Transition of Care Request Form

Clear Form

If you are currently receiving treatment for a specific condition from a healthcare provider who does not participate in your provider network, please complete and submit this form to Health Plans, Inc. (**HPI**) to request short-term continued coverage at the in-network level of benefits.

Transition of Care coverage pertains to plan members who:

- are undergoing a specific course of treatment for a serious condition;
- are in their third trimester of pregnancy; or
- have scheduled a surgical procedure.

HPI will work with you and collaborate with your provider(s) so that you may receive the care you need through your medical plan. If your request for transition of care coverage is approved, the specified services will be covered at the in-network level of benefits, regardless of your provider's billed charges.

Instructions

1. Complete Section 1, Patient Information.
2. Give this form to your provider to complete Section 2.
3. Be sure that ***both you and your provider*** sign and date the form.
4. Return the completed form to the address/fax number listed on page 2.

SECTION 1 — *To be completed by the Covered Plan Member (or the Member's Authorized Representative)*

PATIENT INFORMATION			
Patient's Name		***Patient's HPI Member ID# or Social Security#***	
Mailing Address	***City***	***ST***	***ZIP Code***
Primary Phone#	***Alternate Phone#***		

SECTION 2 — *To be completed by the Treating Provider*

PROVIDER INFORMATION			
Physician's Name	***Group Practice Name***		
Address	***City***	***ST***	***ZIP Code***
Physician's Phone#	***Physician's Tax ID#***		
Hospital Where Physician Practices/Admits (if applic.)		***Hospital Phone#***	
Hospital Address	***City***	***ST***	***ZIP Code***

DIAGNOSIS & TREATMENT INFORMATION
Diagnosis and Expected Length of Treatment

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DIAGNOSIS & TREATMENT INFORMATION *(CONTINUED)*			
Is the patient pregnant?	☐ Yes	☐ No	If yes, when is her expected delivery date?
Is the patient currently receiving treatment for an acute condition?	☐ Yes	☐ No	If yes, what is the condition?
Is the patient scheduled for surgery or hospitalization?	☐ Yes	☐ No	If yes, what is the expected date of surgery/admission?

Is the patient involved in a course of chemotherapy, radiation therapy, cancer therapy or terminal care, or a candidate for organ transplant surgery?	☐ Yes	☐ No
Is the patient receiving treatment as a result of a recent major surgery?	☐ Yes	☐ No
Is the patient receiving mental health or substance abuse treatment?	☐ Yes	☐ No

If you answered "No" to all of the above questions, please describe the condition for which the patient is requesting transition of care coverage:

Current Plan of Care: Please describe any ongoing or future/anticipated treatment, services, surgeries, etc.:

Patient's Name (please print or type):	
Patient's Legal Guardian's Name (if applic.; please print or type):	***Treating Provider's Name (please print or type):***
Patient's (or Patient's Legal Guardian's) Signature ***Date Signed:***	**Treating Provider's Signature** ***Date Signed:***

Thank you for taking the time to provide this information. Please mail or fax the completed form to:

HPI
Attn: Appeals Dept.
PO Box 5199
Westborough, MA 01581

Fax: 508-329-4812

Transition of Care FAQs

What is Transition of Care?

If any of your current healthcare providers do not participate in your network, you may need to select new provider(s) in order to receive care at an in-network level of benefits.

However, if you are currently receiving critical or time-sensitive care from a provider who is not part of your plan's network, you may submit a request to HPI for *Transition of Care coverage*. This is special, short-term coverage for new plan members who are already being treated for a serious condition, and who feel they need to continue their treatment with their current provider(s) until a smooth transition to a new provider may be achieved. Transition of Care requests are reviewed on a case-by-case basis.

Does submitting a completed Transition of Care Request Form guarantee coverage?

No. Through the Transition of Care Request Form, you are asking HPI to review your situation and consider granting an exception of coverage to you. Once a review of your request is complete, you will receive a letter to inform you of HPI's decision to either approve or deny your request. If your request is approved, your letter will also include information regarding the specific period of time that has been approved, as well as any coverage limitations that may apply.

How long will I be allowed in-network coverage during a transition of care period?

If your request for transition of care coverage is accepted, you will be advised as to the period of time that has been approved. Coverage periods are determined based on individual conditions and treatment plans.

What kinds of conditions may be approved for transition of care coverage?

Situations that may qualify for transition of care coverage include (but are not limited to):

- A member is admitted to an inpatient facility on the day the plan becomes effective.
- A member is in her 27th week of pregnancy and received prenatal care before the plan became effective.
- A member is in a post-operative or post-traumatic period of treatment for a defined length of time.
- A member is receiving outpatient mental health or substance abuse care, and has had at least one treatment session before the plan became effective.
- A member has a degenerative or disabling disease or condition.

The following situations may also be considered for transition of care coverage:

- A member is involved in a course of chemotherapy, radiation therapy or other cancer therapy.
- A member is terminally ill.
- A member is a candidate for, or recipient of, an organ or bone marrow transplant.
- A member is in the process of staged surgery.

Have questions?

We're happy to help—give us a call at the phone number on the back of your ID card.