Continuity of Care Frequently Asked Questions

What is Continuity of Care?

The Continuity of Care requirements from the Consolidated Appropriations Act of 2021 seek to address some of the challenges faced by members due to changes in a provider's network participation with a particular health plan. Thus, these requirements apply when a member's health care provider is no longer participating in the Peak Health or First Health Complementary network and there are clinical reasons preventing immediate transfer of care to an in-network provider. Continuity of care allows a member to receive services at in-network coverage levels for specified medical and behavioral conditions for a defined period following the provider's network termination. A request for these services must be submitted to Peak Health within 30 days of the network change.

Continuity of Care Eligibility:

- The continuity of care extends to patients experiencing serious or complex medical conditions, inpatient care, scheduled surgeries, pregnancy, and terminal illnesses.
    - A "continuing care patient" is an individual, with respect to a provider or facility, are at least one of the following:
        - (1) Undergoing treatment from the provider or facility for a serious and complex condition;
            - An acute illness or condition that is serious enough to require specialized medical treatment to avoid the reasonable possibility of death or permanent harm; or
            - A chronic illness or condition that is:
                - (i) Life-threatening, degenerative, potentially disabling, or congenital; and
                - (ii) Requires specialized medical care over a prolonged period of time.
        - (2) Undergoing a course of institutional or inpatient care from the provider or facility;
        - (3) Scheduled to undergo nonelective surgery from the provider or facility, including receipt of postoperative care from such provider or facility with respect to such a surgery;
        - (4) Pregnant and undergoing treatment for pregnancy from the provider or facility;
        - (5) Terminally ill and receiving treatment for such illness from the provider or facility.
- If a member that qualifies as a "continuing care patient" is receiving care from a particular health care provider at the time when the provider's participation in the Peak Health or First Health network terminates or suffers certain similar disruptions, Peak will notify the member of their opportunity to elect transitional care.

    - Note, the member must already be under treatment for the condition identified on the Continuity of Care Request Form at the time of the provider's network participation termination.
- If the member elects transitional care, they will receive the in-network level of coverage for treatment for the specific condition for the earlier of (i) 90 days following the date that the notice was provided; or (ii) the date on which such member is no longer a continuing care patient with respect to such provider or facility. If the member's plan includes out-of-network coverage and they choose to continue care out-of-network beyond the time frame approved by Peak Health, they must follow your plan's out-of-network provisions. This includes any pre-certification requirements and any cost sharing and/or balance billing that may occur from the out-of-network provider.
- Continuity of care coverage applies only to the treatment of the medical or behavioral condition specified and the health care professional identified on the request form. All other conditions must be cared for by an in-network health care professional for the member to receive in-network coverage levels.
- The availability of Continuity of care coverage does not guarantee that a treatment is medically necessary, nor does it constitute pre-certification of medical services to be provided. Depending on the specific request, a medical necessity determination and formal pre-certification may still be required for a service to be covered.

What timeframe is allowed for transitioning to a new participating health care professional?

The transitional care period lasts for a maximum period of 90 days but will end earlier if a member is no longer a continuing care patient with respect to such provider or facility.

If you have questions about member eligibility for Continuity of Care, please contact us:

- Call Member Service at the number on the back of your Member ID card;
- Fax this completed request form to the Medical Management Department at 1-304-974-3191; or
- Mail:

  Peak Health
  Attn: Medical Management Department
  1085 Van Voorhis Rd., Suite 300
  Morgantown, WV 26504-4262

To help ensure that your care is not interrupted, please complete the entire form below. Only complete this form if you are receiving ongoing care or are scheduled for care and your current provider is no longer a part of our network(s). If your provider is not part of our network(s) and you need assistance locating a network provider, contact Member Service for assistance with locating in-network health care providers.

Continuity of Care Request Form (Existing Members)

Please fill out the form completely and do not leave any blanks; use N/A if the information requested is not applicable. Please complete a separate form for each member, including dependents, who needs to have care transitioned to another provider.

General Information:

Employer Name: _____

Policy #: _____

Subscriber Name: _____

ID #: _____

Work Phone: _____

Home Phone: _____

Address: _____

Email Address: _____

Member Name: _____

ID # _____

DOB (MM/DD/YYYY) _____

Relationship to Employee: ____ Self ____ Spouse ____ Dependent

1. Is the patient pregnant?
   Due Date _____(MM/DD/YYYY) ____Yes ____No
2. If yes, is the pregnancy considered high risk? ____Yes ____No
3. Currently receiving treatment for an acute condition or trauma? ____Yes ____No
4. Scheduled for surgery or hospitalization? ____Yes ____No
5. Involved in a course of chemotherapy, radiation therapy, cancer therapy or terminal care?
   ____Yes ____No
6. Receiving treatment as a result of a recent major surgery? ____Yes ____No
7. Receiving dialysis treatment? ____Yes ____No
8. A candidate for an organ transplant? ____Yes ____No
9. Receiving mental health/substance abuse treatment? ____Yes ____No

10. If you did not answer "Yes" to any of the above questions, please describe the condition for which you are requesting Continuity of Care.

    _____

    _____

11. Please complete the health care professional information request below.

- Group Practice Name: _____
- Health Care Professional Name: _____
- Phone Number: _____
- Specialty: _____
- Address: _____

I hereby authorize the above provider to give Peak Health any and all information and medical records necessary to complete my request for transitional care under the Continuity of Care requirements. I understand that I am entitled to a copy of this authorization form. I also authorize Peak Health to leave confidential information on my voice mail at the following number(s) listed above, unless otherwise indicated below.

Please check all that apply:

_ _ Home

_ _ Cell

____Work

____Email

____ Do not leave confidential information on my voice mail

Signature: _____
(Member, Member's Authorized Representative, Parent or Guardian)

Date: _____
(MM/DD/YYYY)