Information on Continuity of Care Instructions

Ensuring Continuity of Care

NCAS members and their covered dependent(s) who are undergoing a course of treatment for a serious and complex condition, undergoing a course of institutional or inpatient care, is scheduled to undergo a nonelective surgery, pregnant and undergoing a course of treatment for a pregnancy or determined to be terminally ill may be eligible for Continuity of Care even when the provider or facility is no longer in the plan network.

What is Continuity of Care?

If your request is approved, the Continuity of Care process allows you or your covered dependent(s) to continue to receive care from an out-of-network physician for up to 90 days following the date of notification. Benefits will be paid at the in-network level.

Who should use this form?

If you or your covered dependent(s) have a medical condition that requires a limited course of treatment or follow-up care, and are currently being treated by a specialist who is no longer a NCAS participating provider, you should complete this form.

Please be sure to submit a separate form for each non-participating physician currently treating you or your covered dependent(s) for a medical condition. Your newly selected participating NCAS physician must coordinate any other unrelated treatment for you or your covered dependent(s).

Examples of serious and complex conditions that may qualify for the Continuity of Care process include:

- Pregnancy
- Terminal illness
- Scheduled nonelective surgery and post-operative care
- Acute or chronic potentially life-threating, degenerative, disabling, or congenital illnesses that may require specialized medical care over a prolonged period of time
- Other serious medical conditions where the member is in active treatment

Examples of chronic medical conditions that typically are not eligible for the Continuity of Care process include:

- Allergies
- Arthritis
- Asthma
- COPD/emphysema
- Diabetes
- Hypertension

Qualified medical professionals in the NCAS Medical Review Department will review the request and notify you of a determination following the receipt of all required information. If the services are not approved, you and your provider will be notified in writing.

Request for Continuity of Care Form

ncas®
The Team Approach to Benefit Administration

INSTRUCTIONS

Mail the completed form and any attachments to: NCAS Attention: Medical Review Department, 3060 Williams Drive, Ste 200, Fairfax, Virginia 22031

Or fax the completed form and any attachments to: **866-281-8554**, Attention: Medical Review Department

If you have any questions concerning benefits or provider status, contact Member Services. The phone number is listed on the back of your identification card.

Providers: to initiate a request and to check the status of your request, contact the NCAS member services number found on the back on the patients ID card.

INSURANCE INFORMATION

Member's Name		Date of Birth	
Street Address		Member ID Number	
City		Group Name	Effective Date of Coverage
State	ZIP	Group Number	Check one ◯ HMO ◯ POS ◯ PPO
Home Phone		Date on Notification	Received via ◯ USPS ◯ Email

PATIENT INFORMATION

Patient's Name	Patient's Date of Birth

PHYSICIAN INFORMATION

Name of Physician Currently Treating Condition		Diagnosis	Date Treatment Started
Specialty			Date of Next Treatment/Visit
Date of Termination, if applicable		For pregnancy, please indicate the patient's anticipated due date	
Street Address		Please attach the following: ◯ List of services that may already be scheduled in the next few weeks (date, provider) ◯ A brief statement of the patient's current condition and treatment plan ◯ Copies of any pertinent documentation (e.g., lab results, X-rays)	
City	State ZIP		
Phone	Fax		
Date		OFFICE USE ONLY—COC begin and end date	

This information will be used for determining the appropriate level of benefit reimbursement if I continue treatment with the above named provider for the above diagnosis/medical condition.

I understand that Continuity of Care is subject to contractual limitations and exclusions set forth in the group contract. I understand and agree that Continuity of Care does not extend the contractual benefits in any way, except to provide in-network level benefits for a non-network provider for a temporary time period.

*If the patient is younger than 18, the employee/retiree must sign this form.

Patient's Signature	Date
Employee/Retiree's Signature*	Date

NCAS provides administrative claims payment services only and does not assume any financial risk or obligation with respect to claims.