

**Having trouble
understanding some
of the health insurance
terms on this form?**

See definitions on page 3.

Transition of Care/ Continuity of Care

Overview

Transition of Care gives new UnitedHealthcare members the option to request extended coverage from their current, out-of-network health care professional at network rates for a limited time due to a specific medical condition until the safe transfer to a network health care professional can be arranged. Examples of covered medical conditions can be found at the end of this page. You must apply for transition of care no later than 30 days after the date your UnitedHealthcare coverage begins using the application beginning on page 4.

Continuity of Care gives UnitedHealthcare members the option to request extended care from their current health care professional if he or she is no longer working with their health plan and is now considered out-of-network. Members with medical reasons preventing an immediate transfer to a network health care professional may request extended coverage for services at network rates for specific medical conditions for a defined period of time. Examples of covered medical conditions can be found on page 2 of this document. If your health care professional is leaving the UnitedHealthcare network, you must apply for continuity of care within 30 days of the health care professional's termination date using the application beginning on page 4.

How Transition of Care/Continuity of Care Works:

You must already be under active and current treatment (see definition below) by the identified non-contracted health care professional for the condition identified on the Transition of Care/Continuity of Care Application below.

- ▶ Your request will be evaluated based on applicable state law and accreditation standards.
- ▶ If your request is approved for the medical condition(s) listed in your application(s), you will receive the network level of coverage for treatment of the specific condition(s) by the health care professional for a defined time frame, as determined by UnitedHealthcare. All other services or supplies must be provided by a network health care professional for you to receive network coverage levels. If your plan includes out-of-network coverage and you choose to continue receiving out-of-network care beyond the timeframe approved by UnitedHealthcare, you must follow your plan's out-of-network requirements, including any prior authorization requirements.
- ▶ The availability of Transition of Care/Continuity of Care coverage does not guarantee that a treatment is medically necessary or is covered by your plan benefits. Depending on the actual request, a medical necessity determination and formal prior authorization may still be required in order for a service to be covered.

Examples of medical conditions that may qualify for Transition of Care/Continuity of Care includes, but is not limited to:

- ▶ Pregnancy (trimester determined by state requirements) through six weeks postdelivery.
 - Transition of Care for the mother does not apply to the newborn. If the care provider or facility is out-of-network for the newborn, please submit a network gap request for services for the newborn by calling the number on your member ID card.
- ▶ Newly diagnosed or relapsed cancer and currently receiving chemotherapy, radiation therapy or reconstruction.
- ▶ Transplant candidates or transplant recipients in need of ongoing care due to complications associated with a transplant.
- ▶ Recent major surgeries in the acute phase and follow-up period (generally six to eight weeks after surgery).
- ▶ Serious acute conditions in active treatment such as heart attacks or strokes.
- ▶ Other serious chronic conditions that require active treatment.

Examples of conditions that do not qualify for transition of care/continuity of care include:

- ▶ Routine exams, vaccinations and health assessments.
- ▶ Chronic conditions such as diabetes, arthritis, allergies, asthma, kidney disease and hypertension that are stable.
- ▶ Minor illnesses such as colds, sore throats and ear infections.
- ▶ Elective scheduled surgeries (except as required by state law).

Frequently Asked Questions:

- Q1.** If my application is approved, how long will I have to transition to a new network health care professional?
- A.** If UnitedHealthcare determines that transitioning to a participating health care professional is not recommended or safe for the conditions that qualify for Transition of Care/Continuity of Care, services by the approved out-of-network health care professional will be authorized at the network level of benefits for a specified period of time or until care has been completed or transitioned to a participating health care professional, whichever comes first. You must apply for Transition of Care/Continuity of Care within 30 days of the effective date of coverage or within 30 days of the care provider's termination date, or you will not be eligible for the transition of care/continuity of care service.
- Q2.** If I am approved for Transition of Care/Continuity of Care for one medical condition, can I receive network coverage for a non-related condition?
- A.** No. Network coverage levels provided as part of Transition of Care/Continuity of Care are for the specific medical conditions only and cannot be applied to another condition. If you are seeking transition of care/continuity of care coverage for more than one medical condition, you should complete a Transition of Care/Continuity of Care Application for each specific condition within 30 days after your coverage becomes effective or your health care professional leaves the UnitedHealthcare network.

Definitions:

- **Transition of Care:** Gives new UnitedHealthcare members the option to request extended coverage from their current, out-of-network health care professional at network rates for a limited time due to a specific medical condition, (see examples below) until the safe transfer to a network health care professional can be arranged.
- **Continuity of Care:** Gives UnitedHealthcare members the option to request extended care from their current health care professional if he or she is no longer working with their health plan and is now considered out-of-network.
- **Network:** The facilities, providers and suppliers your health plan has contracted with to provide health care services.
- **Out-of-Network:** Services provided by a non-participating provider.
- **Pre-Authorization:** An assessment for coverage under your health plan before you can get access to medicine or services.
- **Active Course of Treatment:** An active course of treatment typically involves regular visits with the practitioner to monitor the status of an illness or disorder, provide direct treatment, prescribe medication or other treatment or modify a treatment plan. Discontinuing an active course of treatment could cause a recurrence or worsening of the condition under treatment and interfere with recovery. Generally an active course of treatment is defined as within the last 30 days, but is evaluated on a case by case basis.

See other health care and health insurance terms and definitions at justplainclear.com.

