blue california
Promise Health Plan

POLICY & PROCEDURE
Medical Services

Policy Title: Accessing Terminated or Non-Participating Provider for Continuity of Care		
Policy No: 10.2.100.25		**Original Date: 4/11**
Effective Date: 12/18	**Revision Date: 3/13, 1/14, 10/17, 12/18**	**Revision No: 4**
Department Head: Date:		**Medical Services/P&T Committee: Date:**
P&P Committee: Date:		**Department(s): UM**

PURPOSE:

To establish a mechanism for Blue Shield Promise Health Plan to provide the completion of covered services for Special Persons with Disabilities (SPD) members with a terminated provider or continuity of care from a non-participating provider.

POLICY:

For SPD beneficiaries, Blue Shield Promise Health Plan shall, at the request of the enrollee, provide the completion of covered services by a terminated or out of network provider, in accordance with the continuity of care requirements set forth in Health & Safety Code Section 1373.96.

A. The completion of covered services shall be provided by terminated provider to an enrollee who at the time of the contract's termination, was receiving services from that provider for one of the conditions eligible for completion of covered services, as listed in this policy.
B. The completion of covered services shall be provided by a non-participating 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 eligible for completion of covered services, as listed in this policy.
C. Transition of care shall be implemented to members affected by a termination of provider but still in need of care.
D. Members who are in active course of treatment and who request for continuity of care due to termination of provider shall be granted.

DEFINITIONS:

Acute Condition – 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.

Serious Chronic Condition – 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.

Pregnancy – the three trimesters of pregnancy and the immediate post-partum period.

Terminal Illness – an incurable or irreversible condition, that has a high probability of causing death within a year or less.

Newborn – child between birth and 36 months.

Non-Participating Provider (Non-Contracted Provider) – a physician who is not contracted with Blue Shield Promise Health Plan or a Provider Group contracted with Blue Shield Promise Health Plan.

Terminated Provider – a physician whose contract with Blue Shield Promise Health Plan or a Provider Group contracted with Blue Shield Promise Health Plan, to provide services to Blue Shield Promise enrollees is terminated or not renewed upon the expiration of the term of the contract.

Provider Group – a medical group, an IPA, or any other similar organization.

I. Conditions and Timeframes for completion of eligible covered services, as set forth in Section 1373.96(c):
    a. Acute Condition – Continuity of care shall be provided for the duration of the acute condition, but shall not exceed twelve (12) months from the contract termination date.
    b. Serious Chronic Condition – Continuation of care shall be provided for the duration of the chronic condition but shall not exceed 12 months from the contract termination date.
    c. Pregnancy – Continuation of care shall be provided for the duration of the pregnancy and the immediate postpartum period.
    d. Terminal Illness – completion of covered services shall be provided for the duration of a terminal illness.
    e. Newborn – continuation of care shall be provided for the duration of chronic condition, but shall not exceed 12 months from the contract termination.
    f. Performance of surgery or other procedure – that is authorized by Blue Shield Promise Health Plan, as part of a documented course of treatment and has been recommended and documented by the provider shall occur within 180 days of the

contract's termination date or within 180 days of the effective date of coverage for newly-covered enrollee.

II. Terms and conditions with Terminated Provider:

a. Terminated Provider

i. Blue Shield Promise Health Plan may require the terminated provider whose services are continued beyond the contract termination date to agree in writing to be subject to all credentialing, utilization review, peer review, and quality improvement requirements.

1. If the terminated provider does not agree to comply or does not comply with these contractual terms and conditions, Blue Shield Promise Health Plan is not required to continue the provider's services beyond the contract termination date.

ii. Unless otherwise agreed by the terminated provider and Blue Shield Promise Health Plan, the services rendered shall be compensated at the same rates and methods of payment as those used by Blue Shield Promise Health Plan for currently contracting providers providing similar services and who are practicing in the same or similar geographic area as a terminated provider.

iii. Neither terminated provider nor the provider group is required to continue the services of a terminated provider if the provider does not accept the payment rates provided for in this section.

iv. Continuation of treatment shall be provided through the lesser of the current period of active treatment for a chronic or acute medical condition.

v. Continuation of care shall be provided through the postpartum period for members in their second or third trimester of pregnancy.

b. Non-Participating Provider

i. Continuing medical services shall be provided for newly-enrolled members who meet criteria to continue covered services by a non-participating provider. With reasonable consideration given to the potential clinical effects on the member's treatment caused by a change in provider. Blue Shield Promise shall identify members that may require continuation of services. This is accomplished by reviewing appropriate medical records, in collaboration with the Blue Shield Promise's physician reviewer, provider groups, and treating provider.

ii. Blue Shield Promise Health Plan shall require a non-participating provider whose services are continued for a newly-covered enrollee to agree in writing to be subject to credentialing, utilization review, peer review, and quality improvement requirements.

