

- Choose not to change your health plan when you temporarily move to attend college in a different county. You will only be able to access emergency room services in the new county. For routine or preventive health care, you would need to use the CalViva Health regular network of providers located in the head of the household's county of residence.

Continuity of care

If you now go to providers who are not in the CalViva Health network, in certain cases you may get continuity of care and be able to go to them for up to 12 months. If your providers do not join the CalViva Health network by the end of 12 months, you will need to switch to providers in the CalViva Health network.

How to keep seeing your provider if you are a new member

If you have just joined our plan for the first time, you may ask to keep seeing your out-of-network provider (including PCP and Specialist) for up to 12 months. This is called a "continuity of care" benefit. To qualify for this benefit, the following conditions must be met:

- You must have seen the out-of-network provider at least once during the twelve (12) months before the date of your enrollment with our plan, for a non-emergency visit,
- The out-of-network provider must agree to our usual payment rate or the Medi-Cal payment rate,
- The out-of-network provider is a California State Plan approved provider.

If your request meets these conditions, we will approve your request and allow you to see your provider for up to 12 months.

The continuity of care benefit includes only those services covered by our plan, but does not include:

- Durable Medical Equipment
- Transportation
- Other ancillary services, and
- Services provided by Fee-for-Service Medi-Cal program and not covered by the plan.

To request continuity of care, please call 1-888-893-1569 (TTY: 711).

Continuity of care for seniors and persons with disabilities

Seniors and Persons with Disabilities who have just joined our plan may ask to keep seeing their doctor if there is an active Medi-Cal Fee-For-Service treatment



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Or call the California Relay Line at 711. Visit online at www.CalVivaHealth.org.

authorization request.

Our plan will honor any active Medi-Cal Fee-For-Service treatment authorization for up to 60 days from the date you join our plan or until our plan completes a new assessment. To request continuity of care please call 1-888-893-1569 (TTY: 711).

Continuity of care for members transitioning from Covered California

If you have just joined our plan due to a required switch from Covered California to Medi-Cal Managed Care, you have the right to complete previously approved and medically necessary care from your treating provider:

- For up to 60 days from the date you join our plan, or
- Until our plan completes a new assessment without a request by you or the provider.

In addition, you can request continuity of care from your out-of-network provider for up to 12 months from the date you join the plan. See the *“How to keep seeing your provider if you are a new member”* section above for more information.

To request continuity of care please call 1-888-893-1569 (TTY: 711).

Continuity of care for children receiving Behavioral health Treatment (BHT)

Children who get Behavioral Health Treatment (BHT) can keep seeing their out-of-network behavioral health provider for up to 12 months. They must have an existing relationship with the behavioral health provider. This means the Member has seen the provider at least once during the 6 months before enrollment in our plan or transition from a Regional Center. To request continuity of care please call 1-888-893-1569 (TTY: 711).

Providers who leave CalViva Health

If your provider stops working with CalViva Health or you are returning to CalViva Health from another managed health plan, you may be able to keep getting services



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from that provider. This is another form of continuity of care. CalViva Health provides continuity of care services for:

- Services provided by your doctor, including specialists and hospitals. You can keep getting covered services if your doctor agrees to the continuity of care conditions, and has been treating you for any of the following:
 - Acute condition (a serious and sudden condition that lasts a short time like a heart attack or pneumonia) – For the time the condition lasts.
 - Serious Chronic (long-term) condition – For up to 12 months. Usually until you complete a course of treatment and your doctor can safely transfer you to another Provider.
 - Pregnancy – During the pregnancy and immediate postpartum care (six weeks after giving birth).
 - Maternal mental health (For up to 12 months from the diagnosis or from the end of pregnancy; whichever occurs later).
 - Terminal illnesses/conditions – For the length of the illness.
 - Children ages birth to 36 months – For up to 12 months.
 - You have surgery or other procedures approved by our plan as part of a documented course of treatment. This treatment was set to occur within 180 days of the time the doctor or Hospital stops working with our plan or within 180 days of the time you began coverage with us.

CalViva Health does **not** provide continuity of care services if you do not meet the conditions above. In addition, the continuity of care benefit does not include the following services:

- Durable Medical Equipment
- Transportation
- Other ancillary services, and
- Services provided by Fee-for-Service Medi-Cal program and not covered by the plan.

To learn more about continuity of care and eligibility qualifications, call Members Services at 1-888-893-1569 (TTY: 711).



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