

CONTINUITY OF CARE REQUEST

Sutter Health Plus

Continuity of Care (COC) lets you temporarily continue care with a provider who is not part of the Sutter Health Plus provider network (non-participating provider). If you are new to Sutter Health Plus or an existing member you may be eligible to finish care with your current provider. You can request COC by filling out the form included in this notice. You must fill out **all** sections completely. An incomplete form may delay our review of your COC request.

If you are a newly enrolled member, you can request COC up to 30 days before, or 60 days after, your Sutter Health Plus coverage effective date. If you are an established member, you must request COC within 60 days of the date your provider leaves the Sutter Health Plus provider network. We will notify you if you qualify for COC.

If you have questions about COC or filling out the COC form, please call Sutter Health Plus Member Services at **1-855-315-5800**. Sutter Health Plus Member Services is available Monday through Friday, 8 a.m. to 7 p.m.

Who is Eligible for COC?

1. New Sutter Health Plus small and large group members who are currently receiving active treatment and their treating provider does not accept Sutter Health Plus. New members enrolled in group coverage are not eligible for COC if:
 - They had the choice to continue coverage with their previous health plan or provider and chose to change to Sutter Health Plus
 - They had the choice to enroll in a health plan with an out-of-network option, such as a preferred provider organization (PPO)
2. New Sutter Health Plus individual and family plan members whose prior coverage was terminated because their previous health plan withdrew from the market completely or discontinued the member's previous benefit plan.
3. Existing Sutter Health Plus members currently receiving active treatment from a Sutter Health Plus provider who leaves or is terminated from our provider network.

Eligible Medical Conditions and Situations

In order for you to be eligible for COC, the non-participating provider must be treating you for one of the conditions listed below:

- **Acute condition** – an acute condition is a medical condition that involves a sudden onset of symptoms due to an illness, injury or other medical problem that requires prompt medical attention and has a limited duration. Completion of covered services are provided for the duration of the acute condition
- **Serious chronic condition** – a serious chronic condition is a medical condition due to disease, illness or other medical problem or medical disorder that is serious in nature and that persists without full cure, worsens over an extended period of time or requires ongoing treatment to maintain remission or prevent deterioration. Covered services are provided for the period of time necessary to complete a course of treatment and to arrange for a safe transfer to another provider. Completion of covered services will not exceed 12 months from the termination date of provider or 12 months from the effective date of coverage for a newly enrolled member

- **Pregnancy** – during pregnancy and immediately after delivery (postpartum period)
 - For members who show written documentation with a diagnosis of a maternal mental health condition from their treating provider, completion of covered services for the maternal mental health condition will not exceed 12 months from the diagnosis or from the end of pregnancy, whichever comes later
- **Terminal illness** – care is continued for the duration of the terminal illness
- **Newborn/Infant** – care of a child under age three (care is continued for up to 12 months)
- **Surgery** – a previously scheduled surgery or other procedure (such as colonoscopy) that is performed within 180 days of effective date or date of provider termination

IMPORTANT NOTE

In order to process your request for COC, we need the below information. If you can, please provide the following information with your completed COC form:

- The initial consultation report from your treating provider
- Your current treatment plan
- The last three progress notes
- Any ICD-10 and CPT codes for your active treatment
- If you are a former Kaiser member, your Kaiser medical record number

If you do not have access to the information, our COC team will request the information from the provider.

IMPORTANT EXCEPTIONS

Provider Requirements:

Non-participating providers are required to agree to Sutter Health Plus' credentialing, hospital privileging, utilization review, peer review, quality assurance, and compensation terms. You are not eligible to continue care with a non-participating provider if the provider does not agree to these terms and conditions.

Participating providers who are terminating are compensated pursuant to the terms of the terminated provider agreement for the statutorily required period of time when such arrangements are specified in the particular *Participating Provider Contract*. A non-participating provider and a provider whose terminated contract does not specify that compensation for COC services is compensated under the terms of the terminated contract, is compensated at the same rate that is paid to similar participating providers that do not receive capitation for similar services in the same geographic region (unless otherwise agreed by Sutter Health Plus and the non-participating provider).

Neither Sutter Health Plus nor the participating medical group is required to continue the provider's services if the non-participating provider or terminated provider does not agree to comply or does not comply with the contractual terms and conditions as to similarly situated providers as described above.

