Continuity of Care Request

Sutter Health Plan

Continuity of Care (COC) lets you temporarily continue care with a provider who is not part of the Sutter Health Plan provider network (non-participating provider). If you are new to Sutter Health Plan 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 Plan 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 Plan 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 Plan Customer Service at **855-315-5800** (TTY 855-830-3500). Customer Service is available 8 a.m. to 7 p.m., Monday through Friday.

Who Is Eligible for COC?

1. New Sutter Health Plan small and large group members who are currently receiving active treatment and whose treating provider does not accept Sutter Health Plan. 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 Plan.
   - 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 Plan 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 Plan members currently receiving active treatment from a Sutter Health Plan 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 is 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.

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- **Newborn/Infant** – Care of a child under age 3 (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 Plan's 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 Plan and the non-participating provider).

Neither Sutter Health Plan 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 Plan

Email, mail or fax your completed form to:

EMAIL
shpcoccaremanagement@sutterhealth.org

MAIL
Sutter Health Plan
P.O. Box 160345
Sacramento, CA 95816

FAX
916-736-5421
(Toll-Free 855-759-8752)

Section A – Subscriber Information

Last Name | **First Name** | **MI** | **Date of Birth**

Residential Address | **City** | **State** | **ZIP**

Home Phone | **Mobile Phone**

Sutter Health Plan Effective Date | **Sutter Health Plan Primary Care Physician (PCP)**

Employer Name

Name of last health plan before joining Sutter Health Plan

Type of Benefit Plan
☐ HMO ☐ PPO ☐ Other

Is Sutter Health Plan 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**

Sutter Health Plan Effective Date | **Sutter Health Plan 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?

☐ **Yes** ☐ **No**

Expected delivery date (If applicable)

Name of delivering hospital (If applicable)

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

Is patient currently hospitalized?

☐ **Yes** ☐ **No**

Name of Hospital (If applicable)

Is patient currently receiving home health care or hospice?

☐ **Yes** ☐ **No**

Name of home health or hospice provider (If applicable)

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 Plan for the purpose of reviewing my request for COC. This authorization expires automatically after Sutter Health Plan 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 Plan to keep my medical information confidential. I understand that Sutter Health Plan 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

Sutter Health Plan

Notice of Language Assistance

IMPORTANT: Can you read this? If not, Sutter Health Plan 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 Plan Customer Service at 855-315-5800 (TTY 855-830-3500). (English)

IMPORTANTE: ¿Puede leer esto? Si no puede, Sutter Health Plan puede proporcionarle a alguien que lo ayude a leerlo. También puede obtener este documento en su idioma. Llame al Servicio de Atención al Cliente de Sutter Health Plan al 855-315-5800 (TTY 855-830-3500). (Spanish)

重要事項：您能閱讀這些內容嗎？如果不能閱讀，Sutter Health Plan 可以安排人員幫助您閱讀。您還可能可以獲得以您的語言編寫的這些內容。如需免費幫助，請致電 Sutter Health Plan 客戶服務部，電話號碼：855-315-5800 (TTY 855-830-3500)。(Chinese)

ملاحظة مُهِمَّة: هل بمقدورك قراءة هذا؟ إذا لم تكُن قادرًا على ذلك، يُمكن لخطّة Sutter Health Plan أن تأتي بشخص يُساعدك على قراءته. كذلك قد يكون من المُمكن تزويدك بنُسخة منه مكتوبة بلُغتك. للحصول على مُساعدة مجّانية، يُرجى الاتصال بخدمة العُملاء التابعة لخطّة Sutter Health Plan على هاتف 855-315-5800 (أو بخط الكتابة عن بُعد [TTY] 855-830-3500). (Arabic)

ԿԱՐԵՎՈՐ Է. Կարո՞ղ եք սա կարդալ: Եթե ոչ, Sutter Health Plan-ը կարող է տրամադրել մեկին, ով կօգնի Ձեզ կարդալ այն: Դուք կկարողանաք նաև ստանալ այն գրված Ձեր լեզվով: Անվճար օգնության համար զանգահարեք Sutter Health Plan-ի Հաճախորդների սպասարկման բաժին՝ 855-315-5800 (TTY 855-830-3500) հեռախոսահամարով: (Armenian)

សំខាន់៖ តើអ្នកអាចអានដាច់ទេ? បើអានមិនដាច់ទេ Sutter Health Plan អាចឱ្យគេជួយអ្នកអានបាន។ អ្នកក៏ប្រហែលជាអាចទទួលបានឯកសារនេះសរសេរជាភាសារបស់អ្នកផងដែរ។ សម្រាប់ជំនួយដោយឥតគិតថ្លៃ សូមហៅទៅកាន់ផ្នែកសេវាអតិថិជន Sutter Health Plan តាមលេខ 855-315-5800 (TTY 855-830-3500)។ (Cambodian)

نکته مهم: آیا می‌توانید این مطلب را بخوانید؟ اگر نمی‌توانید، Sutter Health Plan می‌تواند از فردی کمک بگیرد تا آن را برایتان بخواند. همچنین امکان دریافت این مطالب به زبان شما وجود دارد. برای دریافت کمک به صورت رایگان، لطفاً با خدمات مشتریان Sutter Health Plan از طریق شماره تلفن 855-315-5800 (TTY 855-830-3500) تماس بگیرید. (Farsi)

