

Health Benefits FAQ

TOPIC: ACUTE ILLNESS, BUT WANT TO CHANGE PLANS DURING OPEN ENROLLMENT

I want to change plans but am receiving special medical treatment under my current health plan. What happens in cases like this?

Under California law, when you change plans, you have the right to continued medical care if your doctor is not part of your current health plan or if your doctor, medical group, or hospital leaves your plan. All plans must offer “continuity/transition of care.” This means that you may receive temporary care by an out-of-network provider (your current physician) if you are actively being treated for certain acute or serious chronic conditions

What conditions does continuity/transition of care cover?

Type of Problem or Condition	How long you get continuity of care
<ul style="list-style-type: none">• Acute Medical Condition*	<ul style="list-style-type: none">• As long as the condition lasts
<ul style="list-style-type: none">• Serious Chronic Condition (for example, severe diabetes or heart disease)	<ul style="list-style-type: none">• Until you complete a course of treatment and your doctor can safely transfer your care to another doctor, up to 12 months
<ul style="list-style-type: none">• Pregnancy	<ul style="list-style-type: none">• During Pregnancy and immediately after the delivery (Post-Partum period)
<ul style="list-style-type: none">• Terminal Illness	<ul style="list-style-type: none">• As long as the person lives
<ul style="list-style-type: none">• Care of a Child under 3 years	<ul style="list-style-type: none">• For up to 12 months
<ul style="list-style-type: none">• An already scheduled Surgery or other Procedure (for example, knee surgery or colonoscopy)	<ul style="list-style-type: none">• Scheduled to happen within 180 days of your doctor or hospital leaving your health plan

*An acute medical condition is generally one caused by injury, illness (such as pneumonia) or other medical problem that requires prompt medical attention for a limited duration.

I plan to change health plans and have a condition that may qualify for continuity of care. What is the process for accessing continuity of care in my new health plan?

You must call your health plan to request continuity of care. Additionally, your doctor or hospital must agree to keep you as a patient and agree to your plan’s reimbursement terms. As part of this process, be ready to discuss your medical information, such as the name of your doctor or hospital, your medical condition and treatments you are receiving. You can also ask for a copy your health plan's policy on continuity of care at any time.

What if I need immediate treatment for a medical condition covered under “continuity of care?”

Complete the continuity or transition of care application form and contact your new plan’s Customer Service number. Be sure to identify your medical emergency and your need for immediate care. Your request should be expedited. The following information may be helpful:

- Anthem Blue Cross EPO and Select HMO - Continuity of care policy and form are available [here](#), or call 800.700.3739.
- Health Net – Click [here](#) for information and request form, or call 800-654-9821
- Kaiser - Contact Member Services at 800.464-4000 to request a form.
- UnitedHealthCare® Group Medicare Advantage HMO – Call 800.457.8506.