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## **PURPOSE**

To ensure continuous and coordinated flow of medical care in the time frame, manner, and level that facilitates optimal treatment interventions and outcome for members when a provider terminates from the Embright's network.

## **POLICY**

This policy and procedure describes how Embright ensures that members are notified in a timely manner when a provider is terminated and are assisted in finding a new provider. In addition, this policy also describes processes for evaluating circumstances where a member needs to continue treatment with an out-of-network provider for a given period of time.

1. Embright shall provide members with a 30-day advance notice when a provider they are seeing is terminating from the network.
2. Under certain circumstances, members may continue treatment with an out of network provider for a given period of time.

## **DEFINITION**

Member	A person insured or otherwise provided coverage by a health insurance organization.
Utilization Management	Evaluating and determining coverage for and appropriateness of medical care services, as well as providing needed assistance to clinicians or patients, in cooperation with other parties, to ensure appropriate use of resources

## **PROCEDURE**

### **1. Notification of Termination**

- 1.1. Embright has established a number of mechanisms that support proactive notification of provider termination and support the organization's ability to then notify members of the change and provide assistance in transitioning to another provider. These mechanisms can include:
  - 1.1.1. Notification requirements in provider contracts
  - 1.1.2. Reviewing notification requirements during provider and office orientation sessions
  - 1.1.3. Notification processes are described in the provider manual
  - 1.1.4. Close coordination with clinic and practice administration and managers
  - 1.1.5. Routine provider roster refreshes and updates that include lists of terminated providers
- 1.2. Termination notices are submitted to the Embright network development team by individual providers or practice administration staff. Embright documents the name of the provider, provider ID, provider specialty, planned date of the provider's termination from the practice, and the reason for termination. The information is documented and tracked in the Provider Data Management (PDM) tool.
- 1.3. Upon receiving the notice of termination from provider, Embright shall identify the affected members by querying the eligibility file, claims file, and/or care management data file. Embright will coordinate



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directly with payor partners in this activity in order to ensure proactive and comprehensive identification of members who are impacted.

- 1.4. Embright shall notify the members affected by the provider termination at a minimum of 30 calendar days prior to the termination effective date and assists them select a new provider.
- 1.5. If the provider notifies Embright of termination less than 30 calendar days prior to the effective date, the affected members shall be notified as soon as possible, but no later than 30 calendar days after receipt of notification.
- 1.6. Embright will notify the members via mail, fax or secure email. The notification shall include the following information:
  - 1.6.1. Provider name
  - 1.6.2. The termination effective date
  - 1.6.3. Instructions on selecting a new provider and how to get assistance
  - 1.6.4. Information about continued access options and processes for approval

## **2. Continued Access to Providers**

- 2.1. There may be circumstances where members are receiving and active course of treatment from a terminated provider and continued care needs to be provided to that member for a specific timeframe or course of treatment. An active course of treatment is when a member has regular visits with the practitioner to monitor the status of an illness or disorder, provide direct treatment, prescribe medication or other treatment or modify a treatment protocol. Active treatment does not include routine monitoring for a chronic condition (e.g., monitoring chronic asthma, not for an acute phase of the condition).
- 2.2. Embright identifies members who are impacted by providers who are terminated or are leaving the network and then notifies them by letter, fax and/or secure email and as described in the Network Termination process above. In the notification Embright includes information on the opportunity for members to be provided continued access to care and treatment under certain circumstances. The notification includes information on how to submit a request for continuation of care in writing or by phone. This same process can be used with members requesting continuation of care coverage even if a contract is discontinued.
- 2.3. Embright coordinates this process with payor partners to ensure their notification, timeliness, continuation of care criteria and processes are followed. In some circumstances the payor may want to administer specific aspects of the process such as medical necessity review of the request.
- 2.4. Embright providers who have terminated their contractual agreement may provide continued services to members undergoing a course of treatment, if the following conditions exist at the time of termination:
  - 2.4.1. Acute condition or serious chronic condition – Following termination, the terminated provider shall continue to provide covered services to the member up to 90 days or longer, if necessary, for a safe transfer to another provider, as determined by Embright and/or the payor partner.
  - 2.4.2. Pregnancy – The terminated provider shall continue to provide services following termination until postpartum services related to delivery are completed or longer, if necessary for a safe transfer.



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2.4.3. Other circumstances deemed as clinically or medically necessary for member safety and as approved by the payor partner.

2.5. Embright is not required to provide transition support if:

2.5.1. The practitioner is unwilling to continue to treat the member or accept the organization's payment or other terms.

2.5.2. The member is assigned to a practitioner group, rather than to an individual practitioner, and has continued access to practitioners in the contracted group.

2.5.3. The provider is terminated due to medical disciplinary cause or reason, fraud or other criminal activity

2.5.4. The provider refuses to accept Embright's reimbursement rates or other terms.

2.6. Embright confirms that the provider agrees to the following conditions:

2.6.1. Continue treatment for an appropriate period of time (based on transition plan goals).

2.6.2. Share information about the treatment plan with the organization.

2.6.3. Continue to follow the organization's Utilization Management policies and procedures.

2.6.4. Charge only the required copayment.

If the provider does not agree with these terms, Embright confers with the payor partner and their care management and care coordination team and assists the member in identifying an alternative provider who can support the member's needs.

2.7. Embright works with payor partners to assure that information is provided to them in order to process claims in accordance with the care transition and support decisions.

## **REGULATION**

NCQA HP 2020 NET 4: Continued Access to Care

## **REVISION**

<b>Revision Date</b>	<b>Revision</b>