

EVERNORTHSM

CONTINUITY OF CARE

EVERNORTH BEHAVIORAL HEALTH
OF CALIFORNIA, INC.



Your Evernorth Behavioral Health of California

Continuity of Care benefits

Continuity of Care benefits provide coverage for individuals who meet the criteria.

- 01 They have one of several specified medical conditions.
- 02 They require ongoing treatment for a certain period of time.
- 03 They are receiving services from doctors, hospitals, facilities or other health care providers that are leaving their health plan's network OR
- 04 If you have been notified by your employer that you may qualify for Continuity of Care.

If an individual meets the criteria, we will contact the health care provider and attempt to arrange for the provision of covered services. If the health care provider does not agree to our contractual terms and conditions, we may deny or only provide limited Continuity of Care benefits.

How it works

- + You should apply for Continuity of Care benefits as soon as you are aware/notified that your provider is terminating.
- + You must already be receiving care for a qualifying medical condition by the provider identified on the Continuity of Care Request Form.
- + If Continuity of Care benefits are approved, you will receive the in-network level of benefits for treatment of the specific condition for either a specified time frame or the duration of the condition, depending on the situation.
- + Approved benefits only apply to the treatment provided or ordered by the provider identified on the Continuity of Care Request Form for the medical condition specified on the form.
- + The availability of Continuity of Care benefits does not mean a treatment is covered, nor does it constitute preauthorization of medical services to be provided. Benefit determinations and preauthorizations must still be obtained during the precertification and case management process.
- + All benefits are subject to the provisions of the plan.
- + **If you do not have out-of-network coverage on your plan, you will be responsible for the cost of any services rendered by any terminated health care provider unless we approve them for Continuity of Care benefits.**

Medical conditions and other situations that may qualify for Continuity of Care benefits include:

- + An acute condition, for the length of the acute condition. An "acute condition" is defined as 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.
- + A serious chronic condition, for a period needed to complete a course of treatment and to arrange for a safe transfer to another provider, as determined by us in consultation with the enrollee and treating health care provider, consistent with good provider practice. This period shall not exceed 12 months from the health care provider's contract termination date. A "serious chronic condition" is a medical condition due to a disease, illness or other medical problem or medical disorder that is serious in nature and:
 - Persists without full cure;
 - Worsens over an extended period of time; or
 - Requires ongoing treatment to maintain remission or prevent deterioration.
- + A pregnancy, for the length of the pregnancy (three trimesters) and the immediate postpartum period.
- + A terminal illness, for the length of the terminal illness. A "terminal illness" is an incurable or irreversible condition that has a high probability of causing death within one year or less.
- + Care of a newborn child whose age is between birth and age 36 months, regardless of whether the child is undergoing an active course of treatment, for a period not to exceed 12 months.
- + Performance of surgery or other procedure that has been authorized by the plan, as part of a documented course of treatment that is to occur within 180 days of the provider's contract termination date.

If I am approved for Continuity of Care benefits for one illness, can I receive in-network coverage for a non-related condition?

Coverage provided as part of Continuity of Care benefits are for the specific illness/condition only and cannot be applied to another illness/condition. You must complete a Continuity of Care Request Form for each unrelated illness/condition.

See instructions for completing this form on the reverse side.

*****ATTENTION: You may not need to complete this form*****

Continuity of Care Request Form

- + **Complete this form only if you are receiving care from a health care provider that does not participate in your plan's network. Please check your directory or go to well.evernorth.com and click on "Find Care" to verify that your provider is in your plan's network. You can also call the number on your ID card and speak with a Customer Service specialist for assistance.**
- + **For behavioral health related services please contact Evernorth Behavioral Health by calling the customer service phone number on the back of your ID card, or 888.736.7009.**
- + **Use a separate form for each condition. Photocopies are acceptable. Attach additional information if necessary.**

Employer		Policy #			
Employee name		Member ID#		Work phone	
Home address	Street	City	State	Zip	Home phone
Patient's name		Patient's Social Security #	Patient's birthdate (mm/dd/yyyy)		Relationship to employee <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent <input type="checkbox"/> Self

- 01 Is the patient pregnant? Yes No
- 02 If yes, when is the due date? _____ (mm/dd/yyyy)
- 03 Is the patient currently receiving treatment for an acute condition or trauma? Yes No
- 04 Is the patient scheduled for surgery or hospitalization after your effective date with us? Yes No
- 05 Is the patient involved in a course of chemotherapy, radiation therapy, cancer therapy or a candidate for organ transplant? Yes No
- 06 Is the patient receiving treatment as a result of a recent major surgery? Yes No
- 07 Is the patient receiving care for a terminal illness? Yes No
- 08 If you did not answer "Yes" to any of the above questions, please describe the condition for which the patient requests Continuity of Care. Yes No
- 09 Please complete the information below.

