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<tr>
<th>Title: Plan Notification to Member of Provider or Hospital Contract Termination</th>
<th>Policy No.: MS007_02</th>
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<tr>
<td>Previous Title (if applicable):</td>
<td>Supercedes Previous Policy No.: MS-04-02</td>
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<tr>
<td>Department Applicability: Member Services</td>
<td>Policy Review Frequency: Annual</td>
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<td>Applicable lines of business: Medi-Cal, Healthy Families, Healthy Kids, Healthy Workers</td>
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<td>Chief Operations Officer Approval: [signature on file] Date: 04/04/11</td>
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1. **Policy Statement**

   Santa Clara Family Health Plan (SCFHP) notifies members within the required timeframe prior to any provider or hospital terminating their contractual relationship with SCFHP, and SCFHP arranges for the provision of continuing care of covered services to members.

2. **Purpose**

   The purpose of this policy is to establish a process whereby Member Services notifies members of provider or hospital contract terminations within the required timeframes and facilitates the completion of covered services for members.

3. **Definitions**

   A. DMHC means California Department of Managed Health Care
   B. Enrollee means an individual or legal representative for, enrolled under a Med-Cal, Healthy Families Program or Healthy Kids Program group contract
   C. Hospital means a general acute care hospital
D. Primary Care Provider (PCP) means a licensed doctor of medicine or osteopathy who has the primary responsibility for providing initial and primary health care services to members, initiating referral for specialty care, authorizing and coordinating the provisions of covered services in accordance with the Health Plan Agreement. Primary Care Provider also refers to the medical group to which the licensed doctor belongs.

Provider Group: A medical group, independent practice association, or any other similar organization of physicians.

E. Specialist means a Physician that has a contract with SCFHP, who provides certain specialty medical care to a Member upon Referral from a Primary Care Provider (PCP). A PCP can also refer a Member to a specialty care center.

4. **Procedures**

**Provider Termination Notification**

A. Upon notification from Provider Services that a PCP or specialist or hospital contract will be terminated, the Health Plan sends a written notice to members who are assigned to the terminating PCP, specialist or hospital. (Refer to policy PS-04-09).

1. Except for SCFHP members in the Kaiser network, SCFHP retains the responsibility to notify all members in other networks, who are assigned to a terminating PCP, specialist or Hospital.

2. The SCFHP delegates to Kaiser, the responsibility to send notice to members who are assigned to a terminating PCP, specialist or Hospital. SCFHP requires Kaiser send notice to SCFHP/Kaiser members, within required time frames, and containing the information required by Health and Safety Code Sections 1373.65, 1373.95 and 1373.96, as amended

B. Upon notification from Provider Services that a hospital contract will be terminated, the Health Plan sends a written notice to members who reside within a 15-mile radius of the terminating hospital. (Refer to policy PS-04-09)

1. Prior to notifying Members Services, Provider Services verifies there is an alternate hospital within the Department’s geographic access standard and that providers for the affected members can admit members to the alternate hospital and the
alternate hospital has the same range of services as the terminated hospital. (PS-04-09)

C. After the written notice is sent, Member Services attempts to contact members by telephone to assist with a new Primary Care Provider (PCP) (individual physician or medical group) or specialist selection.

D. If the member does not select a new PCP SCFHP Information Systems reassigns affected members to another PCP within the same Provider Group and within the appropriate geographic access standards, to minimize any disruptions in scheduled services and to ensure uninterrupted access to covered benefits, including specialty and Hospital services.

   1. Block transfer of members will not exceed the Department of Health Services geographic access standards of 10-miles.

   2. Prior to notifying Member Services, Provider Services verifies the providers capacity to accept and maintain the block transfer of members are within the required provider-member ratios and will verify the provider has the administrative and financial capacity to accept and maintain the block of members. (PS-04-09)

E. If the member does not select a new specialist, SCFHP’s Medical Management department works with the member’s primary care provider to identify another specialty provider within the same Provider Group an within the appropriate geographic access standards.

Notice Requirements

A. The Health Plan notifies affected members 60-days prior to a contractual termination of a PCP or specialist Provider, Provider Group or Hospital. (Refer to policy PS-04-09). The notice:

   1. Informs the member of the reason for the change and their right to contact Member Services to select another PCP (individual physician or medical group) or specialist.

   2. Informs members of their right to request a copy of the Health Plan’s Continuity of Care policy.

   3. Informs members to contact Member Services to request continuation of care or services from a terminated PCP (individual physician or medical group), specialist or hospital.
4. Informs members that if the Provider and SCFHP cannot agree on payment, or other terms for providing care, then SCFHP does not have to pay for the services.

