

# *Understanding the Continuity of Care Assistance Policy*



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## Background

Health Net members have the right, under certain circumstances, to continue to receive medical services from their previous physician or hospital, even if the previous physician or hospital is not a Health Net contracted provider.

### Continuity of care assistance (COCA) policy details

#### Eligibility

**Q** To which members does the COCA policy apply?

**A** California commercial HMO members.

**Q** What are the qualifying conditions under the COCA policy?

**A** To be eligible for review and determination of COCA services, members must be receiving care for one of the six medical conditions listed in Health and Safety Code Section 1373.96 (AB1286), which are as follows<sup>1</sup>:

- **Acute condition** – sudden onset of symptom due to illness/injury.
- **Serious chronic condition** – disease/illness/disorder continues without cure and/or requires ongoing treatment; continues until safe to transfer care, up to 12 months.
- **Pregnancy** – three trimesters through postpartum.
- **Terminal illness** – incurable/irreversible, high probability of causing death.
- **Care of newborn child** – birth through 36 months, with care not to exceed 12 months.
- **Scheduled surgery** – must be plan-authorized and scheduled within 180 days from the provider contract termination date or Health Net effective date of coverage.

**Q** Are there any additional requirements to qualification?

**A** 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, who are not capitated and who practice in the same or a similar geographic region. If the provider does not accept such terms, Health Net is not obligated to provide coverage with that provider.
- Medical services currently being delivered to the member must be covered by his or her Health Net plan.
- During the COCA period, the member remains responsible for all copayments, deductible and any other cost-sharing components of his or her health plan in the same manner as if the member was receiving care from a contracted Health Net provider.

**Q** Under what circumstances would COCA services apply?

**A** Current Health Net members and new enrollees are eligible for COCA services in any of the following instances:

- The employer has a new member join Health Net from another health plan or insurer.
- When a contract termination occurs with a provider who has a relationship directly with Health Net or a Delegated Provider.

<sup>1</sup>For complete descriptions of qualifying conditions, see Continuity of Care Assistance Policy on [www.healthnet.com](http://www.healthnet.com).

- A specific plan benefit change resulting in a different provider network.
- The member, or employer group, must change their participating physician group (PPG) due to a PPG closure, or member is involuntarily transferred to another PPG.
- A primary care physician (PCP) change is made when the PCP changes affiliation with a PPG, or their Health Net contract terminated.
- A new enrollee changing to Health Net from a noncontracted mental health provider.

**Q** *When do COCA services not apply?*

**A** Health Net is not required to provide COCA 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, including but not limited to credentialing, hospital privileging, utilization review, peer review, and quality assurance requirements.
- 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.

*Requesting COCA services*

**Q** *What steps are required to initiate a request for COCA services?*

**A** Initiating the process is quite simple:

- The member or the member's representative (e.g., member's physician or employer) advises Health Net of any continuity of care needs within the timeframe specified within the member's *Evidence of Coverage* or *Certificate of Insurance*, or within 30 days of the provider contract termination.
- A Health Net Continuity of Care Assistance Request Form is submitted. The member will be asked to select a PPG and PCP for any services not directly related to the condition for which continuity of care services are approved. The form can be accessed at [www.healthnet.com/broker](http://www.healthnet.com/broker).

**Q** *What is the approval process?*

**A** Health Net will review and make a decision, or ask for additional information. If COCA is granted, an authorization will be made. If not, the member will be offered services within the member's Health Net plan network, or the member will be referred to their Health Net PCP or medical group for a specialist referral.



**Karen Boyd,**  
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