



CONTINUITY OF CARE

Effective January 1, 2022, the No Surprises Act (NSA) requires health plans or issuers to notify certain enrollees when a provider or facility is terminated from the network due to contract expiration or non-renewal. Under the NSA, plan members have the right, as a “continuing care patient,” to elect to continue the course of treatment for a period of time from the terminating provider or facility under the same coverage and terms and conditions that would have applied without the termination. If you’re receiving ongoing care (active course of treatment) from a Provider which is In-Network or otherwise has a contractual relationship with the Plan governing such care and that contractual relationship is terminated, not renewed, or otherwise ends for any reason other than the Provider’s failure to meet applicable quality standards or for fraud, the Participant shall have the following rights to continuation of care. If approved, you can continue to see your current provider and benefits will be paid based on in-network coverage for 90 days.

Note that during continuation, Plan benefits will be processed as if the termination had not occurred, however, the Provider may be free to pursue the Participant for any amounts above the Plan’s benefit amount.

An active course of treatment means you have begun a program of planned services with your provider to correct or treat a diagnosed condition. Here are some situations that may qualify for continuity of care:

- Chemotherapy or radiation therapy
- Organ transplants
- Pregnancy
- Physical, occupational or speech therapy
- Terminal illness

Prior to completing this form, please verify your provider’s network status by visiting your network’s website or calling Delta Health Systems using the number on your identification card.

If you or any of your eligible dependent(s) are currently receiving an active course of treatment that may qualify for COC, complete the Continuity of Care Form on the reserve side and return it to:

Preferred: special.project1@delapro.com

Delta Health Systems
PO Box 80
Stockton, CA 95201-3080
Fax: 209-939-3950



CONTINUITY OF CARE REQUEST FORM

Complete this form if you are undergoing an active course of treatment and that treatment must continue on or after January 1, 2022 by a provider who is not in-network. A separate form should be completed for each family member, if necessary. For additional information on COC, please call Delta Health Systems at 1-800-807-0820.

Section I: To be completed by patient

Subscriber Name:		Healthcare ID #:
Patient Name:		DOB:
Phone Number:	Address:	
I request approval for continuity of care coverage of ongoing treatment from the health care provider named below for treatment that started before my provider terminated from the network, and is expected to continue for the next 90 days. If approved, I understand that the approval for transition of care coverage for the services listed below will be valid for a short period of time and those services must be a covered benefit under the health plan.		
Patient's Signature		Date
Parent/Guardian's Signature (if under 18)		Date

Section II: To be completed by treating provider

Provider's Name and Address:		
Provider's Phone Number and Contact:	Provider's Tax Identification Number:	
Signature of Treating Provider:		Date
Is the patient receiving ongoing care for one of the following conditions? (check all that apply)		
Asthma <input type="checkbox"/> Diabetes <input type="checkbox"/> Cancer <input type="checkbox"/> Pregnancy <input type="checkbox"/> Organ Transplant <input type="checkbox"/> Terminal Illness <input type="checkbox"/> PT/ST/OT <input type="checkbox"/>		
Recent Surgery <input type="checkbox"/> Chronic Disease <input type="checkbox"/> Specify: _____ Other <input type="checkbox"/> Specify: _____		
Description of patient's treatment (including CPT Codes):		
Description of all medical diagnoses (including ICD codes):		
Date Treatment Started:	Date Treatment Expected to End:	