

Health Net of California, Inc. (Health Net)



Health Net's Continuity of Care Policy

A GUIDE FOR BROKERS AND EMPLOYER GROUPS



Health Net's Continuity of Care Policy

A GUIDE FOR BROKERS AND EMPLOYER GROUPS

Health Net members may be able to continue to receive medical services from their previous physician or hospital, even if their previous physician or hospital is not in Health Net's provider network. These types of cases may fall under our Continuity of Care (COC) policy.

Care for these members can stay in place:

- ✓ Until the care for the condition is completed.
- ✓ Until the member can be safely transitioned into our network.
- ✓ If the time frame allowed for transition has elapsed.



Continuity of Care (COC) Policy Details

Q Under what circumstances would COC services apply?

Both new and current Health Net members are eligible for COC services in any of the following instances:

- **New group member:** a new member joins Health Net from another health plan or insurer.
- **New Individual and Family Plan (IFP) member:** a new member whose prior coverage was an IFP plan that was terminated due to the health plan/insurer no longer offering the member's IFP plan.
- **Contract termination:** When a contract termination occurs with a provider who has a relationship directly with Health Net or a delegated provider.
- **Plan change:** A specific plan benefit change that results in a different provider network.
- **PPG change:** The member must change their participating physician group (PPG) due to a PPG closure or involuntarily transfer to another PPG.
- **Primary care physician (PCP) change:** When the PCP changes affiliation with a PPG or their Health Net contract is terminated.

Q What are the qualifying conditions and time frames under the COC policy?

Members may be eligible for COC when:

- Undergoing an active course of treatment for an acute condition, for the duration of the acute condition.
- They have a serious chronic condition, for up to 12 months from date of contract termination or 12 months of new member's effective date.
- A pregnancy, during the three trimesters and immediate postpartum period.
- Mental health for the person giving birth, during pregnancy, peri- or postpartum period or interpregnancy, not to exceed 12 months from the diagnosis or from the end of pregnancy, whichever occurs later. Condition includes, but is not limited to, postpartum depression.
- A terminal illness for the duration of the terminal illness.
- Care of the newborn child between birth and age 36 months, for up to 12 months from date of contract termination or 12 months of new member's effective date
- Performance of a surgery or other procedure to occur within 180 days of the contract's termination date or of new member's effective date (further criteria applies).

Q Are there any other requirements to qualify?

Yes. The following must be true:

- The nonparticipating provider must be willing to accept the same contract terms applicable to providers currently contracted with Health Net.
- Requested service MUST be a covered benefit under member's current Health Net plan.
- During the approved COC period, the member remains responsible for all copayments, deductibles and any other cost-sharing components of his or her health plan. Payment should be handled in the same manner as if the member was getting care from a contracted Health Net Provider.

Q When do COC services not apply?

Health Net is not required to provide COC services if any of the following conditions exist:

- The provider contract terminated due to a medical disciplinary cause or reason, fraud or other criminal activity.
- The provider does not agree in writing to the same contractual terms and conditions currently imposed upon Health Net contracting providers
- The provider does not agree in writing to payment terms similar to payments made to providers providing similar services in the same or a similar geographic area.
- The provider is contracted with member's plan/assigned PPG.

Requesting COC services

Q How do members request COC services?

Initiating the process is quite simple:

- The member or the member's representative (e.g., member's doctor or family member) advises Health Net of any COC needs within the time frame specified within the member's *Evidence of Coverage* or *Certificate of Insurance*, or within 30 days of the provider contract termination.
- Submit a Health Net Continuity of Care Request form.
- The form can be found online at the sites below
 - **Group brokers:**
www.healthnet.com/broker
 - **Individual & Family Plan brokers:**
www.myhealthnetca.com

Members can also access this form by logging in to their group **www.healthnet.com** account, or Individual & Family Plan **www.myhealthnetca.com** account.

Q What is the review process?

1. A qualified nurse will evaluate each COC request.
2. Medical records will be requested from the noncontracted provider for clinical review.
3. Health Net Medical Director is consulted on most of the COC requests.



Contact us for more information

Brokers

Individual & Family Plans, and Small Business Group

Broker Services at
800-909-3447, option 1,
or email us at
Brokers@healthnet.com

Large group 101+

Your Health Net sales representative

Employer groups

Your Health Net sales representative

Members

Individual & Family Plans, On Exchange/Covered California

888-926-4988 (TTY: 711)

Individual & Family Plans, Off Exchange

800-839-2172 (TTY: 711)

Group

800-522-0088 (TTY: 711)