B. All written, printed, or electronic communications sent to members regarding a contract termination or block transfer includes the following statement in at least eight-point type: “If you have been receiving care from a health care provider, you may have a right to keep your provider for a designated time period. Please contact your HMO’s customer service department, and if you have further questions, you are encouraged to contact the Department of Managed Health Care, which protects HMO consumers, by telephone at its toll-free number, 1-888-HMO-2219, or at a TDD number for the hearing impaired at 1-877-688-9891, or online at www.hmohelp.ca.gov”. (Attachment 1, 2, 3 and 4)

C. If, after notifying members of a PCP (individual physician or medical group), specialist or Hospital contract termination, SCFHP and the PCP, specialist or Hospital reach an agreement, the Health Plan sends a second written notice to all members who received the initial notice. The notice:

   1. Informs members the PCP or specialist provider or hospital contract termination will not occur.

   2. Informs members about their right to contact Member Services and return to the former provider.

   3. Members who do not request to return to the former provider will be assigned to the new provider.

   4. Members who do request to return to the former provider will be reassigned to the former provider.

D. A member ID card is issued that identifies the new PCP’s name, and telephone number after the provider termination effective date.

**Continuity of Care**

Member Services works collaboratively with Medical Management to process requests from members for continuation of services to ensure affected members’ continuity of care. (Refer to policy UM-31.01: Continuity of Member Care After Provider Termination for Newly Enrolled and Current Members)

**Financial Responsibility**

Financial responsibility follows the services listed in the Evidence of Coverage requirements for co-payments, premiums or fees.
Staff Training

The Member Services Director provides annual training to Member Service Department staff that answer calls from members to ensure staff are trained to facilitate the request for completion of covered services.

5. **Confidentiality of Information**

In accordance with SCFHP’s Confidentiality Policy, and all applicable state and federal laws, any and all information that is required to be kept confidential, shall be kept confidential.

6. **Recordkeeping**

Each department is responsible for retaining and maintaining documents/records/paperwork for a minimum of ten (10) years for their own department (refer to policy CP005 Record Retention).

Attachments – Template Letters
Dear Santa Clara Family Health Plan Member:

Your current doctor (Primary Care Provider or PCP) [Physician Name] will no longer be with Santa Clara Family Health Plan (SCFHP), as of [DATE]. We would like to help you choose another personal doctor or clinic as soon as possible.

How Do I Choose A New Doctor?
You can call our Member Services Department at 1-800-260-2055. We are here to help you Monday through Friday, 8:30 am to 5:30 pm. If you are hearing impaired you can reach the department by calling 1-800-735-2929 (TTY). If you do not choose a new doctor by [DATE], we will choose one for you. The new doctor will be near your home. No later than 5 days from [DATE], you will receive an ID card with your new doctor’s name, address and phone number.

Can I Continue to See My Current Doctor?
You will be able to stay with your doctor for a period of time if your doctor has been giving you medical care for any of the medical conditions listed below.

1) An acute condition;
2) Serious chronic condition;
3) A surgery or other medical procedure;
4) Care of a newborn child between birth and 36 months;
5) A pregnancy, including post-partum care;
6) A terminal illness

If these special situations apply to you, please call Member Services at 1-800-260-2055 to request to continue your care. If you are hearing impaired you can reach the department at 1-800-735-2929 (TTY).

Important Things You Need To Know:

- If your doctor and SCFHP cannot agree on payment or other terms to arrange care, then SCFHP does not have to pay for the services.
- After care is completed for one or more of the medical conditions listed above, SCFHP will arrange for you to continue care with a SCFHP doctor.
- You may request a copy of the Health Plan’s continuing services policy by calling Member Services or by writing to: Santa Clara Family Health Plan, 210 E. Hacienda Avenue, Campbell, CA 95008 or through our website at www.scfhp.com.
Thank you for choosing Santa Clara Family Health Plan and our doctors for your health care services.

Sincerely,

Pat McClelland
Member Services

MORE IMPORTANT INFORMATION about bills for services and your right to Continued Care is on the next page. Please be sure to read this information.
This change in doctors has no effect on your current benefits or co-payments. Your Santa Clara Family Health Plan coverage will stay the same. If during this change, you get a bill for covered medical services, please do not pay the bill. Keep a copy, and call the Member Services Department at 1-800-260-2055 for help.

IMPORTANT INFORMATION THE DEPARTMENT OF MANAGED HEALTH CARE WANTS YOU TO KNOW.

If you have been receiving care from a health care provider, you may have a right to keep your provider for a designated time period. Please contact your HMO’s customer service department, and if you have further questions, you are encouraged to contact the Department of Managed Health Care, which protects HMO customers, by telephone at its toll-free number, 1-800-HMO-2219, or at a TDD number for the hearing impaired at 1-877-688-9891, or on line at www.hmohelp.ca.gov.

