# TRANSITION OF CARE

# 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 conditions with health care providers who are not in the Cigna 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, or when there is a change in your medical plan. 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 can receive services at in-network coverage levels for specified medical conditions when your health care provider leaves your plan's network and the immediate transfer of your care to another health care provider would be inappropriate and/or unsafe. This care is for a defined period of time. You must apply for Continuity of Care within 30 days of your health care provider's termination date. This is the date that he or she is leaving your plan's network.

### 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 conditions:
  - You will receive the in-network level of coverage for treatment of the specific condition by the health care providers for a defined period of time, 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 precertification requirements.
  - Transition of Care/Continuity of Care applies only to the treatment of the medical 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.

**Together, all the way.**®

**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 in the second or third trimester at the time of the plan **effective date** of coverage or of the health care provider termination.
- 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).

**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 in-network health care provider?**

If Cigna determines that transitioning to an in-network health care provider is inappropriate or unsafe for the conditions that qualify, 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. You need to complete a Transition of Care/ Continuity of Care request form for each unrelated illness or condition. You need to complete this form no later than 30 days after your plan becomes effective or your health care provider leaves your plan's network.

**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 Cigna network. It cannot be submitted more than 30 days after the effective date of your plan or your health care provider's termination. After receiving your request, Cigna 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.

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