CONTINUITY OF CARE REQUEST FORM

Sutter Health Plus

Mail or fax your completed form to:

Sutter Health Plus (SHP)

P.O. Box 160345

Sacramento, CA 95816

Fax: 1-916-736-5421 or Toll-Free Fax: 1-855-759-8752

Section A – Subscriber Information

Last Name	First Name	MI	Date of Birth	
Residential Address	City	State	ZIP	
Home Phone	Mobile Phone			
SHP Effective Date	SHP Primary Care Physician (PCP)			
Employer Name				
Name of last health plan before joining Sutter Health Plus (SHP)	Type of Benefit Plan	HMO	PPO	Other
Is SHP the only health plan offered from this employer?	Yes	No		
Does this employer still offer this health plan?	Yes	No		

Section B – Patient Information *(If different from Subscriber)*

Last Name	First Name	MI	Date of Birth
Residential Address	City	State	ZIP
Home Phone	Mobile Phone	Relationship to Subscriber	
SHP Effective Date	SHP PCP		

Section C – Provider Information

Section C1 – Provider 1

Treating Provider Last Name		Treating Provider First Name	
Provider Street Address		City	State ZIP
Provider Specialty	Provider Phone		Fax (If available)
Condition or diagnosis being treated (Include CPT and ICD-10 codes if available)			
Original start date with provider	Date of last office visit or treatment	Date of next appointment or treatment	

Section C2 – Provider 2

Treating Provider Last Name		Treating Provider First Name	
Provider Street Address		City	State ZIP
Provider Specialty	Provider Phone		Fax (If available)
Condition or diagnosis being treated (Include CPT and ICD-10 codes if available)			
Original start date with provider	Date of last office visit or treatment	Date of next appointment or treatment	

Section C3 – Provider 3

Treating Provider Last Name		Treating Provider First Name	
Provider Street Address		City	State ZIP
Provider Specialty	Provider Phone		Fax (If available)
Condition or diagnosis being treated (Include CPT and ICD-10 codes if available)			
Original start date with provider	Date of last office visit or treatment	Date of next appointment or treatment	

Section D – Medical Information

Is patient pregnant? Expected delivery date *(If applicable)* Name of delivering hospital *(If applicable)*

Yes No

Name of OB/GYN *(First and last name, if applicable)*

Is patient currently hospitalized? Name of Hospital *(If applicable)*

Yes No

Is patient currently receiving home health care or hospice? Name of home health or hospice provider *(If applicable)*

Yes No

Phone number of home health or hospice provider *(If applicable)*

Does the patient have a terminal condition? Yes No

Section E – Additional Information

Enter any additional information below

Section F – Agreement

I authorize the medical providers listed above to disclose all medical records to Sutter Health Plus for the purpose of reviewing my request for COC. This authorization expires automatically after Sutter Health Plus completes its review of my request. I can take back this authorization at any time and acknowledge that if I take it back it will not affect records already released pursuant to this authorization. I understand that state and federal law requires both my provider and Sutter Health Plus to keep my medical information confidential. I understand that Sutter Health Plus will not condition my treatment, eligibility or enrollment on whether I sign this authorization, but my request for COC will be denied if I do not sign it.

Signature of Patient or Parent/Guardian *(If patient is a minor child)*

Date

Notice of Language Assistance

IMPORTANT: Can you read this? If not, Sutter Health Plus can have somebody help you read it. You may also be able to get this written in your language. For no-cost help, please call Sutter Health Plus Member Services at 1-855-315-5800 (TTY 1-855-830-3500). (English)

IMPORTANTE: ¿Puede leer esto? Si no puede, Sutter Health Plus puede proporcionarle alguien que le ayude a leerlo. También puede obtenerlo por escrito en su idioma. Llame a Sutter Health Plus Member Services al 1-855-315-5800 (TTY 1-855-830-3500), sin costo alguno. (Spanish)

重要提示：您能讀懂這份文件嗎？如果不能，Sutter Health Plus 可以找人幫助您讀它。您還可能得到用您的語言書寫的這份文件。若需要免費幫助，請致電Sutter Health Plus會員服務，電話號碼 1-855-315-5800 (TTY 1-855-830-3500)。(Chinese)

