
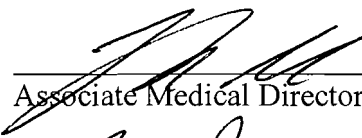

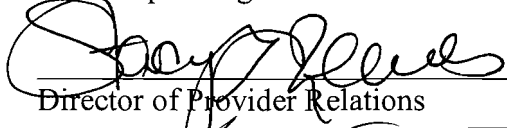
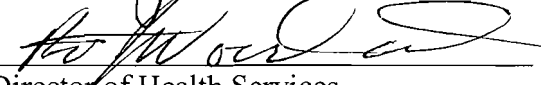


**KERN HEALTH SYSTEMS
POLICIES AND PROCEDURES**

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RESPONSIBLE DEPARTMENT HEAD: Director of Health Services					
Review Date	07/00	06/01	12/2003	05/2004	07/2009
Effective Date		10/01/01	01/01/04	01/01/04	08/11/09
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Approved		Date	8/11/09
	Carol Sorrell, R.N. Chief Executive Officer		
Approved		Date	8-5-09
	Associate Medical Director		
Approved		Date	8/4/09
	Chief Operating Officer		
Approved		Date	7/16/09
	Director of Provider Relations		
Approved		Date	7/21/09
	Director of Health Services		

POLICY¹:

Continuity of care will be provided in accordance with the statutory, regulatory, and contractual requirements outlined in the following sources:

- ❖ California Health and Safety Code §§ 1373.65; 1373.95; and 1373.96

Upon member request, KHS' Utilization Management (UM) Department will utilize the guidelines outlined in this policy and procedure to authorize as appropriate continuity of care with a terminated provider. The UM Department and KHS Associate Medical Director will collaborate with the terminated provider to initiate the transfer of the member to a contracted provider as soon as the transfer can occur safely or as soon as it has been determined that agreement can not be reached with the terminated provider.

Continuity of care will not be authorized with a provider whose contract has been terminated or not renewed for reasons relating to medical disciplinary cause or reason² or fraud or other criminal activity.³

PURPOSE:

To provide a mechanism by which a member may continue treatment for specified conditions by a terminated provider until such a time when a safe transfer to a contracted provider may be made.

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DEFINITIONS:

Acute condition⁴	Medical condition that involves a sudden onset of symptoms due to an illness, injury, or other medical problem that requires prompt medical attention and that has a limited duration.
Individual Provider⁵	A person who is licensed as defined in Section 805 of the Business and Professions Code or a person licensed under Chapter 2 (commencing with Section 1000) of Division 2 of the Business and Professions Code.
Provider⁶	Any professional person, organization, health facility (including a hospital), or other person or institution licensed by the state to deliver or furnish health care services.
Provider group⁷	Includes a medical group, independent practice association, or any other similar organization.
Serious chronic condition⁸	Medical condition due to a disease, illness, or other medical problem or medical disorder that is serious in nature, and that does either of the following: A. Persists without full cure or worsens over an extended period of time B. Requires ongoing treatment to maintain remission or prevent deterioration
Terminal Illness⁹	An incurable or irreversible condition that has a high probability of causing death within one year or less.
Terminated Provider¹⁰	A practitioner, provider group, or hospital whose contract to provide services for KHS is terminated or not renewed by any of the contracting parties.

PROCEDURE:

1.0 CONDITIONS QUALIFYING FOR CONTINUITY OF CARE¹¹

If agreement can be reached with the terminated provider as outlined in *Section 7.0 – Negotiation with the Terminated Provider*, the following conditions warrant authorization for continuity of care if requested:

- A. An acute condition for the duration of the condition
- B. A serious chronic condition for a period of time necessary to complete a course of treatment and to arrange for a safe transfer to another provider, as determined by KHS in consultation with the member and terminated provider and consistent with good professional practice. Time period is limited to 12 months from the effective date of contract termination,
- C. Pregnancy for the duration of the three trimesters of pregnancy and the immediate postpartum period.
- D. A terminal illness for the duration of the illness.

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- E. The care of a child between birth and age 36 months. Time period is limited to 12 months from the effective date of contract termination.
- F. Performance of a surgery or other procedure that is authorized by KHS as part of a documented course of treatment and has been recommended and documented by the provider to occur within 180 days of the effective date of contract termination.

Continuity of care will not be authorized with a provider whose contract has been terminated or not renewed for reasons relating to medical disciplinary cause or reason¹² or fraud or other criminal activity.¹³

Reasonable consideration is given to the potential clinical effect on a member's treatment caused by a change of provider.¹⁴

2.0 REQUEST FOR CONTINUITY OF CARE

A member may submit a request for continued care from a terminated provider by either calling or submitting a written request to the following address/phone number:

Utilization Management Department
Kern Family Health Care
9700 Stockdale Highway
Bakersfield, CA 93311
1-800-391-2000

The request must include the member's name, KHS identification number, employer (if any), current treating provider with address and phone number, clinical diagnosis, when treatment started, and current treatment plan if known. Requests may be made utilizing the *Request for Continuity of Care* form. (See Attachment A). This form is available to members upon request.

