



### **Motion Picture Industry Health Plan Continuity of Care Guidelines – Sutter Health**

Continuity of Care (“COC”) provides for the completion of covered services that began prior to a Sutter Health affiliated provider’s termination date and continues past the termination date. A request for COC must be made by the Sutter Health affiliated provider requesting the continuity of care and meet one of the criteria outlined below:

1. **Surgery:** A surgery or other treatment which has been recommended and documented by the Sutter Health affiliated provider prior to the termination date of January 1, 2017 and scheduled to take place within 90 days of that termination date.
2. **Inpatient Care:** Those participants who are inpatients at a Sutter Health hospital at the time of the transition at midnight December 31, 2016 will be treated as in-network until they can be safely transferred to an in-network hospital or are discharged.
3. **Pregnancy:** A pregnancy is defined as the three trimesters of pregnancy and the immediate post-partum period, including well-baby care for newborns after birth, while at the facility at which the baby is delivered. Completion of covered services shall be provided for the duration of the pregnancy.
4. **Cancer Care:** Cancer treatment including radiation therapy and chemotherapy will be covered as in-network for the period of time necessary to complete the episode of treatment and/or arrange for the safe transfer of care to a non-Sutter Health affiliated provider.
5. **Serious Chronic Conditions:** Care related to serious chronic condition(s) occurring at the time of the January 1, 2017 transition will be covered as in-network for the period of time necessary to stabilize an exacerbation and arrange for the safe and long-term transfer of care to a non-Sutter Health affiliated provider.
6. **Emergency Room Care:** The Emergency Outpatient Care section found on page 40 of the 2013 Active Summary Plan Description will apply to Sutter Health affiliated and non-Sutter Health affiliated hospitals. The section says: “Covered hospital emergency room charges, including all covered services performed in the emergency room, are paid at 90% of the Allowable Amounts, less a \$100 Co-Pay, if not admitted.”
7. **Ambulance charges for transfers done solely to meet the Continuity of Care guidelines will be reimbursed at 100% of allowable charges.**