

Continuity of Care-Terminated Provider and New Members

When the Health Plan terminates a contract with a provider, the member may be eligible for continuity of care as long as the member has a qualifying condition and was receiving services from the terminated provider at the time of the contract termination. Newly covered members who are being treated for acute conditions, serious chronic conditions, pregnancies (including immediate postpartum care), terminal illness, or who are children from birth to thirty six (36) months of age or who have received authorization from a provider for surgery or another procedure as part of a documented course of treatment can also request continuation of covered services in certain situations with a non-contracting provider who was providing services to the member at the time the member's coverage became effective under this Plan.

There are specific limitations that may affect a request for continuity of care. Please review your Evidence of Coverage for details.

Any CCHP department can receive a verbal or written request for continuity of care and forward the request to Utilization Management (UM); however, the initiation of continuity of care must come from the member, and whenever possible, the verbal or written request should be directed to the attention of UM at: Contra Costa Health Plan, 595 Center Ave. Suite 100, Martinez, CA 94553 or at 1-877-661-6230 (Press 4).

When a member makes a request for continuity of care, the Utilization Management Department will document the request and acknowledge the request at the time the request is made. Each verbal or written request should include:

- The name and contact information of the member's existing provider,
- How long they have seen this existing provider,
- The services being rendered by the existing provider, and
- Why the member believes she needs to continue with this existing provider.

Upon receipt and review of reasonably necessary information, a determination to grant or deny the request for continuity of care shall be made in a timely manner appropriate for the nature of the member's clinical condition. If a request is granted or denied, the Plan will inform the member in writing as to the decision within 5 business days or up to 30 days if additional information is requested and necessary to make a determination.

If you would like to request a copy of our continuity of care policy, please call Authorizations at 1-877-661-6230 (Press 4).