



Transition Coverage Request

Personal & Confidential

This form does not apply to CA fully insured members.

This form is a formal request for Aetna to cover continuing care from an out of network doctor or from certain other healthcare professionals (see related Transition Coverage Questions and Answers) from whom you have been receiving treatment. You will receive a coverage determination by mail. If the coverage is not approved, care by the non-participating provider after the plan's effective date either will not be covered or will be covered at the non-preferred rate if such a rate is available under the member's benefit plan. Please complete the following sections:

1. Section 1 (Employer Information)
2. Section 2 (Subscriber/Member Information)
3. Section 3 (Authorization) Read the authorization, sign and date the form (if patient is age 17 or older, he or she must also sign and date this form).
4. Give the form to the member's out of network provider to complete Section 4 (Physician Information).

Fax the completed form to Aetna for review.

Medical Requests (fax) 800-228-1318 or Behavioral Health/Substance Abuse Requests (fax) 215-775-4859

1. Employer Information	Employer's Name (Please print)	Plan Control Number	Plan Effective Date (Required)
2. Subscriber/Member Information	Subscriber's Name (Please print)		Subscriber's Social Security Number
	Subscriber's Address (Please print)		
	Member's Name (Please print)	Birthdate (MM/DD/YYYY)	Telephone Number
3. Authorization	I am requesting authorization for coverage of continuing care from the out of network healthcare provider named below for treatment which was initiated prior to my effective date with Aetna, or prior to the termination of the provider from the Aetna network. If approved, I understand that the authorization for services specified below will be covered for a limited period of time. In addition, I authorize the health care provider to send medical information and/or records requested by Aetna that are needed to make a coverage determination.		
	Patient's Signature (Required if Patient is 17 or Older)		Date
	Parent's Signature (Required if Patient is 16 or Younger)		Date
4. Physician Information	Name of Out of Network Treating Physician or other healthcare professional (Please print)		Telephone Number
	Address of Out of Network Treating Physician or other healthcare professional (Please print)		
	Signature of Out of Network Treating Physician or other healthcare professional		Date
Please provide all specific information to avoid delay in the processing of this request.	The above named patient is currently a member of Aetna or will become an Aetna member as of the effective date indicated above. Although you are not or soon will not be a participating provider in the Plan network, the member has requested that we cover care provided by you for a specific period of time because of a condition requiring an active course of treatment, or a pregnancy that began prior to the Plan effective date or effective date of termination. An active course of treatment is defined as: "A planned program of services rendered by a health care provider starting on the date the provider first renders a service to correct or treat the diagnosed condition and covering a defined number of services or period of treatment". Please include a brief statement of the member's current condition and treatment plan. For pregnancies please indicate the estimated date of confinement (EDC). In the event this request is approved you agree that you will not seek payment from the member for any amount the member would not be responsible for if you were a participating provider.		
Please list diagnosis, specific treatment and specific dates of treatment	Diagnosis (including ICD9 codes)	Treatment (include related codes)	Dates of Treatment (current and anticipated)
	1.	1.	1.
	2.	2.	2.

Warning: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

California (MC/EC) Residents: For your protection, California law requires notice of the following: Any person who knowingly and with intent to defraud or deceive any insurance company files a statement of claim containing any materially false, incomplete or misleading information is guilty of a crime and may be subject to fines, confinement in a state prison and substantial civil penalties.

Colorado Residents: An insurer or agent who knowingly provides false or misleading information to defraud a claimant regarding insurance proceeds must be reported to the Insurance Division.



Aetna Transition of Care Coverage Questions and Answers

Q. What is Transition of Care coverage?

A. Transition of Care coverage provides for a temporary bridge when:

- You become a new member of an Aetna medical benefit plan (referred to as “enrollment”) or, change your current Aetna medical plan (referred to as “re-enrollment”), and a specialty provider or Durable Medical Equipment (DME) provider with whom you are in an active course of treatment is not a participating provider in your Aetna plan or;
- Your Aetna participating specialty provider or Durable Medical Equipment (DME) provider with whom you are in an active course of treatment leaves the network or;
- Your benefits change to include Aexcel and your specialty provider is not designated for inclusion within the AexcelSM specialty categories.