Group practice name		
Provider's name	Telephone # of provider	Provider's specialty
Provider's address		
Hospital where patient's provider practices		Telephone # of hospital
Hospital address		
Reason/diagnosis		
Date(s) of admission (mm/dd/yyyy)	Date of surgery (mm/dd/yyyy)	Type of surgery
Treatment being received and expected duration		

- 10 Is this patient expected to be in the hospital when or after coverage with us begins? Yes No
- 11 Please list any other continuing care needs that may qualify for Continuity of Care benefits. If these needs are not related to the condition for which you are applying for Continuity of Care benefits, you must complete a separate Continuity of Care Request Form.

I hereby authorize the above provider to provide Evernorth Behavioral Health of California, Inc., or its affiliates and contracted parties with any and all information and medical records necessary to make an informed decision concerning my request for Continuity of Care benefits under my plan. I understand I am entitled to a copy of this authorization form.	
Signature of patient, parent or guardian	Date (mm/dd/yyyy)

▶ Detach Transition of Care Request Form here. ▶

Here's how to complete the Continuity of Care Request Form

- + You must complete a separate Continuity of Care Request Form for each condition for which you or your dependents seek Continuity of Care benefits. Additional forms are available at, well.evernorth.com. You may use photocopies.
- + Please answer all questions completely.
- + Completed forms should be signed by the patient for whom Continuity of Care benefits have been requested. If the patient is a minor, a guardian must sign the form.
- + To help ensure a timely review of your case, please return the form as soon as possible. **You should apply for Continuity of Care benefits as soon as you are aware/ notified that your provider is terminating.** Completed forms should be marked "Confidential" and forwarded to the appropriate address. See Important Notes.



Important Notes

Questions 1–6: If you answered "Yes" to any of these questions, or if you are submitting this Transition of Care Request Form for any other non-mental health care services, please send the form to:

Evernorth Health Facilitation Care Center
400 N. Brand Blvd., Suite 400
Glendale, CA 91203
FAX (800) 558-3710

Question 7: Please include information about your current or proposed treatment plan and how long your treatment is expected to continue. If surgery has been planned, state the type and the proposed date of your surgery.

Question 11: Briefly state the health condition. When did it begin and what provider is currently involved? How often do you see this provider? Be as specific as possible.

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No Cost Language Services for customers who live in California and customers who live outside of California who are covered under a policy issued in California. You can get an interpreter. You can get documents read to you and some sent to you in your language. For help, call us at 1-888-736-7009 for mental health/substance use. For more help, call either the HMO Help Center at 1-888-466-2219 or for Non-HMO plans (e.g. PPO) call the CA Dept. of Insurance at 1-800-927-4357. **English**

Servicios de idioma sin costo para asegurados que viven en California y para asegurados que viven fuera de California y que están cubiertos por una póliza emitida en California. Puede obtener un intérprete. Puede hacer que le lean los documentos en español y que le envíen algunos de ellos en ese idioma. Para obtener ayuda, llámenos al 1-888-736-7009 para la salud mental/consumo de sustancias. Para obtener ayuda adicional, llame al Centro de ayuda HMO al 1-888-466-2219 o para los planes que no sean HMO (p. ej. PPO) llame al Departamento de Seguros de CA al 1-800-927-4357. **Spanish**

居住在加州境內的被保人和居住在加州境外但受到加州境內核發保單承保的被保人可取得**免費語言服務**。您可取得口譯員服務。我們可以用中文將文件讀給您聽，並將部分備有中文版的文件寄送給您。欲取得協助，請致電 1-888-736-7009 與我們聯繫以取得精神健康 / 物質使用服務。欲取得其他協助，請致電 1-888-466-2219 與 HMO 協助中心聯絡，或非HMO 計畫 (例如：PPO) 請致電 1-800-927-4357 與加州保險部聯絡。 **Chinese**

يمكنك الاستعانة بخدمات لغوية بدون تكلفة للعملاء المقيمين في ولاية كاليفورنيا والعملاء المقيمين خارج ولاية كاليفورنيا الذين تشملهم سياسة تأمين صادرة في ولاية كاليفورنيا. تعاطي المواد المخدرة/ للصحة النفسية 1-888-736-7009 للحصول على المساعدة، اتصل بنا على الرقم. يمكنك طلب قراءة الوثائق لك وإرسال بعض منها إليك بلغتك بمتراجم ، اتصل بإدارة التأمين لولاية (PPO) مثل (HMO) أو للبرامج الأخرى غير 1-888-466-2219 للمساعدة على الرقم HMO وللحصول على المزيد من المساعدة، اتصل إما بمركز ، 1-800-927-4357 كاليفورنيا على الرقم **Arabic**

