HEALTH PLAN OF SAN JOAQUIN						
Subject: Continuity of Care for Members for Terminated Practitioners/Providers						
Department: Medical Management		**Unit:** Utilization Management			**Policy #:** CM23	
Effective Date: 2/1/96	**Committee/Approval Date:** 9/12	**Review/Revision Dates:** 11/00; 7/22/03; 1/1/04; 8/26/04 9/08; 3/11; 9/12, 10/15; 1/18; 1/19				
Applies To:	**Medi-Cal**	Yes	**X**	No		

PURPOSE

To set forth Continuity of Care (COC) requirements for Medi-Cal beneficiaries whose practitioner/provider is terminated from HPSJ Provider Network.

DEFINITIONS

Active treatment means regular visits with the practitioner to monitor the status of an illness or disorder, provide direct treatment, prescribe medication or other treatment or modify a treatment protocol. Discontinuing an active course of treatment could cause a recurrence or worsening of the condition under treatment and interfere with anticipated outcomes.

Acute Condition. A medical condition that involves a sudden onset of symptoms due to an illness, injury or other medical problem that require prompt medical treatment for the duration of an acute condition as specified in section 1373.96 (c)F(1).

Non-contracted practitioner/providers means a practitioner/providers with whom HPSJ does not hold a contract and includes out-of-network practitioners/providers. Practitioner/providers include, but are not limited to, primary care physicians, specialist physicians and hospitals.

Serious Chronic Condition. A medical condition due to a disease, illness, or other medical problem or 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.

Terminal Illness. An incurable or irreversible condition that has a high probability of causing death within one year or less.

Risk of Harm-For the purpose of the policy, defined as, an imminent and serious threat to the health of the members.

POLICY

If a practitioner's contract is discontinued HPSJ will allow and provide for COC to affected members through continued access to practitioners/providers for either medical or behavioral health services. This policy is applicable, to existing members receiving care from terminated practitioner/providers for acute, serious or chronic conditions, pregnancy, terminal illness, previously authorized surgery or other procedures, newborn care or behavioral health conditions. This policy applies when a practitioner or organization terminates a contract for reasons other than because of professional review actions, as defined in the Health Care Quality Improvement Act of 1986, or when a practitioner within a group decides to discontinue a contract with the organization while the rest of the group continues the contract.

PROCEDURE

A. An existing member who is receiving care from a participating provider whose contract has been terminated is notified of the right to request COC from that provider for one of these conditions:

1. **Acute Condition**. An acute condition is a medical condition 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 shall be provided for the duration of the acute condition.

2. **Serious Chronic Condition**. A serious chronic condition is a medical condition due to a disease, illness, or other medical problem or medical 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 shall be provided for a period of time necessary to complete a course of treatment and to arrange for a safe transfer to another provider, as determined by the health care service plan in consultation with the enrollee and the terminated provider or nonparticipating provider and consistent with good professional practice. Completion of covered services under this paragraph shall not exceed 12 months from the contract termination date or 12 months from the effective date of coverage for a newly covered enrollee.

3. **Pregnancy.** COC will be provided for the duration of the pregnancy and the immediate postpartum period.

4. **Terminal Illness.** COC will be provided for the duration of a terminal illness. terminal illness is an incurable or irreversible condition that has a high probability of causing death within one year or less. Completion of covered services shall be provided for the duration of a terminal illness, which may exceed 12 months from the contract termination date or 12 months from the effective date of coverage for a new enrollee.

5. **Care of a child between birth and 36 months**. COC will not exceed 12 months from the new member's date of enrollment or from the provider contract termination date.

6. **Authorized surgery or procedure**. As part of a documented course of treatment that 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 enrolled member.

HPSJ will allow for completion of covered services as required by HSC section 1373.96, for the following conditions; acute, serious chronic, pregnancy, terminal illness, and care of the newborn child between birth and age 36 months, and performance of a surgery or other procedure that is authorized by the MCP as a 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 member to the extent that doing so would allow a member a longer period of treatment by an out-of-network provider than would otherwise be required.

