SUBJECT: 1999 Contract Amendment

This letter transmits an amendment to the 1999 Federal Employees Health Benefits (FEHB) Program Standard Contract. The amendment revises PART I -- GENERAL PROVISIONS. The amendment is necessary to implement the transitional care provisions of the Patients’ Bill of Rights.

Beginning January 1, 2000, enrollees who are undergoing treatment for a chronic or disabling condition (or who are in the second or third trimester of pregnancy) at the time a carrier terminates all or a part of its FEHBP contract, or terminates the enrollees’ specialty provider contract, for reasons other than cause, may be able to continue to see their specialty provider for up to 90 days (or through their postpartum care). The 90-day treatment period begins the earlier of the date the enrollee receives the notice of termination of the FEHBP or specialty provider contract, or the date the carrier’s or the provider’s contract ends.

You must notify your enrollees in writing at least 90 days before you terminate all or a part of your FEHB contract, including service area reductions, or you terminate a specialty provider contract for reasons other than cause. You must send the notice in time to ensure it is received by the enrollee no less than 90 days prior to the date of your terminating event, or demonstrate you were prevented from doing so for reasons beyond your control. Your prompt notice will ensure that the notification period and the transitional care period run concurrently.

Contact your OPM contract specialist if you have any questions about this amendment. The signed amendment should be returned to your contract specialist by September 1, 1999.

Sincerely,

(signed)
Frank D. Titus
Assistant Director for Insurance Programs

Enclosure
CONTRACT FOR FEDERAL EMPLOYEES HEALTH BENEFITS

CONTRACT NO: ____________________________ AMENDMENT NO: 1999-0
EFFECTIVE: January 1, 1999 EFFECTIVE: September 1, 1999

BETWEEN: THE UNITED STATES OFFICE OF PERSONNEL MANAGEMENT

hereinafter called the OPM, the Agency, or the Government

AND

CONTRACTOR:

hereinafter also called the Carrier

Address:

PART I -- GENERAL PROVISIONS, is revised to add a new section at the end:

SECTION 1.
NOTICE TO ENROLLEES ON TERMINATION OF FEHBP OR PROVIDER CONTRACT
(SEPT 1999)

(a) Enrollees who are undergoing treatment for a chronic or disabling condition or who are in the second or third trimester of pregnancy at the time a carrier (1) terminates all or a part of its FEHBP contract, or (2) terminates the enrollees’ specialty provider contract, for reasons other than cause, may be able to continue to see their specialty provider for up to 90 days or through their postpartum care.

(b) The Carrier shall notify its enrollees in writing of its intent to terminate all or part of its FEHBP contract, including service area reductions, or the enrollees’ specialty provider contract, for reasons other than cause in order to allow sufficient time for the enrollees to arrange for continued care after the 90-day period. The Carrier shall send the notice in time to ensure it is received by the enrollees no less than 90 days prior to the date it terminates the contract, unless the Carrier demonstrates it was prevented from doing so for reasons beyond its control. The Carrier’s prompt notice will ensure that the notification period and the transitional care period run concurrently.

FOR THE CARRIER

_________________________________________ _______________________________________
Name of Person Authorized to Name of Contracting Officer
Execute Contract (Type or print) (Type or print)

_________________________________________ _________________________________________
Title Title

_________________________________________ _________________________________________
Signature Signature

_________________________________________ _________________________________________
Date Signed Date Signed

FOR THE GOVERNMENT

_________________________________________ _______________________________________
Name of Person Authorized to Name of Contracting Officer
Execute Contract (Type or print) (Type or print)

_________________________________________ _________________________________________
Title Title

_________________________________________ _________________________________________
Signature Signature

_________________________________________ _________________________________________
Date Signed Date Signed