نوکی دق (Sutter Health Plus) سالب ثلی هرتصن نأ مل عاف اردادق نکت مل اذا! اذه ءءارق یلع رداق تنأ له: تمهم ظوح لم ءدع اسم یلع لوصحلل. کتغلُب ابوتکم هاق لتت نأ اضیأ کنکم ی امک. صنلا اذه ءءارق یف کتدع اسم هنکم ی اصخش مهی دل فتاه یلع (Sutter Health Plus Member Services) سالب ثلی هرتصن ءاضعأ تامدخب لاصتالا ءارجب، ءی ءاجم (Arabic) .(1-855-830-3500[TTY]) 1-855-315-5800

ԿԱՐԵՎՈՐ ՏԵՂԵԿԱՏՎՈՒԹՅՈՒՆ. Կարո՞ղ եք կարդալ սա: Եթե ոչ, Sutter Health Plus-ը կարող է տրամադրել մեկին, ով կօգնի Ձեզ կարդալ այն: Դուք կարող եք նաև ստանալ այն գրված Ձեր լեզվով: Անվճար օգնության համար խնդրում ենք զանգահարել Sutter Health Plus-ի Անդամների սպասարկման բաժին 1-855-315-5800 (TTY 1-855-830-3500) հեռախոսահամարով: (Armenian)

សារ:សំខាន់៖ តើអ្នកអាចអានសចក្កដីនេះឬទេ? បើសិនមិនអាចទេ Sutter Health Plus អាចមាននរណាម្នាក់ជួយអានវាជូនអ្នក ។ អ្នកក៏អាចនឹងឆ្ងាយមានសចក្កដីនេះសរសេរជាភាសាបស់អ្នក ជំរែ។ សំរាប់ជំនួយជាយុត្តិធម៌សម្រាប់ស្ត្រីសម្រាប់ស្ត្រី ជូនកែសម្រួលសមាជិក Sutter Health Plus តាមលេខ 1-855-315-5800 (TTY 1-855-830-3500)។ (Cambodian)

یدرف زا دن اوت یم Sutter Health Plus ،دین اوت یم رگا؟ دیم هفب و دین اوخب ار بل اطم نیا دین اوت یم ایاً: مهم هتکن تامدخ تفایرد یارب. دراد دوجو یسراف نابز هب بل اطم نیا مچرت ناکم نین چمه. دن اوخب نات یارب ارن ات دری گب کمک و نفلت مرامش اب Sutter Health Plus یاضعأ تامدخ رتفد اب افطل، ناگیار کمک و (Farsi) 830-3500) سامت(1-855-315-5800 (TTY 1-855-

महत्वपूर्ण: क्या आप इसे पढ़ सकते/सकती हैं? यदि नहीं, तो सट्टर हेल्थ प्लस इसे पढ़ने में किसी से आपकी सहायता करवा सकता है। आप इसे अपनी भाषा में भी लिखवाने में समर्थ हो सकते/सकती हैं। नि:शुल्क सहायता के लिए, कृपया 1-855-315-5800 (TTY 1-855-830-3500) पर सट्टर हेल्थ प्लस मेंबर सर्विस को कॉल करें। (Hindi)

LUS TSEEM CEEB: Koj nyeem puas tau tsab ntawv no? Yog koj nyeem tsis tau, Sutter Health Plus muaj neeg pab nyeem rau koj. Tsis tas li ntawd xwb, peb tuaj yeem muab sau ua hom lus koj nyeem tau rau koj tib si. Yog koj xav tau kev pab pub dawb, thov hu rau Sutter Health Plus Lub Chaw Pab Cuam Tswv Cuab ntawm tus xov tooj 1-855-315-5800 (TTY 1-855-830-3500). (Hmong)

重要なお知らせ：これを読むことができます？読めない場合は、Sutter Health Plus が読むのをお手伝いします。あなたの言語で表示できるかもしれません。無料のご相談は、Sutter Health Plus Member Services、電話: 1-855-315-5800 (TTY 1-855-830-3500) まで。(Japanese)

