KERN HEALTH SYSTEMS POLICY AND PROCEDURES			
Policy Title	Continuity of Care by Terminated Providers	**Policy #**	3.39-P
Policy Owner	Utilization Management	**Original Effective Date**	2000-07
Revision Effective Date	2024-12	**Approval Date**	02/25/2025
Line of Business	☒ Medi-Cal ☐ Medicare ☐ Corporate		

I. PURPOSE

This policy and procedure describes how Kern Health Systems (KHS) processes Continuity of Care requests for providers that are no longer contracted with KHS.

II. POLICY

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

A. California Health and Safety Code §§ 1373.65; 1373.95; and 1373.96.
B. Exhibit A Attachment III Section 4.3.11 Transitional Care Services Section A #s 1-10.
C. Standardized Discharge Risk Assessment
D. Closed Loop Referrals, Exhibit A, Attachment III, Subsection 2.3.2
E. Prior Authorizations (42 CFR section 438.210, H&S Code section 1367.01), Maintain contractual requirements for Skilled Nursing Facilities to share Minimum Data Set (MDS) Section Q.

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 Chief Medical Officer or designee 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 cannot 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 reason[1] or fraud or other criminal activity.[2]

III. DEFINITIONS

TERMS	DEFINITIONS
Acute condition[3]	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 Provider[4]	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.
Provider[5]	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 group[6]	Includes a medical group, independent practice association, or any other similar organization.
Serious chronic condition[7]	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 Illness[8]	An incurable or irreversible condition that has a high probability of causing death within one year or less.
Terminated Provider[9]	A practitioner, provider group, or hospital whose contract to provide services for KHS is terminated or not renewed by any of the contracting parties.

IV. PROCEDURES

A. CONDITIONS QUALIFYING FOR CONTINUITY OF CARE[10]

If an agreement can be reached with the terminated provider as outlined in *Section H – 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.

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 reason[11]or fraud or other criminal activity.[12]

Reasonable consideration is given to the potential clinical effect on a member's treatment caused by a change of provider.[13]

B. 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
2900 Buck Owens Boulevard
Bakersfield, CA 93308
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.

C. REQUEST REVIEW

Requests are reviewed by an ad hoc committee made up of the, Senior Director of Contracting and Quality Performance, Chief Medical Officer or designee, and the Chief Executive Officer (CEO). The decision regarding the request is made by the Chief Medical Officer or designee and is not unduly influenced by fiscal or administrative management. Non-clinical members are included on the team to implement the Chief Medical Officer's or designee's decision and to provide resources for the continuity of the member's care. Requests are reviewed against the criteria outlined in Section A – Conditions Qualifying for Continuity of Care. If the request is approved, the following actions are taken:

1. The Clinical Intake Coordinator requests a treatment plan, including the length of time, from the terminated provider. The treatment plan is reviewed and discussed with KHS Chief Medical Officer or designee.
2. The Senior Director of Contracting and Quality Performance or designee attempts to negotiate an agreement with the terminated provider as outlined in Section H – Negotiation with the Terminated Provider.

KHS makes a decision on the request in a timely manner appropriate for the nature of the member's medical condition and notifies the member of the decision in writing within five (5) business days of the decision.

D. 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 Clinical Intake Coordinator after consultation with the Chief Medical Officer or designee,

notifies the provider and member with authorization to continue that care until the acute episode has been resolved.

E. TRANSFER OF CARE

The KHS UM Clinical Intake Coordinator 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 cannot 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 Clinical Intake Coordinator 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.

F. BLOCK TRANSFER PROCESS

KHS members who are affected by a change in the Provider Network (e.g. hospital or provider group contract terminations, Primary Care Physician (PCP) terminations, specialist physician terminations, other provider changes, etc.) receive timely notification and accurate information in accordance with the state and federal regulations.

KHS has established protocols within KHS relating to state-initiated provider suspensions, terminations, or decertification from participation in the Medi-Cal Program, or providers whose Medi-Cal managed care operations have ceased with limited to no prior notice. Block transfer policy is defined in its entirety in Policy 4.41-P.

If, prior to contract termination, KHS successfully negotiates an agreement with the provider after sending a notice of termination to the affected members, KHS will send another notice informing the members of the continuation of the contractual relationship. KHS will immediately inform Department of Health Care Services (DHCS) and/or Department of Managed Health Care (DMHC) as applicable and submit the notice for review and approval.

