

<b>SUBJECT: CONTINUITY OF CARE</b>		
The following MemorialCare affiliates that have adopted this: <input checked="" type="checkbox"/> Policy & Procedure or <input type="checkbox"/> Policy (only) or <input type="checkbox"/> Procedure (only)	<input type="checkbox"/> MemorialCare <input type="checkbox"/> Community Medical Center Long Beach <input type="checkbox"/> Long Beach Medical Center <input type="checkbox"/> Miller Children’s & Women’s Hospital Long Beach <input type="checkbox"/> Orange Coast Medical Center <input type="checkbox"/> Saddleback Medical Center <input type="checkbox"/> MemorialCare Medical Foundation <input checked="" type="checkbox"/> MemorialCare Select Health Plan <input type="checkbox"/> Memorial Medical Center Foundation <input type="checkbox"/> Saddleback Memorial Foundation	<b>REFERENCE:</b> QM 1404 S
		<b>PAGE:</b> 1 <b>OF:</b> 11
		<b>EFFECTIVE:</b> 4/01/2020
<b>MANUAL:</b>	MCSHP Quality Management/QM	
<b>OWNER:</b>	Quality Management Department	

## POLICY

- A. MemorialCare Select Health Plan’s Continuity of Care Program provides a process that allows continued care for members when:
  1. Their Primary Medical Group (PMG), Independent Physician Association (IPA), Hospital, Behavioral Health or other provider is terminated from the MemorialCare Select Health Plan’s participating provider network.
  2. They are a new enrollee in MemorialCare Select Health Plan and their treating provider is not part of the MemorialCare Select Health Plan participating provider network.
  3. Continuity of care is at risk for reasons over which the member has no control
- B. MemorialCare Select Health Plan notifies members affected by the termination of a practitioner or practice group in general, family or internal medicine or pediatrics, at least 30 calendar days prior to the effective termination date, and helps them select a new practitioner. (NCQA: NET 5, 2018)
- C. At the request of the member or Primary Care Provider, MemorialCare Select Health Plan provides completion of covered services by a terminated or non-participating provider when the member was receiving services from the provider at the time of the termination or as a new member upon enrollment. (Knox Keene Act 1373.96)
- D. The completion of covered services shall be provided by a terminated provider to an enrollee who, at the time of the contract's termination, was receiving services from that provider, or;

The completion of covered services shall be provided by a nonparticipating provider to a newly covered enrollee who, at the time his or her coverage became effective, was receiving services from that provider for one of the conditions described below:

1. An acute condition. Completion of covered services shall be provided for the duration of the acute condition.
  2. A serious chronic condition. Completion of covered services shall be a period of time necessary to complete a course of treatment and to arrange for a safe transfer to another provider, as determined by MemorialCare Select Health Plan in consultation with the member and the terminated provider or nonparticipating provider and consistent with good professional practice. Completion of covered services 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. A pregnancy. Completion of covered services shall be provided for the duration of the pregnancy.
  4. Maternal Mental Health. Completion of services shall be covered for members who present written documentation of being diagnosed with a maternal mental health condition from their terminated or nonparticipating provider. Completion of covered services shall not exceed 12 months from the diagnosis or from the end of pregnancy, whichever occurs later.
  5. A terminal illness. Completion of covered services shall be provided for 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 enrollee.
  6. 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 or 12 months from the effective date of coverage for a newly covered enrollee.
  7. Performance of a surgery or other procedure that is authorized by MemorialCare Select Health 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 member. (CA H & S Code 1373.96)
- E. MemorialCare Select Health Plan provides services in a manner providing continuity of care and ready referral of members to other providers at times as may be appropriate and consistent with good medical practice.

- F. MemorialCare Select Health Plan offers a panel of primary care providers (PCPs) from which members may select a PCP responsible for coordinating the member's health care and encourages each member to choose their own PCP.
- G. The amount of copayments, deductibles and other cost sharing components during the completion of covered services with a terminated provider or a nonparticipating provider are the same as services with a participating provider. (Knox Keene Act 1373.96)
- H. When a block transfer is required due to a contract termination by a provider group or hospital, MemorialCare Select Health Plan ensures that members are notified in a timely manner and that transfers are efficient without unnecessary delay in order to avoid disruption in service and care. (28 CCR 1300.67.1.3(b))
- I. MemorialCare Select Health Plan ensures that reasonable consideration is given to the potential clinical effect on a member's treatment caused by a change in provider.
- J. MemorialCare Select Health Plan approves for new members to continue use of any (single-source) drugs that are part of a prescribed therapy (by a contracting or non-contracting provider) in effect for the member immediately prior to the date of enrollment, whether or not the drug is covered by MemorialCare Select Health Plan, until the prescribed therapy is no longer prescribed by the MemorialCare Select Health Plan provider. (W& I Code Section 14185 (b))

## DEFINITIONS

- A. **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.
- B. **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.
- C. **Maternal Mental Health** 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.
- D. **A pregnancy** is the three trimesters of pregnancy and the immediate postpartum period.
- E. **A terminal illness** is an incurable or irreversible condition that has a high probability of causing death within one year or less.

