



**SAN FRANCISCO
HEALTH PLAN™**

Here for you

SFHP POLICY AND PROCEDURE

Continuity of Care for Members Receiving Care From Terminating Providers

Policy and procedure number: UM-36

Department Owner: Care Management

Lines of Business Affected: All

Effective Date: March 31, 2004

Approval Date: April 23, 2010

Revision Date(s): March 31, 2004, December 7, 2004, April 12, 2010

POLICY STATEMENT

To assure availability and continuity of care for San Francisco Health Plan (SFHP) members, SFHP requires its participating providers, medical groups and hospitals to continue delivering covered services to members, as specified, after SFHP terminates a provider contract. SFHP notifies the Department of Managed Health Care (“DMHC”) at least 75 calendar days prior to the effective date of the provider contract termination. SFHP notifies members at least 60 calendar days prior to the contract termination, but only after DMHC approval of the notification.

This policy applies when a Provider contract terminates, regardless of which party initiates the termination.

PROCEDURE

1. When SFHP terminates a Provider contract, SFHP provides notice to the DMHC through an electronic filing at least 75 calendar days prior to the effective date of the contract termination. Notice to the DMHC includes:
 - Notice of the provider, medical group or hospital which is terminating;
 - The effective date of the contract termination;
 - The number of members currently assigned to the provider, medical group or affiliated hospital;A draft of the notice to be sent to members informing them of the proposed contract termination and informing them of their right to receive continued services from the terminated Provider.

2. After SFHP receives approval of the proposed notice from DMHC, SFHP mails the notice to the affected members. If DMHC does not respond within 7 calendar days of submission of the proposed notice, SFHP deems the notice approved and continues with providing notice to members of the termination. In any event, SFHP provides written notice to members of the termination at least 60 calendar days prior to the effective date of the contract termination.
3. Block Transfer of Enrollees. When a Provider contract terminates, SFHP (through the Plan's Customer Services Department) will send Members who are assigned to the termination Provider written notice of the contract termination at least 60 days in advance of the contract termination date. If the plan is unable to comply with the timeframe due to exigent circumstances, the Plan will apply to the Department of Managed Health Care for a waiver. SFHP will ensure that members are transferred to another appropriate Provider, as follows:
 - SFHP will ensure that Members are transferred to a provider that is within the geographic access standards established by the Knox-Keene Act;
 - SFHP will verify that the receiving Provider has the capacity to accept and maintain the additional Members within the Plan's established provider-enrollee ratios;
 - SFHP will verify that the receiving Provider has the administrative and financial capacity to accept and maintain the new Members.
 - If the Plan reaches an agreement with the terminated Provider before the termination effective date, Members are sent a second letter informing them of their option to return to the original provider. This notice is sent within 10 days of the Plan reaching agreement with the Provider.
 - If the terminating Provider is a hospital, all Members residing within a 15-mile radius of the terminating hospital will receive the notice.
4. When the terminating Provider is a hospital, SFHP will also:
 - Verify that there is an alternate hospital located within the geographic access standards for the affected Members;
 - Verify that providers for the affected Members can admit to the alternate hospital; and
 - Verify that the alternate hospital has the same scope of services as the terminated hospital
 - If a Member is assigned to a Provider group with exclusive admitting privileges at the terminating hospital, SFHP will send written notice to each Member of the affiliated medical group
5. Members eligible to receive continued services from terminated Providers include those members who are being treated for the following conditions:
 - a) For Members who are undergoing a course of treatment for an Acute Condition. Provider shall provide the completion of Covered Services for the duration of the Acute condition
 - b) For Members who are undergoing a course of treatment for a Serious Chronic Condition. Provider shall provide the completion of Covered Services:
 - i. For a period of time necessary to complete a course of treatment and to arrange for a safe transfer to a SFHP provider, as determined by SFHP in

- consultation with the Member and the terminated Provider and consistent with good professional practice; or
- ii. Not to exceed twelve (12) months from the date of the Provider contract termination.
 - c) For Members who are being treated for their pregnancy, (including immediate postpartum care). Provider shall provide the completion of Covered Services through the duration of the pregnancy and the immediate post-partum period.
 - d) For members who are being treated for a terminal illness. Provider shall provide the completion of Covered Services through the duration of the terminal illness.
 - e) For Members who are children from birth to 36 months of age. Provider shall provide the completion of Covered Services, not to exceed 12 months from the termination date of the Agreement.
 - f) Members who have received Authorization for Covered Services to be provided by Provider within 180 days of the effective date of the termination of this Agreement. Provider shall provide the Covered Services as Authorized.
6. Members are instructed to submit their request for continuation of care to Customer Services either verbally or in writing. The written request should include the Member's name, ID Number, Provider name and a description of the Services currently being received by the Member. SFHP's Medical Director or designee reviews each request according to utilization management policies and procedures and makes a determination based upon the medical indications and potential clinical effects of terminating the relationship between the member and the provider. Members are notified in writing of SFHP's decision within 48 hours of the request.
 7. Providers are required by the provider contract to continue to provide covered services at the current contract rates in place at the time of termination.
 8. If the terminated provider is not willing to continue to provide services, then the member will not be able to receive continued care from the terminated provider.
 9. The amount of copayments or other cost sharing components during the period of the completion of covered services from terminating provider are the same as would be paid by the member if receiving care from a SFHP provider.
 10. This process shall not apply to a provider whose contract with SFHP has terminated for reasons related to a medical disciplinary case, fraud or criminal activity.
 11. SFHP shall only provide for the continuation of services that would otherwise be Covered Services under the terms of the Member's benefit program.
 12. SFHP medical groups are delegated to provide Member notices in the event of individual provider termination. SFHP ensures its medical groups' compliance with this policy through annual audits of medical group policies and procedures.
 13. This policy is made available to Members upon request.

DEFINITIONS

Acute condition means a 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.

Provider means a medical group, clinic or an individual practitioner whom Members may select or be assigned to receive primary care services. Provider also includes a hospital at which a Member is required to receive hospital services as part of a network relationship with a Member's assigned or selected medical group, clinic or individual practitioner.

Serious, Chronic Condition means a medical condition due to a disease, illness, or other medical problem or medical disorder that is serious in nature and that persists without full cure or worsens over an extended period of time or requires ongoing treatment to maintain remission or prevent deterioration.

Terminal Illness means an incurable or irreversible condition that has a high probability of causing death within one year or less.

Terminated Provider is a Provider whose contract with SFHP has terminated.

Block Transfer means a transfer or redirection of two thousand (2,000) or more enrollees by a plan from a Terminated Provider Group or Terminated Hospital to one or more contracting providers that takes place as a result of the termination or non-renewal of a Provider Contract.

AFFECTED DEPARTMENTS/PARTIES

Compliance & Regulatory Affairs
Contracts & Legal
Medical Management (Care Management)
Customer Services
Provider Relations

RELATED POLICIES AND PROCEDURES AND OTHER RELATED DOCUMENTS

Evidence of Coverage
SFHP Network Operations Manual
Continuity of Care for New Members Receiving Care From Non-Participating Providers

REVISION HISTORY

March 21, 2004, December 7, 2004, April 12, 2010

REFERENCES

Health and Safety Code Sections 1373.65, 1373.95 and 1373.96