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 mental health or substance use disorder services with health care providers who are not in our network at in-network coverage levels when you are new to your plan. This care is for a defined period of time, until the safe transfer of care to an in-network provider can be arranged.

You must apply for Transition of Care:

- at enrollment.
- Refer to your Summary Plan Description for the timeframe in which you need to request authorization.

What is Continuity of Care?

With Continuity of Care, you may be able to receive care at in-network coverage levels for specific behavioral services in certain circumstances. These include when your health care provider leaves your plan's network or if/when you have been notified by your employer that you may qualify for Continuity of Care or your employer changes health care plans and the immediate transfer of your care to another provider would be inappropriate and/or unsafe. You must apply for Continuity of Care within 30 days of your health care provider's termination date unless federal/state laws indicate otherwise. This is the date that they are leaving your plan's network.

How they both work

- You must already be under treatment for the service identified on the Transition of Care/Continuity of Care request form.
- If the request is approved for behavioral services:
  - You will receive the in-network level of coverage for treatment of the specific service by the health care provider for a defined period of time, as determined by us.
  - If your plan includes out-of-network coverage and you choose to continue care out-of-network beyond the time frame approved by us, 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 behavioral service specified and the health care provider identified on the request form. All other services 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 behavioral 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.

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What time frame is allowed for transitioning to a new in-network health care provider?

If we determine that transitioning to an in-network health care provider is inappropriate or unsafe for the services 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 service, can I receive in-network coverage for a non-related services?

In-network coverage levels provided as part of Transition of Care/Continuity of Care are for the specific illness or service only and cannot be applied to another illness or service. You need to complete a Transition of Care/Continuity of Care request form for each unrelated illness or service. For Transition of Care, you need to refer to your Summary Plan Description for the timeframe in which you need to request authorization. For Continuity of Care you must apply within 30 days of your health care provider's termination date or when you have been notified by your employer that you may qualify unless federal/state laws indicate otherwise.

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 service 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 our network. For Transition of Care, you need to refer to your Summary Plan Description for the timeframe in which you need to request authorization. For Continuity of Care you must apply within 30 days of your health care provider's termination date or when you have been notified by your employer that you may qualify unless federal/state laws indicate otherwise. After receiving your request, we 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.

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

A separate Transition of Care/Continuity of Care request form must be completed for each service 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. For Transition of Care, you need to refer to your Summary Plan Description for the timeframe in which you need to request authorization. For Continuity of Care you must apply within 30 days of your health care provider's termination date or when you have been notified by your employer that you may qualify unless federal/state laws indicate otherwise.

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.

In #8, if you answered yes, and you:

- Are receiving inpatient, residential or partial hospitalization, regardless of your plan type, call (or have your health care provider call) **800.926.2273**

Transition of Care/Continuity of Care requests will be reviewed within 10 days or in compliance with state mandates.

If you answered yes to questions #1, #2, #3, #4, #5, #6, #7 or #8 on the **Transition of Care/Continuity of Care request form**, please submit **your** request to:

Cigna Healthcare
Attention: Outpatient Clinical Support Team
6625 West 78th Street, Suite 100 Bloomington, MN 55439
Fax: 844.271.1507