TRANSITION OF CARE

Cigna HealthCare of California
Transition of Care benefits are intended to provide coverage for individuals who meet all of the following criteria.

1) They have one of several specified medical conditions.

2) They require ongoing treatment for a certain period of time.

3) They are receiving services from doctors, hospitals, facilities or other health care providers that are not part of the network included with their new Cigna plan (non-participating).

4) They are receiving these services at the time they become eligible for a Cigna plan.

How it works

› You should apply for Transition of Care benefits as soon as possible, and preferably between 30–60 days after the effective date of coverage.

› You must already be receiving care for a qualifying medical condition by the health care provider identified on the Transition of Care Request Form.

› If you meet the requirements for Transition of Care benefits, Cigna will contact the health care provider. If the provider agrees to Cigna’s contractual terms and conditions, you will receive the in-network level of benefits for treatment of the specific condition for either a specific amount of time or as long as the condition exists depending on the situation. If the health care provider does not agree to Cigna’s contractual terms and conditions, Cigna may deny or only provide limited Transition of Care benefits. You will also be notified about the decision within 30 days of your request, or sooner if Cigna determines the request should be expedited based on your condition.

› Approved benefits only apply to the treatment provided or ordered by the provider identified on the Transition of Care Request Form for the medical condition specified on the form.

› Claims for treatment of the specific condition by the approved provider after the effective date of coverage will be considered at in-network levels.

› The availability of Transition of Care benefits does not mean a treatment is covered, nor does it constitute preauthorization of medical services to be provided. Benefit determinations and preauthorizations must still be obtained during the precertification and case management process.

› All benefits are subject to the provisions of the plan.

› If you do not have out-of-network coverage on your plan you will be responsible for the cost of any services provided by any non-participating health care provider, hospital or other facility unless they are approved by Cigna for Transition of Care benefits.
Medical conditions and other situations that may qualify for Transition of Care benefits include:

› An acute condition, for the length of the acute condition. An “acute condition” is defined as a medical condition that involves a sudden onset of symptoms due to an illness, injury or other medical problem that requires prompt medical attention and that has a limited duration.

› A serious chronic condition, for a period needed to complete a course of treatment and to arrange for a safe transfer to another provider, as determined by Cigna in consultation with the enrollee and treating health care provider, consistent with good provider practice. This period shall not exceed 12 months from the effective date of coverage for the newly covered enrollee. A “serious chronic condition” is a medical condition due to a disease, illness, or other medical problem or medical disorder that is serious in nature and:
  - Persists without full cure;
  - Worsens over an extended period of time; or
  - Requires ongoing treatment to maintain remission or prevent deterioration.

› A pregnancy, for the length of the pregnancy (three trimesters) and the immediate postpartum period.

› A terminal illness, for the length of the terminal illness. A “terminal illness” is an incurable or irreversible condition that has a high probability of causing death within one year or less.

› Care of a newborn child whose age is between birth and age 36 months, regardless of whether the child is undergoing an active course of treatment, for a period not to exceed 12 months.

› Performance of surgery or other procedure that has been authorized by the plan, as part of a documented course of treatment that is to occur within 180 days of the effective date of coverage.

If I am approved for Transition of Care benefits for one illness, can I receive in-network benefit payments for a non-related condition?

In-network benefit levels provided as part of Transition of Care benefits are for the specific illness/condition only and cannot be applied to another illness/condition. You must complete a Transition of Care Request Form for each unrelated illness/condition.

Do I need to complete the Transition of Care Request Form if I am already seeing a provider in my plan’s network?

No, if you are receiving care from a provider in the network included with your new Cigna plan, you do not need to request Transition of Care. To verify if a provider is in your Cigna plan's network, view the directory, or go to Cigna.com and click on “Find a doctor.” You can also call the number on your Cigna ID card and speak with a Customer Service specialist for assistance.
See instructions for completing this form on the reverse side.

**Transition of Care Request Form**

***ATTENTION: You may not need to complete this form***

- Complete this form only if you are receiving care from a health care provider that does not participate in your plan’s network. Please check your Cigna directory or go to Cigna.com and click on “Find a doctor” to verify that your provider is in your plan’s network. You can also call the number on your Cigna ID card and speak with a Customer Service specialist for assistance.

