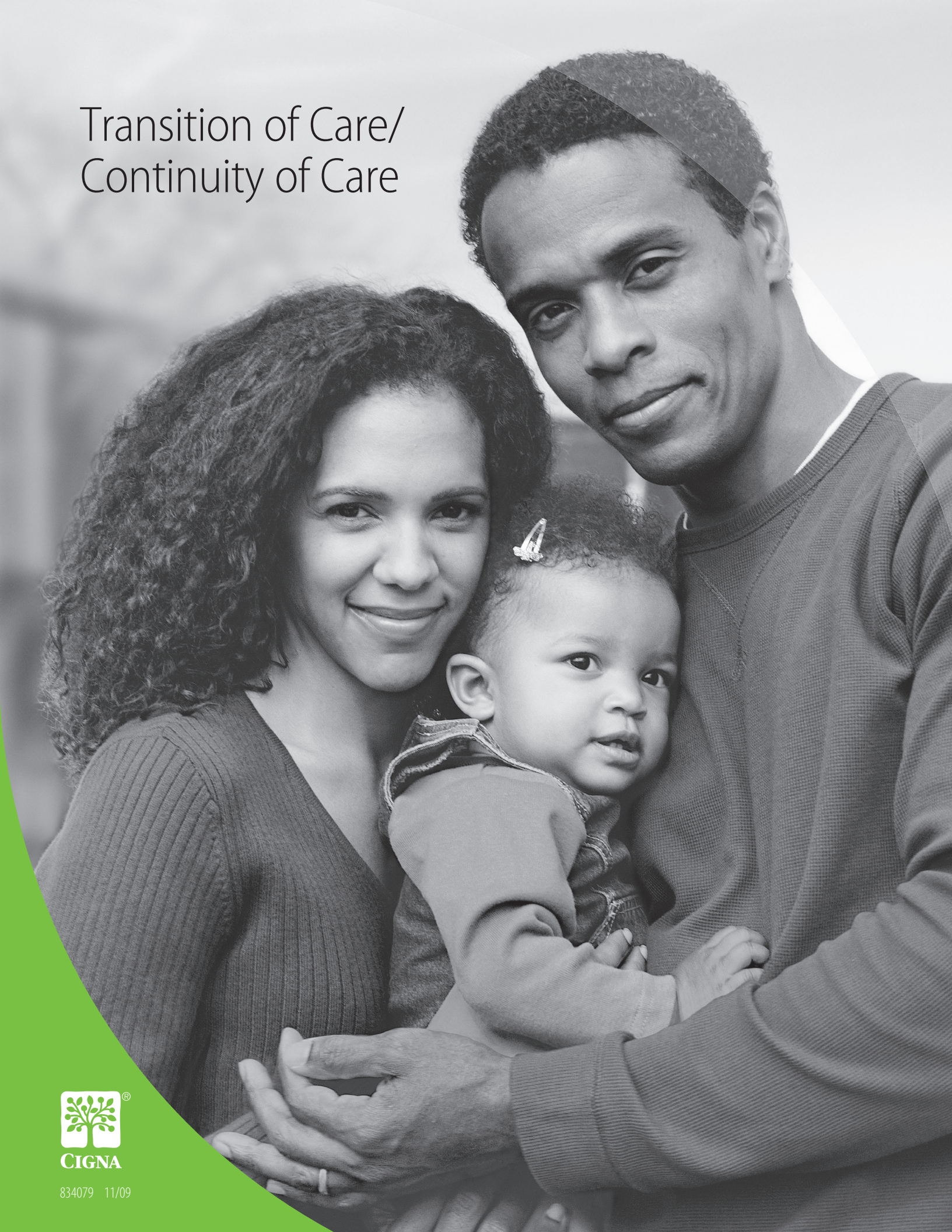
Transition of Care/ Continuity of Care



CIGNA®

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What is Transition of Care?

Transition of care coverage allows you to continue to receive services for specified medical conditions for a defined period of time with health care professionals who do not participate in the CIGNA network until the safe transfer of care to a participating doctor or facility can be arranged**.** You must apply for Transition of Care at enrollment, or change in CIGNA medical plan, but no later than 30 days after the effective date of your coverage.

What is Continuity of Care?

