

services, are not covered when you are outside of California. You will not qualify for Medi-Cal coverage for those out-of-state services. CalViva Health will not pay for your health care. If you want Medicaid in another state, you will need to apply in that state. Medi-Cal does not cover emergency, urgent, or any other health care services outside of the United States, except for emergency care requiring hospitalization in Canada and Mexico as noted in Chapter 3.

Continuity of care

Continuity of care for an out-of-network provider

As a member of CalViva Health, you will get your health care from providers in CalViva Health's network. To find out if a health care provider is in the CalViva Health network, read the Provider Directory. The Provider Directory has other information to help you choose a provider. If you need a Provider Directory, call 1-888-893-1569 (TTY 711). You can also find the Provider Directory on the CalViva Health website at www.CalVivaHealth.org. Providers not listed in the directory may not be in the CalViva Health network.

In some cases, you might be able to get care from providers who are not in the CalViva Health network. If you were required to change your health plan or to switch from FFS Medi-Cal to managed care, or you had a provider who was in network but is now outside the network, you might be able to keep your provider even if they are not in the CalViva Health network. This is called continuity of care.

If you need to get care from a provider who is outside the network, call CalViva Health to ask for continuity of care. You may be able to get continuity of care for up to 12 months or more if all of these are true:

- You have an ongoing relationship with the out-of-network provider before enrollment in CalViva Health
- You went to the out-of-network provider for a non-emergency visit at least once during the 12 months before your enrollment with CalViva Health
- The out-of-network provider is willing to work with CalViva Health and agrees to CalViva Health's contract requirements and payment for services



Call member services at 1-888-893-1569 (TTY 711). CalViva Health is here 24 hours a day, 7 days a week. The call is free. Or call the California Relay Line at 711. Visit online at www.CalVivaHealth.org.

- The out-of-network provider meets CalViva Health’s professional standards
- The out-of-network provider is enrolled and participating in the Medi-Cal program

To learn more, call member services at 1-888-893-1569 (TTY 711).

If your providers do not join the CalViva Health network by the end of 12 months, do not agree to CalViva Health payment rates, or do not meet quality of care requirements, you will need to change to providers in the CalViva Health network. To discuss your choices, call member services at 1-888-893-1569 (TTY 711).

CalViva Health is not required to provide continuity of care for an out-of-network provider for certain ancillary (supporting) services such as radiology, laboratory, dialysis centers, or transportation. You will get these services with a provider in CalViva Health’s network.

To learn more about continuity of care and if you qualify, call 1-888-893-1569.

Completion of covered services from an out-of-network provider

As a member of CalViva Health, you will get covered services from providers in CalViva Health’s network. If you are being treated for certain health conditions at the time you enrolled with CalViva Health or at the time your provider left CalViva Health’s network, you might also still be able to get Medi-Cal services from an out-of-network provider.

You might be able to continue care with an out-of-network provider for a specific time period if you need covered services for these health conditions:

Health condition	Time period
Acute conditions (a medical issue that needs fast attention)	For as long as your acute condition lasts
Serious chronic physical and behavioral conditions (a serious health care issue you have had for a long time)	For up to 12 months from the coverage start or the date the provider’s contract ends with CalViva Health.
Pregnancy and postpartum (after birth) care	During your pregnancy and up to 12 months after the end of pregnancy
Maternal mental health services	For up to 12 months from the diagnosis or from the end of your pregnancy, whichever is later



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Care of a newborn child between birth and 36 months old	For up to 12 months from the start date of the coverage or the date the provider's contract ends with CalViva Health
Terminal illness (a life-threatening medical issue)	For as long as your illness lasts. You may still get services for more than 12 months from the date you enrolled with CalViva Health or the time the provider stops working with CalViva Health
Performance of a surgery or other medical procedure from an out-of-network provider as long as it is covered, medically necessary, and authorized by CalViva Health as part of a documented course of treatment and recommended and documented by the provider	The surgery or other medical procedure must take place within 180 days of the provider's contract termination date or 180 days from the effective date of your enrollment with CalViva Health

For other conditions that might qualify, call CalViva Health Member Services.

If an out-of-network provider is not willing to keep providing services or does not agree to CalViva Health's contract requirements, payment, or other terms for providing care, you will not be able to get continued care from the provider. You may be able to keep getting services from a different provider in CalViva Health's network.

For help choosing a contracted provider to continue with your care or if you have questions or problems getting covered services from a provider who is no longer in CalViva Health's network, call member services at 1-888-893-1569 (TTY 711).

CalViva Health is not required to provide continuity of care for services Medi-Cal does not cover or that are not covered under CalViva Health's contract with DHCS. To learn more about continuity of care, eligibility, and available services, call CalViva Health Member Services.

Costs

Member costs

CalViva Health serves people who qualify for Medi-Cal. In most cases, CalViva Health members do not have to pay for covered services, premiums, or deductibles.



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