Transition of Care/ Continuity of Care Application



This form is for all fully-insured members except for members residing in California, North Carolina or South Carolina.

To complete this application:

- Please make sure all fields are completed.
- When the application is complete, it must be signed by the member for whom the transition of care/continuity of care is being requested. If the patient is a minor, a guardian's signature is required.
- You must apply for transition of care/continuity of care within 30 days of the effective date of coverage or within 30 days of the care provider's termination date.
- **A separate Transition of Care/Continuity of Care Application must be completed for each condition for which you and/or your dependents are seeking transition of care/continuity of care.**
- Please mail or fax the completed application along with relevant medical records and information within 30 days following the effective date of your UnitedHealthcare plan to:

UnitedHealthcare
1311 W, President George Bush Hwy,
Richardson, TX 75080-1133
Attn: Transition of Care/Continuity of Care
Fax 855-686-3561

- After receiving your request, UnitedHealthcare will review and evaluate the information provided. Incomplete forms will be returned to the requestor. If the form is complete, we will send you a letter to let you know if your request was approved or denied. Completion of this application does not guarantee that a transition of care/continuity of care request will be granted.
- For behavioral health services, please contact your behavioral health carrier by calling the Customer Services phone number on your health care ID card.

Member Information

| | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|
| <input type="checkbox"/> New UnitedHealthcare member (transition of care applicant) | | Provider Termination Date |
| <input type="checkbox"/> Existing UnitedHealthcare member whose care provider terminated (continuity of care applicant) | | |
| Name (Person being treated) | UnitedHealthcare Member ID Number | Date of Birth (mm/dd/yyyy) |
| Address | City | State/ZIP Code |
| Home/Cell Phone Number | | Work Phone Number |
| Employer Name | | Date of Enrollment in the UnitedHealthcare Plan (mm/dd/yyyy) |
| Member's Relationship to Employee <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent <input type="checkbox"/> Other | Is the member currently covered by other health insurance carrier? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, carrier name: | |
| Authorization to release records: I authorize all physicians and other health care professionals or facilities to provide UnitedHealthcare information concerning medical care, advice, treatment or supplies for the member named above. This information will be used to determine the member's eligibility for transition of care/continuation of care benefits under the plan. | | |
| Member's Signature/Parent or Guardian's Signature if Member is a Minor | | Date (mm/dd/yyyy) |

Care Provider Section: Your health care professional should complete the following information.

| | | |
|---------------------------------|-----------------------------------------------------------|------------------------------------------------------|
| Name | National Provider Identifier (NPI) or Tax ID Number (TIN) | Phone Number |
| Address | City | State/ZIP Code |
| Hospital | | Hospital Phone Number |
| Date of Last Visit (mm/dd/yyyy) | Next Scheduled Appointment (mm/dd/yyyy) | Frequency of Visits |
| Diagnosis | Expected Length of Treatment | If Maternity: Expected Date of Delivery (mm/dd/yyyy) |

Please select **one** of the descriptions if it applies:
 Life Threatening Condition Acute Condition Transplant Inpatient/Confined
 Upcoming Surgery Disabled/Disability Terminal Illness Ongoing Treatment

Newborn members: Transition of care for the mother does not apply to the newborn. If the health care professional or facility is out of network for the newborn, please submit a network gap request for services for the newborn by calling the number on the member ID card.

Is the treatment for an exacerbation of a previous injury or chronic condition? Yes No

Current and Associated Treatment(s)/Comments (include all relevant CPT codes)
 If these care needs are not associated with the condition for which you are applying for transition of care/continuity of care coverage, please complete a separate Transition of Care/Continuity of Care Application for each condition.

The above-named patient is a UnitedHealthcare member. We understand you are not, or soon will not be, a participating provider in the UnitedHealthcare network. The member has asked that for a defined period of time we treat claims as network under the member's benefit plan for the covered services you provide as a non-participating provider. This is because of a qualifying condition. If we approve this request, you agree (1) to provide the covered service, including any follow-up care covered under the member's plan, and (2) if applicable, the terms and conditions of your participation agreement will continue to apply to the covered service, including any follow-up care covered under the member's plan. Please note the following:

- If applicable, payment under your participation agreement, together with any copayment, deductible or coinsurance for which the member is responsible under the plan is payment in full for the covered service and you will not seek to recover, and will not accept any payment from the member, UnitedHealthcare, or any payer or anyone acting on their behalf, in excess of payment in full, regardless of whether such amount is less than your billed or customary charge.
- Upon request, you will share information regarding the member's treatment with us.
- If applicable, you will make referrals for services including laboratory services, to network providers in accordance with the terms of your participation agreement.

Signature of Health Care Professional _____ Date (mm/dd/yyyy) _____

CONFIDENTIALITY NOTICE: Information in this document is considered to be UnitedHealthcare's confidential and/or proprietary business information. Consequently, this information may be used only by the person or entity to which it is addressed. Any recipient shall be liable for using and protecting UnitedHealthcare's proprietary business information from further disclosure or misuse, consistent with recipient's contractual obligations under any applicable administrative services agreement, group policy contract, non-disclosure agreement or other applicable contract or law. The information you have received may contain protected health information (PHI) and must be handled according to applicable state and federal laws, including, but not limited to HIPAA. Individuals who misuse such information may be subject to both civil and criminal penalties.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, may commit a fraudulent insurance act, which may be a crime, and may also be subject to a civil penalty for each violation