캘리포니아 거주 고객 및 캘리포니아에서 발행된 보험으로 보장을 받는 캘리포니아 이외 지역 거주 고객님들을 위한 **무료 언어지원 서비스**. 귀하는 통역 서비스를 받으실 수 있습니다. 한국어로 서류를 낭독해주는 서비스를 받으실 수 있으며 한국어로 번역된 서류를 받아보실 수도 있습니다. 도움이 필요하신 분은 정신 건강/약물 사용 안내번호 1-888-736-7009번으로 문의해 주십시오. 더 많은 도움이 필요하신 분은 HMO 헬프 센터(HMO Help Center), 안내번호 1-888-466-2219번으로 문의하시거나 비-HMO 플랜(예: PPO)에 해당하시는 분은 캘리포니아주 보험국(CA Dept. of Insurance) 안내번호 1-800-927-4357번으로 연락해 주십시오. **Korean**

Walang Gastos na Mga Serbisyo sa Wika para sa mga customer na nakatira sa California at mga customer na nakatira sa labas ng California na sakop ng isang polisiyang inisyu sa California. Makakakuha ka ng interpreter. Maaari mong ipabasa para sa iyo ang mga dokumento at maaaring ipadala sa iyo ang ilan sa iyong wika. Para sa tulong, tawagan kami sa 1-888-736-7009 para sa mga kalusugang pangkaisipan/paggamit ng droga. Para sa karagdagang tulong, tumawag sa HMO Help Center sa 1-888-466-2219 o para sa mga planong Hindi HMO (hal. PPO) tawagan ang CA Dept. of Insurance sa 1-800-927-4357. **Tagalog**

Dịch vụ trợ giúp ngôn ngữ miễn phí cho khách hàng sinh sống trong tiểu bang California và khách hàng sống ngoài California được đài thọ qua một hợp đồng bảo hiểm y tế ký kết tại California. Quý vị có thể được cấp thông dịch viên. Quý vị có thể được có người đọc văn bản cho quý vị hoặc được nhận tài liệu, văn bản bằng ngôn ngữ của quý vị. Để được giúp đỡ, vui lòng gọi cho chúng tôi theo số 1-888-736-7009 để biết thông tin về chương trình chăm sóc sức khỏe tâm thần/sử dụng chất gây nghiện. Để được giúp đỡ thêm, vui lòng gọi Trung tâm Trợ giúp HMO tại 1-888-466-2219 hoặc gọi Bộ Bảo hiểm California tại số 1-800-927-4357 cho các vấn đề thuộc các chương trình bảo hiểm không thuộc loại HMO (như các chương trình PPO). **Vietnamese**

សេវាបកប្រែភាសាដោយឥតគិតថ្លៃ សម្រាប់អតិថិជនដែលរស់នៅក្នុងរដ្ឋកាលីហ្វ័រនីញ៉ា និងអតិថិជនដែលរស់នៅក្រៅរដ្ឋកាលីហ្វ័រនីញ៉ា ដែលបានរ៉ាប់រងនៅក្រោមច្បាប់សន្យា បានចេញឱ្យក្នុងរដ្ឋកាលីហ្វ័រនីញ៉ា។ អ្នកអាចទទួលជំនួយពីអ្នកបកប្រែបាន។ អ្នកអាចឱ្យគេអានឯកសារជូនអ្នក និងផ្ញើឯកសារខ្លះទៅឱ្យអ្នកជាភាសាខ្មែរ។ សម្រាប់ជំនួយ សូមទូរស័ព្ទមកយើងតាមលេខ 1-888-736-7009 សម្រាប់ខាងតំរិយាបថសុខភាពអារម្មណ៍/ការរំលោភសារធាតុញៀន ។ សម្រាប់ជំនួយថែមទៀត ទូរស័ព្ទទៅមជ្ឈមណ្ឌលជំនួយ HMO តាមលេខ 1-888-466-2219 ឬសម្រាប់គម្រោងមិនមែនជា HMO (ដូចជា PPO) ទូរស័ព្ទទៅក្រសួងធានារ៉ាប់រងរដ្ឋកាលីហ្វ័រនីញ៉ា តាមលេខ 1-800-927-4357។ **Khmer**

