

# Continuity of Care Request Form



**Mail to:** 2349 Gateway Oaks Drive, Suite 100, Sacramento, CA 95833  
**Fax to:** 916.568.0278  
**Questions:** 916.563.2250 or 888.563.2250 toll-free or 888.877.5378 TTY

If you are currently receiving treatment and (i) a new WHA member or (ii) an existing WHA member whose physician has terminated with WHA, you may request to temporarily remain with your existing physician. Please see the back for more information about what continuity of care is and if you may be eligible. To request continuity of care, complete this form for each physician you want to retain. If you do not have a qualified continuity of care issue, you may still request assistance in changing to WHA providers by using this form. Turn this form into WHA as soon as you know you will need continuing care (if new) or of when your physician terminated with WHA. WHA will let you know if you qualify for continuity of care.

**REQUEST FOR:**  **Continued Care With Current Specialist**  **Assistance With Changing Specialist/Provider**

## Section I — EMPLOYEE AND PLAN INFORMATION

Employee First Name \_\_\_\_\_ Last Name \_\_\_\_\_ MI \_\_\_\_\_  
Date of Birth \_\_\_\_\_ WHA Member ID# \_\_\_\_\_ WHA Effective Date \_\_\_\_\_  
Address \_\_\_\_\_ Apt./Unit# \_\_\_\_\_  
City, State, Zip \_\_\_\_\_ Home Phone \_\_\_\_\_  
Work Phone \_\_\_\_\_ Previous Health Insurance Carrier \_\_\_\_\_  HMO  PPO  
Employer \_\_\_\_\_

## Section II — PATIENT, PHYSICIAN AND TREATMENT INFORMATION

Patient Name \_\_\_\_\_ Diagnosis \_\_\_\_\_  
Relationship to Employee \_\_\_\_\_ Date of Birth \_\_\_\_\_ Phone \_\_\_\_\_  
Address (if different) \_\_\_\_\_ Apt./Unit# \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Primary Care Physician \_\_\_\_\_ Medical Group \_\_\_\_\_

### Out-of-Network Providers

Requested Specialist \_\_\_\_\_ Specialty \_\_\_\_\_ Phone \_\_\_\_\_  
Specialist Address \_\_\_\_\_ Suite# \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Is patient pregnant?  Yes  No Due Date \_\_\_\_\_ Delivering Hospital \_\_\_\_\_  
Date of initial diagnosis/treatment \_\_\_\_\_ Is patient currently receiving treatment?  Yes  No  
Date of next scheduled treatment/appointment \_\_\_\_\_  
Current treatment/need (provide details, use separate sheet if necessary)  
\_\_\_\_\_  
\_\_\_\_\_

## Section III — SIGNATURE REQUIRED

I authorize the medical providers listed above to disclose all medical records to Western Health Advantage (WHA) for the purpose of reviewing my request for continuity of care. This authorization shall expire automatically after WHA completes its review of my request. I may revoke this authorization at any time and acknowledge that a revocation will not affect records already disclosed pursuant to this authorization. I understand that both my provider and WHA are required under state and federal law to keep my medical information confidential. I understand that WHA will not condition my treatment, eligibility or enrollment on whether I sign this form; however, my request for continuity of care will be denied if I do not sign this authorization.

Patient Signature \_\_\_\_\_ Date \_\_\_\_\_

## **WHAT IS CONTINUITY OF CARE?**

In certain circumstances (below), you may temporarily continue care with a physician who is not part of WHA's network (a "Non-Participating Provider"). If you are being treated by a provider who has been terminated from WHA's network, or if you are a new Member who has been receiving care from a Non-Participating Provider, you may continue care with that provider if you meet the continuity of care requirements explained below.

## **CONTINUITY OF CARE REQUIREMENTS**

In order for you to be eligible for continued care, the Non-Participating Provider must have been treating you for one of the conditions listed below. Individual circumstances will be evaluated by the Medical Director on a case-by-case basis.

- An acute condition: 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 that has a limited duration. Completion of covered services shall be provided for the duration of the acute condition.
- A 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 will be provided for the period of time necessary to complete a course of treatment and to arrange for a safe transfer to another provider, as determined by WHA in consultation with the member and the terminated provider or Non-Participating Provider, consistent with good professional practice. Completion of covered services under this paragraph shall not exceed twelve (12) months from the contract termination date or twelve (12) months from the effective date of coverage for a newly enrolled member.
- A pregnancy (care continued for the duration of the pregnancy and the immediate postpartum period including a documented maternal mental health condition (care continued no longer than twelve (12) months from the end of the pregnancy)).
- A terminal illness: an incurable or irreversible condition that has a high probability of causing death within one year. Care shall be continued for the duration of the terminal illness.
- Care of a newborn child whose age is between birth and thirty-six (36) months. Care shall be continued for up to twelve (12) months.
- Performance of surgery or other procedure that has been authorized by WHA (or its contracted medical group) as part of a documented course of treatment that is to occur within one hundred eighty (180) days.

## **NOTE ABOUT PROVIDERS**

WHA and/or the medical group may require the Non-Participating Provider to agree to WHA's credentialing, hospital privileging, utilization review, peer review, quality assurance and compensation terms. If the Non-Participating Provider does not comply with these contractual terms and conditions, you will not be eligible to continue care with that provider.

If you have questions about Western Health Advantage's continuity of care policy, please call our Member Services Department.