

TRANSITION OF CARE

Continue to get the care you need.

What is Transition of Care?

If your current provider is not in your plan's Cigna network, your care may be approved to be covered at the in-network level for a limited period of time. Transition of Care applies to specified medical and behavioral conditions until the safe transfer of care to a participating health care provider or facility can be arranged. Transition of Care requests must be submitted in writing, using the Transition of Care request form. If you have updated your medical plan to Cigna during Annual Enrollment, **please submit your requests as early as possible in December**, so we can respond to you before the new year.

How Transition of Care works

- › You must already be under treatment for the condition identified on the Transition of Care request form.
- › If Transition of Care is approved for medical or behavioral conditions, you will receive the in-network level of coverage for treatment of the specific condition by the provider for a defined time frame, as deemed medically appropriate by Cigna.
- › If approved, Transition of Care coverage applies only to the treatment of the medical or behavioral condition specified and the provider identified on the request form. All other conditions must be cared for by an in-network provider for you to receive in-network coverage levels.
- › The availability of Transition of Care coverage does not guarantee that a treatment is medically necessary. Nor does it constitute prior authorization of medical services to be provided. Depending on the actual request, a medical necessity determination and formal prior authorization may still be required for a service to be covered.

Acute medical conditions that may qualify 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 prior authorization termination.
- › A high-risk pregnancy, such as if early delivery (three weeks) occurred in previous pregnancy, patient has had/or has gestational diabetes, pregnancy-induced hypertension, multiple inpatient admissions during this pregnancy, mother's age is greater than 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 six to eight weeks).
- › Acute conditions in active treatment, such as heart attacks, strokes or unstable chronic conditions. For the purpose of this policy, "active treatment" is defined as a provider visit or hospitalization with documented changes in a therapeutic regimen within 21 days prior to your plan effective date or your provider's termination date.
- › Hospital confinement on the plan effective date.
- › Behavioral health conditions during active treatment.



Conditions that do not qualify 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 will only be covered if they were approved by your previous health plan carrier.

What time frame is allowed for transitioning to a new participating provider?

If Cigna determines that transitioning to a participating provider is not recommended or safe for the conditions that qualify, services by the approved non-participating provider will be authorized for a specified period of time or until care has been completed or transitioned to a participating provider, whichever comes first.

If I am approved for Transition 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 are for the specific illness/condition only and cannot be applied to another illness/condition. A Transition of Care request form would need to be completed for each unrelated illness/condition. If you have updated your medical plan to Cigna during Annual Enrollment, **please submit your requests as early as possible in December**, so we can respond to you before the new year.

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

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

How do I apply for Transition of Care?

Transition of Care requests must be submitted in writing, using the Transition of Care request form. If you have updated your medical plan to Cigna during Annual Enrollment, **please submit your requests as early as possible in December**, so we can respond to you before the new year. 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.

Cigna Transition of Care New Cigna Enrollee



See last page for instructions on completing this form.

Use a separate form for each condition. Photocopies are acceptable.

Attach additional information if needed.

| | | | | | |
|------------------------|--------|----------------------------|----------------------------|---|--|
| Employer JPMorganChase | | Plan # | | Employee Date of Enrollment in Cigna-administered Plan (mm/dd/yyyy) | |
| Employee Name | | | Employee SID # or Cigna ID | | Work Phone |
| Home Address | Street | City | State | ZIP | Home Phone/Cell Phone |
| Patient's Name | | Employee SID # or Cigna ID | | Patient's Birth Date (mm/dd/yyyy) | Relationship to Employee <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent <input type="checkbox"/> 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 the pregnancy considered high risk? e.g., multiple births, gestational diabetes. ☐ 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? ☐ 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 organ transplant? ☐ Yes ☐ No
9. Is the patient receiving mental health/substance use disorder treatment? ☐ Yes ☐ No
10. If you did not answer "Yes" to any of the above questions, please describe the condition for which the patient requests Transition of Care.

11. Please complete the health care provider information request below.

| | | |
|--|------------------------------|------------------|
| Group Practice Name | | |
| Provider Name | | Provider Phone # |
| Provider Specialty | | |
| Provider Address | | |
| Hospital Where 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 | | |

12. Is this patient expected to be in the hospital when coverage with Cigna begins? ☐ Yes ☐ No
13. Please list any other continuing care needs that may qualify for Transition of Care. If these care needs are not associated with the condition for which you are applying for Transition of Care coverage, you need to complete a separate Transition of Care request form.

| | |
|--|-------------------|
| I hereby authorize the above health care provider to give Cigna 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 Benefits under Cigna. I understand I am entitled to a copy of this authorization form. | |
| Signature of Patient, Parent or Guardian | Date (mm/dd/yyyy) |

For medically related services, submit this request form to:

Attention: Transition of Care/Continuity of Care Unit
Cigna Health Facilitation Center
3200 Park Lane Drive, Pittsburgh, PA 15275
Fax: 866.729.0432

Transition of Care/Continuity of Care requests will be reviewed within 10 days of receipt. For new Cigna 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 request form

A separate Transition of Care request form must be completed for each condition for which you and/or your dependents are seeking Transition 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 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. If you have updated your medical plan to Cigna during Annual Enrollment, **please submit your requests as early as possible in December**, so we can respond to you before the new year.

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.

If you answered yes to questions #1-#9 or if you are submitting this form for Transition of Care for any other behavioral health care services, 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: **866.729.0432**

If you reside in Florida, Georgia, Oklahoma, or Louisiana and need assistance with the transition of care form, please contact Included Health at **1.833.938.9874**. Our support is available 24/7.

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 provider is currently involved, and how often you see this provider. Please be as specific as possible.

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