3.0 REQUEST REVIEW¹⁵

Requests are reviewed by an ad hoc committee made up of the, Director of Provider Relations , Associate Medical Director, and the CEO. The decision regarding the request is made by the Associate Medical Director and is not unduly influenced by fiscal or administrative management. Non-clinical members are included on the team to implement the Associate Medical Director's decision and to provide resources for the continuity of the member's care. Requests are reviewed against the criteria outlined in *Section 1.0 – Conditions Qualifying for Continuity of Care*. If the request is approved, the following actions are taken:

- A. The Case Manager requests a treatment plan, including the length of time, from the terminated provider. The treatment plan is reviewed and discussed with KHS Associate Medical Director.
- B. The Director of Provider Relations attempts to negotiate an agreement with the terminated provider as outlined in *Section 7.0 – Negotiation with the Terminated Provider*.

KHS makes a decision on the request in a timely manner appropriate for the nature of the member's

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medical condition and notifies the member of the decision in writing within 5 business days of the decision.

4.0 CASES IN WHICH CONTINUITY OF CARE MAY BE AUTHORIZED WITHOUT MEMBER REQUEST

If the member has not requested the continuity of care and it is an apparent critical period of the condition, the KHS UM Case Manager after consultation with the Associate Medical Director, notifies the provider and member with authorization to continue that care until the acute episode has been resolved.

5.0 TRANSFER OF CARE

The KHS UM Case Manager initiates the transfer of care to a KHS contract provider by collaborating with the member and the terminated provider. The transfer of care occurs as soon as the current treatment plan has been completed or as soon as it is determined that agreement can not be reached with the terminated provider. All pertinent medical records are transferred and assistance with making an appointment is provided if necessary.

The KHS UM Case Manager continues to follow the care of the member by requesting progress notes and coordinating any care that the member may need so that a safe and appropriate transition to a contract provider can be made when the member's condition allows.

6.0 MEMBER LIABILITY¹⁶

The amount of, and the requirement for payment of, co-payments during the continuity of care period are the same as would be paid if the member were receiving care from a contracted provider.

7.0 NEGOTIATION WITH THE TERMINATED PROVIDER¹⁷

The terminated provider must agree in writing to continue to meet the contractual requirements that were in place prior to termination. This includes quality management, utilization management, and credentialing. If the provider does not agree to or fails to comply with these requirements, KHS will not be obligated for the continuity of care with the provider.

Unless otherwise agreed, KHS shall pay the provider fee-for-service rates similar to those rates paid by KHS for similar services to similar contracted providers within the same or similar geographic region as the terminated provider. If the provider does not accept the payment rate, KHS is not obligated for the continuity of care with the provider.

8.0 TRACKING AND REPORTING

The KHS UM Case Manager logs all requests for continuity of care by a terminated provider. Periodic reports are presented by the Director of Health Services to the QI/UM Committee.

9.0 PROVIDER AND MEMBER EDUCATION

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Every contracted provider receives a copy of this policy and procedure and may supply a copy to members upon request. Members may request a copy of the policy and procedure from KHS either verbally or in writing.

Attachments:

- Attachment A: *Request for Continuity of Care* form

¹ **Revision 2009-08:** Routine revision. Not reviewed by the AIS Compliance Department **Revision 2004-06:** Created per DMHC Comment 061A. (04/16/04). **Revision 2004-03:** Revised per AB1286(2003). Text rearranged so that both continuity of care policies mirror one another. Text that is simply moved in the document is not marked as a redline change. Effective date is the effective date of the legislation. **Revision 2001-06:** Revised per DHS Comment Letter (04/30/01).

² As defined in B&P Code §805(a)

³ HSC §1376.96(h)

⁴ HSC §1373.96(c)(1)

⁵ HSC §1373.96(k)(1)

⁶ HSC §1345(i) and 1373.96(k)(3). Clarification of hospital requested by DMHC comment 061A (04/16/04).

⁷ HSC §1373.65(g)

⁸ HSC §1373.96(c)(2)

⁹ HSC §1373.96(c)(4)

¹⁰ Definition requested by DMHC Comment 061A (04/16/04). Per M. Punja we can not use the definition included in the Insurance Code. Although there is no definition included in the HSC, DMHC expectation is that terminated providers include those whose contract is terminated or not renewed by either party.

¹¹ HSC §1373.96(c)

¹² As defined in B&P Code §805(a)

¹³ HSC §1376.96(h)

¹⁴ HSC §1373.95(a)(2)(E)

¹⁵ Process to review request must be included in policy (HSC §1373.95(a)(2)(D)).

¹⁶ HSC §1376.96 (f)

¹⁷ HSC §1373.96 (d)(1) and (2)

**KERN FAMILY HEALTH CARE
REQUEST FOR CONTINUITY OF CARE**

You may use this form to request that you be allowed to continue receiving treatment from a provider that is not contracted with KFHC. Requests should be mailed to the following address:

Utilization Management Department
Kern Family Health Care
9700 Stockdale Highway
Bakersfield, CA 93311

If you have questions or need help filling out this form please call our Utilization Management Department at 1-800-391-2000.

We will review your request and send you a letter that explains our decision.

Member Name, Phone Number and Address	
KHS Identification Number	
Employer	
Treating Provider Name, Address, and Phone Number	
Clinical Diagnosis	
Date Treatment Started	
Current Treatment Plan (if known)	

Si usted necesita esta carta en Español, por favor llame al Departamento de Servicios de Miembros al (800) 391-2000