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

<table>
<thead>
<tr>
<th>Employer</th>
<th>Policy #</th>
<th>Employee date of enrollment in Cigna health plan (mm/dd/yyyy)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee name</td>
<td>Member ID #</td>
<td>Work phone</td>
</tr>
<tr>
<td>Home address</td>
<td>Street</td>
<td>City</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Patient’s name</th>
<th>Patient’s Social Security #</th>
<th>Patient’s birthdate (mm/dd/yyyy)</th>
<th>Relationship to employee</th>
</tr>
</thead>
<tbody>
<tr>
<td>o Spouse</td>
<td>o Dependent</td>
<td>o Self</td>
<td></td>
</tr>
</tbody>
</table>

1. Is the patient pregnant?  
   - Yes  
   - No

2. If yes, when is the due date? ____________ (mm/dd/yyyy)

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 a candidate for organ transplant?  
   - Yes  
   - No

6. Is the patient receiving treatment as a result of a recent major surgery?  
   - Yes  
   - No

7. Is the patient receiving mental health/substance use care?  
   - Yes  
   - No

8. Is the patient receiving care for a terminal illness?  
   - 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.

10. Please complete the information below.

<table>
<thead>
<tr>
<th>Group practice name</th>
<th>Provider’s name</th>
<th>Telephone # of provider</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider’s specialty</td>
<td>Provider’s address</td>
<td></td>
</tr>
<tr>
<td>Hospital where patient’s provider practices</td>
<td>Telephone # of hospital</td>
<td></td>
</tr>
<tr>
<td>Hospital address</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reason/diagnosis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Date(s) of admission (mm/dd/yyyy)</td>
<td>Date of surgery (mm/dd/yyyy)</td>
<td>Type of surgery</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Treatment being received and expected duration</th>
</tr>
</thead>
</table>

11. Is this patient expected to be in the hospital when or after coverage with Cigna begins?  
   - Yes  
   - No

12. Please list any other continuing care needs that may qualify for Transition of Care benefits. If these needs are not related to the condition for which you are applying for Continuity of Care benefits, you must complete a separate Transition of Care Request Form.

I hereby authorize the above provider to provide Cigna HealthCare of California, Inc. or its affiliates and contracted parties with any and all information and medical records necessary to make an informed decision concerning my request for Transition of Care benefits under my Cigna plan. I understand I am entitled to a copy of this authorization form.

Signature of patient, parent or guardian  
Date (mm/dd/yyyy)
Instructions for completing the Transition of Care Request Form

- You must complete a separate Transition of Care Request Form for each condition for which you or your dependents seek Transition of Care benefits. Additional forms are available at, Cigna.com/customer-forms. You may use photocopies.
- Please answer all questions completely.
- Completed forms should be signed by the patient for whom Transition of Care benefits have been requested. If the patient is a minor, a guardian must sign the form.
- To help ensure a timely review of your case, please return the form as soon as possible. You should apply for Transition of Care benefits as soon as possible, and preferably between 30–60 days, after the effective date of coverage. Completed forms should be marked “Confidential” and forwarded to the appropriate address below. See Important Notes.

Important Notes

Questions 1–6: If you answered “Yes” to any of these questions, or if you are submitting this Transition of Care Request Form for any other non-mental health care services, please send the form to:

Cigna Health Facilitation Care Center
400 N. Brand Blvd., Suite 400
Glendale, CA 91203
FAX (800) 558-3710

Question 7: If you answered “Yes” and are receiving mental health/substance use services, and your plan includes mental health/substance use coverage through Cigna Behavioral Health of California, please forward this form to:

Cigna Behavioral Health
400 N. Brand Blvd., Suite 400
Glendale, CA 91203
FAX (860) 697-7985

Question 8: Please include information about your current or proposed treatment plan and how long your treatment is expected to continue. If surgery has been planned, state the type and the proposed date of your surgery.