Continuity of Care allows you to receive services at in-network coverage levels for specified medical conditions for a defined period of time when your health care professional leaves the CIGNA network and there are solid clinical reasons preventing immediate transfer of care to another health care professional. If your health care professional is leaving the CIGNA network, you must apply for Continuity of Care within 30 days of the health care professional's termination date.

How Transition of Care/Continuity of Care Works

- You must already be under treatment for the condition identified on the Transition of Care/ Continuity of Care request form.
- If Transition of Care/Continuity of Care is approved for medical conditions, you will receive the in-network level of coverage for treatment of the specific condition by the health care professional for a defined time frame, as determined by CIGNA. If your plan includes out-of-network coverage and you choose to continue care out of network beyond the time frame approved by CIGNA, you must follow your plan's out-of-network provisions. This includes any pre-certification requirements.
- If approved, Transition of Care/Continuity of Care coverage applies only to the treatment of the medical condition specified and the health care professional identified on the request form. All other conditions must be cared for by an in-network health care professional for you to receive in-network coverage levels.
- The availability of Transition of Care/ Continuity of Care coverage does not guarantee that a treatment is medically necessary. Nor does it constitute pre-certification of medical services to be provided. Depending on the actual request, a medical necessity determination and formal pre-certification may still be required for a service to be covered.

Examples of acute medical conditions that may qualify for Transition of Care/Continuity of Care include, but are not limited to:

- Pregnancy in the second or third trimester at the time of the effective date of coverage or time of health care professional termination.
- Pregnancy is considered a 'high risk' such as early delivery (3 weeks) in previous pregnancy, patient has had/or has gestational diabetes, pregnancy induced hypertension, multiple inpatient admissions during this pregnancy, mother's age is > 35 years old.
- Newly diagnosed or relapsed cancer in the midst of chemotherapy, radiation therapy or reconstruction.
- Trauma.
- Transplant candidates, unstable recipients or recipients in need of ongoing care due to complications associated with a transplant.
- Recent major surgeries still in the follow-up period (generally 6 to 8 weeks).
- Acute conditions in active treatment such as heart attacks, strokes or unstable chronic conditions, etc. For the purpose of this policy, "active treatment" is defined as a doctor visit or hospitalization with documented changes in a therapeutic regimen within 21 days prior to your plan effective date or your health care professional's termination date.
- Hospital confinement on the plan effective date (only for those plans that do not have extension of coverage provisions).

Examples of conditions that do not qualify for Transition of Care/ Continuity of Care include, but are not limited to:

- Routine exams, vaccinations and health assessments.
- Stable chronic conditions such as diabetes, arthritis, allergies, asthma, hypertension and glaucoma.
- Acute minor illnesses such as colds, sore throats and ear infections.
- Elective scheduled surgeries such as removal of lesions, bunionectomy, hernia repair and hysterectomy.

What time frame is allowed for transitioning to a new participating health care professional?

If CIGNA determines that transitioning to a participating health care professional is not recommended or safe for the conditions that qualify, services by the approved non-participating health care professional will be authorized for a specified period of time (usually 90 days) or until care has been completed or transitioned to a participating health care professional, whichever comes first.

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

In-network coverage levels provided as part of Transition of Care/Continuity of Care are for the specific illness/condition only and cannot be applied to another illness/condition. A Transition of Care/Continuity of Care request form would need to be completed for each unrelated illness/condition no later than 30 days after coverage becomes effective or your health care professional leaves the CIGNA network.

Can I apply for Transition of Care/ Continuity of Care if I am not currently in treatment or seeing a health care professional?

You must already be in treatment for the condition that is noted on the Transition of Care/ Continuity of Care request form.

How do I apply for Transition of Care/Continuity of Care?

Transition of Care/Continuity of Care requests must be submitted in writing, using the Transition of Care/Continuity of Care request form, at the time of enrollment, change in CIGNA medical plan, or when your health care professional leaves the CIGNA network, but no later than 30 days after the effective date of your coverage or your health care professional's termination. After receiving your request, CIGNA will review and evaluate the information provided and will send you a letter informing you whether your request was approved or denied. A denial will include information on appeals.

▶ Detach Transition of Care/ Continuity of Care Request Form here. ▶

CIGNA HealthCare Transition of Care/Continuity of Care Request Form

See instructions for completing this form on the reverse side.

❑ New CIGNA HealthCare enrollee (Transition of Care applicant)

❑ Existing CIGNA HealthCare member whose provider terminated (Continuity of Care applicant)

Use a separate form for each condition. Photocopies are acceptable. Attach additional information if needed.