In the event of an emergency or other unforeseeable circumstance preventing the timely submission of provider contract terminations, KHS shall provide notice of the emergency or other unforeseeable circumstances to DHCS and DMHC as soon as possible.

KHS shall ensure members are informed of their ability to request Continuity of care for an ongoing course of treatment from a terminated provider. If continuity of care services are requested by the member, KHS will follow the appropriate policies and procedures.

Beneficiaries may choose not to transition to a new provider; however, they may become responsible for the costs of the services provided by the suspended, terminated, or decertified provider, and should be informed if they choose not to transition.

G. MEMBER LIABILITY

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.

H. NEGOTIATION WITH THE TERMINATED PROVIDER

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.

I. TRACKING AND REPORTING

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

J. PROVIDER AND MEMBER EDUCATION

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.

V. ATTACHMENTS

Attachment A: Request for Continuity of Care form

VI. REFERENCES

Reference Type	Specific Reference
Regulatory	[1] As defined in B&P Code §805(a)
Regulatory	[2] HSC §1376.96(h)
Regulatory	[3] HSC §1373.96(c)(1)
Regulatory	[4] HSC §1373.96(k)(1)
Regulatory	[5] HSC §1345(i) and 1373.96(k)(3). Clarification of hospital requested by DMHC comment 061A (04/16/04).
Regulatory	[6] HSC §1373.65(g)
Regulatory	[7] HSC §1373.96(c)(2)
Regulatory	[8] HSC §1373.96(c)(4)
Regulatory	[9] Definition requested by DMHC Comment 061A (04/16/04). Per M. Punja we cannot 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.
Regulatory	[10] HSC §1373.96(c)
Regulatory	[11] As defined in B&P Code §805(a)
Regulatory	[12] HSC §1376.96(h)
Regulatory	[13] HSC §1373.95(a)(2)(E)

VII. REVISION HISTORY

Action	Date	Brief Description of Updates	Author
Revised	12/2024	Annual routine review: Added a purpose statement and revisions were made to attachment A.	C.P. Utilization Management
Revised	11/2022	2024 DHCS Contract deliverable (R.0131). Approved by DHCS on 2/17/2023.	UM
Revised	8/2017	Policy submitted as part of DMHC filing 20171250, approved 6/1/2017	-
Revised	5/2017	Revisions to section 6.0 required to comply with DHCS Audit CAP and to provide continuity of care to affected members in provider terminations or unforeseeable circumstance	-
Revised	1/2017	New Section 6.0 Block Transfer Process added to comply with DHCS potential audit finding #5 and APL 16-001. Policy/titles updated by Administrative Director of Health Services.	Health Services
Revised	8/2009	Routine revision. Not reviewed by the AIS Compliance Department	Compliance
Revised	6/2004	Created per DMHC Comment 061A. (04/16/04)	-
Revised	3/2004	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	-
Revised Revised	6/2001	Revised per DHS Comment Letter (04/30/01).	-

VIII. APPROVALS

Committees | Board (if applicable)	**Date Reviewed**	**Date Approved**
Choose an item.		
Choose an item.		

Regulatory Agencies (if applicable)	**Date Reviewed**	**Date Approved**
Department of Health Care Services (DHCS)	DHCS 2024 OR R.0131	2/17/2023
Choose an item.		
Choose an item.		

Chief Executive Leadership Approval *		
Title	**Signature**	**Date Approved**
Chief Executive Officer		
Chief Operating Officer		
Chief Medical Officer		
Choose an item.		
*Signatures are kept on file for reference but will not be on the published copy		

KERN HEALTH SYSTEMS

Policy and Procedure Review

KHS Policy & Procedure: 3.39-P Continuity of Care by Terminated Providers

Last approved version: 8/2017

Reason for revision: The policy was revised to align with the DHCS 2024 Contract Readiness. Please see section, VII. for additional revision history

Director Approval		
Title	**Signature**	**Date Approved**
Christine Pence Senior Director of Health Services		
Dr. Maninder Khalsa Medical Director of Utilization Management		
Amisha Pannu Senior Director of Provider Network		
Jake Hall Senior Director of Contracting and Quality Performance		
Amanda Gonzalez Director of Utilization Management		

Date posted to public drive: _____

Date posted to website ("P" policies only): _____

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
2900 Buck Owens Boulevard
Bakersfield, CA 93308

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, Address	
KHS Identification Number	
Employer (If applicable)	
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