## PROCEDURE

## A. BLOCK TRANSFER PROCESS

1. The block transfer process provides continuity of care for members when a contracted provider group or hospital terminates their contract with MemorialCare Select Health Plan.
2. MemorialCare Select Health Plan submits an electronic format, developed by the Department, to the Department of Managed Health Care (DMHC) Block Transfer filing at least seventy-five (75) days prior to the termination or non-renewal of any contract provider group or hospital. The information is made available at the Department's website at [www.hmohelp.ca.gov](http://www.hmohelp.ca.gov) and includes, at minimum, all of the following information as appropriate for the type of provider involved:
  - a) A form of the written notice MemorialCare Select Health Plan sends to affected members.
  - b) The name of the terminated provider group or hospital and the name of the assigned physician, when appropriate
  - c) A brief explanation of why the transfer is necessary due to the termination of the contract between MemorialCare Select Health Plan and the provider.
  - d) The date of the pending contract termination and transfer
  - e) An explanation to the member outlining the affected member's assignment to a new provider group, options for selecting a physician with a new provider group, and applicable timeframes to make a new provider group selection. The explanation includes a notification to the member that he or she may select a different network provider by contacting the plan as outlined in our written continuity of care policy and evidence of coverage (EOC)
  - f) A statement that MemorialCare Select Health Plan sends the member a new member information card with the name, address and telephone number of the receiving provider group and assigned physician by a specified later date, which will occur prior to the date of the contract termination. Alternatively, MemorialCare Select Health Plan may notify the member of the name, address and telephone number of the new provider group and assigned physician, or alternate hospital, to which the member will be assigned in the absence of a selection made by the member
  - g) A statement that the member may contact MemorialCare Select Health Plan customer service department to request completion of care for an ongoing course of treatment from a terminated provider. This statement includes an explanation to the member that his or her eligibility is conditioned upon certain factors as outlined in MemorialCare Select Health Plan's written continuity of care policy and evidence of coverage.
  - h) The telephone number through which the member may contact MemorialCare Select Health Plan for a further explanation of his or her rights to completion of care, including MemorialCare Select's written continuity of care policy and a link that a member may use to obtain of a downloadable copy of the policy from MemorialCare Select Health Plan's website.

3. When a block transfer is required, MemorialCare Select Health Plan ensures a Transition Plan that addresses notification requirements, determines the receiving IPA/Medical Group, provides a breakdown of the membership by product; the number of members who will be able to maintain their current PCP relationship through their new receiving group; and the PCP-to-PCP transfers required.
4. A Member Notification Letter is prepared, which will be sent to all members assigned to the terminating medical group/IPA upon DMHC approval 60 days in advance of the termination effective date. (28 CCR 1300.67.1.3(b))

#### B. CONTINUITY OF CARE FOR NEW MEMBERS

1. At the time of enrollment, all members are informed of their right to request continuity of care. Information is available in new member packets, member handbooks and online. This information includes how the member and provider can initiate a continuity of care request with MemorialCare Select Health Plan. MemorialCare Select Health Plan will translate this information into threshold languages and make it available in alternative formats upon request. MemorialCare Select Health Plan provides training to member services and other staff who come into regular contact with members about continuity of care protections.
2. With reasonable consideration given to the potential clinical effects on the treatment caused by a change in provider, MemorialCare Select Health Plan identifies members that may require continuation of services (e.g., pending surgeries, inpatient admissions, pregnancies, consultations, and ongoing treatments/procedures, durable medical equipment, prosthetic, orthotics and medical supplies) through collaboration with providers and the member.
3. Requests for continuity of care are reviewed timely according to MemorialCare Select Health Plan's internal UM referral process with established review criteria that meet community standards of practice to determine whether the member's treatment or care is transferrable to another provider without compromising quality of care. Members receive notification of approved services, and if continuity of care cannot be approved, members receive denial notification letters meeting regulatory standards, including appeal rights.
4. MemorialCare Select Health Plan collaborates with the member's current providers and its network behavioral health provider group to facilitate the safe transfer of care of new enrollees with acute, serious, or chronic mental health conditions who are currently receiving services from a nonparticipating mental health provider to a participating provider.
5. MemorialCare Select Health Plan may require a nonparticipating provider to agree in writing to be subject to the same contractual terms and conditions as currently contracted providers providing similar services including, but not limited to,

credentialing, utilization review, peer review, and quality assurance requirements. If the nonparticipating provider does not agree to comply or does not comply with these contractual terms and conditions, the plan is not required to continue the provider's services. (CA H & S Code 1373.96)

