

HEALTH PLAN OF SAN JOAQUIN		
Subject: Transition of Members from Terminated Providers		
Department: Member Services		Policy #: CUST17
Applies to: MC, HF, Commercial		Scope: MS, PS, CO, UM, Mkt
Effective Date: 01/01/04	Revised Date:	Approved by: <i>Signature on file</i> Chief Operating Officer

POLICY

- A. Prior to termination of a provider group, individual primary care provider (PCP or specialist physician) or a general acute care hospital, HPSJ will notify members that they will be reassigned to contracted providers effective the date of the contract termination. Members will also be notified that if they are receiving care from a provider whose contract is being terminated, they may request continuity of care for specific medical conditions from that provider.

PROCEDURE

- A. The Director of Contracting will notify the Compliance Officer, Member Services Director and Director of Medical Management immediately upon notification that a provider group, PCP, specialist physician or general acute care hospital contract is terminating, generally 120 days prior to the termination date.

- B. For provider group and hospital terminations, the Compliance Officer will submit a member block transfer filing to the Department of Managed Health Care (DMHC), that includes the written notice HPSJ intends to send to affected members (Attachment A & B).
 - 1. In order to provide a 60-day notice to the members, this filing should be done 75-days in advance of the date of termination.
 - 2. DMHC has 7 days to approve the notice (“approved notice”), otherwise the notice is deemed approved.
 - 3. If exigent circumstances involving the contract termination does not allow for a 60-day notice, the Compliance Officer will apply to

the DMHC for a waiver from this requirement. The DMHC must approve the waiver request, or in the absence of an approval within 7-days of the DMHC's receipt of the request, the waiver is deemed approved.

4. The Member Services Director will run a report identifying those members who are assigned to a PCP affiliated with a terminating provider group, or in the case of a terminating hospital, all members who reside within a 15-mile radius of the hospital.
5. For hospital terminations, the Compliance Officer will determine the zip codes that lie within the 15-mile radius of a terminating hospital.
6. The Member Services Director will provide the approved member notice as provided by the Compliance Officer, and member addresses to the Marketing Department for mailing.
7. At least 60 days prior to the termination date, the approved notice will be mailed to those members assigned to the provider group.
 - Notices will be sent via US Mail, to the address of the member as it appears in the eligibility database.
 - HPSJ is responsible for notifying members upon notification from a provider group that an individual physician's contract has been terminated.
 - If the terminating provider is a hospital, the notice will be sent to all members who reside within a 15 miles radius of the terminating hospital.
7. If after sending the notice HPSJ reaches an agreement with the terminating provider to renew the contract, or if the parties agree to not terminate the contract, HPSJ will offer each identified member the option to return to that provider. (Attachment C).
 - This notice will be mailed within five (5) business days of the agreement of the contract renewal or non-termination.
 - If the member does not exercise that option, HPSJ will assign the member to another provider as described below.
8. The approved member notice will inform the member of their right to choose another contracting PCP at any time prior to the contract termination date.

- Members will be reassigned to another PCP upon request, provided that the PCP is accepting new patients.
 - HPSJ will verify that the provider's current patient capacity is within the regulatory guidelines for provider-enrollee ratios.
 - Members who do not choose a PCP prior to the contract termination date will be assigned to a PCP located within 15 miles or 30 minutes of the member's residence or work place. The age and the gender of the member are also considered (i.e., pediatricians, OB/Gyn).
 - The provider's hospital admitting privileges will be verified, to ensure, if possible, that the member's hospital will not change.
 - New member ID cards will be mailed immediately upon selection of another PCP, or in the case of assigning a PCP, 15 days prior to the contract termination date.
9. For hospital terminations, HPSJ will verify:
- Reassignment of members will not result in an alternate hospital affiliation that does not meet the regulatory access requirements of 15 miles or 30 minutes;
 - the reassigned provider has admitting privileges at the alternate hospital; and
 - the alternate hospitals have the same range of services as the terminated hospital.
- C. Except for the DMHC filing and approval process, this policy will also be followed when an individual PCP or specialist physician contract is terminated.
1. For a terminating PCP, the Member Services Director will run a report identifying those members assigned to that PCP.
 2. For a terminating specialist physician, UM will review DRE for authorizations in order to identify those members who are receiving treatment from the terminating specialist.
 - The terminating specialist physician's claims will be reviewed at the time of termination and again in 2 weeks to identify any other members who may be receiving care from the terminated specialist.

