

POLICY NUMBER	41-UM-ADMIN 302
POLICY TITLE	Continuity of Care
INITIAL EFFECTIVE DATE	2/00
REVIEW / REVISION DATES	3/01, 8/01, 12/01, 4/02, 5/02, 8/02, 12/02, 9/04, 7/09, 10/10, 1/15, 1/16, 1/18, 4/19, 4/5/2022
DEPARTMENT	Utilization Management
ORGANIZATIONS	Balance by CCHP
LINES OF BUSINESS	All

**Purpose:**

To outline the process of evaluating member requests for continuity of care:

- From a provider who resigns or is terminated from the Plan or medical group;
- From a medical group provider when the contract between the Plan and the medical group terminates;
- From an acute care hospital when the contract between the Plan and the hospital terminates;
- From a non-participating provider who has been providing care to a newly enrolled commercial group or individual member;
- From a non-participating acute care hospital where a newly enrolled commercial group or individual member has been receiving care.

**Policy:**

It is our policy to assure that members are provided continuity of care when they transition from one provider to another.

**Definitions:**

**Acute condition** means a medical or behavioral health issue that involves a sudden onset of symptoms due to an illness, injury, or other medical or mental problem that requires prompt medical or behavioral health attention and that has a limited duration. Services will be provided for the duration of the acute condition.

**Serious chronic condition** means a medical or behavioral health issue due to a disease, illness, or other medical or mental problem or medical or mental 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. Services will be provided for the period of time necessary to complete the active course of treatment and to arrange for a clinically safe transfer to a participating provider as determined by the Plan/medical group medical director in consultation with the member, the terminated provider or non-participating provider, consistent with good professional practice. Services for this condition will not exceed 12 months from the provider’s termination date or 12 months from the effective date of coverage for a newly enrolled member.

**Pregnancy** means the three trimesters of pregnancy and the immediate postpartum period. Services will be provided for the duration of the pregnancy and immediate postpartum period.

**Terminal illness** means an incurable or irreversible condition that has a high probability of causing death within one year or less. Services will be provided for the duration of a terminal illness if the terminated provider made the prognosis of death before the provider's contract termination date or by the non-participating provider before the newly enrolled member's effective date of coverage with the Plan.

**The care of a newborn child** means a child between birth and age 36 months. Services will not exceed 12 months from the provider's contract termination date or the newly enrolled member's effective date of coverage with the Plan or extend beyond the child's third birthday.

**Surgery or other procedure** means performance of surgery or other procedure that is authorized by the Plan or medical group as part of a documented course of treatment and has been recommended and documented by the provider to occur within 180 calendar days of the provider's contract termination date or within 180 days of the effective date of coverage for a newly covered member.

**Terminated Provider** means a provider, including a behavioral health provider and an acute care hospital, whose contract with Balance or its medical group is terminated either by the Plan, the medical group or by the terminated provider.

**Non-participating Provider** means a provider, including a behavioral health provider and an acute care hospital, who is not contracted with Balance or its medical group.

#### **Procedure:**

#### **Section I: Existing members**

1. When a primary care physician (PCP) or specialist resigns or is terminated from the medical group, the Plan is responsible for notifying the member in writing to assist the member in transitioning care to another medical group physician. Such notice will include continuity of care information for those members who may be eligible to continue to receive care from terminating providers. See member services department policy 70- 003 "Member Notification of Physician Termination."
2. If the contract between the Plan and a provider group or an acute care hospital terminates, the Plan is responsible for notifying affected members and including continuity of care information in accordance with administration department policy ADMN002, "Termination of Medical Group or Hospital Contracts."
3. If a member is under the ongoing care of a specialist whose contract is terminating, the Utilization Management (UM) Department will work with the member and the terminating physician to transition care to a participating physician. The terminating physician shall provide pertinent member records to the new physician caring for the member.

4. Members who contact the Plan to request continued care from a terminated provider will be sent a Continuity of Care Request Packet by member services. The packet includes a Continuity of Care Request Form (Attachment A).
5. Members must submit a Continuity of Care (COC) Request Form and related documents to the UM Department (Attn: Director of Clinical Services) for review and approval.
6. The UM Department will evaluate and decide whether to authorize continued care by a terminated provider or by a non-participating provider. Services will not be authorized for benefits that are not otherwise covered under the terms and conditions of the Plan contract.
7. Upon receipt of the member's completed continuity of care forms, the UM Nurse will confirm that the terminated or non-participating provider is willing to accept the conditions listed below if the member qualifies for continued care under this policy. If the provider is not willing to accept these terms, the medical director may deny the member's request for services (see UM-DEN 100 for denial process), and the UM Nurse will work with the member to arrange for services from participating providers.