6. Services provided by nonparticipating providers are compensated at rates and methods of payment similar to those used by the plan or provider groups for currently contracting providers providing similar services. Neither the plan nor the provider group is required to continue services of the nonparticipating provider if the provider does not accept these rates or method of payment. (CA H & S Code 1373.96)
7. MemorialCare Select Health Plan is not required to provide for the completion of covered services by a provider whose contract with the plan or provider group has been terminated or not renewed for reasons relating to a medical disciplinary cause or reason.
8. MemorialCare Select Health Plan is not required to cover services or provide benefits that are not otherwise covered under the terms and conditions of the plan contract.
9. Coverage as described in this section does not apply to a newly covered member who is offered an out-of-network option or who had the option to continue with his or her previous health plan or provider and instead voluntarily chose to change health plans. (Knox Keene Act 1373.96)
10. An approved out-of-network provider must work with MemorialCare Select Health Plan and must not refer the member to another out-of-network provider without authorization. In such cases, MemorialCare Select Health Plan will review the authorization request through the prior authorization process. If medically necessary, MemorialCare Select Health Plan will provide authorization for an in-network provider unless MemorialCare Select Health Plan does not have an appropriate provider within its network.

#### C. PROVIDER TERMINATION

1. MemorialCare Select Health Plan notifies all members affected by the termination of a practitioner or practice group in general, family or internal medicine or pediatrics, at least 30 calendar days prior to the effective termination date, and helps them select a new practitioner. (NCQA: NET 5, 2018)
2. If a practitioner or practice group notifies MemorialCare Select Health Plan of termination less than 30 calendar days prior to the effective date, the organization notifies the affected members as soon as possible, but no later than 30 calendar days after receipt of the notification.

All notifications include:

- a) The practitioner or group name.
  - b) The effective termination date.
  - c) Procedures for selecting another practitioner or group.
  - d) Information on how to request continuity of care. (NCQA: NET 5, 2018)
3. MemorialCare Select Health Plan notifies members affected by the termination of a specialist provider at least 60 calendar days before the effective date of termination. Member notification materials will adhere to all state language requirements to include member rights to continuity of care. (CA H & S Code 1373.65 (b))
  4. If after sending this notice, MemorialCare Select Health Plan reaches an agreement with the terminated provider, and the contract is not terminated, MemorialCare Select Health Plan will contact the affected members and provide the option to continue with the provider.
  5. MemorialCare Select Health Plan identifies members who have regularly seen the terminating specialist or have an open authorization to receive services from the terminating specialist that includes:
    - a) Approved referrals for elective surgery within the last 180 calendar days.
    - b) Open and approved referrals within the last 180 calendar days. Inpatient admissions for patients currently in acute hospitals, skilled nursing facilities, and acute rehabilitation units.
    - c) Open referrals for prenatal and postpartum services, if applicable to the provider.
  6. Whenever possible, MemorialCare Select Health Plan will arrange for the completion of covered services by a terminated provider to a member who, at the time of the contract termination, was receiving services from that provider. If this is not possible, MemorialCare Select Health Plan assists member's transition to a new specialist within the organization's network of participating providers.
  7. MemorialCare Select Health Plan will use criteria that meet community standards of practice to determine whether current members' treatment/care is transferable to another provider without compromising quality of care. MemorialCare Select works to ensure that the medical and psychosocial needs of the member are met with minimal disruption to all involved parties.
  8. MemorialCare Select Health Plan may require the terminated provider whose services are continued beyond the contract termination date to agree in writing to the same contractual terms and conditions prior to termination including, but not limited to, credentialing, utilization review, peer review, and quality assurance requirements. If the terminated provider does not agree to comply or does not comply with these contractual terms and conditions, the plan is not required to continue the provider's services beyond the contract date. (CA H & S Code 1373.96)

9. Unless otherwise agreed by the terminated provider and MemorialCare Select Health Plan or by the individual provider and the provider group, services provided by terminated providers are compensated at rates and methods of payment similar to those used by the plan or provider groups for currently contracting providers providing similar services. Neither MemorialCare Select Health Plan nor the provider group is required to continue services of the nonparticipating provider if the provider does not accept these rates or method of payment. (CA H & S Code 1373.96)
10. MemorialCare Select Health Plan is not required to provide for the completion of covered services by a provider whose contract with the plan or provider group has been terminated or not renewed for reasons relating to a medical disciplinary cause or reason. (Knox Keene Act 1373.96)