महत्वपूर्ण: क्या आप इसे पढ़ सकते/ती हैं? यदि नहीं, तो सट्टर हेल्थ प्लान (Sutter Health Plan) इसे पढ़ने में किसी से आपकी सहायता करवा सकता है। आप इसे अपनी भाषा में भी लिखवा सकते/ती हैं। निःशुल्क सहायता के लिए, कृपया Sutter Health Plan ग्राहक सेवा को 855-315-5800 (TTY 855-830-3500) पर कॉल करें। (Hindi)

TSEEM CEEB: Koj puas tuaj yeem nyeem qhov no tau? Yog tias tsis tau, Sutter Health Plan tuaj yeem kom ib tus neeg pab koj nyeem nws. Tsis tas li ntawd, tej zaum koj kuj tseem tuaj yeem tau txais qhov no sau ua koj hom lus thiab. Yog xav tau kev pab dawb, thov hu rau Sutter Health Plan Lub Chaw Pab Cuam Qhua ntawm 855-315-5800 (TTY 855-830-3500). (Hmong)

重要：こちらの文書が読めますか? 読むのが難しいときは、サッター ヘルス プランが読むのをお手伝いするスタッフを手配します。また、これを日本語で書いてもらうこともできます。無料でのサポートをご利用いただくには、電話 855-315-5800（TTY 855-830-3500）、サッター ヘルス プラン カスタマー サービスにご連絡ください。(Japanese)

중요 사항: 이것을 읽으실 수 있습니까? 만약 읽으실 수 없는 경우, Sutter Health Plan 은 귀하가 읽으실 수 있도록 다른 사람을 시켜 도와 드릴 수 있습니다. 또한 이 내용을 자신이 사용하는 언어로 작성하도록 하실 수도 있습니다. 비용 부담 없이 도움을 받으시려면 Sutter Health Plan 고객 서비스에 전화를 하십시오. 전화: 855-315-5800 (TTY 855-830-3500). (Korean)

ສຳຄັນ: ທ່ານສາມາດອ່ານຂໍ້ຄວາມນີ້ໄດ້ບໍ? ຖ້າບໍ່ໄດ້, Sutter Health Plan ສາມາດໃຫ້ຄົນຊ່ວຍທ່ານອ່ານຂໍ້ຄວາມນີ້. ນອກຈາກນີ້, ທ່ານຍັງອາດຈະສາມາດຂໍໃຫ້ຂຽນເປັນພາສາຂອງທ່ານໄດ້. ຫາກຕ້ອງການການຊ່ວຍເຫຼືອໂດຍບໍ່ມີຄ່າໃຊ້ຈ່າຍ, ກະລຸນາໂທຫາຝ່າຍບໍລິການລູກຄ້າຂອງ Sutter Health Plan ທີ່ 855-315-5800 (TTY 855-830-3500). (Laotian)

ਮਹੱਤਵਪੂਰਨ: ਕੀ ਤੁਸੀਂ ਇਸ ਨੂੰ ਪੜ੍ਹ ਸਕਦੇ ਹੋ? ਜੇ ਨਹੀਂ, ਤਾਂ ਸੱਟਰ ਹੈਲਥ ਪਲਾਨ (Sutter Health Plan) ਇਸ ਨੂੰ ਪੜ੍ਹਨ ਵਿੱਚ ਤੁਹਾਡੀ ਮਦਦ ਕਰ ਸਕਦਾ ਹੈ। ਤੁਸੀਂ ਇਸ ਨੂੰ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਵੀ ਲਿਖਵਾ ਸਕਦੇ ਹੋ। ਬਿਨਾਂ ਲਾਗਤ ਦੇ ਮਦਦ ਲਈ, ਕਿਰਪਾ ਕਰਕੇ ਸੱਟਰ ਹੈਲਥ ਪਲਾਨ ਦੀ ਗਾਹਕ ਸੇਵਾ ਨੂੰ 855-315-5800 (TTY 855-830-3500) 'ਤੇ ਕਾਲ ਕਰੋ। (Punjabi)

ВАЖНО. Вы можете это прочитать? Если нет, Sutter Health Plan может предоставить вам того, кто сможет помочь вам прочитать это. Вы также можете получить этот документ в письменной форме на своём языке. Для бесплатной помощи позвоните в отдел обслуживания клиентов Sutter Health Plan по телефону 855-315-5800 (TTY 855-830-3500). (Russian)

MAHALAGA: Nababasa mo ba ito? Kung hindi, maaari kang bigyan ng Sutter Health Plan ng taong makakatulong sa iyo na basahin ito. Maaari mo ring hilingin na ipasulat ito sa iyong wika. Para sa walang bayad na tulong, mangyaring tumawag sa Sutter Health Plan Customer Service sa 855-315-5800 (TTY 855-830-3500). (Tagalog)

หมายเหตุ: คุณอ่านข้อความนี้ออกหรือไม่ ถ้าหากคุณอ่านไม่ออก Sutter Health Plan สามารถให้คนมาช่วยคุณอ่านได้ นอกจากนี้ คุณยังสามารถขอรับเนื้อหานี้เป็นภาษาของคุณได้อีกด้วย หากคุณต้องการความช่วยเหลือโดยไม่มีค่าใช้จ่าย กรุณาติดต่อ Sutter Health Plan Customer Service ได้ที่ 855-315-5800 (TTY 855-830-3500) (Thai)

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