

Policy: **Continuity of Care and Transition of Care – California
– Department of Insurance**

Date of Implementation: **July 17, 2014**

Product: **Specialty**

American Specialty Health – Specialty (ASH) supports and improves the quality, safety, and accessibility of services provided to its members. Supporting the continuity and transition of services between providers is an important aspect of providing quality services. To support clarity of process, ASH identifies two separate and distinctly different types of continuity of care support for a member. To better define and distinguish between the two, they are described below:

Definitions:

Continuity of Care Program – Continuity of Care support is implemented when a patient is receiving care from an ASH contracted provider/practitioner and for some reason the provider/practitioner is no longer contracted with ASH or otherwise unable to provide in-network services to the patient. Under this continuity of care program, ASH permits continuation of care for a period of time that allows for reasonable completion of covered services for an episode of care requiring ongoing support from a current provider (further referenced in this policy as a Continuity of Care Program).

Transition of Care Program – Transition of Care support, referenced as a transition of care program, is implemented to support a member who is either new to the health plan or transitioning to a new plan from a prior health plan. This type of continuity of care program (further referenced in this policy as a Transition of Care Programs) is managed by the health plan. ASH will support the health plan on a case-by-case basis as they onboard their new member and intake the authorization from the other source. If ASH receives a claim from an ASH contracted practitioner for services previously approved under the previously approved plan of care, ASH will forward to the health plan for review and adjudication.

CONTINUITY OF CARE POLICIES

1. Completion of Covered Services under a Continuity of Care Program

Continuity of Care coverage is provided for the completion of covered services for the following conditions:

- An acute condition, which is defined as 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 for an acute condition would be provided for

the duration of the acute condition not to exceed 90 calendar days from the date the contracted provider/contracted practitioner agreement terminates: or

- A serious chronic condition, which is defined as 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 for a serious chronic condition would be provided for a period of time necessary, 12 months from the contract termination date to complete a course of treatment or to arrange for a safe transfer to another provider/practitioner; or
- A pregnancy¹, which is defined as the three trimesters of pregnancy and the immediate postpartum period. Completion of covered services shall be provided for the duration of the pregnancy.
- A terminal illness, which is defined as 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.
- The care of a newborn child between birth and age 36 months. Completion of covered services shall not exceed 12 months from the contract termination date.

ASH provides for continuity of care for the conditions referenced above only to the extent such services are covered services.

2. Continuity of Care Providers/Practitioners

A Continuity of Care provider/practitioner (hereafter referred to as provider/practitioner) is defined as a provider/practitioner who is (i) no longer contracted with ASH or otherwise permitted to provide in-network services to members and (ii) who at the time of the provider's/practitioner's termination is actively providing services to an ASH member.

¹ **Chiropractic Services** – Continuity of care for this condition is not applicable to Chiropractic Coverage as Chiropractic Covered Services are not appropriate for the treatment of a pregnancy.

Acupuncture Services – Continuity of care for this condition may have limited applicability to Acupuncture Coverage. While Acupuncture Covered Services are not required to directly treat pregnancy, *per se*, Acupuncture Covered Services include acupuncture services for the treatment of nausea or pain, and thus there may be some limited circumstances in which continuity of care could apply to acupuncture services for this condition. For pregnancy, this would include a person who is receiving acupuncture services for the treatment of nausea associated with pregnancy.

A member's ability to receive ongoing treatment from a Continuity of Care Program in situations in which the provider's/practitioner's contract with ASH has been terminated is contingent on the following:

- The member remains responsible for any applicable co-payments, deductibles, or other cost sharing components during the period of completion of covered services as existed prior to the provider's/practitioner's contract termination;
- The provider/practitioner must not have been terminated due to quality of care issues, board disciplinary actions, fraud, or other criminal activity;
- The provider/practitioner develops a reasonable transition plan for each member in active treatment; and
- The provider/practitioner agrees in writing to be subject to the same contractual terms that existed prior to termination, which includes agreeing to:
 - Continue the member's treatment for an appropriate period of time (based on transition plan goals);
 - Share information regarding the treatment/services with ASH;
 - Continue to follow ASH's clinical services policies and procedures;
 - Not charge the member an amount beyond any required co-payment; and
 - Be subject to the same contractual terms and conditions that are imposed upon contracted providers/contracted practitioners, including but not limited to the compensation rates and methods of payment used by ASH for contracted providers/contracted practitioners providing similar services who are not capitated and who are practicing in the same or similar geographic area and clinical services program, peer review, and quality assurance requirements.

