

BlueChoice HealthPlan Transition Care

Purpose of Transition Care

Transition care is for people with an acute injury or illness. Members or covered dependents need to get approval for this short-term benefit. With transition care, members can get in-network health care discounts from non-participating providers. It is also known as “treatment in progress.” The patient works with his or her primary care physician to get continued, on-going care. It should not replace the normal benefits a member receives from BlueChoice HealthPlan.

Examples of Medical Conditions That May Meet Transition Care Guidelines

- Women in the second or third trimester of pregnancy
- Acute fracture victims
- Heart attack victims under acute care
- Cancer patients currently undergoing approved chemotherapy or radiotherapy treatment
- Diagnosed terminal illness where life expectancy is less than 60 days
- Members hospitalized at the time of eligibility

Examples of Medical Conditions That May Not Meet Transition Care Guidelines

- Routine examinations, vaccinations and health assessments
- Stable but chronic conditions (e.g., diabetes, hypertension, allergies, arthritis)
- Minor illnesses (e.g., colds, sore throats, ear infections, bronchitis, strains, sprains)
- Elective scheduled surgery (e.g., removal of lesions, hernia repairs, hysterectomies)
- Long-term management of cancer, dialysis, transplants, etc.

Transition Care Benefit Enrollment Process

Members must submit in writing all requests for transition care. They can get a *Treatment in Progress Request Form* by contacting Member Services at 800-868-2528. Members must complete a separate request form for each condition requested.

Transition Review Process

Once the Managed Care Services department receives the *Treatment in Progress Request Form*, it will review and evaluate the information. Based upon this initial information, it will inform the subscriber in writing of one of three decisions:

1. Request for transition care approved for a specific period of time or a specific number of visits
2. Request for transition care denied
3. Request for additional information needed before a final decision can be made

This review process normally takes approximately 10 business days.

Care rendered by the non-participating providers after the transition period has expired will be denied, or paid at the out-of-network benefit level.

BLUECHOICE HEALTHPLAN TREATMENT IN PROGRESS FORM
(Please use a separate form for each condition.)

Employee's Name _____ **ID #** _____

Address _____ **City/State/ZIP** _____

Group's Name _____ **Group #** _____ **Effective Date** _____

Phone: (Home) _____ **(Work)** _____

Patient's Name _____ **ID #** _____

Relationship to Subscriber: [] Self [] Spouse [] Dependent

Health Condition: _____

Physician/Provider(s) Involved

Name: _____ Phone: _____ Specialty: _____

Name: _____ Phone: _____ Specialty: _____

Name: _____ Phone: _____ Specialty: _____

Date of First Treatment: _____ Date of Last Visit: _____

Current Treatment of Proposed Surgery: _____

Expected Length of Treatment or Date of Surgery: _____

Primary Care Physician

Provider Name _____ / _____ BlueChoice HealthPlan ID # _____

Address _____ / _____ City/State/ZIP _____

I hereby authorize BlueChoice HealthPlan's Managed Care Services to obtain any information and medical records necessary from the above physician(s) necessary to make an informed decision concerning my request for Treatment in Progress benefits under my medical plan. This authorization will expire six months from the date signed below. I understand I am entitled to a copy of this authorization form.

Signature of Patient or Guardian _____ Date _____