# Continuity of Care

## What is Continuity of Care?

Continuity of Care (COC) is a health plan process that, under certain conditions, provides members with short-term, temporary coverage for care received from a former, non-participating provider. The Continuity of Care process acts as a "bridge to coverage" for those in the middle of an "active course of treatment" as you transition from your old plan to your new UnitedHealthcare plan. To qualify, a Member must be new to UnitedHealthcare and request COC or must be receiving services from a terminating provider at the time of contract termination or network disruption. In addition, UnitedHealthcare or your assigned medical group/IPA must make a formal determination that changes in providers on your plan effective date or the provider termination date may have an adverse effect on your health. An active course of treatment typically involves regular visits with a physician to assess the status of an illness, disorder or condition, provide direct treatment, prescribe medications or modify a treatment protocol. Small Business Individual Health Statement.

## Who authorizes Continuity of Care?

If you or a member of your family qualifies for COC, complete the appropriate COC request form and forward it to UnitedHealthcare as soon as possible, but not later than thirty (30) days of your effective date of enrollment with UnitedHealthcare. Exceptions to the 30-day time frame will be considered for good cause. Temporary coverage with a non-participating provider may be authorized in those cases in which a change in physician could adversely affect you or your dependent's medical care. A preference for a particular physician or ongoing monitoring for a chronic condition will not qualify you for Continuity of Care. If you do not receive preauthorization by UnitedHealthcare or by your chosen medical group/IPA,payment for services rendered by a non-participating provider will be your responsibility.

## What types of cases qualify for Continuity of Care?

The following statements are examples of cases in which Continuity of Care might apply to you or your dependents. If any of these statements are true for you or a family member or will be true during your open enrollment period, you should fill out the appropriate Continuity of Care form.

- I am, or a member of my family is, pregnant.
- I am, or a member of my family is, presently in an acute hospital or scheduled to be in the hospital immediately after our UnitedHealthcare insurance becomes effective.
- I am, or a member of my family is, presently undergoing a course of chemotherapy, radiation therapy or psychiatric counseling.
- I am, or a member of my family is, presently on a Transplant list.

To qualify for Continuity of Care, your open enrollment choices must have mandated a change in your health plan, which did not allow you access to an open network option (such as PPO/SDHP or POS plan). This provision also applies to Continuity of Care for supplemental benefits offered through UnitedHealthcare (for example, mental health benefits).

If you think you or a member of your family qualifies for Continuity of Care, complete the Continuity of Care form and forward it to UnitedHealthcare as soon as possible. Upon receipt of the completed form, the company's Health Services department will complete a COC review. The decision will be made and communicated to you in a timely manner appropriate for the nature of your condition. In most instances, decisions for non-urgent requests will be made within five (5) business days of the company's receipt of your completed form. You will be notified by telephone and provided with a plan for your continued care.

If you have any questions about this process, please call the Company's Customer Service.

## Customer Service

**UnitedHealthcare SignatureValue™ (HMO/MCO):**

Oklahoma/Texas
1-800-825-9355
1-800-557-7595 (TDHI)

Oregon/Washington
1-800-932-3004
1-800-786-7387 (TDHI)

**Visit our Web site @ www.uhcwest.com**

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UnitedHealthcare®

# Request for Continuity of Care

**Please complete the entire form.**

Check the UnitedHealthcare state that applies: ☐ OK ☐ OR ☐ TX ☐ WA

## Subscriber and Plan Information

| | | | |
|---|---|---|---|
| Subscriber Name | ID# (if known) | Social Security # | |
| Address | City | State | ZIP |
| Type of Current UnitedHealthcare Plan ☐ HMO/MCO | Effective Date of Current UnitedHealthcare Plan (if applicable): | Home Phone | Work Phone |
| Employer Name | Employer Group# | Prior Insurance (if applicable) | Prior Medical Group/IPA or Terminated Provider (as applicable) |

## Patient, Physician and Treatment Information

| | | | |
|---|---|---|---|
| Patient Name | Relation to Subscriber | Date of Birth | Phone |
| Address (if different from Subscriber) | | | |
| Present Treating Physician or Provider | Treating Physician's/Provider's Phone | Treating Physician's Specialty | |
| Treating Physician's/Provider's Address | | | |
| How long has Physician/Provider been treating Patient? | Expected Date of Delivery (if applicable) | Hospital (if applicable) | |
| New Primary Care Physician or Medical Group/IPA (selected from UnitedHealthcare Provider List) | | | |
| Nature of Illness/Comments (Describe condition being treated. Include diagnosis, expected treatment duration and dates of surgery if scheduled.) Please use a separate sheet for additional comments. | | | |

- **Explanation:** Please note that if you are requesting Continuity of Care Benefits for treatment relating to mental health or substance abuse, you will be provided with a separate form which has been adopted to comply with the heightened protections for these treatment records afforded by federal and state laws. If you are not requesting Continuity of Care Benefits for treatment relating to mental health or substance abuse, you should complete this form and return it to UnitedHealthcare, CA124-0181, P.O. Box 30970, Salt Lake City, UT 84130-0970, Attn: Continuity of Care Department.

  **Fax transmissions may be directed to UnitedHealthcare, Continuity of Care Department, 1-888-361-0514.**

- **Uses:** This information will be used solely by UnitedHealthcare in order to evaluate the request for Continuity of Care Benefits.

| | |
|---|---|
| Date | Time ☐ A.M. ☐ P.M. |

**Fax this form to 1-888-361-0514**

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