When a member meets the requirements for continued care, authorization is subject to the following conditions and may not be granted if any one of these conditions is not met:

- The terminated provider must agree in writing to be subject to the same contractual terms and conditions that were imposed upon the provider prior to termination, including, but not limited to, credentialing, hospital privileges, utilization review, peer review, and quality assurance requirements.
- The terminated provider must accept rates of compensation and methods of payment similar to those used by the Plan for currently contracting providers providing similar services who are not capitated and who are practicing in the same or similar geographic area as the terminated provider.
- A non-participating provider whose services are continued for a newly enrolled commercial member must agree in writing to be subject to the same contractual terms and conditions that are imposed upon currently contracting providers providing similar services, including credentialing, hospital privileges, utilization review, peer review and quality assurance requirements.
- A non-participating provider must accept rates of compensation and methods of payment similar to those used by the Plan for currently contracting providers providing similar services who are not capitated and who are practicing in the same or a similar geographic area as the non-participating provider.
- The Plan will not provide for completion of covered services by a provider whose contract with the Plan or medical group has been terminated or not renewed for reasons relating to a medical disciplinary cause or reason, as defined in paragraph

(6) of subdivision (a) of Section 805 of the Business and Profession Code, or fraud or other criminal activity.

2. The UM Department, in evaluating the request for continued care from a terminated provider or non-participating provider will determine if the member, at the time of the provider's terminated contract, was receiving services from the provider for one of the conditions described below.
  - An acute condition
  - A serious chronic condition
  - A pregnancy
  - A terminal illness
  - The care of a newborn child between birth and age 36 months
  - 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.
  - See Section III for behavioral health conditions.
3. When reviewing a member request for continuity coverage from a non-participating provider, the UM Nurse may request the following information:
  - History, physical and treatment goals
  - Progress to goals
  - Current medications
  - Other information as appropriate
4. The UM Nurse may also consult with the member's primary care physician and other providers as appropriate. The length of the transition period will be determined from the information given and in consultation with the medical director and in accordance with the requirements described under "Definitions" in this policy. When making the determination about the length of the transition period, the UM Nurse or medical director will take into account the severity of the member's condition and the amount of time reasonably necessary to affect a safe transfer on a case-by-case basis.

5. The UM Nurse shall discuss all requests for continuity of care with the UM Manager, Director of Clinical Service and/or the Medical Director.
6. In continuity of care decisions, the potential clinical effects of how a change of provider will impact the member's treatment or condition will be considered in deciding whether or not to authorize continued care from the terminated provider.
7. The UM Department will make its decision in a timely manner appropriate for the nature of the member's medical condition, but not to exceed 14 days from the date of the member's request. This timeframe may be extended if the Plan has requested, but not yet received, medical information it judges necessary to make its decision. The member will be notified within two business days of the decision (or sooner if medically indicated) in writing or by telephone. Telephone notification will be documented and followed up in writing. See UR-DEN 100 for denial process.
8. Member copayments other cost-sharing methods for completion of covered services with a terminated or non-participating provider will be the same as those that would be paid by a member when receiving care from a contracting provider.
9. Balance will not cover services under this policy that are not otherwise covered by the member's benefit plan.

## **Section II: Newly Enrolled Members**

Newly enrolled commercial group and individual members have a right to request continued care for certain conditions from non-participating providers and hospitals.

1. For newly enrolled commercial members who contact the Plan to request continued care from a non-participating provider or hospital, member services will send a Continuity of Care Request Packet. The packet includes a Continuity of Care Request form.
2. The UM Department will evaluate a request from a newly enrolled commercial member for continued care by a non-participating provider by following Steps 5 through 15 of the previous section, (Section I). Services will be provided if the member, at the time his or her coverage became effective, was receiving services from that provider for one of the conditions described in Section I, Step 8. In addition, for newly enrolled commercial individual members, Services will be provided if the member joined Balance because the member's former health plan stopped offering products in the market.