The California Department of Managed Health Care is responsible for regulating health care service plans. If you have a grievance against Santa Clara Family Health Plan, you should first telephone the Plan at 1-800-260-2055 and use the health plan’s grievance process before contacting the Department. Utilizing this grievance procedure does not prohibit any potential legal rights or remedies that may be available to you. If you need help with a grievance involving an emergency, a grievance that has not been satisfactorily resolved by the health plan, or a grievance that has remained unresolved for more than 30 days, you may call the Department for assistance. You may also be eligible for an Independent Medical Review (IMR). If you are eligible for IMR, the IMR process will provide an impartial review of medical decisions made by a Health Plan related to the medical necessity of a proposed service or treatment, coverage decisions for treatments that are experimental or investigational in nature and payment disputes for emergency or urgent medical services. The Department also has a toll-free telephone number (1-888-HMO-2219) and a TDD line (1-877-688-9891) for the hearing and speech impaired. The Department’s Internet Web site http://www.hmohelp.ca.gov has complaint forms, IMR application forms and instructions online.
Dear [Under 19 - Parent or guardian; 19 & over - Member first and last name]:

One of the hospitals in your area has ended its contract with Santa Clara Family Health Plan. That hospital is <<Name of terming Hospital>>. Except under special situations, <<Name of terming Hospital>> will not treat Health Plan members beginning [Date]. As a member of the Health Plan you will be able to use other hospitals that contact with us. If you have an emergency, you should go to the nearest emergency room.

<<Your/your child’s>> current primary care provider (PCP) will not change. If your doctor works with <<name of terming hospital>>, he or she will make arrangements with another hospital. You can ask your doctor which hospital and specialist you or your family should use after <<date>>.

Questions You May Have:

Can I continue my care at <<Name of terming Hospital>>?
We have made special arrangement for <<Name of terming hospital>> to continue treating SCFHP Members who are in the middle of care and being treated at this hospital. These special arrangements apply for any of the medical conditions listed below:

7) An acute condition;
8) Serious chronic condition;
9) A surgery or other medical procedure;
10) Care of a newborn child between birth and 36 months;
11) A pregnancy, including post-partum care;
12) A terminal illness
If these special situations apply to you, please call Member Services at 1-800 260-2055 to request to continue your care.

My doctor has received approval for services and those services are scheduled at <<name of terminating hospital>>, may I still use that hospital?

Yes, SCFHP will cover services that are prior approved and scheduled. If you are not sure the service is authorized, please call SCFHP’s Member Services Department at the number listed below.

Can I Choose A New Doctor?
You can call our Member Services Department at 1-800-260-2055 to select a new doctor.

Who do I call if I have questions?
☐ You can call our Member Services Department at 1-800-260-2055. We are here to help you Monday through Friday, 8:30 am to 5:30 pm.
☐ If you are hearing impaired you can reach the department at 1-800-735-2929 (TTY).
☐ If you prefer to speak in any language other than English, you have a right to an interpreter, including sign language, without charge. Our Member Services staff or our interpreters can help you.
☐ You may also contact the Health Plan through our website at www.scfhp.com

Thank you for choosing Santa Clara Family Health Plan and our doctors for your health care services.

Sincerely,

Pat McClelland
Member Services
MORE IMPORTANT INFORMATION about bills for services and your right to Continued Care is listed below. Please be sure to read this information.

This change in hospital has no effect on your current benefits or co-payments. Your Santa Clara Family Health Plan coverage will stay the same. If during this change, you get a bill for covered medical services, please do not pay the bill. Keep a copy, and call the Member Services Department at 1-800-260-2055 for help.

IMPORTANT INFORMATION THE DEPARTMENT OF MANAGED HEALTH CARE WANTS YOU TO KNOW.

If you have been receiving care from a health care provider, you may have a right to keep your provider for a designated time period. Please contact Santa Clara Family Health Plan’s Member Services Department, and if you have further questions, you are encouraged to contact the Department of Managed Health Care, which protects HMO customers, by telephone at its toll-free number, 1-800-HMO-2219, or at a TDD number for the hearing impaired at 1-877-688-9891, or on line at www.hmohelp.ca.gov.

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Dear Santa Clara Family Health Plan Member:

Your specialist doctor [Physician Name] will no longer be with Santa Clara Family Health Plan (SCFHP), as of [DATE]. Please contact your current doctor (Primary Care Provider or PCP) or Member Services as soon as possible for help choosing another specialist doctor.

How Do I Choose A New Doctor?
You can call our Member Services Department at 1-800-260-2055. We are here to help you Monday through Friday, 8:30 am to 5:30 pm. If you are hearing impaired you can reach the department at 1-800-735-2929 (TTY). If you do not choose a new doctor by [DATE] we will choose one for you. The new doctor will be near your home. No later than 5 days from [DATE], you will receive a notice with your new specialist doctor’s name, address and telephone number.