#### D. MEMBER BENEFITS END

1. If covered benefits are exhausted while a member needs care, MemorialCare Select Health Plan notifies the member about alternatives and resources for continuing care and how to obtain it. MemorialCare Select Health Plan assists in identifying available resources within the local community
2. MemorialCare Select Health Plan identifies qualified individuals using daily case manager reports or requests for extension of needed services that were denied due to benefit limitations.
3. MemorialCare Select Health Plan, in collaboration with its delegated medical groups, will make every effort to assist the member in the transition of care when the member has exhausted a specific health plan benefit, changed an employer or elected a new health plan.
4. The member will be provided with copies of all referral information and other documents that may assist in the transition.
5. MemorialCare Select ensures that practitioners assist with a member's transition to other care, if necessary, when benefits end

#### E. TRANSITION FROM PEDIATRIC TO ADULT CARE

MemorialCare Select Health Plan helps with members' transition from pediatric to adult care. MemorialCare Select Care Managers may assist adolescents in their transition by:

1. Assisting pregnant adolescents in their transition from pediatrics to an adult primary care practitioner, OB/GYN, family practitioner or internist.

2. Periodically assessing membership for members reaching adulthood and those who have not chosen an adult primary care practitioner, and help them select an adult primary care practitioner.
3. Identifying members reaching adulthood who have not chosen an adult practitioner and helps them select an adult primary care practitioner.
4. MemorialCare Select Health Plan's member newsletter contains information on how members reaching adulthood can get help choosing an adult primary care practitioner. (NCQA QI 8, 2018)

F. QUALITY ASSURANCE

1. MemorialCare Select Health Plan monitors and evaluates continuity and coordination of care that enrollees receive at least once each year and addresses any identified deficiencies. The Plan regularly monitors performance against defined standards and addresses any deficiencies in a manner consistent with professionally recognized evidence-based standards of practice. (28 CCR 1300.70)
2. MemorialCare Select Health Plan has mechanisms to identify and refer enrollees who have co-existing conditions and monitors how effectively medical and mental health providers screen enrollees for co-existing conditions and ensure access to treatment and follow-up.
3. MemorialCare Select Health Plan monitors as often as necessary, but not less than once a year, the collaboration between medical and mental health providers including access to treatment and follow-up for members with co-existing medical and mental health disorders. (28 CCR 1300.74.72)

**DOCUMENTATION**

- A. MemorialCare Select has established medical record documentation and accessibility standards to, among other requirements, ensure appropriate information exchange for continuity of care, adequate communication of health care treatment recommendations to the member and screening/referrals for co-existing medical and mental health conditions.
- B. Medical record standards are disseminated to providers via the Provider Manual and are available on MemorialCare Select's website.
- C. Providers must keep, maintain and have readily retrievable medical records as are necessary to disclose fully the type and extent of services provided to a member in compliance with state and federal laws. Documentation must be signed, dated, legible and completed at or near the time at which services are rendered.

- D. Providers must ensure that an individual is delegated the responsibility of securing and maintaining medical records at each site.
- E. Providers shall prepare and maintain all appropriate records in a system that permits prompt retrieval of information.
- F. Providers must protect patient confidentiality and shall make member's information, including but not limited to, medical records available in accordance with applicable state and federal law so not to cause undue delay or disruption in care.
- G. The medical record must clearly document:
  1. Provider communication regarding diagnosis, treatment plan and health education provided to the patient;
  2. Referrals and coordination of care activities to fully demonstrate continuity of care needs are addressed;
  3. Screening and timely identification and referral of members diagnosed with co-existing medical and mental health conditions.

#### REFERENCES/AUTHORITY

- A. 28 CCR 1300.67.1.3(b) California Code of Regulations.
- B. 28 CCR 1300.70. California Code of Regulations.
- C. 28 CCR 1300.74.72. California Code of Regulations.
- D. Knox Keene Act 1373.96.
- E. NCQA QI 8. (2018). Continuity and Coordination of Medical Care.
- F. AB 577 (2019). Maternal Mental Health Continuity of Care
- G. AB 1802 and Knox Keene Act 1373.65(f)
- H. NCQA NET 5. (2018). Continued Access to Care.

#### ATTACHMENTS

- A. Enrollee Block Transfer Notice – Medical Group Termination
- B. Enrollee Block Transfer Notice – Hospital Termination

#### REGULATORY AGENCY APPROVALS

- A. DMHC – 10/15/19 (Filing #: 20192940)
- B. DMHC – 04/01/20 (Filing #: 20200848)

#### REVIEW/REVISION HISTORY

Policy No.	Title	Revision Date	Revision Reason
QM 1404 S	Continuity of Care Policy	10/15/19	Annual Review
QM 1404 S	Continuity of Care Policy	04/01/20	Compliance with AB 577. (1) Added Maternal Mental Health to the list of qualifying conditions

			eligible for completion of covered services with terminated or nonparticipating providers and (2) Added the definition of Maternal Mental Health.