Employer	Policy #	Employee Date of Enrollment in CIGNA HealthCare Plan (mm/dd/yyyy)
Employee Name	Employee Social Security # or Alternate ID	Work Phone
Home Address Street City State ZIP		Home Phone/Cell Phone
Patient's Name	Patient's Social Security # or Alternate ID	Patient's Birth Date (mm/dd/yyyy)
		Relationship to Employee ❑ Spouse ❑ Dependent ❑ Self

1. Is the patient pregnant and in the second or third trimester of pregnancy? Due Date _____(mm/dd/yyyy) ❑ Yes ❑ No
2. If yes, is your pregnancy considered high risk? e.g., multiple births, gestational diabetes, etc. ❑ Yes ❑ No
3. Is the patient currently receiving treatment for an acute condition or trauma? ❑ Yes ❑ No
4. Is the patient scheduled for surgery or hospitalization after your effective date with CIGNA HealthCare? ❑ Yes ❑ No
5. Is the patient involved in a course of chemotherapy, radiation therapy, cancer therapy or terminal care? ❑ Yes ❑ No
6. Is the patient receiving treatment as a result of a recent major surgery? ❑ Yes ❑ No
7. Is the patient receiving dialysis treatment? ❑ Yes ❑ No
8. Is the patient a candidate for an organ transplant? ❑ Yes ❑ No
9. If you did not answer "Yes" to any of the above questions, please describe the condition for which the patient requests Transition of Care/Continuity of Care.

   _____

10. Please complete the health care professional information request below.

Group Practice Name		
Health Care Professional Name		Health Care Professional Phone #
Health Care Professional Specialty		
Health Care Professional Address		
Hospital Where Health Care Professional Practices		Hospital Phone #
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		

11. Is this patient expected to be in the hospital when coverage with CIGNA HealthCare begins or during the next 90 days? ❑ Yes ❑ No
12. Please list any other continuing care needs that may qualify for Transition of Care/Continuity of Care coverage. If these care needs are not associated with the condition for which you are applying for Transition of Care/Continuity of Care coverage, you need to complete a separate Transition of Care/Continuity of Care Form.

_____

I hereby authorize the above provider to give CIGNA HealthCare or any affiliated CIGNA company any and all information and medical records necessary to make an informed decision concerning my request for Transition of Care/ Continuity of Care Benefits under CIGNA HealthCare. I understand I am entitled to a copy of this authorization form.	
Signature of Patient, Parent or Guardian	Date (mm/dd/yyyy)

Submit this request form to:

CIGNA Health Facilitation Center
Attention: Transition of Care/Continuity of Care Unit
3200 Park Lane Drive, Pittsburgh, PA 15275
Fax (412) 747-7087

Transition of Care/Continuity of Care requests will be reviewed within 10 days of receipt. For new CIGNA HealthCare members, review will occur within 10 days of participants' effective date. Review for Organ Transplant requests may take longer than 10 days.

Instructions for Completing the Transition of Care/Continuity of Care Request Form

Note: California customers are required to complete a separate form.

A separate Transition of Care/Continuity of Care request form must be completed for each condition for which you and/or your dependents are seeking Transition of Care/Continuity of Care. Additional forms are available on www.cigna.com. Please make certain that all questions are completely answered. When the form is completed, it must be signed by the patient for whom the Transition of Care/Continuity of Care is being requested. If the patient is a minor, a guardian's signature is required.

To help ensure a timely review of your request, please return the form as soon as possible. You must apply for Transition of Care/Continuity of Care within 30 days of the effective date of coverage, or within 30 days of your doctor's termination date.

The first few sections of the form apply to the Employee. When the form asks for the patient's name, enter the name of the person who is receiving care and is requesting Transition of Care/Continuity of Care.

If you answered yes to questions #1, #2, #3, #4, #5, #6, #7 or #8, please submit this request form to:

CIGNA Health Facilitation Center
Attention: Transition of Care/Continuity of Care Unit
3200 Park Lane Drive
Pittsburgh, PA 15275
Fax (412) 747-7087

In #9, include information about your current or proposed treatment plan and the length of time your treatment is expected to continue. If surgery has been planned, state the type and the proposed date of the surgery.

In #12, briefly state the health condition, when it began and what health care professional is currently involved? How often do you see this health care professional? Please be as specific as possible.

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