



Continuity of Care

1) Policy

If you're new to UHA or changing plans and your provider is outside of UHA's network, or if you are a current member and your provider is leaving UHA's network, the Continuity of Care policy may allow a transition period for a defined amount of time if you have certain medical conditions. In accordance with The No Surprises Act, section 113, UHA will ensure continuity of care for individuals defined as a "continuing care patient" by:

- (1) Notifying each continuing care patient enrolled under the plan at the time of provider/facility termination on a timely basis of such termination and the individual's right to elect continued transitional care from such provider or facility;
- (2) Providing the individual with an opportunity to notify UHA of the need for transitional care;
- (3) Permitting the individual to elect to continue benefits under the plan under the same terms and conditions applicable with such items and services as would have been covered had such termination not occurred by the provider/facility relating to the individual's status as a continuing care patient; and
- (4) Allowing continued services for qualifying individuals beginning on the date the notice is provided and ending on the earlier of:
 - i. the 90-day period beginning on such date; or
 - ii. the date on which such individual is no longer a continuing care patient with the provider or facility

2) Criteria/Guidelines

- A. To provide continuity of care for members in accordance with The No Surprises Act, UHA shall provide the completion of covered services for "continuing care patients" as described below:
 1. The term "continuing care patient" means an individual who, with respect to a provider or facility:
 - i. is undergoing a course of treatment for a serious and complex condition from the provider or facility;
 1. In the case of an acute illness, a condition that is serious enough to require specialized medical treatment to avoid the reasonable possibility of death or permanent harm; or
 2. In the case of a chronic illness or condition, a condition that:
 - a. is life-threatening, degenerative, potentially disabling, or congenital; and
 - b. requires specialized medical care over a prolonged period of time.
 - ii. is undergoing a course of institutional or inpatient care from the provider or facility;
 - iii. is scheduled to undergo nonelective surgery from the provider, including receipt of postoperative care from such provider or facility with respect to such a surgery;
 - iv. is pregnant and undergoing a course of treatment for the pregnancy from the provider or facility; or

- v. is or was determined to be terminally ill (as determined under section 1861(dd)(3)(A) of the Social Security Act) and is receiving treatment for such illness from such provider or facility.

NOTE:

This UHA payment policy is a guide to coverage, the need for prior authorization and other administrative directives. It is not meant to provide instruction in the practice of medicine and it should not deter a provider from expressing his/her judgment.

Even though this payment policy may indicate that a particular service or supply is considered covered, specific provider contract terms and/or members' individual benefit plans may apply, and this policy is not a guarantee of payment. UHA reserves the right to apply this payment policy to all UHA companies and subsidiaries.

UHA understands that opinions about and approaches to clinical problems may vary. Questions concerning medical necessity (see Hawaii Revised Statutes §432E-1.4) are welcome. A provider may request that UHA reconsider the application of the medical necessity criteria in light of any supporting documentation through direct peer communication.

III. Limitations/Exclusions

- A. UHA's Chief Medical Officer (CMO) and Medical Director reserve the right to review and make the final determination regarding eligibility and medical appropriateness for Continuity of Care services.

IV. Administrative Guidelines

- A. Definitions:
 - 1. Terminated provider – With respect to a contract, the expiration or nonrenewal of the contract but does not include a termination of the contract for failure to meet applicable quality standards or for fraud.
 - 2. Non-participating or out-of-network provider – A provider who does not have a contract with UHA.
- B. If you feel you are eligible for continuity of care coverage for certain services, please contact Health Care Services at (808) 532-4006 or 1 (800) 458-4600, extension 300.

V. Policy History

Policy Number: MPP-0137-211209

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Previous Revision Dates: N/A

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