Transition of Care coverage does not extend to non-participating Primary Care Physicians except when mandated by applicable law or regulation. Transition of Care coverage facilitates minimal disruption and permits a member in an active course of treatment to continue this treatment **for a transitional period of time**, without penalty, at the preferred plan benefit level.

Q. Can I request to continue under the care of a non-participating Primary Care Physician (PCP) if I am enrolled in a plan that includes the selection of a PCP (such as HMO, QPOS, Managed Choice, Elect Choice or USAccess)?

A. In all states except Texas and New Jersey, you may be required to select a Primary Care Physician (PCP) who participates in the Aetna network. In Texas and New Jersey, transition of care may apply to PCPs. You should establish a relationship with your PCP so that he/she can help you with your future health care needs.

Q. What is an active course of treatment?

A. An active course of treatment is defined as a program of planned services, rendered by a specialty provider or DME provider that starts on the date a physician/provider first renders a service to correct or treat the diagnosed condition, covers a defined number of services or periods of treatment, and includes a qualifying situation. Some examples of qualifying situations may include, but are not limited to:

- Members enrolling with Aetna after completing 24 weeks of pregnancy (unless alternative state requirements apply) and on a case by case basis for members who are less than 24 weeks pregnant and who are confirmed by Aetna as high risk
- Members who are receiving chemotherapy or radiation therapy
- Members receiving outpatient intravenous therapy for a resolving condition
- Members with a terminal illness with an anticipated life expectancy of six (6) months or less
- Members who are in the process of staged surgeries, for example cleft palate repair
- Members who are receiving outpatient treatment for a mental illness or for substance abuse and have had at least one (1) treatment session within 30 days prior to the effective date
- Members with a chronic or degenerative or disabling condition
- Members who are in a post operative period
- Members who are a candidate for, or recipient of, an organ or bone marrow transplant

To be considered for Transition of Care coverage, an active course of treatment must have been initiated *prior* to the enrollment or re-enrollment date or *prior* to the date your participating specialty provider left the Aetna network.

Q. How long does Transition of Care coverage last?

A. Generally, Transition of Care coverage lasts 90 days. If your Transition of Care coverage request is approved, you will be notified of both the approval and of the corresponding time frame for the approval.

Q. What are some examples of Durable Medical Equipment?

A. Some examples of Durable Medical Equipment include wheelchairs, hospital beds, ventilators, and CPAP machines.

Q. How do I apply for Transition of Care coverage?

A. You can obtain a Transition of Care form through your employer or you can contact Aetna Member Services to request a form. Transition of Care forms must be submitted to Aetna within ninety (90) days of the enrollment or re-enrollment period or within 90 days of the date your specialty provider left the Aetna network **and prior to receiving services** (except in an emergency) from a non-participating specialist or a physician not designated for inclusion within the AexcelSM specialty categories. Coverage requests can be submitted by either the non-participating provider or the member through the use of **The Transition Coverage Request Form**.

Q. How will I know if Aetna has approved my request for Transition of Care coverage?

A. Once you are an Aetna-eligible member, you will be sent a letter after the review is complete informing you whether or not your request for coverage under the Transition of Care provision has been approved. Again, in order to be paid at the preferred level, during the Transition of Care process, there must be an approval from Aetna (except in an emergency) prior to the services being rendered.

Q. Does Transition of Care coverage apply to the Traditional Choice Plan?

A. No, Traditional Choice members are not eligible for this benefit, because this indemnity plan does not have a provider network.

Q. How does Transition of Care coverage apply if I am enrolled in an Aexcel plan?

A. If Aetna has approved your request for Transition of Care coverage, you could continue to receive care from the Aexcel non-designated specialist at the participating provider benefit level for a transitional period of time. If you decide to remain with the Aexcel non-designated specialist after the approved transition period, your coverage would change in accordance with your plan design. This could result in a reduced benefit or no benefit.