

 <b>Scripps Health Plan Services Managed Care Operations</b>	<b>Policy Date</b>	<b>Supersedes Policy Dated</b>
	3/27/2015	
<b>Policy Name</b>	<b>Approved By</b>	
<b>Continuity of Care</b>	<hr/> <hr/>	
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## I. POLICY

It is the policy of Scripps Health Plan Services (SHPS) in compliance to CA Health and Safety Code Sections 1300, 1367, 1373 to provide continuity of care for members currently receiving a course of treatment from a terminated provider and for new enrollees who are undergoing an Active Course of Treatment from a nonparticipating provider. Transitions of care (TOC) include member notifications when an individual in a course of treatment enrolls in SHPS, and when a medical group or provider is terminated from the network. SHPS also facilitates transitions of care when changes occur within the provider network, when benefits end as well as for new members and members with special needs and circumstances.

SHPS has standards and processes for the appropriate sharing of information such as: adequate, timely feedback and consultation and coordination of care between and among medical and mental health providers, general and specialty practitioners and institutions, referring and consulting providers, etc. SHPS ensures that, if required, members will have continued access to a specific provider based on their specific health care.

SHPS ensures continuity of care and integration of services through arrangements with community and social service programs generally available through contracting or non- contracting providers.

When SHPS offers professional mental health services on an employee-sponsored group basis, SHPS provides to all new enrolls notice of the written continuity of care policy and information regarding the process for an enrollee to request a review under the policy and shall provide, upon request, a copy of the written policy to an enrollee.

- A. Exemptions to this policy include:
1. An enrollee who was offered an out-of-network option or who had the option to continue with his or her previous specialized health care service plan that offers professional mental health services on an employer-sponsored group basis or mental health provider and instead voluntarily chose to change health plans

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2. If SHPS offers professional mental health services on an employer-sponsored group basis that includes out-of-network coverage allowing the enrollee to obtain services from his or her existing mental health provider or nonparticipating mental health provider.

**B. Communication Between and Among Providers**

1. SHPS established standards and processes to facilitate timely communication, sharing of necessary information and coordination of care between and among the member's medical and mental health providers.
2. SHPS disseminates these standards via the Provider Manual and are available on SHPS' website [www.scrippshealthplan.com](http://www.scrippshealthplan.com).
3. Established standards and process include:
  - a. Communication among providers between levels of care such as inpatient care, partial hospitalization, outpatient care, day and residential treatment
  - b. Communication between and among the member's mental health providers such as psychiatrist, psychologist, and master's-level mental health clinicians and medical providers such as PCP and specialists
  - c. Communication between and among SHPS' case management and/or care coordination staff
  - d. Communication between and among members' mental health providers and medical providers to ensure for timely evaluation, screening, diagnosis and treatment for serious emotional disturbance, serious mental illness, and autism conditions
  - e. Communication between and among SHPS' and the facility's case management clinical staff (if two (2) or more staff are involved within SHPS)
  - f. Communication between and among SHPS' and delegate's (if any) case management staff
  - g. Communication between and among IPA/medical groups and SHPS staff.
4. 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.

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C. Transition of Care

1. SHPS has established policies and procedures for the safe planned and unplanned transfer of care of new and existing members with acute, serious, or chronic medical and/or mental health conditions who are currently receiving services from a nonparticipating medical and/or mental health provider to a participating provider when his/her employer changes health plans.
  
2. SHPS will coordinate with the current provider to facilitate a smooth transition and make the following available:
  - a. A written description of its process for facilitating continuity of care
  - b. A written description of its review process for requests to continue services with an existing provider not contracted with SHPS
  - c. If requested by the patient and to ease referral and physician selection, SHPS will provide a list of available participating Providers and information for contacting those Providers. SHPS will be available to facilitate and verify that continuity of care has occurred
  
  - d. If requested by the patient, it's appropriate for the current physician to suggest a physician to the patient and then to begin communication with that physician
  
3. SHPS may provide continuing medical services for newly enrolled members who meet criteria to continue covered services with a non-participating provider. Covered services are defined as the following medical conditions:
  - a. Acute: A medical and/or behavioral health 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. Serious chronic: A medical and/or behavioral health 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. Pregnancy: The three trimesters of pregnancy and the immediate postpartum period
  - d. Terminal illness: An incurable or irreversible condition that has a high probability of causing death within one year or more

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- e. Care of a newborn child between birth and age 36 months
  - f. Performance of a surgery or other procedure that has been authorized by the previous 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 effective date of coverage for a newly eligible member
4. With reasonable consideration given to the potential clinical effects on the members' treatment caused by a change in provider, SHPS 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).
- a. This is accomplished by reviewing appropriate medical records, in collaboration with the SHPS and the treating provider
  - b. The length of the transition period take into account on a case-by-case basis, the severity of the enrollee's condition and the amount of time reasonably necessary to effect a safe transfer

**D. Transition to Other Care When Benefits End**

- 1. When SHPS is aware that benefits are ending, SHPS coordinates with the member and the PCP to facilitate continuity of care using available health care and social resources.
- 2. SHPS ensures that practitioners assist with a member's transition to other care, if necessary, when benefits end:
  - a. When the member's coverage of services ends while a member still needs care, SHPS offers to educate the member (or the member's designated representative) about alternatives for continuing care and how to obtain care, as appropriate.
  - b. Members whose benefits will end, but who will still need care, are identified from reports through the cases management or authorization referral process, or through other processes such as reviewing member eligibility requirements for Linked and Carved out Services.
  - c. SHPS will assist in identifying available resources within the local community.

