Continuation of Care Policy Synopsis

Continuation of Care occurs when new members seek to continue to remain under the care of a non-network provider who was treating them prior to their effective date with us.

When a new member becomes effective with our plan our Precertification or Case Management department will accept and review Continuation of Care requests submitted by the member or provider. To ease the change between health plans, a clinical care coordinator (licensed clinical associate) manages the continuity of care process and educates the member about his or her benefits. In these situations, Anthem, the member's physician(s) and the member will work together to arrange completion of the current treatment plan or to transition care to an Anthem network provider.

We use the guidelines below to determine if the new member can continue care with a non-network provider at the in-network level of benefits. If there is an inconsistency between this procedure and the member certificate or state law, the certificate or state law will apply.

In general, members are expected to seek medical services from providers who are in the network for which the member is enrolled. The member would be eligible to continue care with the current non-network provider (at in-network level of benefits) for a period of time until it is medically appropriate for the member to transfer care to a network provider if:

- The member is eligible for the requested service under the benefits in their new certificate
- The member's requested services are considered medically necessary by Anthem Medical Policy/Clinical Guidelines
- The member's circumstances fall within the guidelines outlined below

The following guidelines are used in determining the necessity for continuation of care:

- The member was recently hospitalized and now requires follow up care
- The member has an unstable or life-threatening medical condition
- The member is being treated for a condition that has a specific course of treatment
- The member's covered treatment is unavailable within the provider network (always get final approval from an MD)
- The member has a life expectancy of less than six months
- The member's condition involves end stage cancer
- The member is in the third trimester of their pregnancy

Eligible conditions and services for continuation of care include the following:

Pregnancy

Benefits for obstetrical care may be reimbursed at in-network levels for members who are in their third trimester of pregnancy at the time of their effective date. The member is still bound by the network rules regarding the choice of a hospital for delivery, unless it can be shown that the member's (or the unborn child's) medical condition requires special treatment that is only available at a non-network facility. The attending physician must have admitting privileges at the network facility chosen for admission. If privileges cannot be obtained at a network facility, care will be allowed at the out of network facility.

Surgical Care

If the member has inpatient surgery on or before their effective date and the admission is deemed medically necessary (by us), the member may be allowed to continue their care (at in-network levels of reimbursement) with the current surgeon until discharge from the hospital and for the immediate post-operative period (until the treating physician has released the patient for that specific procedure).

Medical Hospitalization

- If the subscriber is in the hospital on their effective date, they may be allowed to continue care at the non-network hospital and receive in-network benefits. We will begin coverage as of the member's effective date.
- If on the effective date, the member is under active care for an acute and recent illness, the member may be allowed to complete the care for that condition under the direction of the current non-network physician. As soon as the member's condition is stable, or if the illness enters either a chronic or long term phase, the member's care should be transferred to a network physician who can provide the necessary care.

Dialysis

If the member began dialysis prior to the effective date and the condition is acute, the member may be allowed to continue receiving services from a non-network provider. When the condition becomes stable or chronic, the member should transition to a network provider. The maximum length of continuation of care is six weeks.

Chemotherapy and Radiation Therapy

If the therapy began prior to the effective date, the member may continue the care through the current non-network provider until the completion of the current course of therapy at in-network benefits.

Physical Therapy, Speech Therapy, Occupational Therapy and Rehabilitation Therapy

If the condition is acute and the therapy began prior the members effective date, they may continue the care through the current non-network provider until completion of the current course of therapy at in-network benefits.

Inpatient and Outpatient Mental Health Care, Inpatient Substance Abuse Treatment, Extended Care and Skilled Care

If a member is receiving care on their effective date for any of the above, the case should be reviewed based on acuity. If the member's condition is stable, every effort should be made to transfer to a network provider. If we determine that the condition is unstable, the member can continue to receive care at the out of network facility until we deem the member stable.

Hospice

If member is receiving hospice services on their effective date, they may continue to receive service under the current non-network provider.

Transplant

This will be handled on a case by case basis by the Anthem Transplant Unit.