



# Transition Coverage Request

## Personal & Confidential

**This form does not apply to fully insured Commercial members in California**  
(See reversed side for Transition of Care Coverage Questions and Answers)

This is a formal request for Aetna to cover ongoing care at the preferred or the highest level of benefit from:

- An **out-of-network doctor**.
- **Certain other healthcare providers** from whom you have been receiving treatment.

You will receive a coverage decision by mail. If the coverage is not approved, care by the selected provider will not be covered after the plan's effective date, or after the end of the provider's contract with the Aetna network.

MEMBER: Please complete:

1. Section 1 (Employer Information)
2. Section 2 (Subscriber and Member Information — this is on the front of the ID card)
3. Section 3 (Authorization) Read the authorization, sign and date the form (if patient is age 17 or older, he or she must also sign and date this form).

THEN — Give the form to the doctor to complete Section 4 (Doctor Information).

After your doctor fills out Section 4, **fax** the completed form to Aetna for review.

**Medical Request fax to: 800-228-1318**

**Mental Health/Drug/Alcohol Abuse Requests fax to: 801-256-7664**

### 1. Employer Information

Employer's Name (Please print) <b>Washington State Health Care Authority – PEBB</b>	Plan Control Number <b>620375</b>	Plan Effective Date (Required)
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### 2. Subscriber and Member Information

Subscriber's Name (Please print)	Subscriber's Social Security Number (or Aetna Identification Number)	
Subscriber's Address (Please print)		
Member's Name (Please print)	Birthdate (MM/DD/YYYY)	Telephone Number

### 3. Authorization

I request approval for coverage of ongoing care from the healthcare provider named below for treatment started before my effective date with Aetna, or before the end of the provider's contract with the Aetna network. If approved, I understand that the authorization for coverage of services stated below will be valid for a certain limited period of time. I give permission for the health care provider to send any needed medical information and/or records to Aetna so a decision can be made.

Patient's Signature (Required if Patient is 17 or Older)	Date (MM/DD/YYYY)
Parent's Signature (Required if Patient is 16 or Younger)	Date (MM/DD/YYYY)

### 4. Doctor Information - Please provide all specific information to avoid delay in the processing of this request.

Name of Treating Doctor or other healthcare provider (Please print)	Telephone Number
Address of Treating Doctor or other healthcare provider (Please print)	
Signature of Treating Doctor or other healthcare provider	Date (MM/DD/YYYY)

The above named patient is currently an Aetna member as of the effective date indicated above. Although you are not or soon will not be a participating provider in the Plan network, the member has requested that we cover care provided by you for a specific period of time because of a condition requiring an active course of treatment (for example, pregnancy). An active course of treatment is defined as: "A program of planned services starting on the date the provider first renders a service to correct or treat the diagnosed condition and covering a defined number of services or period of treatment and includes a qualifying situation". Please include a brief statement of the member's current condition and treatment plan. For pregnancies, please indicate the estimated date of confinement (EDC). In the event this request is approved, you agree to provide the member's treatment and follow-up; to not seek payment from the member for any amount the member would not be responsible for if you were a participating provider; to share information regarding the treatment plan with Aetna; and, to use the Aetna provider network for any necessary referrals, lab work or hospitalizations.

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

Diagnosis (including ICD-9 codes)	Treatment (include related codes)	Start Date of Treatment	Dates of Current and Anticipated Treatment
1.			
2.			



## Aetna Transition of Care Coverage Questions and Answers

Q. What is Transition of Care (TOC) coverage?

- A. TOC coverage is temporary coverage when you become a new member of an Aetna medical benefit plan or change your current Aetna medical plan, and a doctor you are being treated by:
- Is not in the Aetna network; or
  - Leaves the Aetna network

TOC coverage is not for Primary Care Physicians (PCPs) who are not in the Aetna network, except when the PCP leaves the Aetna network during your plan year, and you are receiving treatment, or if certain laws or regulations apply. TOC coverage allows a member who is receiving treatment to continue the treatment **for a limited time** at the preferred plan benefit level.

TOC 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 Aetna network.

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 enrolling with Aetna beyond 24 weeks of pregnancy (unless there are specific state or plan requirements). Members less than 24 weeks pregnant whom Aetna confirms as high risk are reviewed on a case-by-case basis.
- Members in an ongoing treatment plan, such as chemotherapy or radiation therapy;
- Members with a terminal illness, expected to live six months or less;
- Members who need more than one surgery, such as cleft palate repair;
- Members who have recently had surgery;
- Members who receive outpatient treatment for a mental illness or for substance abuse. (The member must have had at least one [1] treatment session within 30 days before the effective/renewal date of the Aetna plan).
- Members with an ongoing or disabling condition that suddenly gets worse;
- Members who may need or have had an organ or bone marrow transplant.

To be considered for TOC coverage, the course of treatment must have started before the enrollment or re-enrollment date, or *before* the date your doctor left the Aetna network.

Q. What other types of providers, besides doctors, can be considered for TOC coverage?

- A. Companies who supply Durable Medical Equipment (DME) to be used in the home. Examples of DME are wheelchairs, hospital beds, ventilators, and CPAP machines.

Q. If I am currently receiving treatment from my doctor, why wouldn't my request be approved 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 TOC Request Form.

Q. How long does TOC coverage last?

- A. Usually, TOC coverage lasts 90 days. You will be informed if your TOC coverage request is approved and how long it will last.

Q. How do I sign up for TOC coverage?

- A. Contact your employer or Aetna Member Services. A TOC Request Form must be submitted to Aetna:

- Within ninety (90) days of when you enroll or re-enroll, or
- Within 90 days of the date the provider left the Aetna network, or
- Within 90 days of a doctor's Aexcel status change.

To get the highest level of benefit coverage, newly enrolling and re-enrolling members must be approved before receiving further services. You or your doctor can send in the request form.

Q. How will I know if my request for TOC coverage is approved?

- A. You will receive a letter in the mail. The letter will say whether or not you are approved. If you are approved, any treatments you received before the approval date, will not be covered at the highest benefit level, unless there was an emergency.

Q. I am going to receive services after the start date of my Aetna plan. The doctor is part of the Aetna network. Will the services be covered under my Aetna plan?

- A. Certain procedures or services need to have approval under an Aetna plan when using an Aetna network provider. Please ask your doctor to confirm if approval is needed. If so, you can request approval by filling out a TOC form.

### Misrepresentation

**Attention Washington Residents:** It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.