Instructions for Completing the Transition of Care Request Form

- You must complete a separate Transition of Care Request Form for each condition for which you or your dependents seek Transition of Care benefits. Additional forms are available through the CIGNA HealthCare of California Web site, *www.cigna.com/health/consumer/medical/state/ca.html*. You may use photocopies.
- Please answer all questions completely.
- Completed forms should be signed by the patient for whom Transition of Care benefits have been requested. If the patient is a minor, a guardian must sign the form.
- **To help ensure a timely review of your case, please return the form as soon as possible. You must apply for Transition of Care benefits within the first 30 days after the effective date of coverage. Completed forms should be marked "Confidential" and forwarded to the address below.**

Important Notes

Questions 1-6: If you answered "Yes" to any of these questions, or if you are submitting this Transition of Care Request Form for any other non-mental health care services, please send the form to:

CIGNA Health Facilitation Care Center
400 N. Brand Blvd., Suite 400
Glendale, CA 91203

FAX (800) 558-3710

Question 7: If you answered "Yes" and are receiving mental health/substance abuse services, and your plan includes mental health/substance abuse coverage through CIGNA Behavioral Health of California, please forward this form to:

CIGNA Behavioral Health
450 N. Brand Blvd., Suite 500
Glendale, CA 91203

FAX (818) 551-2722

Question 8: Please include information about your current or proposed treatment plan and how long your treatment is expected to continue. If surgery has been planned, state the type and the proposed date of your surgery.

Question 12: Briefly state the health condition. When did it begin and what doctor is currently involved? How often do you see this doctor? Be as specific as possible.

Your CIGNA HealthCare
Transition of Care Benefits

Your CIGNA HealthCare of California Transition of Care Benefits

Transition of Care benefits are intended to provide coverage for members who meet all of the following criteria:

1) They have one of several specified medical conditions.
2) They require ongoing treatment for a certain period of time.
3) They are receiving services with providers (doctors, other health professionals, hospitals or other facilities) who are not part of the CIGNA HealthCare network (non-participating).
4) They are receiving these services at the time they become eligible for a CIGNA HealthCare plan.

If a new member meets all of these criteria, CIGNA HealthCare will contact the provider and attempt to arrange for the provision of covered services. If the provider does not agree to CIGNA HealthCare's contractual terms and conditions, CIGNA HealthCare may deny or only provide limited Transition of Care benefits.

How it Works

- You should apply for Transition of Care benefits at the time of enrollment, but must apply no later than the first 30 days after the effective date of coverage.
- You must already be receiving care for a qualifying medical condition by the provider identified on the Transition of Care Request Form.
- If Transition of Care benefits are approved, you will receive the in-network level of benefits for treatment of the specific condition for either a specified timeframe or the duration of the condition.
- Approved benefits only apply to the treatment provided or ordered by the doctor identified on the Transition of Care Request Form for the medical condition specified on the form.
- Claims for treatment of the specific condition by the approved provider and/or facility after the effective date of coverage will be considered at in-network levels.
- The availability of Transition of Care benefits does not mean a treatment is covered, nor does it constitute pre-authorization of medical services to be provided. Benefit determinations and pre-authorizations must still be obtained during the pre-certification and case management process.
- All benefits are subject to the provisions of the plan.
- You will be responsible for the cost of any services rendered by any non-participating provider unless they are approved by CIGNA HealthCare for Transition of Care benefits.

Medical conditions and other situations that may qualify for Transition of Care benefits include:

- An **acute condition**, for the length of the acute condition. An "acute condition" is defined as a medical condition that involves a sudden onset of symptoms due to an illness, injury or other medical problem that requires prompt medical attention and that has a limited duration.
- A **serious chronic condition**, for a period needed to complete a course of treatment and to arrange for a safe transfer to another provider, as determined by CIGNA HealthCare in consultation with the enrollee and treating provider, consistent with good professional practice. This period shall not exceed 12 months from the effective date of coverage for the newly covered enrollee. A "serious chronic condition" is a medical condition due to a disease, illness, or other medical problem or medical disorder that is serious in nature and:
  - persists without full cure;
  - worsens over an extended period of time; or
  - requires ongoing treatment to maintain remission or prevent deterioration.
- A **pregnancy**, for the length of the pregnancy (three trimesters) and the immediate postpartum period.
- A **terminal illness**, for the length of the terminal illness. A "terminal illness" is an incurable or irreversible condition that has a high probability of causing death within one year or less.
- **Care of a newborn child whose age is between birth and age 36 months**, regardless of whether the child is undergoing an active course of treatment, for a period not to exceed 12 months.
- **Performance of surgery or other procedure that has been authorized by the plan**, as part of a documented course of treatment that is to occur within 180 days of the effective date of coverage.