3. Non-Contracted Providers/Practitioners

A newly enrolled member's ability to receive continuity of care from their current non-contracted provider/practitioner for the above mentioned situations is contingent on whether the non-contracted provider/practitioner agrees in writing to (i) be subject to the same contractual terms and conditions that are imposed upon contracted providers/practitioners, including, but not limited to, the compensation rates and methods of payment, clinical services program, peer review, credentialing, and quality assurance requirements, used by ASH for contracted providers/practitioners; and (ii) develop a reasonable transition plan for each member in active treatment (not to exceed 180 days).

4. Notice to Members Regarding Continuity of Care Rights

If ASH has direct contracts with employer groups, then ASH would provide notice to members describing ASH's continuity of care policy, including a member's right to completion of covered services, in the member's plan documents, in a notice to new members, and in letters to members notifying them of their

provider's/practitioner's terminations. Member notification letters will be sent at least 30 days before the effective date of a provider's/practitioner's termination.

5. The ASH Process to Review Requests for Completion of Covered Services Under a Continuity of Care Request

A member must contact ASH in writing or by telephone within 30 calendar days of enrollment or notification of a contracted provider's/contracted practitioner's termination to request continuation of care. However, ASH may make an exception to this rule for good cause.

A member must provide the following information when contacting ASH to request continuation of care:

- Member name;
- Member ID number;
- Member contact information;
- Name and contact information of the provider/practitioner providing services to the Member;
- Date of onset of current condition;
- Description of current condition; and
- Date of anticipated release from care for current condition.

ASH's Appeals and Grievances (APG) department will manage continuity of care requests in conjunction with the Clinical Quality Evaluation (CQE) department. The telephone number and/or address for a member to request continuation of care is provided either in the member's plan documents or in the notification the member received informing them of their provider's/practitioner's termination.

The phone number to customer services is provided on the notification of the provider's/practitioner's termination. Upon contacting the Customer Service department, a Customer Service Agent obtains the necessary information from the member to complete the "ASH Clinical Services Continuity of Care Transition Form" and forwards the request to ASH's APG department.

ASH's APG department will review each continuity of care request to ensure that it is administratively eligible for continuation of care as outlined in this policy. APG will forward the "ASH Clinical Services Continuity of Care Transition Form" for all eligible continuity of care requests to a member of the senior management team of the Clinical Services department for evaluation. The senior management team member considers the potential clinical effect of the continuity of care request on a member's treatment and establishes a reasonable transition plan for each member on a case-by-case basis. Such consideration may include communication with the member or the provider/practitioner

1 providing services to the member. The reviewing clinician will return their decision to
2 APG.

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4 If the request is approved APG will send the approval to ASH's Practitioner
5 Contracting/Communications department who will contact the provider/practitioner to
6 determine if the provider/practitioner agrees to be subject to the same contractual terms
7 that existed prior to termination (See "Continuity of Care Providers/Practitioners" section
8 of this policy for a list of terms included). The provider/practitioner must sign a
9 memorandum of understanding (MOU) indicating his/her acceptance of the terms. Once
10 an MOU is signed, the member may access the provider/practitioner for the duration of the
11 transition plan for continuity of care. Reimbursement for covered services rendered during
12 that period is based on the contracted fee schedule and the determination of medical
13 necessity by ASH's CQE department.

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15 ASH evaluates and acts on continuity of care requests within a time frame that gives
16 reasonable consideration to the member's clinical condition. Continuity of care
17 determinations are communicated to both the member and the provider/practitioner
18 providing services to the member.

19 20 **TRANSITION OF CARE PROGRAMS**

21 The ASH Transition of Care process supports the health plan as they support their new
22 members. The Transition of Care Program is implemented when a member is either new
23 to the health plan or transitioning from one plan to a new health plan and the member has
24 a previously approved plan of care that extends from the prior health plan to the coverage
25 obligations of the new plan. A member may have coverage for services by ASH
26 providers/practitioners through the contract and delegation between ASH and the health
27 plan. ASH will support the health plan's process to ensure effective transition for an active
28 treatment plan. If ASH receives a claim from an ASH contracted provider/contracted
29 practitioner for services previously approved under the previously approved plan of care,
30 ASH will forward to the client health plan for review and adjudication.

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32 Transition of Care Programs are implemented by ASH health plan clients and are supported
33 by ASH. ASH relies on its health plan clients to notify ASH if the ASH health plan client
34 has implemented a Transition of Care plan of care.

35 36 **Block Transfer of Members**

37 ASH does not contract with provider groups or hospitals. Therefore, ASH does not need
38 or have a process for the block transfer of members from a terminated provider group or
39 hospital to a new provider group or hospital.

1 **Non-Delegation Process**

2 In the event that ASH is not delegated for member services, the member shall contact the
3 health plan to request continuation or transition of care. If the member or
4 provider/practitioner were to contact ASH regarding continuity of care or transition of care
5 support. ASH will support the member with assistance and contact information to their
6 health plan.