Health Net®

Health Net of California, Inc. and
Health Net Life Insurance Company (Health Net)

Health Net's Continuity of Care Policy

A GUIDE FOR BROKERS AND EMPLOYER GROUPS

BROKER COMMUNICATIONS

Coverage for every stage of life™

Health Net's Continuity of Care Policy

A GUIDE FOR BROKERS AND EMPLOYER GROUPS

Health Net members may be able to continue to receive medical services from their previous physician or hospital, even if their previous physician or hospital is not in Health Net's provider network. These types of cases may fall under our Continuity of Care (COC) policy.

Care for these members can stay in place:

- ✔ Until the care for the condition is completed.
- ✔ Until the member can be safely transitioned into our network.
- ✔ If the time frame allowed for transition has elapsed.

Continuity of Care (COC) Policy Details

Q Under what circumstances would COC services apply?

Both new and current Health Net members are eligible for COC services in any of the following instances:

- **New group member:** a new member joins Health Net from another health plan or insurer.
- **New Individual and Family Plan (IFP) member:** a new member whose prior coverage was an IFP plan that was terminated due to the health plan/insurer no longer offering the member's IFP plan.
- **Contract termination:** When a contract termination occurs with a provider who has a relationship directly with Health Net or a delegated provider.
- **Plan change:** A specific plan benefit change that results in a different provider network.
- **PPG change:** The member must change their participating physician group (PPG) due to a PPG closure or involuntarily transfer to another PPG.
- **Primary care physician (PCP) change:** When the PCP changes affiliation with a PPG or their Health Net contract is terminated.

Q What are the qualifying conditions and time frames under the COC policy?

Members may be eligible for COC when:

- Undergoing an active course of treatment for an acute condition, for the duration of the acute condition.
- They have a serious chronic condition, for up to 12 months from date of contract termination or 12 months of new member's effective date.
- A pregnancy, during the three trimesters and immediate postpartum period.
- Maternal mental health during pregnancy peri- or postpartum period, not to exceed 12 months from the diagnosis or from the end of pregnancy, whichever occurs later.
- A terminal illness for the duration of the terminal illness.
- Care of the newborn child between birth and age 36 months, for up to 12 months from date of contract termination or 12 months of new member's effective date
- Performance of a surgery or other procedure to occur within 180 days of the contract's termination date or of new member's effective date (further criteria applies).

Q Are there any other requirements to qualify?

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.
- Requested service MUST be a covered benefit under member's current Health Net plan.
- During the approved COC period, the member remains responsible for all copayments, deductibles and any other cost-sharing components of his or her health plan. Payment should be handled in the same manner as if the member was getting care from a contracted Health Net Provider.

Q When do COC services not apply?

Health Net is not required to provide COC 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
- 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.
- The provider is contracted with member's plan/assigned PPG.

Requesting COC services

Q How do members request COC services?

Initiating the process is quite simple:

- The member or the member's representative (e.g., member's doctor or family member) advises Health Net of any COC needs within the time frame specified within the member's *Evidence of Coverage* or *Certificate of Insurance*, or within 30 days of the provider contract termination.
- Submit a Health Net Continuity of Care Request form.
- The form can be found online at the sites below
  - **Group brokers:** www.healthnet.com/broker
  - **Individual & Family Plan brokers:** www.myhealthnetca.com

Members can also access this form by logging in to their group **www.healthnet.com** account, or Individual & Family Plan **www.myhealthnetca.com** account.

Q What is the review process?

1. A qualified nurse will evaluate each COC request.
2. Medical records will be requested from the noncontracted provider for clinical review.
3. Health Net Medical Director is consulted on most of the COC requests.

Contact us for more information

BROKERS

Individual & Family Plans, and Small Business Group
Broker Services at 1-800-909-3447, option 1, or email us at Brokers@healthnet.com

Large Group 101+
Your Health Net sales representative or Broker Services at 1-800-448-441, option 4

EMPLOYER GROUPS

Your Health Net sales representative

MEMBERS

Individual & Family Plans, On Exchange/Covered California
1-888-926-4988 (TTY: 711)

Individual & Family Plans, Off Exchange
1-800-839-2172 (TTY: 711)

Group
1-800-522-0088 (TTY: 711)

Nondiscrimination Notice

In addition to the State of California nondiscrimination requirements (as described in benefit coverage documents), Health Net of California, Inc. and Health Net Life Insurance Company (Health Net) comply with applicable federal civil rights laws and do not discriminate, exclude people or treat them differently on the basis of race, color, national origin, ancestry, religion, marital status, gender, gender identity, sexual orientation, age, disability, or sex.

Health Net:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print, accessible electronic formats, other formats).
- Provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages.

If you need these services, contact Health Net's Customer Contact Center at:

Individual & Family Plan (IFP) Members On Exchange/Covered California: 1-888-926-4988 (TTY: 711)
Individual & Family Plan (IFP) Members Off Exchange: 1-800-839-2172 (TTY: 711)
Individual & Family Plan (IFP) Applicants: 1-877-609-8711 (TTY: 711)
Group Plans through Health Net: 1-800-522-0088 (TTY: 711)

If you believe that Health Net has failed to provide these services or discriminated in another way based on one of the characteristics listed above, you can file a grievance by calling Health Net's Customer Contact Center at the number above and telling them you need help filing a grievance. Health Net's Customer Contact Center is available to help you file a grievance. You can also file a grievance by mail, fax or email at:

Health Net of California, Inc./Health Net Life Insurance Company Appeals & Grievances
PO Box 10348, Van Nuys, CA 91410-0348
Fax: 1-877-831-6019
Email: Member.Discrimination.Complaints@healthnet.com (Members) or
Non-Member.Discrimination.Complaints@healthnet.com (Applicants)

For HMO, HSP, EOA, and POS plans offered through Health Net of California, Inc.: If your health problem is urgent, if you already filed a complaint with Health Net of California, Inc. and are not satisfied with the decision or it has been more than 30 days since you filed a complaint with Health Net of California, Inc., you may submit an Independent Medical Review/ Complaint Form with the Department of Managed Health Care (DMHC). You may submit a complaint form by calling the DMHC Help Desk at 1-888-466-2219 (TDD: 1-877-688-9891) or online at www.dmhc.ca.gov/FileaComplaint.

For PPO and EPO plans underwritten by Health Net Life Insurance Company: You may submit a complaint by calling the California Department of Insurance at 1-800-927-4357 or online at https://www.insurance.ca.gov/01-consumers/101-help/ index.cfm.

If you believe you have been discriminated against because of race, color, national origin, age, disability, or sex, you can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights (OCR), electronically through the OCR Complaint Portal, at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW, Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019 (TDD: 1-800-537-7697).

Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.