

# Universal Transition of Care Request Form

## Personal & Confidential

This form is a formal request for continuing care from an out of network doctor or from certain other healthcare professionals from whom you have been receiving treatment. You will receive a coverage determination by mail. If the coverage is not approved, care by the non-participating provider after the plan's effective date either will not be covered or will be covered at the non-preferred rate if such a rate is available under your benefit plan. Please complete the following sections:

1. **Section 1** (Employer Information)
2. **Section 2** (Subscriber/Member Information)
3. **Section 3** (Authorization) Read the authorization, sign and date the form (if patient is age 17 or older, he or she must also sign and date this form).
4. Give the form to the out of network provider to complete **Section 4** (Physician Information). **THIS SECTION MUST BE COMPLETED; PHYSICIAN SIGNATURE IS REQUIRED.**

**Completed forms may be faxed or mailed. Please refer to the Transition of Care Coverage Process information to obtain faxing and mailing information.**

<b>1. Employer Information</b>	Employer's Name (Please print)	Plan Effective Date (Req.)
<b>2. Subscriber/Member Information</b>	Subscriber's Name (Please print)	
	Subscriber's Address (Please print)	
	Member's Name (Please print)	Birthdate (MM/DD/YYYY) Telephone Number
<b>3. Authorization</b>	I am requesting authorization for coverage of continuing care from the out of network healthcare provider named below for treatment which was initiated prior to my effective date, or prior to the termination of the provider from the network. If approved, I understand that the authorization for services specified below will be covered for a limited period of time. In addition, I authorize the health care provider to send medical information and/or records requested by the medical plan carrier that are needed to make a coverage determination.	
	Patient's Signature ( <b>Required</b> if Patient is 17 or Older)	Date
	Parent's Signature ( <b>Required</b> if Patient is 16 or Younger)	Date
<b>4. Physician Information</b>	Name of Out of Network Treating Physician or Other Healthcare Professional (Please print)	Telephone Number
	Address of Out of Network Treating Physician or Other Healthcare Professional (Please print)	
	Signature of Out of Network Treating Physician or Other Healthcare Professional	Date
	Please provide all specific information to avoid delay in the processing of this request. Although you are not or soon will not be a participating provider in the preferred network plan, the member has requested that we cover care provided by you for a specific period of time because of a condition requiring an active course of treatment, or pregnancy that began prior to the Plan effective date or effective date of termination. An active course of treatment is defined as: "A planned program of services rendered by a health care provider starting on the date the provider first renders a service to correct or treat the diagnosed condition and covering a defined number of services or period of treatment". Please include a brief statement of the member's current condition and treatment plan. For pregnancies please indicate the estimated date of confinement (EDC).	
Please list diagnosis, specific treatment and specific dates of treatment.	Diagnosis (including ICD-10 codes)	Treatment (include related codes) Dates of Treatment
	1.	1.
	2.	2.

**The Universal Transition of Care Request Form must be submitted within forty-five (45) days of the enrollment date or the date your provider is leaving the network. Generally, Transition of Care coverage lasts ninety (90) days.**

## Transition of Care Questions and Answers

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**Q. What is Transition of Care coverage?**

- A.** There are certain circumstances where a new member, on the date of enrollment, is already receiving treatment for a specific health issue. Transition of Care (also referred to as Continuation of Care) provides for a temporary bridge of coverage when: You become a new member of a new medical network plan administrator or, change your current medical option and network and a specialty provider with whom you are in an active course of treatment is not a participating provider (e.g. if you are enrolled with BCBS in 2015 but enrolled with UHC in 2016, you may be eligible for Transition of Care).

Your participating specialty provider with whom you are in an active course of treatment leaves the network (e.g. if you are enrolled with BCBS in 2015 and in 2016, you may be eligible for Transition of Care if your current specialty provider leaves the BCBS network).

