



In the event a member requires services from a provider who is unable or unwilling to provide those services, or their contract has been terminated, Avante Behavioral Health Plan (ABHP) will work with the patient and provider to transition the patient to another provider. Notification of members affected by the termination of a specialist practitioner or provider will be made at least 60 calendar days before the effective date of the termination. Member notification material will adhere to all state language requirements to include member rights to COC. For Medicare members: use of the CMS approved member notification letter template will be made within 30 calendar days before the effective date of termination.

If after sending this notice, the ABHP reaches an agreement with the terminated provider to renew or enter into a new contract or to not terminate their contract, the organization shall offer affected member the option to return to that provider. This notice may be verbal or written.

At the discretion of the medical director, a single case agreement may be signed for affected members to have continued access to providers that have been terminated.

Denial of requests for continuity of care will be processed in accordance with the established UM process based on benefits and medical necessity, with appropriate medical review.

ABHP's contracting providers are responsible for ensuring continuity of care for patients whose benefits are terminated or exhausted. The Plan offers qualified members assistance in transitioning to other care teams.