B. Practitioner/Provider Obligations

At the request of the member, HPSJ will continue to authorize care for up to one (1) year if the provider agrees to conditions below. Terminated providers, in order to continue services must agree to the following:

a. The provider is willing to accept the higher of HPSJ's contract rates or Medi-Cal FFS rates

b. HPSJ is not required to provide COC by a provider whose contract with the plan or provider group has been terminated or not renewed for reasons relating to medical disciplinary cause or reason, fraud or criminal activity.

c. The provider meets HPSJ's applicable professional standards and has no disqualifying quality of care issues.
d. The provider is a California State Plan approved provider
e. The provider supplies HPSJ with all relevant treatment information, for the purposes of determining medical necessity, as well as a current treatment plan, as long as it is allowable under federal and state privacy laws and regulations.
f. To continue the member's treatment for an appropriate period of time (based on transition plan goals).

g. To continue to follow the organization's CM and UM policies and procedures.

h. To not charge the member.

C. The Contracting Department will notify the Case Management Department (CM) immediately upon receiving notification of practitioner/provider termination

1. Clinical Analytics will provide a report to identify members associated with the terming physician provider.

2. Customer Service will send a letter to patients affected by the practitioner/ provider termination, allowing patients to self-refer to case management if a COC need is perceived.

    a. If COC is requested by the patient or representative, the Case Manager will
        1. Open a COC Case within five (5) days of the request
        2. CM will accept request for COC from the member by phone and not require the member to submit a paper or computer form.
        3. HPSJ must have the ability to demonstrate an existing relationship between the member and provider 12 months prior to the request.

3. The Case Manager will coordinate decisions for continued care with the member, the terminated practitioner/provider, and Provider Services, if criteria for continued care are met.
4. Completion of COC Request Timeline
    a. Each COC request must be completed within the following timeline
        1. Thirty (30) calendar days from the date HPSJ received the request
        2. Fifteen (15) calendar days of the member's medical condition requires more immediate attention, such as upcoming appointments or other pressing care needs
        3. Three (3) calendar days if there is risk of harm to the member.

D. The Customer Services Department will notify the Case Management Department (CM) immediately upon:

1. Receiving a request from a member or from a practitioner/provider on behalf of a member, for COC. Utilization Management may also receive a request for COC from a non-contracted practitioner/provider in the form of a request for services and will forward to Case Management.

2. CM will review and follow HPSJ policies for Utilization Management decision.

3. Reviewing requests for COC services, CM will give reasonable consideration to the potential clinical effects on the member's treatment caused by the change in practitioner/providers.

E. Upon approval of a request for COC, Provider Services will be notified to negotiate the terms of a contract contingent upon the terminated practitioner/provider agreeing to the contract terms.

1. Provider Services will notify CM and the Claims Manager whether or not a contract has been executed with a terminated practitioner/ provider for the provision of COC.

2. The CM will notify the member including the following information

    a. The duration of the COC arrangement
    b. The process that will occur to transition the member's care at the end of the COC period
    c. The member's right to choose a different provider from HPSJ's provider network.
    d. HPSJ CM team will notify the member thirty (30) calendar days before the end of the COC period about the process that will occur to transition care at the end of the COC period. The process will include engaging with the member and provider before the end of the COC period to ensure COC services through the transition period with the new provider.
    e. The member will not incur any out of pocket expenses during the COC process.

F. If the request for COC is denied, CM will issue a denial letter to the member within 72 business hours of the decision, and to the requesting practitioner/provider, if appropriate.
    1. Members may appeal a denial decision. Members will receive information on how to appeal the COC decision

G. A COC request is considered completed when
    a. The member is informed of his or her right of continued access
    b. HPSJ and the provider are unable to agree to rate
    c. HPSJ has documented quality of care issues or HPSJ makes a good faith effort to contact the provider and the provider is non-responsive for thirty (30) calendar days

REFERENCES

A. Health and Safety Code, Section 1373.96

B. APL 18-008

Health Plan of San Joaquin Approval: Signatures on File

DHCS Contract Deliverables/Stanislaus Medi-Cal

Contract	***Date of Approv***	***DHCS Unit***		***Contract***	***Date of Approv***	***DHCS Unit***
9.q	*3/2/12*	*Local*		*9.r*	*3/2/12*	*Local Initiative*
9.r	5/16/16	MMCD PMB				