3. Members will receive notice of the terminating PCP or specialist physician, and of their right to request continuity of care services. (Attachment D, modified)
 4. Members will also be notified when an individual provider terminates his/her contract either with a contracted medical group. (Attachment D)
- D.** Members who are receiving care for certain covered services from a provider whose contract is terminating, may request continuity of care with the terminating provider as described in policy UM23 –Continuity of Care from Non-Participating or Terminated Providers.
1. Notice of the right to request continuity of care is included in the approved member notice.
 2. Member Services will forward all requests for continuity of care to the Director of Medical Management.
 3. Review and approval of the member’s request will be pursuant to *UM23 – Continuity of Care from Non-Participating or Terminated Providers*

REFERENCE

- A. Health & Safety Code Sections 1373.65 and 1373.95
- B. HPSJ Policy UM23– Continuity of Care from a Non-Participating or Terminated Provider

Attachment A – Member Notice of Provider Group Termination

Attachment B – Member Notice of Hospital Termination

Attachment C – Member Notice of Renew/Reinstatement of Terminated Provider

Attachment D – Member Notice of Individual Provider Termination

Created by/Date	Revised by/Date	Revised by/Date	Revised by/Date	Revised by/Date	Revised by/Date
N. Raymond 01/01/04	N. Raymond 9/20/04				

**Attachment A
Member Notice
Provider Group Termination**

<DATE>

<Member Name>
<Address>
<City, State, Zip Code>

RE: Notice of Provider Contract Termination
<Medical Group>

Dear <Name>:

The purpose of this letter is to notify you that effective <DATE><MEDICAL GROUP> will no longer be a health care provider for Health Plan of San Joaquin (HPSJ).

Because your Primary Care Physician (PCP) is affiliated with this medical group, you have been reassigned to <Provider> <Address><Affiliated Hospital, if different>. If you are not satisfied with this assignment, please call HPSJ's Member Services Department at (209) 942-6320 to select another PCP. Your benefits and copayments will remain the same with the newly assigned provider. The provider cannot bill you for covered services, and should submit claims to HPSJ for payment.

If you currently have an approved authorization for a pending service, that authorization will be honored for < >. You should call HPSJ if you are in the

process of obtaining an authorization for a pending service to determine the status of the authorization.

If you have been receiving care from a health care provider, you may have a right to keep your provider for a designated period of time. Please contact HPSJ's Member Services 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 TDD number for the hearing impaired at 1-877-688-9891, or online at www.hmohelp.ca.gov.

You may be eligible to continue receiving care from <Terminating Provider/Medical Group> if:

- You are being treated for an acute, or serious chronic medical condition;
- You are pregnant;
- You are receiving care for a newborn child (up to 36 months of age)
- As a part of a documented course of treatment you have an authorization for a surgery or other procedure; or
- You are care for a terminal illness.

Continuity of care may be provided for a specified period of time, and subject to the provider's agreement to continue these services. For more information regarding continuity of care, or to request such services, please call HPSJ's Member Services Department:

In Stockton	(209) 942-6320
Toll-free	1-888-936-PLAN (7526),
Toll-free Spanish	1-888-312-PLAN (7526)
TTY	(209) 942-6306.
HPSJ website	www.hpsj.com .

Sincerely,

Member Services Department

**Attachment A
Member Notice
Hospital Termination**

<DATE>

<Member Name>
<Address>
<City, State, Zip Code>

RE: Notice of Hospital Termination
<HOSPITAL>

Dear <Name>:

The purpose of this letter is to notify you that effective <DATE>, <HOSPITAL> will no longer be a health care provider for Health Plan of San Joaquin (HPSJ).