**II. DEFINITIONS:**

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**Hospital:** A general acute care hospital

**Nonparticipating Mental Health Provider:** A psychiatrist, licensed psychologist, licensed marriage and family therapist, licensed social worker, or licensed professional clinical counselor who does not contract with the specialized health care service plan that offers professional mental health services on an employer-sponsored group basis

**Provider Group:** A medical group, independent practice associate, or any other similar organization

### III. PROCEDURES

A. Decision making criteria:

When requested by the enrollee's, SHPS will review an enrollee's request to continue his or her course of treatment with a nonparticipating medical/mental health provider (See Attachment B).

1. SHPS may require a nonparticipating mental health provider whose services are continued to 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. If SHPS determines that an enrollee's health care treatment should temporarily continue with his or her existing provider or nonparticipating mental health provider, SHPS will not be liable for actions resulting solely from the negligence, malpractice, or other tortious or wrongful acts arising out of the provisions of services by the existing provider or a nonparticipating mental health provider.

B. SHPS will use criteria that meets community standards of practice to determine whether current members' treatment/care is transferable to another provider without compromising quality of care. SHPS works to ensure that the medical and psychosocial needs of the member are met with minimal disruption to all involved parties.

1. SHPS may provide authorization in the following instances, if the care began before the effective date with SHPS and if premature transfer of care may compromise quality of care:
  - a. A pregnant member has had her first prenatal visit
  - b. Elective surgery was approved by the previous carrier's pre-

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- certification process, and the surgery was scheduled
- c. A member is receiving major ongoing treatment for an acute condition (medical or behavioral)
- d. The previous carrier approved home health care and home IV therapy
- e. The previous carrier approved durable medical equipment
- f. A member is in a rehabilitation program
- g. A member has a life-threatening condition (medical or behavioral)
- h. A member has a terminal illness
- i. For members receiving inpatient care, continued coverage is provided for appropriate follow-up care with the non-plan physician, or with a physician provider leaving the contracted SHPS provider network
- j. A member in a behavioral health/substance abuse program for those members whom a course of treatment has been approved
- 2. SHPS requests previous health plan and/or providers to identify which of their cases require specialized coordination of care and services and facilitates a case review with the previous health plan and/or provider in advance of the transition
- 3. Continuation of care for members referenced above may be approved on a case-by-case basis up to 90 days in advance
- 4. Continuity of Care may be provided with the following duration:
  - a. Acute condition not to exceed twelve (12) months from the contract termination date
  - b. Chronic condition: not to exceed ninety (90) days from the contract
  - c. Serious chronic condition: not to exceed twelve (12) months from the contract termination date
  - d. Pregnancy: continuation of care through the three (3) trimesters of pregnancy and the immediate postpartum period
  - e. Terminal illness: completion of covered services shall be provided for the duration of the terminal illness
  - f. Care of a newborn child: between birth and the age of 36 months (not to exceed twelve (12) months from the contract termination date)
  - g. Performance of surgery or other procedure: that is unauthorized by SHPS 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 contract's termination date
  - h. Mental health acute condition: transition period of 90 days or

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through the acute period of illness, whichever is shorter, to continue course of treatment with the nonparticipating mental health specialist

- i. Mental health serious chronic condition: transition period of 90 days or through the acute period of illness, whichever is shorter, to continue course of treatment with the nonparticipating mental health specialist

C. Contract termination of a specialist provider

- 1. SHPS 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.
- 2. SHPS 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.
- 3. SHPS helps members transition to a new specialist within the organization's network of participating providers.

D. Block transfer of members in the event of IPA/Medical Group/Hospital termination

- 1. SHPS submits in an electronic format to the Department of Managed Health Care (DMHC) a Block Transfer filing at least seventy-five (75) days prior to the termination or non-renewal of any provider contract with a terminated provider group or a terminated hospital. Block Transfer filing includes, at minimum (See Attachment A):
  - a. A form of the written notice that SHPS intends to send to affected members. The Member Transfer Notice must include:
    - i. Name of the terminated provider group or terminated hospital and the name of the assigned physician, where appropriate
    - ii. Brief explanation of why the transfer is necessary due to the termination of the contract between SHPS and the terminated

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- provider
- iii. Date of the pending contracted termination and transfer
  - iv. Explanation to the member outlining the member's assignment to a new provider group, options for selecting a physician within a new provider group selection. The explanation includes a notification to the member that he/she may select a different network provider by contacting SHPS as outlined in SHPS's written continuity of care policy and evidence of coverage or disclosure form
  - v. Statement that SHPS will send 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, SHPS 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
  - vi. A statement that the member may contact SHPS's Customer Service department to request completion of care for an ongoing course of treatment from a terminated provider. This statement may include either a statement outlining the specific conditions or an explanation to the member that his or her eligibility is conditioned upon certain factors as outlined in SHPS's written continuity of care policy and evidence of coverage or disclosure form
  - vii. The telephone number through which the member may contact SHPS for a further explanation of his or her rights to completion of care, including SHPS's written continuity of care policy
  - viii. A link that a member may use to obtain of a downloadable copy of the policy from SHPS's website.
- a. When a block transfer is required, SHPS 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.
  - b. 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

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date. The letter advises members of, among other things: the effective date of the termination; their new medical group/IPA assignment (if known at the time of notification); how to change PCPs or medical groups/IPAs; what to do if they receive a bill from a provider; and to call SHPS with any questions or continuity of care concerns.

**E. New Enrollees**

At the time of enrollment, enrollees are informed of their right to request continuity of care. A form is provided in the enrollment package and is submitted to the utilization department for review. The decision of the UM department is provided to the enrollee in writing and an appeal process is available and described