## **Section III: Behavioral Health Services**

The UM Department will evaluate a member's request for continued care from a terminated behavioral health provider or a non-participating behavioral health provider by following Steps 5 through 15 of Section I of this policy and will authorize services in accordance with the following:

1. Continued care for a member who was receiving services from a terminated behavioral health provider for an acute or serious chronic behavioral health condition when the provider's contract terminated: the terminated behavioral health provider must agree to accept Plan contracted rates of compensation as well as other terms and conditions.
2. Continued care for a newly enrolled member who has been receiving services from a non-participating behavioral health provider for an acute or serious chronic behavioral health condition when his or her employer changed Plans: newly enrolled commercial group members will be allowed a reasonable transition period to continue his or her course of treatment with the non-participating behavioral health provider before transferring to a participating provider. The non-participating behavioral health provider must agree in writing to the same contractual terms and conditions that are imposed upon the Plan's participating providers, including location within the Plan's service area, reimbursement methodologies and rates of payment.
3. If the terminated or the non-participating behavioral health provider does not agree to comply or does not comply with these terms and conditions, the Plan is not required to continue the provider's services.

### **Reference Sources**

AB 1286  
California Health and Safety Code section 1373.96

### **Department Linkages**

Member Services (70-003: Member Notification of Physician Termination)

### **Attachments**

A: Continuity of Care Request Form



Comments (additional information you feel may help us in evaluating your request)

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**Member Signature**

**Date**

**Fill out if the Member did not complete this form.**

Name of Requestor:

Relation to Member:

Requestor's Signature:

Requestor's Phone:

**Return by mail to:** Continuity of Care Request  
Attn: Director of Utilization Management  
445 Grant Avenue  
San Francisco, CA 94108

**Or by Fax:** 415-398-3669

For assistance completing this form, call Member Services at 1-888-775-7888

Policy Number	70-003
Line of Business	Balance by CCHP
Initial Date	01/01/2004
Revision Date(s)	05/03/2004, 01/01/2009, 1/2018, 4/5/2022
Approval	
Page(s)	I Of 10

**TITLE: Member Notification of Physician Termination**

**PURPOSE:**

Balance by CCHP (Balance) contracts with Jade Medical Group and Hill Physicians Medical Group (HPMG).

Balance participating physicians who are terminating their contract with Jade or HPMG must provide at least 120 calendar days prior written notice to Balance.

Balance's medical group, Jade must provide 90 calendar days prior written notice to Balance of the termination of any of its participating providers. However, if any participating provider terminates its contract with less than 90 calendar days' notice, then the medical group will provide written notice to Balance within five business days of the medical group becoming aware of such termination.

**POLICY:**

It is the policy of Balance by CCHP (Balance or the Plan) to provide members with at least 60 days advance notice when a physician resigns or is terminated from a medical group. Such notice will include continuity of care information for those who may be eligible to continue to receive care from terminating providers.

Policy Number	70-003
Initial Date	03/01/2004
Revision Date(s)	12/31/2008, 1/2018, 4/5/2022
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## Procedure

1. When the medical group notifies Balance Member Services that a primary care physician or specialist is resigning or terminating from the medical group, Balance Members Services will notify the member in writing at least 60 days before the termination date to assist him/her with transitioning care to another physician. If Balance has not received more than 60 days' notice of the terminating physician, the written notice will be sent to all affected members within five working days of receipt of notification of the termination.  
Member services will send the applicable form letter to the member based on the type of termination and whether the physician is a primary care physician or specialist. See form letter attachments A through F.
  
2. If a commercial member is under the ongoing care of a primary care or specialist physician who resigns from a contracted physician group but continues practicing medicine, the member notification must include continuity of care information. (Attachment C and D). At a minimum, the notice must include the following statement in at least twelve-point type:

In accordance with state law, we are providing you with the following statement: 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, (Balance Member Services) 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-HM0-2219, or at a TDD number for the hearing impaired at 1-877-688-9891, or online at [www.hmohelp.ca.gov](http://www.hmohelp.ca.gov).
  
3. Medicare Plan members are only offered continuity of care information when there is a termination of a medical group or hospital contract as described in Administration Department Policy ADMIN 002, "Termination of Medical Group or Hospital Contracts." Therefore, when an individual physician resigns, or his/her contract terminates, member services will notify Medicare Plan members of the physician termination using applicable form letters. (Attachments A, 8, E & F)
  
4. When Balance receives notification of a primary care physician termination, the member services department will contact Jade to verify whether the terminating physician has an associate who is available to provide care to those family members who need to select a

new primary care physician.

