



Transition Coverage Request

Personal & Confidential

This form is a formal request for Aetna to cover continuing care from an out of network doctor or from certain other healthcare professionals (see related Transition Coverage Questions and Answers) from whom you have been receiving treatment. You will receive a coverage determination by mail. If the coverage is not approved, care by the out of network provider after the plan's effective date either will not be covered or will be covered at the out of network rate if such a rate is available under the patient's benefit plan. Please complete the following sections:

1. Section 1 (Employer Information)
2. Section 2 (Employee/Patient Information)
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).
4. Give the form to the patient's out of network provider to complete Section 4 (Physician Information).

Fax the completed form to Aetna for review.

Medical Requests (fax) 800-228-1318 or Behavioral Health/Substance Abuse Requests (fax) 215-775-4859

1. Employer Information		Employer's Name (Please print)	Plan Control Number 620229	Plan Effective Date (Required)
2. Employee/Patient Information		Employee's Name (Please print)		Employee's Social Security Number
		Employee's Address (Please print)		
		Patient's Name (Please print)	Birthdate (MM/DD/YYYY)	Telephone Number
3. Authorization		I am requesting authorization for coverage of continuing care from the out of network healthcare provider named below for treatment which was initiated prior to my effective date with Aetna, or prior to the termination of the provider from the Aetna network. If approved, I understand that the authorization for services specified below will be covered for a limited period of time. In addition, I authorize the health care provider to send medical information and/or records requested by Aetna that are needed to make a coverage determination.		
		Patient's Signature (Required if Patient is 17 or Older)		Date
		Parent's Signature (Required if Patient is 16 or Younger)		Date
4. Physician Information		Name of Out of Network Treating Physician or other healthcare professional (Please print)		Telephone Number
		Address of Out of Network Treating Physician or other healthcare professional (Please print)		
		Signature of Out of Network Treating Physician or other healthcare professional		Date
Please provide all specific information to avoid delay in the processing of this request.		The above named patient is currently a member of Aetna or will become 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 patient 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, or a pregnancy that began prior to the Plan effective date or effective date of termination. An active course of treatment is defined as: "A planned program of services rendered by a health care provider 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". Please include a brief statement of the patient'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 that you will not seek payment from the patient for any amount the patient would not be responsible for if you were a participating provider.		
Please list diagnosis, specific treatment and specific dates of treatment		Diagnosis (including ICD9 codes)	Treatment (include related codes)	Dates of Treatment (current and anticipated)
		1.	1.	1.
		2.	2.	2.

Warning: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

California (MC/EC) Residents: For your protection, California law requires notice of the following: Any person who knowingly and with intent to defraud or deceive any insurance company files a statement of claim containing any materially false, incomplete or misleading information is guilty of a crime and may be subject to fines, confinement in a state prison and substantial civil penalties.

Colorado Residents: An insurer or agent who knowingly provides false or misleading information to defraud a claimant regarding insurance proceeds must be reported to the Insurance Division.



Aetna Transition of Care Coverage Questions and Answers

Q. What is Transition of Care coverage?

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

- You become a new member of an Aetna medical benefit plan (referred to as “enrollment”) or, change your current Aetna medical plan (referred to as “re-enrollment”), and a specialty provider or Durable Medical Equipment (DME) provider with whom you are in an active course of treatment is not a participating provider in your Aetna plan or;
- Your Aetna participating specialty provider or Durable Medical Equipment (DME) provider with whom you are in an active course of treatment leaves the network or;

Transition of Care coverage does not extend to out of network Primary Care Physicians except when mandated by applicable law or regulation. Transition of Care coverage facilitates minimal disruption and permits a patient in an active course of treatment to continue this treatment **for a transitional period of time**, without penalty, at the preferred plan benefit level.

Q. What is an active course of treatment?

A. An active course of treatment is defined as a program of planned services, rendered by a specialty provider or DME provider that starts on the date a physician/provider first renders a service to correct or treat the diagnosed condition, covers a defined number of services or periods of treatment, and includes a qualifying situation. Some examples of qualifying situations may include, but are not limited to:

- Patients enrolling with Aetna after completing 24 weeks of pregnancy (unless alternative state requirements apply) and on a case by case basis for patients who are less than 24 weeks pregnant and who are confirmed by Aetna as high risk
- Patients who are receiving chemotherapy or radiation therapy
- Patients receiving outpatient intravenous therapy for a resolving condition
- Patients with a terminal illness with an anticipated life expectancy of six (6) months or less
- Patients who are in the process of staged surgeries, for example cleft palate repair
- Patients who are receiving outpatient treatment for a mental illness or for substance abuse and have had at least one (1) treatment session within 30 days prior to the effective date
- Patients with a chronic or degenerative or disabling condition
- Patients who are in a post operative period
- Patients who are a candidate for, or recipient of, an organ or bone marrow transplant

To be considered for Transition of Care coverage, an active course of treatment must have been initiated *prior* to the enrollment or re-enrollment date or *prior* to the date your participating specialty provider left the Aetna network.

Q. How long does Transition of Care coverage last?

A. Generally, Transition of Care coverage lasts 90 days. 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 are some examples of Durable Medical Equipment?

A. Some examples of Durable Medical Equipment include wheelchairs, hospital beds, ventilators, and CPAP machines.

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

A. You can obtain a Transition Coverage Request form through your employer or you can contact Aetna Member Services to request a form. Transition Coverage Request forms must be submitted to Aetna by either the out of network provider or the employee / patient within ninety (90) days of the enrollment or re-enrollment period and prior to receiving services (except in an emergency) from an out of network provider

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

A. Once you are an Aetna-eligible member, you will be sent a letter after the review is complete informing you whether or not your request for coverage under the Transition of Care provision has been approved. Again, in order to be paid at the preferred level, during the Transition of Care process, there must be an approval from Aetna (except in an emergency) prior to the services being rendered.