

Introducing

# Care Continuity and Support



## The Care Continuity and Support Program

Healthcare Highways (HCH) Care Continuity and Support (CCS) program for qualified members is a process of approving in-network benefits for an out-of-network provider on a limited basis. This program is a Healthcare Highways initiative to ensure members safely transition to our provider network during certain active medical treatments. HCH collaborates with the member's current care team, the Healthcare Highways (HCH) care team, and our provider network. If approved for the program, members can continue to receive care for a defined period of time at their in-network benefit level from providers that are not included in the HCH provider network. HCH is committed to working with the member and their existing care team to safely transition care to a participating HCH provider, without adversely affecting a member's health. The review process begins once HCH receives a completed CCS application form.

## Who qualifies for Continuity of Care and Support?

To qualify for CCS, a member must:

1. be eligible as a covered employee or dependent as determined by the individual's employer; and,
2. have a coverage policy that provides coverage for the requested services; and,
3. have a medical condition or require medical services that are not adequately provided in network, could lead to a deterioration of the member's health, and qualify for transition based on medical necessity review.

## Making a safe transition

HCH provides the member with a care coordination team to help manage the member's care needs as they transition to a Healthcare Highways network provider, which generally takes 30 days.

## Examples of conditions or cases that may qualify for CCS

HCH reviews CCS applications on an individual basis\* with expert medical review and corroboration from the providers referenced in the member's application form. While each case requires a clinical review of the specific CCS request, listed below are some medical conditions that generally will receive CCS program authorization.

- Women who are more than 20 weeks pregnant
- Diagnosed high risk pregnancy
- Members hospitalized on the start date of their HCH benefits
- Members with acute conditions that require active treatment, such as heart attacks and/or unstable chronic conditions.
- Members currently scheduled for surgery or multiple surgeries after the date of coverage begins with HCH (generally non-elective surgeries only or those that cannot be safely transitioned to HCH network providers)
- Members actively receiving chemotherapy, radiation therapy, other forms of cancer treatment, or follow-up surgery
- Members actively being treated for certain mental health conditions or substance abuse conditions
- Members who have had recent surgery and are being seen for postoperative care (generally six to eight weeks following surgery)
- Members diagnosed with a terminal illness or are in palliative care or hospice
- Members who are approved for transplantation, approved and currently waiting for a transplant organ, placed on a transplant list; or have had an organ or bone marrow transplant
- Member's HCH provider leaves the network

\*Approval of in-network benefits for an out-of-network provider under the CCS program is in the nature of prior authorization approvals, does not constitute approval or denial of specific treatments, and remains subject to all terms and conditions of coverage.



# Requesting Approval for the Continuity of Care and Support Program

Members who believe they qualify for CCS should submit a CCS application to HCH during the open enrollment process or within 30 days of the member's insurance coverage start date. Members who submit the application form 30 days or more after HCH coverage begins will need to provide an additional statement pertaining to the special circumstances for delayed submission. In the event a member does not receive authorization for CCS, costs for services rendered through non-HCH providers may be the responsibility of the member or covered under a member's out of network benefits, if available.



## CCS Application Form

Download your application form at [www.healthcarehighways.com](http://www.healthcarehighways.com)

For more information about this program or to talk to a Healthcare Highways representative, please reach out in the way that's easiest for you. We're here to help with your healthcare needs.



## Customer Experience Team

Healthcare Highways Health Plan  
866.945.2292



Continuity of Care and Support for

## Medical Services

Mail completed form to:  
Healthcare Highways, Inc.  
3001 Dallas Pkwy., Ste 700  
Frisco, TX 75034



Continuity of Care and Support for

## Pharmacy Services

Pharmacy inquiries should be directed to your Pharmacy Benefit Manager.

# Continuity of Care and Support Review and Approval processes

## Continuity of Care and Support review process

Healthcare Highways believes that care is personalized and individualized for every member. HCH will perform a timely review of each case. CCS applications are reviewed by our clinical team who consults, as necessary, with an individual's current care providers if required to make a clinical determination before approving care continuation. Emergent or urgent situations will be prioritized. A decision on urgent reviews will be made within five business days of HCH's receipt of the completed Application Form. The individual requesting CCS services will be initially notified by telephone and provided options for continuing care in accordance with a personalized care plan. Formal written notification will occur within 21 business days.

## Continuity of Care and Support approval process

Approved CCS services will be covered at the individual's in-network benefits level. Members who have out-of-network benefits may choose to continue their care at the out-of-network benefit level with providers not in the HCH provider network if their CCS request is not approved or after any CCS coverage ends.

Approved CCS requests allow for care continuation with the approved provider(s) not participating in the HCH provider network for the condition(s) approved within the timeframe authorized. Individuals approved for CCS services who have additional health care conditions that have not been approved through the CCS process should receive care for such conditions from HCH network participating provider(s) or choose to use their out-of-network benefits, if available, for those services. It is rare that a request for continuing care at a health care facility, durable medical equipment or home care company, or pharmacy receive authorization under the CCS program.



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