- When the primary care physician is retiring or moving out of the area and an associate is not available to assume care, member services will mail the applicable form letter. (Attachment A)
  - When a primary care physician is retiring or moving out of the area and is in practice with another Jade primary care physician, the member (Commercial or Medicare) will be offered him/her as a selection. Member services will send the applicable form letter. (Attachment B).
5. If a member does not respond to the written notice, member services will attempt to contact the member by telephone. If Balance is unable to contact the member, member services will assign a physician to the member and order a new membership card. Issuance of the membership card will serve as notice and confirmation to the member of the name of Upon receipt of the Continuity of Care Request Form, the utilization management department will evaluate the member's request and make its decisions based upon the policies and procedures outlined in the utilization review department's policy 41 UM-ADMIN 302, "Continuity of Care."
  6. When a member contacts member services to request continued care from a terminating physician for a transition period, member services will send a Continuity of Care Request packet; this packet includes the "Continuity of Care Policy for Members" that should be provided to members upon request; this packet is attached to 7000-004: Request for Care from Terminated or Non-Participating Providers and Hospitals.
  7. Members must submit a Continuity of Care Request Form and related documents to the Plan within 30 calendar days (however, an exception to this 30-day deadline will be made for good cause) of:

The terminated provider's effective date of termination, or their new assigned physician.

Policy Number	70-003
Initial Date	03/01/2004
Revision Date(s)	12/31/2008, 4/5/2022
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### **Reference Sources**

AB 1286, Chapters 590 & 591 of 2003

### **Department Linkages**

Utilization Review Department

### **Attachments**

- Attachment A: PCP Retired: Need to Select PCP  
(Commercial and Medicare Plans)
- Attachment B: PCP Retired: Associate Available for Selection  
(Commercial and Medicare Plans)
- Attachment C: PCP Termed: Still Practicing- Continuity of Care  
(Commercial Plan Only)
- Attachment D: Specialist Termed: Still Practicing -Continuity of Care  
(Commercial Plan Only)
- Attachment E: PCP Termed: Still Practicing  
(Medicare Plan Only)
- Attachment F: Specialist Termed: Still Practicing  
(Medicare Plan Only)

**Attachment A (7000-003): PCP Retired: Need to Select PCP  
Commercial and Medicare Plans**

Date

Member Name Address  
City, State, Zip

**Re: Selecting a New Primary Care Physician and Notifying Balance**

Dear Member:

Our records indicate that Dr. <name of physician> is the primary care physician (PCP) for you and/or member(s) of your family. Effective <date> Dr. <name> is retiring and will no longer be a XXX physician. This means that those family members who have this doctor as their PCP will need to select a new primary care physician.

**Please select a new primary care physician from the enclosed Provider Directory for those members of your family who are affected by this change, and inform us of your selection within 30 days by returning the enclosed physician change request form.**

Once we receive this information, you will receive new membership cards with your new PCP's name in about two weeks.

If you have questions or need help selecting a new primary care physician, please call our Member Services at 1-888-775-7888 (TTY: 1-877-681-8898)

April 1 – September 30: Monday – Friday, 8 a.m. – 8 p.m.

October 1- March 31: 7 days a week from 8 a.m. – 8 p.m.

Sincerely,

Balance Member Services

**Attachment B (7000-003): PCP Retired: Associate Available for Selection  
Commercial and Medicare Plans**

Date

Member Name Street  
City, State Zip

**Re: Selecting a New Primary Care Physician and Notifying Balance**

Dear Member:

Our records indicate that Dr. <name of physician> is the primary care physician (PCP) for you and/or member(s) of your family. Effective <date>, Dr. <name> is retiring and will no longer be a XXXX physician. This means that those family members who have this doctor as their PCP will need to select a new primary care physician.

For your convenience, Dr. <name's> associate, Dr. <associate's name> is available to provide care for those family members who need to select a new PCP. However, if you prefer, you may select a different primary care physician from the Balance Provider Directory.

**Please select the associate or a new primary care physician for those members of your family who are affected by this change, and inform us of your selection within 30 days by returning the enclosed physician change request form.** Once we receive this information, you will receive new membership cards with your new PCP's name to be effective on the first day of next month from the month we received your returned change request.

If you have questions or need help selecting a new primary care physician, please call our Member Services at 1-888-775-7888 (TTY: 1-877-681-8898)

April 1 – September 30: Monday – Friday, 8 a.m. – 8 p.m.

October 1- March 31: 7 days a week from 8 a.m. – 8 p.m.

Sincerely,

Balance Member Services

**Attachment C (7000-003): PCP Termed: Still Practicing - Continuity of Care  
Member Notice- Commercial Plan Only**

Date

Member Name Street  
City, State Zip

**Re: Selecting a New Primary Care Physician and Notifying Balance Dear Member:**

Our records indicate that Dr. <name of physician> is the primary care physician (PCP) for you and/or member(s) of your family. Effective <date>, Dr. <name> will no longer be a XXXX physician. This means that those family members who have this doctor as their PCP will need to select a new primary care physician.