ਮੁਫ਼ਤ ਭਾਸ਼ਾ ਸੇਵਾਵਾਂ ਉਹਨਾਂ ਗਾਹਕਾਂ ਲਈ ਹਨ ਜੋ ਕੈਲੀਫ਼ੋਰਨੀਆ ਵਿੱਚ ਰਹਿੰਦੇ ਹਨ ਅਤੇ ਉਹਨਾਂ ਗਾਹਕਾਂ ਲਈ ਜੋ ਕੈਲੀਫ਼ੋਰਨੀਆ ਤੋਂ ਬਾਹਰ ਰਹਿੰਦੇ ਹਨ ਅਤੇ ਕੈਲੀਫ਼ੋਰਨੀਆ ਵਿੱਚ ਜਾਰੀ ਕੀਤੀ ਗਈ ਪਾਲਿਸੀ ਦੇ ਅਧੀਨ ਕਵਰਡ ਹਨ। ਤੁਹਾਨੂੰ ਦੁਬਾਸੀਆ ਮਿਲ ਸਕਦਾ ਹੈ। ਤੁਹਾਨੂੰ ਤੁਹਾਡੀ ਭਾਸ਼ਾ ਵਿੱਚ ਦਸਤਾਵੇਜ਼ ਪੜ੍ਹ ਕੇ ਸੁਣਾਏ ਜਾ ਸਕਦੇ ਹਨ ਅਤੇ ਕੁਝ ਤੁਹਾਨੂੰ ਭੇਜੇ ਜਾ ਸਕਦੇ ਹਨ। ਮਦਦ ਲਈ, ਸਾਨੂੰ ਮਾਨਸਿਕ ਸਿਹਤ/ਪਦਾਰਥਾਂ ਦੇ ਉਪਯੋਗ ਲਈ 1-888-736-7009 ਤੇ ਫੋਨ ਕਰੋ। ਹੋਰ ਮਦਦ ਲਈ, ਜਾਂ HMO ਮਦਦ ਕੇਂਦਰ ਨੂੰ 1-888-466-2219 ਤੇ ਫੋਨ ਕਰੋ ਜਾਂ ਗੈਰ HMO ਯੋਜਨਾਵਾਂ (ਉਦਾਹਰਣ ਲਈ PPO) ਲਈ CA ਦੇ ਬੀਮਾ ਵਿਭਾਗ (CA Dept.of Insurance) ਨੂੰ 1-800-927-4357 ਤੇ ਫੋਨ ਕਰੋ। **Punjabi**

خدمات رایگان مربوط به زبان برای مشتریانی که در کالیفرنیا زندگی می‌کنند و مشتریانی که در خارج کالیفرنیا زندگی کرده و بر اساس بیمه نامه‌ای که در کالیفرنیا صادر شده تحت پوشش هستند. می‌توانید از خدمات یک مترجم شفاهی برخوردار شوید. می‌توانید بگویید که مدارک به زبان شما برایتان خوانده شوند و برخی از آنها به زبان شما برایتان ارسال شوند. برای دریافت کمک، با ما با شماره 1-888-736-7009 برای برنامه بهداشت روانی/ترک مصرف مواد مخدر تماس بگیرید. برای دریافت کمک بیشتر، با مرکز کمک HMO به شماره 1-888-466-2219 و یا برای طرح‌های غیر HMO (برای مثال PPO) به اداره بیمه کالیفرنیا به شماره 1-800-927-4357 تماس بگیرید. **Persian**

無料の言語サービス。 カリフォルニア州にお住まいのお客様、および、カリフォルニア州外にお住まいで、カリフォルニア州において発行された保険のお客様が対象。通訳がご利用でき、書類を日本語でお読みします。また、書類によっては日本語版をお届けできるものもあります。サービスをご希望の方は、メンタルヘルス・薬物使用のための担当：1-888-736-7009までご連絡ください。その他のお問い合わせは、HMO Help Center：1-888-466-2219、またはNon-HMOプラン（例：PPO「優先医療給付機構」）については、カリフォルニア州保険庁、1-800-927-4357までご連絡ください。 **Japanese**

Бесплатные услуги перевода для клиентов, проживающих на территории штата Калифорния, а также для тех клиентов, которые проживают за его пределами и имеют страховой полис, выданный в штате Калифорния. Вы имеете право воспользоваться услугами устного переводчика. Вам могут прочесть ваши документы, а также выслать перевод некоторых из них на вашем языке. Чтобы получить помощь, позвоните нам по номеру 1-888-736-7009, по вопросам психического здоровья/употребления наркотиков. Для получения дополнительной помощи обращайтесь либо в Центр поддержки HMO по телефону 1-888-466-2219 либо обращайтесь в Министерство страхования штата Калифорния (CA Dept. of Insurance) по телефону 1-800-927-4357 для получения информации в отношении не HMO планов (например PPO). **Russian**

