



Your CIGNA HealthCare  
*Open Access Plus*  
Transition of Care Benefits



CIGNA HealthCare

# Transition of Care Benefits:

At enrollment time or if your CIGNA HealthCare provider leaves the network, CIGNA HealthCare will determine if Transition of Care benefits are available to you and/or your dependents. Transition of Care benefits are intended to allow patients that have certain medical conditions to continue their treatment with non-participating physicians for a certain period of time. This will allow continued, uninterrupted care until safe transfer of care to a participating physician or facility can be arranged.

## Transition of Care benefits must be applied for at enrollment.

- Individuals must apply for Transition of Care at the time of enrollment but no later than the first 60 days after the effective date of their coverage in order to be considered for Transition of Care benefits.
- Individuals applying for Transition of Care because their physician is leaving the CIGNA HealthCare network must apply within 60 days of the physician's termination date in order to be considered for Transition of Care benefits.
- Individuals must already be in treatment for the condition by the physician identified on the Transition of Care Request Form.
- If Transition of Care benefits are approved, the individual will be allowed to receive the in-network level of benefits for treatment of the specific condition by the physician for a specified timeframe\* (as determined by review).
- If the request for Transition of Care benefits has been approved, the Transition of Care benefits apply only to the treatment provided or ordered by the physician identified on the Transition of Care Request Form for the medical condition specified on the Transition of Care Request Form.
- Claims for treatment of the specific condition by the approved provider and/or facility after the effective date of coverage will be paid at in-network levels.
- The availability of Transition of Care benefits does not mean a treatment is medically necessary. Nor does it constitute pre-authorization of medical services to be provided. Medical necessity 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.

\* Outpatient mental health benefits will transition for a maximum of 90 days.

## Examples of acute medical conditions that may qualify for Transition of Care benefits include, but are not limited to:

- Pregnancy in the second or third trimester at the time of the effective date of coverage
- 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 surgery still within the global follow-up period (generally six to eight weeks)
- Acute conditions in active treatment such as heart attacks, strokes, unstable chronic conditions, etc.
- Hospital confinement on the plan effective date (only for those plans that do not have extension of benefit provisions)
- Behavioral health conditions during active treatment

## Examples of conditions which do not qualify for Transition of Care benefits 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, bunionectomies, hernia repairs, and hysterectomy
- Services for speech therapy, physical therapy and home health care

## What timeframe is allowed for transitioning to a participating provider?

If CIGNA HealthCare determines that transitioning to a participating provider is not recommended or safe for the conditions that qualify, services by the approved non-participating provider or the approved non-participating facility will be authorized for a specified period of time (usually 90 days) or until care has been completed or transitioning to a participating provider actually takes place (whichever comes first).

## 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 in conjunction with 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 no later than 60 days after coverage becomes effective, or your current CIGNA HealthCare physician leaves the network.

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

Individuals must already be in treatment for the condition by the physician that is noted on the Transition of Care Request Form.

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

No, if you are already receiving care from a provider in the CIGNA HealthCare Open Access Plus 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 at [www.cigna.com](http://www.cigna.com) to verify if your provider participates in the CIGNA HealthCare Open Access Plus provider network.

See instructions for completing this form on the reverse side.

# CIGNA HealthCare Open Access Plus Transition of Care Request Form



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

- **This form only needs to be completed 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](http://www.cigna.com)) to verify if your provider is in the Open Access Plus 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.
- If your employer recently introduced the CIGNA HealthCare Open Access Plus Plan as a new option during your open enrollment period, and you are receiving out-patient mental health services, you do not need to complete this form. Your in-network benefits will automatically extend for up to 90 days from the CIGNA HealthCare Open Access Plus Plan effective date.

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

1. Is the patient applying for Transition of Care benefits because their physician is leaving the CIGNA HealthCare network?
2. Is the patient pregnant and in the second or third trimester of pregnancy?  Yes  No
3. If yes, when is the due date? \_\_\_\_\_ (mm/dd/yyyy)
4. Is the patient currently receiving treatment for any acute conditions or trauma?  Yes  No
5. Is the patient scheduled for surgery or hospitalization after your effective date with CIGNA HealthCare?  Yes  No
6. Is the patient involved in a course of Chemotherapy, Radiation Therapy, Cancer Therapy or a candidate for Organ Transplant?  Yes  No
7. Is the patient receiving treatment as a result of a recent major surgery?  Yes  No
8. Is the patient receiving mental health/substance abuse care?  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 coverage with CIGNA HealthCare begins or during the next 90 days?  Yes  No
12. Please list any other continuing care needs that may qualify for Transition of Care benefits. If care needs described are not associated with the condition for which you are applying for Transition of Care benefits, then a separate Transition of Care Form needs to be completed.

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)
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## INSTRUCTIONS FOR COMPLETING TRANSITION OF CARE REQUEST FORM

A separate Transition of Care Request Form must be completed for each condition for which you or your dependents are seeking Transition of Care benefits. Additional forms are available from your employer. Please make certain that all questions are answered completely. When the form has been completed, it should be signed by the patient for whom Transition of Care benefits have been requested. If the patient is a minor, a guardian's signature is necessary.

To help ensure a timely review of your transition case, please return the form as soon as possible. As noted below, you must apply for Transition of Care within the first 60 days after the effective date of coverage or your CIGNA HealthCare physician leaves the network. The completed forms should be marked "Confidential" and forwarded to your Service Center.

The first few sections of the form apply to the Employee. When the form asks for the patient's name, only the name of the person who is actually undergoing care and is requesting Transition of Care, should be reflected.

In #1, #2, #3, #4, #5, #6, #7, if you answered yes or if you are submitting this Transition of Care Request Form for any other non-mental health care services, please send the form to:

Intracorp.  
Attention: Transition of Care  
3200 Parklane Drive  
Pittsburgh, PA 15275  
FAX (412) 747-7087

In #8, if you answered yes, and are receiving out-patient mental health services you should do one of the following:

- If your employer introduced the CIGNA HealthCare Open Access Plus plan as a new option during your group's open enrollment period, you are not required to submit a Transition of Care Request form.
- If you are a new hire or you have recently selected the CIGNA HealthCare Open Access Plus plan option already offered by your employer, you will need to complete the Transition of Care Request form and submit this form to your CIGNA HealthCare claim office.
- If your physician has recently left the CIGNA HealthCare Open Access Plus network, please complete the Transition of Care Request Form and submit this form to the CIGNA HealthCare address on the back of your CIGNA HealthCare ID card to the attention of Transition of Care team.

In #8, if you answered yes, and are receiving in-patient, residential or intensive out-patient services, please forward this form to:

CIGNA Behavioral Health  
Attention: Clinical Team Leader  
11095 Viking Drive, Suite 350  
Edan Prairie, MN 55344  
FAX (952) 996-2846 or (952) 996-2847

In #9, 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 your surgery.

In #12, briefly state the health condition. When did it begin and what physician is currently involved? How often do you see this physician? Be as specific as possible.

Transition of Care Request Forms will be reviewed within 10 days of receipt. Review for Organ Transplant requests may take longer than 10 days.

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In Arizona, HMO plans are offered by CIGNA HealthCare of Arizona, Inc. In California, HMO plans are offered by CIGNA HealthCare of California, Inc. In Virginia, HMO plans are offered by CIGNA HealthCare of Virginia, Inc. and CIGNA HealthCare Mid-Atlantic, Inc. In North Carolina, HMO plans are offered by CIGNA HealthCare of North Carolina, Inc. All other medical plans in these states are insured or administered by Connecticut General Life Insurance Company.