Transition Coverage Request

ECHS Category - TCRF

Personal and confidential

This form applies to fully insured commercial HMO members in California.

On the other side of this form, you'll find answers to commonly asked questions about transition-of-care coverage. Please read them before filling out this form.

This is a request for Aetna to cover ongoing care at the highest level of benefits from:

- An **out-of-network doctor**
- A **doctor whose network status has changed**
- **Certain other health care providers** who have treated you

Once we review your completed form, we will send you a letter explaining our decision regarding your request for transition-of-care coverage.

Step 1: Fill out these sections:

1. Section 1 - Group or Employer Information
2. Section 2 - Subscriber and patient Information: Aetna plan information is on the front of the Aetna ID card.)
3. Section 3 - Authorization: Read the authorization, then sign and date the form (If patient is age 17 or older, he/she must also sign and date the form.)

Step 2: Give the form to the doctor/health care provider to complete Section 4.

Step 3: Fax the completed form to Aetna for review. *Note:* Complete one form for each health care provider.

NOTE: A request for transition of care coverage **does not** apply if your provider is in Aetna's network (participating). Our DocFind® online provider directory is at **www.aetna.com**. It can tell you if your doctor is in the network or help you find a participating provider for your Aetna plan. You can also call us at the phone number on your Aetna ID card.

Fax medical and mental health/substance abuse requests to 1-859-455-8650

Be sure to complete all fields on page 3 before you submit this request form. It will speed up processing of your transition-of-care request.

Q. What is transition-of-care (TOC) coverage?

A. TOC coverage allows for minimal disruption of care and permits a member to continue care for a transitional period of time, at the in network benefits level – even when his/her health care provider is not in Aetna's network. TOC coverage applies to these types of providers: individual practitioners, medical groups, independent practice associations, acute care hospitals, or institutions licensed in California to deliver or furnish health care services. Examples of individual practitioners include doctors, psychiatrists licensed therapists, and qualified autism service providers, professionals or paraprofessionals.

In California, TOC coverage is provided under certain circumstances for the completion of covered services for the following conditions:

- Pregnancy is the three trimesters of pregnancy and the immediate postpartum period.
- An acute condition that involves the sudden onset of symptoms due to an illness, injury, serious mental illness or other medical problem that requires prompt medical attention and that has a limited duration. Completion of covered services will be provided for the duration of the acute condition.
- Previously scheduled surgery or other procedure authorized by Aetna as part of a documented course of treatment. The documentation must show that the provider recommends the treatment to occur within 180 days of the provider's contract termination date or within 180 days of the effective date of a newly covered enrollee.
- A terminal illness that is an incurable or irreversible condition and that has a high probability of causing death within one year or less. Completion of covered services will be provided for the duration of the terminal illness.
- A chronic medical condition or serious mental illness due to a disease, illness, or other medical problem or medical disorder that is serious in nature and that persists without full cure, worsens over an extended period of time, or requires ongoing treatment to maintain remission or prevent deterioration. Completion of covered services will be provided for a period of time necessary to complete the course of treatment and to arrange for a safe transfer to another provider, as determined by the health plan, in consultation with the member, the nonparticipating or terminated provider, and consistent with good professional practice. Coverage will not exceed 12 months from the contract termination date or 12 months from the effective date of a newly covered enrollee.
- Any services related to the care of a child ages 0-36 months, up to 12 months from the provider's contract termination date or 12 months from the effective date of coverage for a newly covered enrollee.

Q. When does California transition coverage apply?

A. Below are the possible situations when transition coverage will be considered:

- California TOC – You are a **newly covered member of an Aetna HMO medical** benefits plan and the provider from whom you are receiving services for one of the conditions described above is not a participating provider in your new Aetna plan. Members whose plan sponsor is switching to coverage provided by the Aetna Value Network℠ HMO are considered to be renewing in a different Aetna health plan even if their covered benefits remain the same.
- California TOC – You are an existing member of an **Aetna HMO plan and your participating provider terminates a contract with Aetna** while you are receiving services from that provider for one of the conditions described above at the time of the provider's contract termination.

