Transition of Care and Continuity of Care.

See how they work.

What is Transition of Care?

With Transition of Care, you may be able to continue to receive services for specified medical and behavioral conditions with health care providers who are not in our network at in-network coverage levels. This care is for a defined period of time until the safe transfer of care to an in-network provider or facility can be arranged. You must apply for Transition of Care at enrollment. You must apply no later than 30 days after the effective date of your coverage.

What is Continuity of Care?

With Continuity of Care, you may be able to receive services at in-network coverage levels for specified medical and behavioral conditions in certain circumstances. These include when your health care provider leaves your plan's network or if/when you have been notified by your employer that you may qualify for Continuity of Care or your employer changes health care plans and the immediate transfer of your care to another provider would be inappropriate and/or unsafe. This care is for a defined period of time. Continuity of Care starts three days after the date of the letter you received notifying you that your provider is leaving your plan's network. Continuity of Care usually lasts 90 days from that date. You need to request Continuity of Care within those 90 days.

How they both work

- You must already be under treatment for the condition identified on the Transition of Care/Continuity of Care request form.
- If the request is approved for medical or behavioral conditions:
  - You will receive the in-network level of coverage for treatment of the specific condition by the health care provider for a defined period of time, as determined by us.
  - If your plan includes out-of-network coverage and you choose to continue care out-of-network beyond the time frame approved by us, you must follow your plan's out-of-network provisions. This includes any precertification requirements.
  - Transition of Care/Continuity of Care applies only to the treatment of the medical or behavioral condition specified and the health care provider identified on the request form. All other conditions must be cared for by an in-network health care provider for you to receive in-network coverage.
- The availability of Transition of Care/Continuity of Care:
  - Does not guarantee that a treatment is medically necessary.
  - Does not constitute precertification of medical services to be provided.
- Depending on the actual request, a medical necessity determination and formal precertification may still be required for a service to be covered.

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Offered by: Cigna Health and Life Insurance Company, Connecticut General Life Insurance Company or their affiliates.

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

- Pregnancy.
- Pregnancy is considered *high risk* if mother's age is 35 years or older, or patient has/had:
  - Early delivery (three weeks) in previous pregnancy.
  - Gestational diabetes.
  - Pregnancy induced hypertension.
  - Multiple inpatient admissions during this pregnancy.
- 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, that is generally six to eight weeks.
- Acute conditions in **active treatment** such as heart attacks, strokes or unstable chronic conditions.
  - "**Active treatment**" is defined as a provider visit or hospital stay with documented changes in a therapeutic regimen. This is within 21 days prior to your plan effective date or your health care provider's termination date.
- Hospital confinement on the plan effective date (only for those plans that do not have extension of coverage provisions).
- Behavioral health conditions during active treatment.

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

- First trimester pregnancy for **Transition of Care**.
- 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 in-network health care provider?

If you qualify for continuation of care, services by the approved out-of-network health care provider will be authorized for a specified period of time (usually 90 days). Or, services will be approved until care has been completed or transitioned to an in-network health care provider, whichever comes first.

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

In-network coverage levels provided as part of Transition of Care/Continuity of Care are for the specific illness or condition only and cannot be applied to another illness or condition. If this is a Transition of Care request, you need to complete this form no later than 30 days after your plan becomes effective. If this is a Continuity of Care request, Continuity of Care starts three days after the date of the letter you received notifying you that your provider is leaving your plan's network. Continuity of Care usually lasts 90 days from that date. You need to request Continuity of Care within those 90 days.

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

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 coverage?

Requests must be submitted in writing, using the Transition of Care/Continuity of Care request form. This form must be submitted at the time of enrollment, change in medical plan, or when your health care provider leaves the our network. For Transition of Care requests, this form cannot be submitted more than 30 days after the effective date of your plan. Continuity of Care starts three days after the date of the letter you received notifying you that your provider is leaving your plan's network. Continuity of Care usually lasts 90 days from that date. You need to request Continuity of Care within those 90 days. After receiving your request, we will review and evaluate the information provided. Then, we will send you a letter informing you whether your request was approved or denied. A denial will include information about how to appeal the determination.

Is there anything else I should know?

If the Transition of Care/Continuity of Care request is approved, your health care provider will need to contact Cigna Healthcare to confirm whether precertification applies for any services you are currently receiving or you plan to receive (treatment/surgery, etc.) and obtain approval to ensure they are covered by your plan.

▼Detach Transition of Care/Continuity of Care request form here.▶

Transition of Care/Continuity of Care request form

See instructions for completing this form on the reverse side.

