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 services for specified medical conditions with health care professionals who are not in the Cigna network at in-network coverage levels. This care is for a defined period of time until the safe transfer of care to an in-network doctor or facility can be arranged. You must apply for Transition of Care at enrollment, or when there is a change in your Cigna medical plan. You must apply no later than 30 days after the effective date of your coverage.

What is Continuity of Care?

With Continuity of Care, you can receive services at in-network coverage levels for specified medical conditions when your health care professional leaves your plan's network. There must be clinical reasons preventing immediate transfer of care to another health care professional. This care is for a defined period of time. You must apply for Continuity of Care within 30 days of your health care professional's termination date. This is the date that he or she is leaving your plan's network.

How they both work

- You must already be under treatment for the condition identified on the Transition of Care/ Continuity of Care request form.
- If the request is approved for medical conditions, please note:
  - The level of coverage for the treatment of the specific condition will be defined in your policy/ service agreement or plan documents. If you have questions regarding coverage and potential responsibility for charges, please discuss this with the case manager assigned to you (if you do not have a case manager, please call Cigna directly).
  - Your plan may not include out-of-network coverage. If that is the case, and you choose to continue care out-of-network beyond the time frame approved by Cigna, you may not have coverage for those services. Please check your plan documents for covered and non-covered services.
  - Transition of Care/Continuity of Care applies only to the treatment of the medical condition specified and the health care professional identified on the request form. (All other conditions must be cared for by an in-network health care professional 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 medical 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.

Important note: In Virginia, Tennessee and Missouri, if your request is approved, you may still owe more than if you went to an in-network provider.

Together, all the way.®

Cigna®

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

- Pregnancy in the second or third trimester at the time of the plan **effective date** of coverage or of the health care professional termination.
- Pregnancy is considered 'high risk' if mother's age is 35 years or older, or patient has/had:
  - Early delivery (three weeks) in previous pregnancy.
  - Gestational diabetes.
  - Pregnancy induced hypertension.
  - Multiple inpatient admissions during this pregnancy.
- 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 surgeries still in the follow-up period, that is generally six to eight weeks.
- Acute conditions in **active treatment** such as heart attacks, strokes or unstable chronic conditions.
  - "**Active treatment**" is defined as a doctor visit or hospital stay with documented changes in a therapeutic regimen. This is within 21 days prior to your plan effective date or your health care professional's termination date.
- Hospital confinement on the plan effective date (only for those plans that do not have extension of coverage provisions).

Examples of conditions that do not qualify for Transition of Care/Continuity of Care 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, bunionectomy, hernia repair and hysterectomy.

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

If Cigna determines that transitioning to an in-network health care professional is not recommended or safe for the conditions that qualify, services by the approved out-of-network health care professional 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 professional, whichever comes first.

If I am approved for Transition of Care/Continuity of Care for one illness, can I receive in-network coverage for a non-related condition?

Authorizations provided as part of Transition of Care/Continuity of Care are for the specific illness or condition only and cannot be applied to another illness or condition. You need to complete a Transition of Care/Continuity of Care request form for each unrelated illness or condition. You need to complete this form no later than 30 days after your plan becomes effective or your health care professional leaves the Cigna network/your plan's network.

Can I apply for Transition of Care/Continuity of Care if I am not currently in treatment or seeing a health care professional?

You must already be in treatment for the condition 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 Cigna medical plan, or when your health care professional leaves the Cigna network/your plan's network. It cannot be submitted more than 30 days after the effective date of your plan or your health care professional's termination. After receiving your request, Cigna 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.

Cigna Transition of Care/Continuity of Care request form

See instructions for completing this form on the reverse side.

❑ New Cigna enrollee (Transition of Care applicant)

❑ Existing Cigna customer whose health care professional terminated (Continuity of Care applicant)

Use a separate form for each condition. Photocopies are acceptable. Attach additional information if needed.

Enrollment in Cigna Plan (mm/dd/yyyy)			
Full Name		Social Security # or Alternate ID	Work Phone
Home Address Street City State ZIP			Home Phone/Mobile
Patient's Name (if applicable)	Patient's Social Security # or Alternate ID	Patient's Birth Date (mm/dd/yyyy)	Relationship ❑ Spouse ❑ Dependent ❑ Self

1. Is the patient pregnant and in the second or third trimester of pregnancy? Due Date _____(mm/dd/yyyy) ❑ Yes ❑ No
2. If yes, is the pregnancy considered high risk? e.g., multiple births, gestational diabetes. ❑ Yes ❑ No
3. Is the patient currently receiving treatment for an acute condition or trauma? ❑ Yes ❑ No
4. Is the patient scheduled for surgery or hospitalization after your effective date with Cigna? ❑ Yes ❑ No
5. Is the patient involved in a course of chemotherapy, radiation therapy, cancer therapy or terminal care? ❑ Yes ❑ No
6. Is the patient receiving treatment as a result of a recent major surgery? ❑ Yes ❑ No
7. Is the patient receiving dialysis treatment? ❑ Yes ❑ No
8. Is the patient a candidate for an organ transplant? ❑ 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/Continuity of Care.

_____

10. Please complete the health care professional information request below.

Group Practice Name		
Health Care Professional Name		Health Care Professional Phone #
Health Care Professional Specialty		
Health Care Professional Address		
Hospital Where Health Care Professional Practices		Hospital Phone #
Hospital Address		
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 begins or during the next 90 days? ❑ Yes ❑ No
12. Please list any other continuing care needs that may qualify for Transition of Care/Continuity of Care. If these care needs are not associated with the condition for which you are applying for Transition of Care/Continuity of Care, you need to complete a separate Transition of Care/Continuity of Care form.

_____

I hereby authorize the above health care professional to give Cigna or any affiliated Cigna company any and all information and medical records necessary to make an informed decision concerning my request for Transition of Care/Continuity of Care under Cigna. I understand I am entitled to a copy of this authorization form.	
Signature of Patient, Parent or Guardian	Date (mm/dd/yyyy)

Submit this request form to:

Cigna Health Facilitation Center
Attention: Transition of Care/Continuity of Care Unit
3200 Park Lane Drive, Pittsburgh, PA 15275
Fax 866.729.0432

Transition of Care/Continuity of Care requests will be reviewed within 10 days of receipt. For new Cigna customers, review will occur within 10 days of participant's effective date. Review for Organ Transplant requests may take longer than 10 days.

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 condition for which you and/or your dependents are seeking Transition of Care/Continuity of Care. Additional forms are available on **Cigna.com**. 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. You must apply for Transition of Care/Continuity of Care within 30 days of the effective date of your plan, or within 30 days of your doctor's termination date.

The first few sections of the form apply to the subscriber. 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.

If you answered yes to questions #1, #2, #3, #4, #5, #6, #7 or #8, please submit this request form to:

Cigna Health Facilitation Center
Attention: Transition of Care/Continuity of Care Unit
3200 Park Lane Drive
Pittsburgh, PA 15275
Fax: 866.729.0432

In #9, include information about the current or proposed treatment plan and the length of time treatment is expected to continue. If surgery has been planned, state the type and the proposed date of the surgery.

In #12, briefly state the health condition, when it began, what health care professional is currently involved, and how often you see this health care professional. Please be as specific as possible.

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