

CALVIVA HEALTH CONTINUITY OF CARE POLICY

HOW TO KEEP SEEING A PROVIDER IF YOUR PROVIDER LEAVES YOUR HEALTH PLAN

Sometimes CalViva Health stops working with a doctor or Hospital. If this happens, we will let you know as soon as we can. You can ask to keep seeing your Provider (including Specialists and Hospitals) if that Provider agrees and has been treating you for any of the following conditions, also known as “Qualifying Conditions:”

- Acute condition (a serious and sudden condition that lasts a short time like a heart attack, pneumonia or appendicitis) – For the time the condition lasts.
- Serious chronic (long-term) condition – For a period of time of up to 12 months necessary to complete a course of treatment and arrange for a safe transfer to another provider.
- Pregnancy – During the pregnancy and immediate postpartum care (six weeks after giving birth).
- Terminal illnesses/conditions – For the length of the illness which may exceed 12 months from the provider contract termination date or 12 months from the effective date of coverage for new members.
- Care of a newborn child between birth to 36 months – For up to 12 months.
- You have surgery or other procedures authorized by CalViva Health as part of a documented course of treatment. This treatment was set to occur – within 180 days of the time the Provider stops working with CalViva Health or – within 180 days of the time you began coverage with CalViva Health.

HOW TO KEEP SEEING YOUR PROVIDER IF YOU ARE A NEW MEMBER

Members who have just joined CalViva Health may ask to keep seeing their Out-of-Network Provider (including PCP and Specialist) if they have a Qualifying Condition and are in the middle of treatment or have scheduled treatments or procedures. This is called a “continuity of care” benefit. In order for CalViva Health to approve your request for continuity of care, you must meet all of the following:

- You must have one of the Qualifying Conditions listed in the above section “*How to keep seeing a provider if your provider leaves your Health Plan*” in this handbook,
- You must have seen the Out-of-Network Provider at least once during the twelve (12) months prior to the date of your enrollment with CalViva Health, for a non-emergency visit,
- The Out-of-Network Provider must agree to the Health Plan’s usual payment rate or the Medi-Cal payment rate,
- The Out-of-Network Provider must meet CalViva Health’s professional standards,

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If you are transitioning from the Fee-For-Service Medi-Cal Program into CalViva Health then you must also meet the following:

- The Out-of-Network Provider is a California State Plan approved provider, and
- The Out-of-Network Provider gives CalViva Health all the treatment information in order to determine medical necessity.

The continuity of care benefit includes only those services covered by CalViva Health. In addition, the continuity of care benefit does not include services provided by the following providers:

- Durable medical equipment
- Transportation
- Other ancillary services, and
- Services provided by Fee-For-Service Medi-Cal program.

If your request for continuity of care meets the conditions, the Out-of-Network Provider meets the necessary requirements, including agreeing to the Health Plan's terms, CalViva Health will approve your continuity of care request and allow you to see the Provider for the length of continuity of care as listed under section *"How to keep seeing a provider if your provider leaves your Health Plan in this handbook."*

You will not be Eligible for the continuity of care benefit if EITHER:

- You are a new enrollee with CalViva Health and were offered an opportunity from your previous Health Plan to continue receiving care from an Out-of-Network Provider; OR
- You had the option to continue care from your previous Provider but still chose to change Health Plans.

Doctors not contracted with CalViva Health may be required to agree to the same terms and conditions as contracted Providers. If the doctor does not agree, CalViva Health is not required to provide the services through that doctor and you will be offered care with an in-Network doctor. To request continuity of care please contact Member Services at 1-888-893-1569.