Question 12: Briefly state the health condition. When did it begin and what provider is currently involved? How often do you see this provider? Be as specific as possible.
No Cost Language Services for customers who live in California and customers who live outside of California who are covered under a policy issued in California. You can get an interpreter. You can get documents read to you and some sent to you in your language. For help, call us at the number listed on your ID card or 1-800-244-6224 for Cigna medical/dental or 1-866-421-8629 for Cigna Behavioral Health mental health/substance use. For more help, call either the HMO Help Center at 1-888-466-2219 or for Non-HMO plans (e.g., PPO) call the CA Dept. of Insurance at 1-800-927-4357. English

Servicios de idioma sin costo para asegurados que viven en California y para asegurados que viven fuera de California y que están cubiertos por una póliza emitida en California. Puede obtener un intérprete. Puede hacer que le lean los documentos en español y que le envíen algunos de ellos en ese idioma. Para obtener ayuda, llámenos al número que aparece en su tarjeta de identificación o al 1-800-244-6224 para servicios médicos/dentales de Cigna o al 1-866-421-8629 para servicios de salud mental/farmacodependencia de Cigna Behavioral Health. Para obtener ayuda adicional, llame al Centro de ayuda HMO al 1-888-466-2219 o para los planes que no sean HMO (p. ej. PPO) llame al Departamento de Seguros de CA al 1-800-927-4357. Spanish

 Arbic

خدمات ترجمة مجانية للأفراد الذين يعيشون في ولاية كاليفورنيا والعملاء المقيمين خارج ولاية كاليفورنيا الذين يتصلون بالخدمة الإنجليزية في ولاية كاليفورنيا يمكنهم الاستعانة بالمترجم. يمكن أن يطلبوا مترجم يرسلهم ببعض مني هذه الخدمات للحصول على المساعدة، أصلًا بما على الرقم المميز Cigna الطبليني/ الصحة الأمراض أو على الرقم 1-888-624-1866-1x خدمات Cigna العلمية في نص البند على الطلب أو على الرقم 1-800-244-6244. خدمات Cigna للحصول على المواد المخدرة للحصول على المزيد من المساعدة، أصلًا بما يركز HMO للمساعدة على الرقم 1-888-664-2219

Korean

Walang Gastos na Mga Serbisyo sa Wika para sa mga customer na nakatira sa California at mga customer na nakatira sa labas ng California na sakop ng isang polisiyang inisya sa California. Makakakuha ka ng interpreter. Maaari mong ipabasa para sa iyo mga dokumento at maaring ipadala sa iyo ang ilan sa iyong wika. Para sa tulong, tawagan kami sa numerong nakalista sa iyong ID card o sa 1-800-244-6224 para sa medikal/dental ng Cigna o sa 1-866-421-8629 para sa kalusugan pangkaisipan/pag-abuso sa droga ng Cigna Behavioral Health. Para sa karagdagang tulong, tumawag sa HMO Help Center sa 1-888-466-2219 o para sa mga planong Hindi HMO (hal. PPO) tawagan ang CA Dept. of Insurance sa 1-800-927-4357. Tagalog
Dịch vụ try giờ ngú miên phí cho khách hàng sống trong tiểu bang California và khách hàng sống ngoài California được đổi thứ qua một hop động bảo hiểm y tế kỹ tại California. Quy vị có thể được cập thông dịch viên. Quy vị có thể được có người đọc văn bản cho quý vị hoặc được nhận tài liệu, văn bản bằng ngôn ngữ của quý vị. Để được giúp đỡ, vui lòng gọi cho chúng tôi tại số điện thoại ghi trên thẻ 회원 (ID) của quý vị hoặc gọi cho chung trình bảo hiểm y tế/hiện Kować gia Cigna tại số 1-800-244-6224, hoặc gọi số 1-866-421-8629 cho chung trình chăm sóc sức khỏe tam thâm/lâm dùng chữa gây nghiện thuốc Chủng trinh Súc khỏe Hạnh vị của Cigna. Để được giúp đỡ thêm, vui lòng gọi Trung tâm Trợ giúp HMO tại 1-888-466-2219 hoặc gọi Bộ Bảo hiểm California tại số 1-800-927-4357 cho các vấn đề thuộc các chung trình bảo hiểm không thuộc loại HMO (như các chung trình PPO). Vietnamese

Khmer

Punjabi

Punjabi

Persian

Japanese