Transition of Care coverage facilitates minimal disruption and permits a member in an active course of treatment to continue this treatment for *a transitional period of time*, without penalty, at the preferred plan benefit level.

**Q. What is an active course of treatment?**

- A.** An active course of treatment is defined as a program of planned services, rendered by a specialty provider that starts on the date a physician/provider first renders a service to correct or treat the diagnosed condition, covers a defined number of services or periods of treatment, and includes a qualifying situation. Some examples of qualifying situations may include, but are not limited to:

Members enrolling after completing the first trimester of pregnancy and on a case by case basis for members who have not completed the first trimester of pregnancy and who are confirmed as high risk.  
Members who are receiving chemotherapy or radiation therapy  
Members receiving outpatient intravenous therapy for a resolving condition  
Members with a terminal illness with an anticipated life expectancy of six (6) months or less  
Members who are in the process of staged surgeries, for example cleft palate repair  
Members who are in a post-operative period  
Members who are a candidate for, or recipient of, an organ or bone marrow transplant

To be considered for Transition of Care coverage, an active course of treatment must have been initiated *prior* to the enrollment or re-enrollment date or *prior* to the date your participating specialty provider is no longer in the network.

**Q. How long does Transition of Care coverage last?**

- A.** Generally, Transition of Care coverage lasts 90 days. If your Transition of Care coverage request is approved, you will be notified of both the approval and of the corresponding time frame for the approval.

**Q. How do I apply for Transition of Care coverage?**

- A.** You can obtain a Transition of Care form online at [jetnet.aa.com](http://jetnet.aa.com). Transition of Care forms must be submitted within forty-five (45) days of the enrollment or re-enrollment period or within 45 days of the date your specialty provider leaves the network and prior to receiving services (except in an emergency) from a non-participating specialist. Coverage requests can be submitted by either the non-participating provider or the member through the use of the Universal Transition of Care Request Form.

**Q. How will I know if my Transition of Care coverage has been approved?**

- A.** Once you have been approved, you will be sent a letter confirming your coverage under the Transition of Care provision. Again, in order to be paid at the preferred level, during the Transition of Care process, there must be an approval (except in an emergency) prior to the services being rendered.

**Q. Who do I call if I have Transition of Care questions?**

- A.** You should first speak with your doctor and find out if he/she is considered a network provider for your new preferred network plan administrator. If he/she IS a network provider, there is no need to submit a Universal Transition of Care Request Form. If he/she is NOT a network provider, speak to your doctor to find out if you are under an active course of treatment that would be eligible for a Transition of Care request. Additional information can also be found online at [jetnet.aa.com](http://jetnet.aa.com).

## Transition of Care Coverage Process

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Transition of Care enables enrollees to receive time-limited care for specified medical conditions from a non-network provider at the benefit level associated with in-network providers. If you believe you may be eligible for Transition of Care, follow the instructions below.

**Step 1:** You may retrieve the Universal Transition of Care Request Form by logging on to Jetnet.

**Step 2:** Complete the Universal Transition of Care Request Form. All three sections (Sections 1-3) should be filled out completely and the release must be signed by you (the patient) or by a parent (required if the patient is 16 or younger). Your physician **MUST** complete Section 4.

**Step 3:** A completed Universal Transition of Care Request Form needs to be submitted as soon as possible. Forms can be mailed or faxed to:

**Mailing Address:**

If your network plan administrator is **BCBS**, mail your form to:

**Blue Cross and Blue Shield of Texas**

P.O. Box 833874

Richardson, TX 75083-3874

If your network plan administrator is **UnitedHealthcare**, mail your form to:

**UnitedHealthcare**

1301 W. President George Bush Hwy

Richardson, TX 75080-1133

ATTN: Transition of Care/Coordination of Care

**Fax Number:**

If your network plan administrator is **BCBS**, fax your form to 866-739-4093.

If your network plan administrator is **UHC**, fax your form to 1-855-686-3561.

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