Q. What other types of providers, besides doctors, can be considered for TOC coverage?

A. TOC coverage may also apply to physical therapists, occupational therapists, speech therapists, and agencies that provide skilled home care services, such as visiting nurses. Providers considered for transition coverage may vary by condition, as described above, in accordance with California law. California TOC coverage does not apply to durable medical equipment (DME) vendors or pharmacy vendors.

Q. If I am currently receiving treatment from my doctor, why wouldn't my request for California TOC coverage be approved?

A. If you are currently receiving treatment, the procedure or service must be a covered benefit. Your doctor must also agree to accept the terms outlined in this TOC Request form.

Q. My PCP is no longer an Aetna provider. If my plan requires me to select a PCP, can I still see my doctor?

A. If you are currently receiving treatment (as described above), you may still be able to visit your PCP, even if he/she leaves the network. If not, you may need to select a new PCP in the Aetna network. Talk to your PCP so that he/she can help you with your future health care needs.

Q. How do I sign up for TOC coverage?

A. Contact Aetna Member Services, your employer or visit **www.aetna.com**. You or your doctor must submit a Transition Coverage Request form to Aetna:

- Within 90 days of when you enroll or re-enroll
- Within 90 days of the date the health care provider left the Aetna network
- Within 90 days of a doctor's network status change

Q. How will I know if my request for TOC coverage is approved?

A. You will receive a letter by U.S. mail. The letter will say whether or not you are approved.

Q. What if I have an Aexcel or plan sponsor specific network plan?

A. If TOC coverage is approved, you may still receive care at the highest benefits level for a certain time period. If you continue treatment with this doctor after the approved time period, your coverage would follow what is stated in your plan design. This means you may have reduced benefits or no benefits.

Q. What if I have more questions about transition-of-care coverage?

A. Call the Member Services phone number on your Aetna ID card. If you have questions about TOC mental health services, you can call the Member Services phone number on your Aetna ID card or, if listed, the mental health phone number.

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☐ **Medical** ☐ **Mental Health/Substance Abuse**

Please indicate above whether this request is for medical treatment or mental health/substance abuse treatment.

1. Employer or employer information (Note: Complete a separate form for each member and or provider.)

Group or employer's Name (please print)	Plan control number	Plan effective date (Required)

2. Subscriber and patient information

Subscriber's name (please print)	Subscriber's Aetna number	
Subscriber's address (please print)		
Patient's name (please print)	Birthdate *(MM/DD/YYYY)*	Telephone Number
Patient's address (please print)	Plan Type/Product	
Telephone number .for patient/subscriber submitting request (Business hours, 9 a.m. – 5 p.m.)		

3. Authorization

I request approval for coverage of ongoing care from the healthcare provider named below for treatment started before my effective date with Aetna, or before the end of the provider's contract with the Aetna network, or before the provider's network status change. If approved, I understand that the authorization for coverage of services stated below will be valid for a certain limited period of time. I give permission for the health care provider to send any needed medical information and/or records to Aetna so a decision can be made.

Patient's signature (Required if Patient is 17 or Older)	Date *(MM/DD/YYYY)*
Parent's signature (Required if Patient is 16 or Younger)	Date *(MM/DD/YYYY)*

4. Provider information

Name of treating doctor or other health care provider (please print)	Telephone number
Contact name of office personnel to call with questions	
Address of treating doctor or other health care provider (please print)	Tax ID number
Signature of treating doctor or other health care provider	Date *(MM/DD/YYYY)*

Please provide all specific information to avoid delay in the processing of this request.	

Misrepresentation: Attention California residents: For your protection, California law requires notice of the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

DMHC written notice of availability of language assistance

HMO and DMO-based plans - IMPORTANT: Can you read this letter? If not, we can have somebody help you read it. You may also be able to get this letter written in your language. For free help, please call right away at 1-877-287-0117.

Planes basados en DMO y HMO - IMPORTANTE: ¿Puede leer esta carta? En caso de no poder leerla, le brindamos nuestra ayuda. También puede obtener esta carta escrita en su idioma. Para obtener ayuda gratuita, por favor llame de inmediato al 1-877-287-0117.