Անվճար Լեզվական Ծառայություններ անդամների համար, ովքեր բնակվում են Կալիֆորնիայում և անդամների համար, ովքեր բնակվում են Կալիֆորնիայից դուրս բայց ապահովագրված են Կալիֆորնիայում տրված ապահովագրությանը: Դուք կարող եք թարգմանիչ ձեռք բերել: Դուք կարող եք փաստաթղթերը ձեր լեզվով ընթերցել տալ ձեզ համար և նրանց մի մասը ստանալ ձեր լեզվով: Օգնության համար, զանգահարեք մեզ 1-888-736-7009 համարով՝ հոգեկան առողջության/թմրամեդիկամենտների օգտագործման դեպքում: Լրացուցիչ օգնության համար զանգահարեք HMO-ի Օգնության կենտրոն 1-888-466-2219 համարով կամ Ոչ-HMO ծրագրերի համար (օրինակ՝ PPO)՝ Կալիֆորնիայի Ապահովագրության Բաժանմունք 1-800-927-4357 համարով: **Armenian**

Cov Kev Pab Txhais Lus Uas Tsis Tau Them Nqi rau cov qhua uas nyob hauv xeev California thiab cov qhua uas nyob tawm Xeev California uas tau muaj kev pov fwm los ntawm California. Koj yeej muaj tau tus neeg txhais lus. Koj hais tau kom muab cov ntawm nyeem rau koj mloog thiab kom muab qee cov ntaub ntawv txhais ua koj hom lus xa rau. Yog xav tau kev pab, hu rau peb ntawm 1-888-736-7009 rau kev saib xyuas mob puas siab ntsws/kev siv tshuaj muaj yees. Yog xav tau kev pab ntxiv, hu rau HMO Qhov Chaw Muab Kev Pab ntawm tus xov tooj 1-888-466-2219 los sis rau cov chaw pab them nqi kho mob uas Tsis Koom HMO (piv txwv li yog PPO) hu rau CA Lub Tuam Tsev Tswj Xyuas Txog Kev Tuav Pov Hwm ntawm 1-800-927-4357. **Hmong**

कैलिफोर्निया और कैलिफोर्निया के बाहर रहने वाले कैलिफोर्निया में जारी पॉलिसी के तहत कवर किये गए ग्राहकों के लिए **निःशुल्क भाषा सेवाएं**। आप एक दुभाषिया प्राप्त कर सकते हैं। आप इन दस्तावेजों को किसी से पढ़वा सकते हैं और कुछ दस्तावेजों को अपनी भाषा में प्राप्त कर सकते हैं। सहायता के लिए, मानसिक स्वास्थ्य/नशे के उपयोग संबंधी सहायता के लिए 1-888-736-7009 पर कॉल करें। अधिक सहायता के लिए, HMO सहायता केंद्र पर 1-888-466-229 पर कॉल करें या गैर-HMO योजनाओं (उदा. PPO) के लिए 1-800-927-4357 पर CA बीमा विभाग (CA Dept. of Insurance) को कॉल करें। **Hindi**

บริการภาษาโดยไม่เสียค่าใช้จ่าย สำหรับผู้ใช้บริการที่อาศัยอยู่ในรัฐแคลิฟอร์เนีย และที่อาศัยอยู่นอกรัฐแคลิฟอร์เนียที่ได้รับการคุ้มครองภายใต้กรมธรรม์ที่ออกในรัฐแคลิฟอร์เนีย ท่านสามารถขอล่ามแปลภาษาได้ ท่านสามารถขอให้อ่านเอกสารให้ฟัง และขอให้ส่งเอกสารบางส่วน ถึงท่านในภาษาของท่าน หากต้องการความช่วยเหลือ โปรดโทรศัพท์ถึงเราตามหมายเลข 1-888-736-7009 สำหรับบริการด้านสุขภาพจิต/การใช้สารในทางที่ผิด หากต้องการความช่วยเหลือเพิ่มเติม โปรดโทรศัพท์ไปที่ศูนย์ช่วยเหลือ ของแผนการรักษาพยาบาลแบบ HMO ที่หมายเลข 1-888-466-2219 สำหรับแผนการรักษาพยาบาลที่ไม่ใช่ HMO (เช่น PPO) โปรดโทรศัพท์ ไปที่กรมการประกันภัยรัฐแคลิฟอร์เนีย (CA Dept. of Insurance) ที่หมายเลข 1-800-927-4357 **Thai**