❑ New enrollee (Transition of Care applicant)

❑ Existing customer whose health care provider terminated (Continuity of Care applicant)

❑ You have been notified by employer that you may qualify for Continuity of Care (Continuity of Care applicant)

For behavioral health related services please contact Evernorth Behavioral Health by calling the customer service phone number on the back of your ID card. Use a separate form for each condition. Photocopies are acceptable. Attach additional information if needed.

Employer	Policy #	Employee Date of Enrollment in Plan (mm/dd/yyyy)
Employee Name	Employee Member ID	Work Phone
Home Address Street City State ZIP		Home Phone/Mobile
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? Due Date _____(mm/dd/yyyy) ❑ Yes ❑ No
2. If yes, is the pregnancy considered high risk? e.g., multiple births, gestational diabetes. ❑ Yes ❑ No
3. Is the request for an infusion or injection medication? ❑ Yes ❑ No
   If yes, list the name of the infusion or injection drug _____
4. Is the patient currently receiving treatment for an acute condition, chronic condition or trauma? ❑ Yes ❑ No
5. Is the patient scheduled for surgery or hospitalization after your effective date with us? ❑ Yes ❑ No
6. Is the patient involved in a course of chemotherapy, radiation therapy, cancer therapy or terminal care? ❑ Yes ❑ No
7. Is the patient receiving treatment as a result of a recent major surgery? ❑ Yes ❑ No
8. Is the patient receiving dialysis treatment? ❑ Yes ❑ No
9. Is the patient a candidate for organ transplant? ❑ Yes ❑ No
10. Did you receive notification that your provider will no longer be in Cigna's network? ❑ Yes ❑ No
    If yes, please provide date on letter _____
11. 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.
    _____
12. Please complete the health care provider information requested below.

Group Practice Name		
Health Care Provider Name		Health Care Provider Phone #
Health Care Provider Specialty		
Health Care Provider Address		
Hospital Where Health Care Provider 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		

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

I hereby authorize the above health care provider to give Cigna Health and Life Insurance Company or its affiliates and contracted parties any and all information and medical records necessary to make an informed decision concerning my request for Transition of Care/Continuity of Care. I understand I am entitled to a copy of this authorization request form.

Signature of Patient, Parent or Guardian	Date (mm/dd/yyyy)

For medically related services, submit this request form to:
Cigna Healthcare, Attn: Precertification and Referral Department, 2nd Floor, 1640 Dallas Parkway, Plano, TX 75093;
Fax 866.729.0432

Transition of Care/Continuity of Care requests will be reviewed within 10 days of receipt. For new customers, review will occur within 10 days of participant's 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: Do not use this form if you are enrolled in a Cigna HealthCare of California, Inc. plan and are seeking Transition of Care. Contact Cigna Healthcare℠ for a Cigna HealthCare of California, Inc. Transition of Care brochure.

A separate Transition of Care/Continuity of Care request form must be completed for each condition for which you and/or your covered dependents are seeking Transition of Care/Continuity of Care. 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 your plan or within 30 days of your provider's termination date or after you have been notified by employer that you may qualify for Continuity of Care.

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, #8, #9, #10 or #11 or if you are submitting this form for Transition of Care/Continuity of Care for any other non-mental-health-care services, please submit this request form to:

Mail: Cigna Healthcare, Attn: Precertification and Referral Department, 2nd Floor, 1640 Dallas Parkway, Plano, TX 75093
Fax: 866.729.0432

In #10, if you answered yes, and you:

1. Have an HMO, POS or Network plan, please contact Evernorth Behavioral Health for Transition of Care/Continuity of Care information by calling the customer service phone number on the back of your ID card.
2. Have any other plan type and are receiving outpatient mental health services, you should do one of the following.
   - If your employer introduced a Cigna Healthcare-administered plan as a new option during your group's open enrollment period, you are not required to submit a Transition of Care/Continuity of Care request form.
   - If you are a new hire or you have recently selected a Cigna Healthcare-administered plan option already offered by your employer, you will need to complete the Transition of Care/Continuity of Care request form and submit this form to your Cigna Healthcare claim office. The address is PO Box 18223, Chattanooga, TN 37422-7223
3. Are receiving inpatient, residential, partial hospitalization or intensive outpatient services, regardless of your plan type, call (or have your health care provider call) the customer service number on the back of your ID card or call **800.244.6224** if you have not received your ID card.

In #10, 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 #13, briefly state the health condition, when it began, what health care provider is currently involved, and how often you see this health care provider. Please be as specific as possible.

Transition of Care/Continuity of Care requests will be reviewed within 10 days of receipt. For new customers, review will occur within 10 days of the plan's effective date. Review for organ transplant requests may take longer than 10 days.

Product availability may vary by plan type and location and is subject to change. All group health insurance policies and health benefit plans contain exclusions and limitations. For costs and details of coverage, review your plan documents or contact a Cigna Healthcare representative.

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