1. If the non-participating provider does not agree to comply or does not comply with these contractual terms and conditions, Blue Shield Promise Health Plan is not required to continue the provider's services.

iii. Unless otherwise agreed upon by the non-participating provider and Blue Shield Promise Health Plan, the services rendered shall be compensated at Medi-Cal fee-for-service rate.
iv. Neither Blue Shield Promise Health Plan nor the provider group is required to continue the services of a non-participating provider if the provider does not accept the payment rates provided for in this section.
v. Blue Shield Promise Health Plan shall provide newly-enrolled SPD beneficiaries access to an out-of-network provider for up to 12 months if:
    1. The beneficiary has an ongoing, prior relationship with the provider that can be documented using Medi-Cal fee-for-service claims data;
    2. The provider accepts Blue Shield Promise rate or Medi-Cal fee-for-service rates, whichever is higher, in accordance with W and I Code 14182(b)(13)(14); and
    3. The provider has no quality of care issues and meets all credentialing requirements.
vi. If a member was residing in an out-of-network skilled nursing facility (SNF) when the beneficiary transitioned to Blue Shield Promise, Blue Shield Promise shall offer the member the opportunity to return to the out-of-network SNF after a medically necessary absence.
    1. This requirement does not apply if the member is discharged from the SNF into the community or a lower level of care.
vii. A member who is a resident of a Nursing Facility (NF) prior to enrollment under CCI will not be required to change NFs during the duration of CCI if the facility is licensed by the California Department of Public Health, meets acceptable quality standards, and the facility and MCP agree to Medi-Cal rates in accordance with the MCP contract with DHCS.

III. Payments:

The amount of, and the requirement for payment of, copayments, deductibles, or other cost-sharing components during the period of completion of covered services with a terminated provider or a non-participating provider are the same as would be paid by the enrollee if receiving care form a provider currently contracting with or employed by Blue Shield Promise Health Plan.

IV. Exclusions:

a. Blue Shield Promise Health Plan is not required to provide for 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, or fraud or other criminal activity.
b. Blue Shield Promise Health Plan is not required to cover services or provide benefits that are not otherwise covered under the terms and conditions of Blue Shield Promise Health Plan's contract.

c. This section shall not apply to a newly-covered enrollee who is offered an out-of-network option or to a newly-covered enrollee who had an option to continue with his or her previous health plan or provider and instead voluntarily chose to change health plans.

V. Member Notification:
   a. Members who are in active course of treatment shall be notified within 30 days prior to the termination of provider from the network.

VI. Member Identification:
   a. Members undergoing active treatments and who will be affected by the termination of the provider shall be identified:
      i. Review all open encounters, referrals and denials related to the affected provider, on a daily basis to identify members who are in active course of treatment, including:
         1. Approved referrals for elective surgery within the last 180 calendar days.
         2. Open and approved referrals within the last 180 calendar days.
         3. Inpatient admissions for patients currently in acute hospitals, skilled nursing facilities, and acute rehabilitation units.
         4. Open referrals for pre-natal and post-partum services, if applicable to the provider.

PROCEDURE:

I. Assessing the Terminated/Non-Participating Provider for Quality of Care Issues:
   a. Credentialing department shall notify the UM department for the approval of the terminated or non-participating provider using the Credentialing Check Form (CCF).
   b. If the requested terminated or non-participating provider meets the credentialing criteria, the UM staff shall forward the LOA Request Form to Provider Network Operations (PNO) to offer a one-time letter of agreement.
   c. If the credentialing criteria are not met, the completed CCF shall be forwarded by the Credentialing Department to the Chief Medical Officer or physician designee for review.
      i. If not approved, the requested terminated or non-participating provider and the member shall be notified by the UM Department and an alternate provider shall be assigned.

II. Member Requests for Continuation of Covered Services:
   a. Members may file requests through Blue Shield Promise for continuation of covered services via facsimile, telephonically or by mail. Member shall provide the following information:
      i. Member Name
      ii. Date of Birth

iii. Member ID#
iv. Telephone Number
v. Medical condition
vi. Services requested
vii. Treating provider's address, phone and specialty

b. UM staff shall document the request in MHC database
c. The UM Department shall assess the request to
    i. Determine whether the member's condition is consistent with conditions set forth in Section 1373.96(c), conditions eligible for covered services;
    ii. Determine prior relationship with the requested provider through review of Medi-Cal fee-for-service claims data from the State; evaluate the provider for quality of care issues through a brief credentialing assessment. UM staff shall complete a Credentialing Check Form and Forward it to Credentialing Department.
d. If the above are established, Blue Shield Promise Health Plan shall offer a Medi-Cal fee-for-service rate and letter of agreement for the 12-month continuity of care period.
    i. If the provider agrees, the member may continue to see the provider for up to 12-month period with prior authorization based on medical necessity.
    ii. If the provider refuses the rate, member is verbally notified and then redirected to an in-network provider who is qualified to evaluate and treat members condition.
e. Blue Shield Promise Health Plan shall document outcome in member file and shall notify the member of the decision.
    i. If the member disagrees with Blue Shield Promise Health Plan, the member can:
        1. File a grievance;
        2. Request a Medical Exemption from DHCS – assuming the request is within the first 90 days of enrollment in Blue Shield Promise Health Plan.

III. Blue Shield Promise shall ensure delegates meet the requirements of this policy

REFERENCES/AUTHORITIES:

Health & Safety Code, Section 1373.96
LA Care Audit Tool, 2013
DPL 13-005, December 13, 2013
APL 15-004

ATTACHMENTS:

Credentialing Check Form (CCF) for Letter of Agreement (LOA) Request
Letter of Agreement (LOA) Request Form
Fee Schedule Agreement (FSA) Form