CONTINUITY OF CARE FOR SENIORS AND PERSONS WITH DISABILITIES

Seniors and Persons with Disabilities who have just joined CalViva Health may ask to keep seeing their doctor for all qualifying covered Medically Necessary care for up to 12 months from the date you join CalViva Health. In order for CalViva Health to approve your request: you must have an Ongoing Relationship with the doctor, the doctor must agree to the Health Plan's usual payment rate or the Medi-Cal payment rate, the doctor must have no Quality of Care issues, and the doctor must be a California State Plan approved provider. In addition, you may request continuity of care if you have a Qualifying Condition listed under above section *"How to keep seeing your provider if your provider leaves your Health Plan."* These continuity of care

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provisions apply to Physicians, surgeons and Specialists. To request continuity of care please contact Member Services at 1-888-893-1569.

CalViva Health will honor any active Medi-Cal Fee-For-Service Treatment Authorization Requests (TARs) for up to 60 days from the date you join CalViva Health or until CalViva Health completes a new assessment.

CONTINUITY OF CARE FOR MEMBERS TRANSITIONING FROM COVERED CALIFORNIA

Members who have just joined CalViva Health due to a mandatory transition from Covered California to Medi-Cal managed care have the right to complete covered, previously approved, Medically Necessary care from their treating provider for up to 60 days from the date they join CalViva Health or until CalViva Health completes a new assessment without a request by the beneficiary or the provider. In addition, continuity of care can be requested for members to continue receiving care from their out-of-network provider for up to 12 months from the date they join CalViva Health. To request continuity of care please contact Member Services at 1-888-893-1569. For more Continuity of Care information, see the *“How to keep seeing your provider if you are a new member”* section above.

CONTINUITY OF CARE FOR CHILDREN RECEIVING BEHAVIORAL HEALTH TREATMENT FOR AUTISM SPECTRUM DISORDER

Children who receive behavioral health treatment (BHT) for Autism Spectrum Disorder (ASD) can continue seeing their out-of-network behavioral health provider for up to 12 months beginning September 15, 2014. The beneficiary must have an Existing Relationship with the behavioral health provider. An Existing Relationship for this continuity of care benefit means that the beneficiary has seen the out-of-network behavioral health provider at least once during the 6 months prior to September 15, 2014, or the date of their initial enrollment in our plan if enrollment occurred on or after September 15, 2014.

To request continuity of care you can complete the Continuation of Care Request Form or call CalViva Health Member Services at 1-888-893-1569 (TTY: 711). You can call 24 hours a day, 7 days a week. You can also ask Member Services to send you a copy of our Continuity of Care policy.



Continuation of Care Request Form

Form must be fully completed to avoid a processing delay. Please print.

Date:

Patient's name (last, first, MI):	Patient's phone: () Best time to call:	Date of birth:	Member ID number:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F
Patient's address:				
Your assigned primary care physician:			Other contact information:	

For certain conditions, you may be eligible to continue care with your non-participating provider for a limited time period. Your request will be reviewed based on eligibility for Continuation of Care.

Current attending physician/provider name:		
Physician/provider address:	City:	ZIP code:
Next scheduled appointment date:	Reason for appointment:	
CalViva participating physician: <input type="checkbox"/> Yes <input type="checkbox"/> No	Specialist with CalViva: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is patient pregnant?: <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," expected date of delivery:		
Additional services (dialysis, home health care, medical equipment, etc. Please describe below.): <input type="checkbox"/> Yes <input type="checkbox"/> No		

Please tell us why you want help with ongoing care. Write down the type of service(s) you are requesting.

Description/details: _____

Other special needs/comments: _____

You may ask your PCP (doctor) or specialist to fill in their information. Return completed form using the enclosed envelope, or fax it to 1-800-281-2999 or (818) 676-5161 or (818) 676-5387.

State Health Programs • Coordination of Care Unit • PO Box 9103 • Van Nuys, CA 91409-9103

Member signature or name of CalViva Member Service Representative taking request:	Date:
To be filled out by the health plan for Continuation of Care requests only.	
<input type="checkbox"/> DHCS claims file reviewed to verify claims were paid under the FFS Medi-Cal program for the requested provider.	
<input type="checkbox"/> In the absence of DHCS claims data, requested provider was contacted to obtain patient's visit history (see attached).	