

n05660

Notification of Continuity of Care for Termination of Specialty Care, Obstetric Care and Primary Care (Medicare is not included)

Values

Accountability • Integrity • Service Excellence • Innovation • Collaboration

Abstract Purpose:

When Network Health Plan (NHP) is notified that a provider will no longer be participating, NHP will provide continuity of care (CoC) to its members who are receiving services from the following type's providers.

- Specialists
- For obstetric care to its members who are in their second or third trimester of pregnancy and receiving obstetric services from an OB/GYN, Family Practice or General Practice physician
- Primary care practitioners (PCPs)

This policy covers fully insured commercial group employers and members, and matches language found the respective Certificate of Coverage.

For self-funded employer groups and participants, this policy does not automatically apply, and letters are not to be sent unless requested by the employer. CoC rules will follow each self-funded employer group's respective Summary Plan Description document. Letters will only be sent if requested and approved by the employer.

Policy Detail:

- I. NHP will provide CoC to its members who are receiving services from a specialist, OBGYN, Family Practice, General Practice or PCP provider who is no longer participating when **ALL** of the following are true:
 - The provider is listed in the member's Provider Directory at the time the member enrolls with NHP **AND**
 - The provider remains in the NHP service area **AND**
 - The provider is in good standing **AND**
 - **The member is already under an active course of treatment (see definition)**
- A. Continuity of Primary Care*:
 1. Members will be allowed to see their Primary Care Practitioner (PCP) until the end of the member's contract year.
- B. Continuity of OBGYN*:
 1. Members seeing an OB/GYN in their second or third trimester of pregnancy at the time of practitioner termination will be allowed to see the obstetric provider until completion of the postpartum care for the

- member and her infant.
- 2. Members who are in their first trimester at the time of the practitioner termination who is not a primary care physician, will be allowed to see the terminated obstetric provider for up to 90 days from the date of the practitioner's termination
- C. Continuity of Specialty Care*:
 - 1. Members may be allowed to see the specialist for the remainder of the course of treatment or 90 days, whichever is shorter.

**Continuity of care does not apply if the provider is moving outside the NHP service area, is terminated for cause, if the practitioner retires or is otherwise no longer caring for patients in the same manner of their prior practice (i.e. ER doctor, VA or Oneida Clinic).*

II. Continuity of Care Procedure

- A. Managed care contracting ("MCC"), provider informatics ("PI"), or Credentialing receives termination notification from the terminating provider or becomes aware of the fact that the provider will no longer be participating via phone call, email, letter or fax.
- B. If the entire provider contract is terminating, The MCC Contract Manager will complete a Contract Termination Form indicating if each provider is terming with Network Health and if CoC applies. The Contract Manager will forward the completed form in an email to the "Provider Status Update" email group. As a result of the notification, PI will terminate the group and affiliated providers in all applicable databases with the termination date of the contract. The Contract Manager will communicate or attempt to communicate to the provider if CoC applies per their contract.
- C. If an individual practitioner is terminating from a provider group that remains contracted:
 - 1. PI will enter the termination in all applicable databases with the termination date of the individual practitioner (if notified directly), or,
 - 2. MCC will enter a task in the appropriate QuickBase directing PI to terminate the provider in all applicable databases with the termination date.
 - 3. Entering the provider termination in QNXT will generate the appropriate edit for claims processing.
- D. When a practitioner is continuing to practice within Network Health's service area with a non-contracted group, the following process is utilized:
 - 1. Every week Customer Experience receives an automated list of all members the terminating provider has seen in the past twelve (12) month. The file contains the practitioner name, member address, city, state, zip, provider number, provider specialty, provider in area/out of area indicator and member age.
 - 2. The same day the file is pulled, it will be sent to PI for proofing the provider termination information for accuracy.
 - 3. Once the file is reviewed and approved by PI, Customer Experience will send via secure ftp to the fulfillment vendor.
 - 4. The fulfillment vendor prints and mails letters to members within three (3) days of receiving the file.
- E. When a provider retires or leaves the service area, or is no longer accessible to NHP members, NHP will follow the same process as above, but a different out-of-area version of the letter will be used, and no continuity of care will apply.

Definitions:

Good Standing: ‘In Good Standing’ refers to a licensed specialist, OBGYN, Family Practice, General Practice or PCP provider that currently does not have any of the following:

1. A non-compliance conference;
2. An administrative action taken or in the process of being taken (includes denied application, denied exemption, temporary suspension order, expedited revocation action, revocation action, or exclusion action that is being initiated in process, or already taken); and
3. A probationary license

Examples of an active course of Treatment:

1. Is defined as a doctor visit or hospital stay with documented changes in a therapeutic regimen for an acute illness. This is within 21 days prior to the member’s plan effective date or the health care provider's termination date
2. Recent major surgeries still in the follow-up period, that is generally six to eight weeks
3. Transplant candidates, unstable recipients or recipients in need of ongoing care due to complications associated with a transplant
4. Trauma
5. Newly diagnosed or relapsed cancer in the midst of chemotherapy, radiation therapy or reconstruction
6. Pregnancy is considered "high risk" if mother’s age is 35 years or older, or patient has or had:
 - a. Early delivery (three weeks) in previous pregnancy.
 - b. Gestational diabetes – pregnancy induced hypertension
 - c. Multiple inpatient admissions during this pregnancy
 - d. Multiple inpatient admissions during this pregnancy
 - e. Pregnancy induced hypertension.

Examples of conditions that do not qualify for continuity of care include:

1. Routine exams, new patient visits, vaccinations and health assessments.
2. Chronic conditions such as: diabetes, arthritis, allergies, asthma, kidney disease and hypertension that are stable.
3. Minor illnesses such as colds, sore throats and ear infections.
4. Elective scheduled surgeries (except as required by state law).

Regulatory Citations:

NCQA – NET4 - Continued Access to Care

Wis. Stats. § 40.03 (6) (a) 1, 40.51 (6) and (7), 40.51 (4) Wis. Stat. §609.24

Origination Date: 12/05/2019	Approval Date: 06/20/2022	Next Review Date: 06/20/2023
Regulatory Body: OCI,OTHER	Approving Committee: Quality Management Committee (QMC)	Policy Entity: NHP
Policy Owner: Scott Wille	Department of Ownership: Network Development, Provider Informatics	Revision Number: 3
Revision Reason: 6/16/2021 Change in ownership -Approved by QMC 9/16/2021 Approved by Quality Management Committee (QMC) on 09/16/2021		