If I am approved for Transition of Care benefits for one illness, can I receive in-network benefit payments for a non-related condition?

In-network benefit levels provided as part of Transition of Care benefits are for the specific illness/condition only and cannot be applied to another illness/condition. You must complete a Transition of Care Request Form for each unrelated illness/condition no later than 30 days after coverage becomes effective.

Do I need to complete the Transition of Care Request Form if I am already seeing a participating provider?

No, if you are receiving care from a provider in the CIGNA HealthCare provider network, you do not need to complete a Transition of Care Request Form. Please check your CIGNA HealthCare provider directory or check the CIGNA HealthCare Web site, ***www.cigna.com***, to verify if your provider participates in the CIGNA HealthCare provider network.

▼Detach Transition of Care Request Form here.▶

CIGNA HealthCare Transition of Care Request Form

CIGNA HealthCare
A Business of Caring.

*****ATTENTION: You may not need to complete this form*****

- **Please complete this form only if you are utilizing a non-participating provider. Please check your CIGNA HealthCare provider directory or check the CIGNA HealthCare Web site (www.cigna.com) to verify if your provider is in the CIGNA HealthCare network.**
- See reverse for instructions to complete Transition of Care Request Form.
- Use separate form for each condition. Photocopies of this form are acceptable. Attach additional information if necessary.

Employer	Policy #	Date of Enrollment in CIGNA HealthCare Benefit Plan (mm/dd/yyyy)	
Employee Name		Employee Social Security #	Work Phone
Home Address Street	City	State Zip	Home Phone
Patient's Name	Patient's Soc. Sec. #	Patient's D O B (mm/dd/yyyy)	Relationship to Employee ☐Spouse ☐Dependent ☐Self

1. Is the patient pregnant?	☐ Yes	☐ No
2. If yes, when is the due date?_____ (mm/dd/yyyy)		
3. Is the patient currently receiving treatment for any acute conditions or trauma?	☐ Yes	☐ No
4. Is the patient scheduled for surgery or hospitalization after the effective date with CIGNA HealthCare?	☐ Yes	☐ No
5. Is the patient involved in a course of Chemotherapy, Radiation Therapy, Cancer Therapy or a candidate for Organ Transplant?	☐ Yes	☐ No
6. Is the patient receiving treatment as a result of a recent major surgery?	☐ Yes	☐ No
7. Is the patient receiving mental health/substance abuse care?	☐ Yes	☐ No
8. Is the patient receiving care for a terminal illness?	☐ Yes	☐ No
9. If you did not answer "Yes" to any of the above questions, please describe the condition for which the patient requests Transition of Care.		

10. Please complete the physician information request below.

Group Practice Name		
Physician's Name		Telephone # of Physician
Physician's Specialty		
Address of Physician		
Name of Hospital at Which Your Physician Practices		Telephone # of Hospital
Address of Hospital		
Reason/Diagnosis		
Date(s) of Admission (mm/dd/yyyy)	Date of Surgery (mm/dd/yyyy)	Type of Surgery
Treatment Being Received and Expected Duration		

11. Is this patient expected to be in the hospital when or after coverage with CIGNA HealthCare begins?	☐ Yes	☐ No
12. Please list any other continuing care needs that may qualify for Transition of Care benefits. If these needs are not related to the condition for which you are applying for Transition of Care benefits, you must complete a separate Transition of Care Form.		

I hereby authorize the above physician to provide CIGNA HealthCare or any affiliated CIGNA company with any and all information and medical records necessary to make an informed decision concerning my request for Transition of Care Benefits under CIGNA HealthCare. I understand I am entitled to a copy of this authorization form.

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