Although <Terminated Hospital> will no longer be part of the our network, you will have access to <Number> hospitals in San Joaquin County, including <Hospitals located in 15 miles radius of terminated hospital>. Your Primary Care Physician has admitting privileges at <Affiliated Hospital of PCP>.

If you currently have an approved authorization for a pending service with a specialist who is affiliated with <Terminated Hospital>, please call HPSJ's Member Services Department. HPSJ will determine if the specialist is affiliated with another participating hospital. If not, the authorization for services at <Terminated Hospital> will be honored for < >. You should also call HPSJ if you are in the process of obtaining an authorization for a pending service from a specialist to determine the status of the authorization.

If you have been receiving care from a health care provider, you may have a right to keep your provider for a designated period of time. Please contact HPSJ's Member Services 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 TDD number for the hearing impaired at 1-877-688-9891, or online at www.hmohelp.ca.gov

You may be eligible to continue receiving care from <Terminating Hospital> if :

- You are being treated for an acute, or serious chronic medical condition;
- You are pregnant;
- You are receiving care for a newborn child (up to 36 months of age)
- As a part of a documented course of treatment you have an authorization for a surgery or other procedure; or
- You are receiving care for a terminal illness.

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Your benefits and copayments will remain the same as with any HPSJ hospital or provider. The hospital or provider cannot bill you for covered services, and should submit claims to HPSJ for payment.

Sincerely,

Member Services Department

Attachment C
Member Notice
Reinstatement of Terminated Provider Contract

<DATE>

<Member Name>
<Address>
<City, State, Zip Code>

RE: Notice of Non-Termination
<HOSPITAL><PROVIDER>

Dear <Name>:

Recently you were notified of the termination of <PROVIDER >'s contract with Health Plan of San Joaquin. As a result of this termination, you were reassigned to another Primary Care Physician (PCP).

We are pleased to tell you that <PROVIDER > will continue as a provider for Health Plan of San Joaquin.

(For PCP's

This means that you may again have <PROVIDER > as your PCP. You are not required to change PCP's.

If you wish to change your PCP please call the HPSJ Member Services Department in Stockton at (209) 942-6320 or toll free at (888) 936-PLAN (7526). A Member Services Representative can assist you with the change and answer any questions you may have.

Sincerely,

Member Services Department

**Attachment D
Member Notice
Individual Provider Termination**

<Member Name>
<Address>
<City, State, Zip Code>

RE: Notice of Provider Termination
<PROVIDER>

Dear <Name>:

The purpose of this letter is to notify you that effective <DATE>, <PROVIDER > will no longer be a health care provider for Health Plan of San Joaquin (HPSJ).

(Include this paragraph if terminating provider is a PCP)

You have been reassigned to <PCP ><Address><Affiliated Hospital, if different>. If you are not satisfied with this assignment, please call HPSJ's Member Services Department at (209) 942-6320 to select another PCP. Your benefits and copayments will remain the same with the newly assigned provider. The provider cannot bill you for covered services, and should submit claims to HPSJ for payment.

(Include this paragraph if terminating provider is a specialist)

If you currently have an approved authorization for a pending service, that authorization will be honored for < >. You should call HPSJ if you are in the process of obtaining an authorization for a pending service to determine the status of the authorization.

If you have been receiving care from this terminated provider, you may have a right to keep the provider for a designated period of time. Please contact HPSJ's Member Services 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 TDD number for the hearing impaired at 1-877-688-9891, or online at www.hmohelp.ca.gov.

You may be eligible to continue receiving care from <PROVIDER > if :

- You are being treated for an acute, or serious chronic medical condition;
- You are pregnant;
- You are receiving care for a newborn child (up to 36 months of age)
- As a part of a documented course of treatment you have an authorization for a surgery or other procedure; or
- You are receiving care for a terminal illness

Continuity of care may be provided for a specified period of time, and subject to the provider's agreement to continue these services. For more information regarding continuity of care, or to request such services, please call HPSJ's Member Services Department:

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Sincerely,

Member Services Department