

Instructions for completing the Transition of Care/Continuity of Care request form

**Note:** Do not use this form if you are enrolled in a Cigna HealthCare of California, Inc. plan and are seeking Transition of Care. Contact Cigna for a Cigna HealthCare of California, Inc. Transition of Care brochure.

A separate Transition of Care/Continuity of Care request form must be completed for each condition for which you and/or your covered dependents are seeking Transition of Care/Continuity 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/Continuity 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. You must apply for Transition of Care/Continuity of Care within 30 days of the effective date of your plan or within 30 days of your provider's termination date.

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/Continuity of Care.

If you answered yes to questions #1, #2, #3, #4, #5, #6, #7 or #8, or if you are submitting this form for Transition of Care/Continuity of Care for any other non-mental-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

- In #9, if you answered yes, and you:
1. Have an HMO, POS or Network plan, please contact Cigna Behavioral Health for Transition of Care/Continuity of Care information by calling the customer service phone number on the back of your ID card.
  2. Have any other plan type and are receiving outpatient mental health services, you should do one of the following.
    - If your employer introduced a Cigna-administered plan as a new option during your group's open enrollment period, you are not required to submit a Transition of Care/Continuity of Care request form.
    - If you are a new hire or you have recently selected a Cigna-administered plan option already offered by your employer, you will need to complete the Transition of Care/Continuity of Care request form and submit this form to your Cigna claim office. The address is PO Box 18223, Chattanooga, TN 37422-7223
  3. Are receiving inpatient, residential, partial hospitalization or intensive outpatient services, regardless of your plan type, call (or have your health care provider call) the customer service number on the back of your Cigna ID card or call **800.244.6224** if you have not received your ID card.

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 health care provider is currently involved, and how often you see this health care 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 the plan's effective date. Review for organ transplant requests may take longer than 10 days.**



Product availability may vary by plan type and location and is subject to change. All group health insurance policies and health benefit plans contain exclusions and limitations. For costs and complete details of coverage, contact your Cigna representative.

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# 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 and behavioral 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 may be able to receive services at in-network coverage levels for specified medical and behavioral 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 or behavioral conditions:
  - You will receive the in-network level of coverage for treatment of the specific condition by the health care provider 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 or behavioral 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.



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** 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).
- Behavioral health conditions during active treatment.

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.▼

Transition of Care/Continuity of Care request form

See instructions for completing this form on the reverse side.

- ☐ New Cigna enrollee (Transition of Care applicant)
- ☐ Existing Cigna customer whose health care provider terminated (Continuity of Care applicant)

Use a separate form for each condition. Photocopies are acceptable. Attach additional information if needed.

Employer	Policy #	Employee Date of Enrollment in Plan (mm/dd/yyyy)	
Employee Name		Employee Member ID	Work Phone
Home Address Street		City State	ZIP
Home Phone/Mobile			
Patient’s Name	Patient’s Social Security # or Alternate 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 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/Continuity of Care.

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

Group Practice Name		
Health Care Provider Name		Health Care Provider Phone #
Health Care Provider Specialty		
Health Care Provider Address		
Hospital Where Health Care 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 through Cigna begins or during the next 90 days? ☐ Yes ☐ No
13. Please list any other continuing care needs that may qualify for Transition of Care/Continuity of Care. If these care needs are not associated with the condition for which you are applying for Transition of Care/Continuity of Care, you need to complete a separate Transition of Care/Continuity of Care request form.

I hereby authorize the above health care provider to give Cigna Health and Life Insurance Company or its affiliates and contracted parties any and all information and medical records necessary to make an informed decision concerning my request for Transition of Care/Continuity of Care. I understand I am entitled to a copy of this authorization request form.	
Signature of Patient, Parent or Guardian	Date (mm/dd/yyyy)

For medically related services, 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

For behavioral-health-related services please contact Cigna Behavioral Health by calling the customer service phone number on the back of your ID card.

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