Please select a new primary care physician from the enclosed Provider Directory for those members of your family who are affected by this change, and inform us of your selection within 30 days by returning the enclosed physician change request form. Once we receive this information, you will receive new membership cards with your new PCP's name within two weeks.

In accordance with state law, we are providing you with the following statement:

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, (Balance Member Services) 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](http://www.hmohelp.ca.gov).

If you have questions or need help selecting a new primary care physician, please call our Member Services at 1-888-775-7888 (TTY: 1-877-681-8898)

April 1 – September 30: Monday – Friday, 8 a.m. – 8 p.m.

October 1- March 31: 7 days a week from 8 a.m. – 8 p.m.

Sincerely,

Balance Member Services

**Attachment D (7000-003): Specialist Termed: Still Practicing- Continuity of Care  
Member Notice - Commercial Plan Only**

Date  
Member Name  
Street  
City, State Zip

Dear Member:

Our records indicate that Dr. [name of physician] has been providing care for you and/or member(s) of your family. Effective [date], Dr. [name] will no longer be a Balance physician. This means that those family members who have been receiving care from this doctor will need to contact their primary care physician to discuss the need for a referral to a participating Balance physician who can best care for your and/or your family member's medical needs.

Services rendered by this physician after the date stated above will not be covered by Balance, except for limited circumstances. If, after consulting your primary care physician, you believe you require continued care from the physician listed above, please contact Balance Member Services for information about eligibility criteria and the policy and procedure for requesting continuity of care from a terminated provider.

In accordance with state law, we are providing you with the following statement:

If you have been receiving care from a healthcare provider, you may have a right to keep your provider for a designated period of time. Please contact your HMO's customer service department, (Balance Member Services) 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-HM0-2219, or at a TDD number for the hearing impaired at 1-877-688-9891, or online at [www.hmohelp.ca.gov](http://www.hmohelp.ca.gov).

We encourage you to discuss your current healthcare needs with your primary care physician. If you have questions or need other assistance, please call our Member Services at 1-888-775-7888 (TTY: 1-877-681-8898)

April 1 – September 30: Monday – Friday, 8 a.m. – 8 p.m.

October 1- March 31: 7 days a week from 8 a.m. – 8 p.m.

Sincerely,

Balance Member Services

**Attachment E (7000-003): MEDICARE PLAN - PCP Termed: Still Practicing  
Member Notice**

Date

Member Name

Street

City, State Zip

**Re: Selecting a New Primary Care Physician and Notifying Balance**

Dear Member:

Our records indicate that Dr. [name of physician] is the primary care physician (PCP) for you and/or member(s) of your family. Effective [date], Dr. [name] will no longer be a XXXX physician. This means that those family members who have this doctor as their PCP will need to select a new primary care physician.

Please select a new primary care physician from the enclosed Provider Directory for those members of your family who are affected by this change, and inform us of your selection within 30 days by returning the enclosed physician change request form. Once we receive this information, you will receive new IDcards with your new PCP's name in approximately two weeks.

If you need help selecting a new primary care physician, please call our Member Services at 1-888-775-7888 (TTY: 1-877-681-8898)

April 1 – September 30: Monday – Friday, 8 a.m. – 8 p.m.

October 1- March 31: 7 days a week from 8 a.m. – 8 p.m.

Sincerely,

Balance Member Services Department

**Attachment F (7000-003): MEDICARE PLAN -Specialist Termed Member Notice**

Date

Member Name

Street

City, State Zip

Our records indicate that Dr. [name of physician] has been providing care for you and/or member(s) of your family. **Effective [date], Dr. [name] will no longer be a XXXX physician. This means that those family members who have been receiving care from this doctor will need to contact their primary care physician to discuss the need for a referral to a participating Balance physician who can best care for your and/or your family member's medical needs.**

Services rendered by this physician after the date stated above will not be covered by Balance. We encourage you to discuss your current health care needs with your primary care physician to assist you in transitioning to another Balance specialist.

If you have questions or need other assistance, Member Services at 1-888-775-7888 (TTY: 1-877-681-8898)

April 1 – September 30: Monday – Friday, 8 a.m. – 8 p.m.

October 1- March 31: 7 days a week from 8 a.m. – 8 p.m.

Sincerely,

Balance Member Services Department