



Transition of Care Request Form

This form is a formal request for Aspirus Health Plan to cover continuing care from an out-of-network provider or from certain other healthcare professionals from whom you have been receiving treatment. You will receive coverage determination by mail. If coverage is not approved, care by the non-participating provider after the program's effective date either will not be covered or will be covered at the non-preferred rate, if available.

Step 1: Provider completes all sections of this form and obtains the patient's authorization signature.

Step 2: Ensure pertinent medical records are attached. One form per out-of-network provider.

Step 3: Fax the completed form for review.
Fax requests to: 763-847-4014

Please check off: ☐ Medical ☐ Mental Health or Substance Abuse

This form must be completed and signed by the treating or referring provider. ATTACH PERTINENT MEDICAL RECORDS – REQUEST WILL NOT BE PROCESSED WITHOUT SUPPORTING DOCUMENTATION. Submit one form per out-of-network provider within 30 days of the member's effective date.

SECTION 1 – EMPLOYER AND SUBSCRIBER/PATIENT INFORMATION

Employer		Policy #		Employee Date of Enrollment in Plan	
Employee Name		Employee Member ID			Work Phone
Home Address	City	State	Zip	Home Phone/Mobile	
Patient's Name		Patient's Social Security # or Alternate ID	Patient's Birth Date	Relationship to Employee	

1. Is the patient pregnant? Due date: _____ ☐ Yes ☐ No
If yes, is the pregnancy considered high risk? e.g. multiple births, gestational diabetes. ☐ Yes ☐ No
2. Is the request for an infusion or injection medication? ☐ Yes ☐ No
If yes, list the name of the infusion or injection drug: _____
3. Is the patient currently receiving treatment for an acute condition, chronic condition or trauma? ☐ Yes ☐ No
4. Is the patient scheduled for surgery or hospitalization after your effective date with us? ☐ 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 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 provider information requested below.

Group Practice Name		
Health Care Provider Name	Health Care Provider Specialty	Health Care Provider Phone #
Health Care Provider Address		
Hospital Where Health Care Provider 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 through us 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, you need to complete a separate Transition of Care/Continuity of Care request form.

☐ Patient is in active course of treatment

Please list diagnosis, specific treatment, start date of treatment, and dates of current or future treatment.

Diagnosis (including ICD codes)	Treatment (include related codes)	Start Date of Treatment	Dates of Current and Anticipated Treatment

SECTION 2 – PROVIDER ATTESTATION

I attest that the information provided in this form, and the attached medical records is accurate, complete, and reflects the member's current clinical status and treatment plan. I understand this request will be reviewed under the Plan's Transition of Care policy and applicable regulations, including the No Surprises Act.

Printed Name: _____

Provider Signature: _____

Date: _____

SECTION 3 – PATIENT AUTHORIZATION

I am requesting authorization for coverage of continuing care from the out-of-network healthcare provider named below for treatment initiated prior to my effective date or prior to the termination of the provider from the network. If approved, authorization will be limited to a defined time period. I authorize the healthcare provider to send medical information and records needed to make a coverage determination.

Patient's Signature (age 17 or older): _____

Date: _____

Parent/Guardian Signature (age 16 or younger): _____

Date: _____

Transition of Care (TOC) – Questions & Answers

Q. What is Transition of Care coverage?

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

- You become a new member of an Aspirus Health Plan medical benefit program (referred to as “enrollment”), or change your current Aspirus Health Plan medical program (referred to as “re-enrollment”), and a specialty provider with whom you are in an active course of treatment is not a participating provider in your Aspirus Health Plan network; or
- Your Aspirus Health Plan participating specialty provider with whom you are in an active course of treatment leaves the network.

Transition of Care coverage is not for primary care physicians (PCPs) who are not in the Aspirus Health Plan network, except when the PCP leaves the network during your plan year, and you are receiving treatment, or if certain laws or regulations apply. Transition of Care coverage allows a member who is receiving treatment to continue the treatment for a transitional period of time, without penalty, at the preferred benefit level.

Transition of Care coverage is only for the requested doctor and does not include facilities or hospitals. If the request is approved, the doctor must use a facility or hospital in the Aspirus Health Plan network.

Q. Can I request to continue under the care of a non-participating Primary Care Physician (PCP) if I am enrolled in a program that includes the selection of a PCP?

A. You may be required to select a Primary Care Physician (PCP) who participates in the Aspirus Health Plan network. You should establish a relationship with your PCP so that they can help you with your future health care needs.

Q. What is an active course of treatment?

A. An active course of treatment is when you have begun a program of planned services with your doctor to correct or treat a diagnosed condition. The start date is the first date of service or treatment. An active course of treatment covers a certain number of services or period of treatment for special situations. Some examples may include, but are not limited to members who:

- Enroll with Aspirus Health Plan beyond 20 weeks of pregnancy (unless there are specific state or program requirements). Members less than 20 weeks pregnant whom Aspirus Health Plan confirms as high risk are reviewed on a case-by-case basis.
- Are on an ongoing treatment plan, such as chemotherapy or radiation therapy.
- With a terminal illness who are expected to live six months or less.
- Need more than one surgery, such as cleft palate repair.
- Have recently had surgery.

- Receive outpatient treatment for a mental illness or for substance abuse. (The member must have had at least one treatment session within 30 days before the effective/renewal date of the Aspirus Health Plan program.)
- Have an ongoing or disabling condition that suddenly gets worse.
- May need or have had an organ or bone marrow transplant.

To be considered for Transition of Care coverage, the course of treatment must have started before the enrollment or re-enrollment date, or before the date your doctor left the Aspirus Health Plan network.

Q. How long does Transition of Care coverage last?

- A. Usually, Transition of Care coverage lasts 90 days but this may vary based on your condition (for example, pregnancy). 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 other types of providers, besides doctors, can be considered for Transition of Care coverage?

- A. Health care professionals such as physical therapists, occupational therapists, speech therapists, and agencies that provide skilled home care services such as visiting nurses. Transition of Care does not apply to durable medical equipment (DME) vendors, health care facilities (for example, hospital, skilled nursing facility) or pharmacy vendors.

Q. If I am currently receiving treatment from my doctor, why wouldn't you approve my request for TOC coverage?

- A. In addition to currently receiving treatment, your request must involve a covered procedure/service. Your doctor must also agree to accept the terms outlined on the Transition of Care Request Form.

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

- A. You can obtain a Transition of Care Request Form by contacting Aspirus Health Plan Customer Services. Transition of Care Request Forms must be submitted to Aspirus Health Plan within ninety (90) days of the enrollment or re-enrollment period or within 90 days of the date your specialty provider left the Aspirus Health Plan network and prior to receiving services (except in an emergency) from a non-participating specialist. Coverage requests can be submitted by either the non-participating provider or the member through the use of the Transition of Care Request Form.

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

- A. You will receive a letter in the mail. The letter will say whether or not you are approved. In order to be paid at the in-network benefit level during the Transition of Care process there must be an approval from Aspirus Health Plan (except in an emergency) prior to the services being rendered.

Q. If I have additional questions about Transition of Care, who can I contact?

- A. You can call Aspirus Health Plan Customer Services at 866.631.5404.

Misrepresentation

Any person who knowingly and with intent to injure, defraud or deceive 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 commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.