중요: 귀하는 이것을 읽으실 수 있습니까? 만약 읽으실 수 없다면, Sutter Health Plus 에서 다른 사람에게 부탁하여 그것을 읽으실 수 있도록 도와드릴 수 있습니다. 또한 이것을 귀하의 사용 언어로 작성해 받으실 수도 있습니다. Sutter Health Plus 회원 서비스 1-855-315-5800 (TTY 1-855-830-3500)에 전화를 하시어 무상으로 도움을 받으십시오. (Korean)

ໝາຍເຫດ: ທ່ານອ່ານໄດ້ຈັດໝາຍສະບັບບໍ່? ຖ້າອ່ານອ່ານບໍ່ໄດ້, ທາງ Sutter Health Plus ມີພະນັກງານຊ່ວຍອ່ານໃຫ້ທ່ານ. ບອກຈາກພວກເຮົາວ່າພວກເຮົາສາມາດຊ່ວຍທ່ານໄດ້ແນວໃດກໍ່ດີ. ຖ້າທ່ານຕ້ອງການຄວາມຊ່ວຍເຫຼືອໂດຍບໍ່ເສຍຄ່າບໍລິການ, ກະລຸນາຕິດຕໍ່ ໜ່ວຍບໍລິການ ຂອງ Sutter Health Plus ທີ່ໝາຍເລກໂທລະສັບ 1-855-315-5800 (TTY 1-855-830-3500). (Laotian)

ਅਹਮਿ: ਕੀ ਤੁਸੀਂ ਇਸ ਨੂੰ ਪੜ੍ਹ ਸਕਦੇ ਹੋ? ਜੇ ਨਹੀਂ ਤਾਂ, Sutter Health Plus (ਸੱਟਰ ਹੈਲਥ ਪਲਸ) ਕੋਲੋਂ ਤੁਹਾਨੂੰ ਇਹ ਪੜ੍ਹਨ ਵਾਲੀ ਤੁਹਾਡੀ ਮੱਦਦ ਕਰਵਾ ਸਕਦਾ ਹੈ। ਤੁਸੀਂ ਇਸ ਨੂੰ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਵੀ ਲਿਖਵਾ ਸਕਦੇ ਹੋ। ਮੁਫਤ ਮੱਦਦ ਲਈ ਕਰਿਪਾ ਕਰ ਕੇ Sutter Health Plus Member Services ਨੂੰ 1-855-315-5800 (TTY 1-855-830-3500) ਉੱਤੇ ਕਾਲ ਕਰੋ। (Punjabi)

ВАЖНО: Вы можете это прочитать? Если нет, Sutter Health Plus может предоставить Вам кого-то, кто сможет помочь Вам прочитать это. Вы также можете получить это в письменной форме на своем языке. Для бесплатной помощи позвоните в Службу поддержки членов Sutter Health Plus по телефону 1-855-315-5800 (TTY 1-855-830-3500). (Russian)

MAHALAGA: Nababasa mo ba ito? Kung hindi, maaari kang bigyan ng Sutter Health Plus ng taong babasa para sa iyo. Maaari mo ding hilingin na isulat ito sa iyong wika. Para sa walang-gastos na tulong, mangyaring tumawag sa Sutter Health Plus Member Services sa. 1-855-315-5800 (TTY 1-855-830-3500). (Tagalog)

สำคัญ: คุณอ่านออกหรือไม่ ถ้าอ่านไม่ออก Sutter Health Plus สามารถให้คนมาช่วยคุณอ่านได้ นอกจากนี้ คุณยังสามารถขอรับเนื้อหานี้เป็นภาษาของคุณได้อีกด้วย หากต้องการความช่วยเหลือโดยไม่มีค่าใช้จ่าย กรุณาโทรหา Sutter Health Plus Member Services ที่ 1-855-315-5800 (TTY 1-855-830-3500) (Thai)

QUAN TRỌNG: Qu. vị có thể đọc thông tin này không? Nếu không, Sutter Health Plus có thể yêu cầu ai đó đọc giúp cho qu. vị. Qu. vị cũng có thể nhận được thông tin này dưới dạng văn bản bằng ngôn ngữ của qu. vị. Để được hỗ trợ miễn phí, vui lòng gọi cho ban Dịch Vụ Thành Viên của Sutter Health Plus theo số 1-855-315-5800 (TTY 1-855-830-3500). (Vietnamese)