If these special situations apply to you, please call Member Services at 1-800 260-2055 to request to continue your care. If you are hearing impaired you can reach the department at 1-800-735-2929 (TTY).

Important Things You Need To Know:

- After care is completed for one or more of certain medical conditions, SCFHP will arrange for you to continue care with a SCFHP doctor.
- You may request a copy of the Health Plan’s continuing services policy by calling Member Services or by writing to: Santa Clara Family Health Plan, 210 E. Hacienda Avenue, Campbell, CA 95008 or through our website at www.scfhp.com.

Thank you for choosing Santa Clara Family Health Plan and our doctors for your health care services.

Sincerely,

Pat McClelland
Member Services
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This change in doctors has no effect on your current benefits or co-payments. Your Santa Clara Family Health Plan coverage will stay the same. If during this change, you get a bill for covered medical services, please do not pay the bill. Keep a copy, and call the Member Services Department at 1-800-260-2055 for help.

IMPORTANT INFORMATION THE DEPARTMENT OF MANAGED HEALTH CARE WANTS YOU TO KNOW.

If you have been receiving care from a health care provider, you may have a right to keep your provider for a designated time period. Please contact Santa Clara Family Health Plan's member Services Department, and if you have further questions, you are encouraged to contact the Department of Managed Health Care, which protects HMO customers, by telephone at its toll-free number, 1-800-HMO-2219, or at a TDD number for the hearing impaired at 1-877-688-9891, or on line at www.hmohelp.ca.gov.

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Dear Santa Clara Family Health Plan Member:

[Insert provider name] is your personal doctor or clinic. [Insert provider name] is part of [Name of provider group]. [Name of provider group] will not be with the Health Plan after [Date].

Your personal doctor or clinic is called your Primary Care Provider, or PCP. You still may be able to keep your PCP. Or you may need to choose a new one.

**HERE’S HOW TO FIND OUT**

**Do I have to choose a new PCP?**

- Maybe. If your PCP is part of another provider group that is still with the Health Plan, you can keep your PCP. But remember this new provider group may use different hospitals or specialists than the old one.

- If your PCP does not work with another provider group that is still with the Health Plan, you will need to choose a new PCP.

**How Do I Choose a New PCP?**

- It’s easy. And we can help.

  - Look in our Directory of Doctors, Clinics and Health Care Services. It came in the packet we sent you when you joined us. The Directory has all our PCPs. It tells you which hospital each PCP uses. And it tells you which doctors speak your language.

  - You can also all us toll-free at 1-800-260-2055. 1-800-735-2929 (TTY). We’re open Monday-Friday, 8:30 a.m. to 5:30 p.m. or view the Directory at our Web site, [www.scfhp.com](http://www.scfhp.com).

  - Tell us your choice. Call us at the number below.

  - After you choose your PCP, we will send you a new ID card. It will have your new PCP’s name, address and phone number on it.

  - If you do not choose PCP by [Date], we will choose one for you. The new PCP will be near your home. And remember. You can change your PCP any time you like.
What if I Am Getting Treatment From [Insert provider name] Right Now?

[Name of PCP] can still treat all members who have special conditions. But this is only for members getting care right now. These conditions are:

1) An acute condition;
2) A serious chronic condition;
3) A surgery or other medical procedure;
4) Care of a newborn child between birth and 36 months;
5) A pregnancy, including post-partum care;
6) A terminal illness.

What If I Have Questions?

- Call us toll-free at 1-800-260-2055. 1-800-735-2929 (TTY). We’re open Monday-Friday, 8:30 a.m. to 5:30 p.m.

- If you prefer to speak in any language other than English, you have a right to an interpreter, including sign language, without charge. Our Member Services staff or our interpreters can help you.

- Visit us online at www.scfhp.com.

Thank you for choosing Santa Clara Family Health Plan and our doctors for your health care services.

Sincerely,

Pat McClelland
Member Services

More Important Information about bills for services and your right to continued care is on the next page. Please be sure to read this information.
**This change in provider group has no effect on your current benefits or copayments.** Your SCFHP coverage will stay the same. If during this change, you get a bill for covered services, please do not pay the bill. Keep a copy, and call Member Services Department at 1-800-260-2055 for help.

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If you have been receiving care from a health care provider, you may be able to keep your provider for a designated time period. Please contact Santa Clara Family Health Plan's Member Services Department, and if you have further questions, your are encouraged to contact the Department of Managed Health Care, which protects HMO customers, by telephone at its toll-free number, 1-800HMO-2219, or at a TDD number for the hearing impaired at 1-877-688-9891, or online at www.hmohelp.ca.gov.

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