CHAMBERCARE

Transition of Care / Out of Network Exception Application

What is the Transition of Care/Out of Network Exception?

Transition of Care is medical coverage that may be available to you and/or your dependents if you are a new member of your health plan until a network provider can be obtained. You must apply for Transition of Care at the time of enrollment and **no later than 30 days** after the effective date of your coverage.

An Out of Network Exception allows you to continue to receive treatment for covered services with a medical provider and/or facility that does not participate in your available network if services are not available within the existing network.

If you are unsure if a provider is available in your network, please call Member Services at (317) 816-5171 or Toll-Free at (844) 644-3004.

How does the Transition of Care / Out of Network Exception work?

- Transition of Care
  - You must already be under treatment for the condition identified on the Transition of Care form.
  - If Transition of Care is approved, you will receive in-network coverage for up to 90 days. However, if you choose to continue care out of network beyond the time frame approved, you must follow your plan's out-of-network provisions. This includes any pre-certification requirements.
  - If approved, Transition of Care coverage applies only to the treatment of the medical or behavioral condition specified and the doctor and/or facility identified on the request form. All other conditions must be cared for by an in-network doctor and/or facility 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 pre-certification of medical services to be provided. Depending on the actual request, a medical necessity determination and formal pre-certification may still be required for a service to be covered.
  - Services that require pre-certification are listed in your Summary Plan Description.
  - Examples of acute medical conditions that may qualify for Transition of Care include, but are not limited to:
    - Pregnancy at the time of the effective date of coverage.
    - Newly diagnosed or relapsed cancer amid 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 6 to 8 weeks).
    - Acute conditions in active treatment, such as heart attacks, strokes, or unstable chronic conditions.
    - Plan effective date occurs during inpatient hospital, acute rehabilitation, or skilled nursing facility stay.
    - Behavioral health conditions during active treatment.
- Out of Network Exception
  - If an Out of Network Exception is approved, you will receive in-network coverage for up to 1 year. If treatment for the condition extends beyond this timeframe, a new Out of Network Exception request must be submitted by the member and treating provider for review. If you choose to continue care out of network beyond the time frame approved, you must follow your plan's out-of-network provisions. This includes any pre-certification requirements.
  - If approved, Out of Network Exception coverage applies only to the treatment of the medical or behavioral condition specified and the doctor and/or facility identified on the request form. All other conditions must be cared for by an in-network doctor and/or facility for you to receive in-network coverage levels.
  - The availability of Out of Network Exception coverage does not guarantee that a treatment is medically

necessary. Nor does it constitute pre-certification of medical services to be provided. Depending on the actual request, a medical necessity determination and formal pre-certification may still be required for a service to be covered.

- Services that require pre-certification are listed in your Summary Plan Description.

What time frame is allowed for transitioning to a new in-network doctor or facility?

If Medical Management determines that transitioning to an in-network doctor and/or facility is not recommended or safe for the conditions that qualify, services by the approved out-of-network doctor and/or facility will be authorized for a specified period of time (usually 90 days) or until care has been completed or transitioned to an in-network doctor and/or facility, 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 must be completed for each unrelated illness/condition no later than 30 days after coverage becomes effective.

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

No, you must already be in treatment for the condition that is noted on the Transition of Care request form.

What time frame is allowed if an Out of Network Exception is granted?

If you feel that your medical concerns may not be able to be addressed by a provider within your available network, please have your provider request an exception by submitting the reason you are seeing the provider, a timeline for services, and clinical records to support the request. The Out of Network Exception will be granted for the approved services through the period of active treatment, not to exceed one year. If ongoing care beyond the approved timeframe is requested/needed, a new Out of Network Exception request must be submitted for review.

How do I apply for Transition of Care/Out of Network Exception?

- Transition of Care requests must be submitted in writing, using the Transition of Care request form, at the time of enrollment and no later than 30 days after the effective date of your coverage.
- If you feel that your medical concerns may not be able to be addressed by a provider within your available network, please have your provider request an Out of Network Exception by submitting the reason you are seeing the provider, a timeline for services, and clinical records to support the request.
- You must complete one form for each medical provider and condition for which you are requesting Transition of Care.
- After receiving your request, Medical Management will review and evaluate the information provided and will send you a letter informing you whether your request was approved or denied.
- If denied, the letter will include information on appeals.

Please answer each question. Incomplete forms will be returned to you for completion and will delay the decision-making process.

Employee Date of Enrollment in Health Plan (mm/dd/yy):	
Employee Name:	Employee Member ID Number:
Work Phone:	Home Phone/Cell Phone (include area code):
Home Address: Street City State Zip	
Patient's Name:	Patient's Member ID Number:
Patient's Date of Birth:	Relationship to Employee: ☐ Spouse ☐ Dependent ☐ Self

1. Is the patient pregnant? ☐ Yes ☐ No
   a. If yes, what is the due date? _____
   b. Is the pregnancy considered high risk? (e.g., multiple births, gestational diabetes) ☐ Yes ☐ No
   c. Is the patient currently receiving treatment for an acute condition or trauma? ☐ Yes ☐ No
2. Is the patient scheduled for surgery or hospitalization after the plan's effective date? ☐ Yes ☐ No
3. Is the patient involved in a course of chemotherapy, radiation therapy, cancer care or terminal care? ☐ Yes ☐ No
4. Is the patient receiving treatment as a result of a recent major surgery? ☐ Yes ☐ No
5. Is the patient receiving dialysis treatment? ☐ Yes ☐ No
6. Is the patient a candidate for an organ transplant? ☐ Yes ☐ No
7. Is the patient receiving mental health/substance abuse treatment? ☐ Yes ☐ No
8. If you did not answer "Yes" to any of the above questions, please describe the condition for which the patient requests transition of care:

_____

_____

_____

9. Is this patient expected to be in the hospital when coverage begins or within 90 days of the coverage effective date? ☐ Yes ☐ No

10. Please complete the healthcare professional information below:

Group Practice Name:		
Provider Name:	Provider Phone Number (include area code):	
Provider Specialty:		
Provider Office Address:		
Hospital Where Provider Practices:	Hospital Phone (include area code):	
Hospital Address: Street City State Zip		
Reason/Diagnosis:		
Date of Admission (mm/dd/yy):	Date of Surgery:	Type of Surgery:
Treatment Being Received and Expected Duration:		

11. Please list any other continuing care needs that may qualify for transition of care coverage. Note: if these care needs are not associated with the condition for which you are applying for transition of care, you must complete a separate transition of care form.

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12. If you feel that your medical concerns may not be able to be addressed by a provider within your in-network provider selections, please have your provider request a Transition of Care/Out of Network Exception by submitting the reason you are seeing the provider, timeline for services and clinical records to support the request.

I hereby authorize the above healthcare provider to give my health plan's Medical Management team any and all information and medical records necessary to make an informed decision concerning my request for transition of care.

_____

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

Submit this request form to:

ChamberCare - Medical Management
Fax: 812.378.7054
For Questions, call (844) 644-3004