

hospital meet Medi-Cal rules. Routine and preventive care services, including prescription drugs, are not covered outside of California. If you want Medicaid in another state, you will need to apply in that state. You will not be eligible for Medi-Cal and CalViva Health will not pay for your health care. Medi-Cal does not cover emergency, urgent or any other health care services outside of the United States, except for Canada and Mexico as noted in Chapter 3.

Continuity of care

Continuity of Care for a non-plan Provider

As a member of CalViva Health, you will get your health care from providers in CalViva Health's network. To find out whether the health care provider is in the CalViva Health's network please see www.CalVivaHealth.org. If the provider is not listed they may not be in the CalViva Health network.

In some cases, you may be able to go to providers who are not in the CalViva Health network if you have moved from another plan or fee-for-service (FFS) or a provider that was in network is now out-of-network. This is called continuity of care.

Call CalViva Health and tell us if you need to visit a provider that is out-of-network. We will tell you if you have the right to continuity of care. You may be able to use continuity of care, for up to 12 months, or more in some cases, if all of the following are true:

- You have an ongoing relationship with the non-plan provider, prior to enrollment in CalViva Health
- You were seen by the non-plan provider at least once during the twelve (12) months prior to your enrollment with CalViva Health for a non-emergency visit
- The non-plan provider is willing to work with CalViva Health and agrees to CalViva Health's contractual requirements and payment for services
- The non-plan provider meets CalViva Health's professional standards

Call member services at 1-888-893-1569 (TTY 711) for more information.

If your providers do not join the CalViva Health network by the end of 12 months, do not agree to CalViva Health payment rates or do not meet quality of care requirements, you will need to switch to providers in the CalViva Health network. Call member services at 1-888-893-1569 (TTY 711) to discuss your options.



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CalViva Health is here 24 hours a day, 7 days a week. The call is toll free.

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

Continuity of Care for services

As a member of CalViva Health, you will get your Medi-Cal services from providers in CalViva Health's network. In some cases, you may be able to get continued access to Medi-Cal services if you are being treated for certain health conditions and the non-plan provider is not willing to continue to provide services or does not agree to CalViva Health's contractual requirements, payment, or other terms for providing care, then you will not be able to receive continued care from the provider. However, you may be able to keep getting services from a different provider in CalViva Health's network.

Services CalViva Health provides for continuity of care include but are not limited to:

- Acute conditions (a medical issue that needs fast attention) – for as long as the condition lasts.
- Chronic physical and behavioral conditions (a health care issue you have for a long time) – for an amount of time required to finish the course of treatment and to arrange for a safe transfer to a new doctor in the CalViva Health network.
- Pregnancy – during the pregnancy and for up to 12 months after the end of pregnancy.
- Maternal mental health services for up to 12 months from the diagnosis or from the end of pregnancy, whichever is later.
- Care of a newborn child between birth and age 36 months for up to 12 months from the start date of the coverage or the date the provider's contract ends with CalViva Health.
- Terminal illness (a life-threatening medical issue) – for as long as the illness lasts. Completion of covered services may exceed twelve (12) months from the time the provider stops working with CalViva Health.
- Performance of a surgery or other medical procedure from a non-plan provider as long as it is covered, medically necessary and is authorized by CalViva Health as part of a documented course of treatment and has been recommended and documented by the provider – surgery or other medical procedure to take place within 180 days of the provider's contract termination date or 180 days from the effective date of coverage of a new member.

For other conditions that may qualify, contact CalViva Health Member Services.

Call member services at 1-888-893-1569 (TTY 711) for help selecting a contracted provider to continue with your care or if you have any questions or problems in receiving covered services from a provider who is no longer part of CalViva Health.



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CalViva Health is not required to provide continuity of care for services not covered by Medi-Cal, durable medical equipment, transportation, other ancillary services and carved-out service providers. To learn more about continuity of care and eligibility qualifications, and to hear about all available services, call CalViva Health Member Services.

Costs

Member costs

CalViva Health serves people who qualify for Medi-Cal. In most cases, CalViva Health members do **not** have to pay for covered services, premiums or deductibles. Except for emergency care, urgent care or sensitive care, you must get pre-approval from CalViva Health before you visit a provider outside the CalViva Health network. If you do not get pre-approval and you go to a provider outside of the network for care that is not emergency care, urgent care or sensitive care, you may have to pay for care from providers who are out of the network. For a list of covered services, go to “Benefits and services.” You can also find the Provider Directory on the CalViva Health website at www.CalVivaHealth.org.

For members with long-term care and a share of cost

You may have to pay a share of cost each month for your long-term care services. The amount of your share of cost depends on your income and resources. Each month you will pay your own health care bills, including but not limited to Managed Long-Term Support Service (MLTSS) bills, until the amount that you have paid equals your share of cost. After that, your long-term care will be covered by CalViva Health for that month. You will not be covered by CalViva Health until you have paid your entire long-term care share of cost for the month.

How a provider gets paid

CalViva Health pays providers in these ways:

- Capitation payments
 - CalViva Health pays some providers a set amount of money every month for each CalViva Health member. This is called a capitation payment. CalViva Health and providers work together to decide on the payment amount.
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