

## OPTUM HEALTH BEHAVIORAL SOLUTIONS OF CALIFORNIA<sup>1</sup> CONTINUITY OF CARE

Optum Health Behavioral Solutions of California, (“OHBS-CA” or the “Plan”) has an established process by which it facilitates the continuity of care for behavioral health services for members under certain circumstances. Information about the Plan’s continuity of care process is fully described in OHBS-CA policies and procedures and is available free of charge to members, individual providers and facilities, and authorized member representatives upon request.

### CONTINUITY OF CARE FOR NEW MEMBERS

A member who is new to OHBS-CA as a result of the member’s employer group changing health plans may be able to continue to have behavioral health services provided by a non-Plan provider covered on a temporary basis for the purpose of safely transitioning the member to a OHBS-CA-contracted provider. Short-term “transition visits” may be available for a new member who:

- did not have the option to continue with his/her previous behavioral health plan at time of enrollment;
- had no other behavioral health plan choice other than through OHBS-CA;
- is under treatment by a non-Plan provider at the time of enrollment for an acute or serious chronic mental health condition;
- is receiving treatment that is a benefit under his/her OHBS-CA benefit plan; and
- was not offered a plan with an out-of-network option.

If the behavioral health services are preauthorized by OHBS-CA, OHBS-CA may cover such services to the extent they would be covered if provided by a OHBS-CA Plan provider under the member’s behavioral health benefit plan. This means that the member is only responsible for the copayment or coinsurance listed on the *Schedule of Benefits* and any services received will apply toward the member’s behavioral health benefit plan limits. The non-Plan provider must agree in writing to the same contractual terms and conditions that apply to OHBS-CA Plan providers, including reimbursement methodologies and rates of payment.

### HOW TO REQUEST CONTINUITY OF CARE FOR NEW MEMBERS

**Continuity of Care services, except for Emergency Services, must be approved by OHBS-CA.** Members or providers requesting transition visits should notify OHBS-CA within sixty (60) days of the date the member becomes eligible for benefits with OHBS-CA, or as required by the benefit plan. As applicable, requests for authorization of transition visits received beyond sixty (60) days are considered on a case-by-case basis.

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OptumHealth Behavioral Health Solutions of California is also known as U.S. Behavioral Health Plan, California or USBHPC.

On a case-by-case basis, the member's clinical condition, the availability of coverage and the amount of time and number of visits reasonably necessary to ensure a safe and appropriate transfer are taken into consideration when determining the transition benefit.

### **CONTINUITY OF CARE WITH A TERMINATED PROVIDER**

When a Plan provider is no longer a part of the OHBS-CA provider network for reasons other than breach of contract, a medical disciplinary cause, fraud or other criminal activity, the member may be eligible to continue receiving care from that provider to complete a course of treatment with the terminated provider and/or ensure an appropriate transition to a new Plan provider.

For a member to continue receiving care from a terminated Provider, the following conditions must be met:

- Continuity of care services from a terminated provider must be preauthorized by OHBS-CA;
- The requested treatment must be a covered service under the benefit plan;
- The terminated provider must agree in writing to be subject to the same contractual terms and conditions that were imposed upon the provider prior to termination, including, but not limited to, credentialing, hospital privileging, utilization review, peer review and quality assurance requirements, notwithstanding the provisions outlined in the provider contract related to continuity of care; and
- The terminated provider must agree in writing to be compensated at rates and methods of payment similar to those used by OHBS-CA for current Plan providers providing similar services who are practicing in the same or a similar geographic area as the terminated provider.

### **HOW TO REQUEST CONTINUITY OF CARE WITH A TERMINATED PROVIDER**

**Continuity of Care services, except for Emergency Services, must be approved by OHBS-CA.** Members receiving treatment for any of the specified continuity of care conditions described in the member's Evidence of Coverage, and requesting continued care with the terminating provider should contact OHBS-CA as soon as possible, but within thirty (30) calendar days of the provider's effective date of termination. Continuity of care requests are reviewed on a case-by-case basis. If the member needs continued care beyond ninety (90) days from the provider's contract termination, OHBS-CA considers the severity of the member's clinical condition, the potential clinical effect of a change in provider, the outcome of the condition under treatment, and the availability of a Plan participating provider.

### **COMPLETION OF COVERED SERVICES**

Covered services for the continuity of care condition under treatment by the non-Plan or terminated Plan provider are considered complete when:

- the member's continuity of care condition under treatment is medically stable, and
- there are no clinical contraindications that would prevent a medically safe transfer to a Plan provider as determined by a OHBS-CA medical director (or designee) in consultation with the member, the terminated Plan provider and, as applicable, the Plan provider.

Completion of covered services will not exceed twelve (12) months from the date of the provider's contract termination for a terminated provider, or twelve (12) months from the effective date of coverage for a newly covered member.

**CONTACT OHBS-CA FOR MORE INFORMATION ABOUT CONTINUITY OF CARE**

For additional questions about how to request continuity of care and/or the applicable procedures, please see the attached related documents or contact OHBS-CA at 1-800-999-9585.

**Enrollee Notification of Termed Clinician.pdf**

**Transition of New Enrollees Receiving Behavioral Health Services.pdf**