



Transition of Care Form Frequently Asked Questions

What is Transition of Care?

Transition of care coverage is medical coverage that may be available to you and/or your dependents if you are a new member of IU Health Plans or your doctor leaves an IU Health Plans network.

Transition of care coverage allows you to continue to receive treatment for covered services with a doctor and/or facility that does not participate in an IU Health Plan's network. This coverage is for a defined period of time until the safe transfer of care to an in-network doctor and/or facility can be arranged.

You must apply for Transition of Care at the time of enrollment and no later than 30 days after the effective date of your coverage.

How does Transition of Care work?

- You must already be under treatment for the condition identified on the Transition of Care form.
- If Transition of Care is approved by IU Health Plans, you will receive in-network coverage. However, if you choose to continue care out of network beyond the time frame approved by IU Health Plans, you must follow your plan's out-of-network provisions. This includes any pre-certification requirements.
- If approved, Transition of Care coverage applies only to the treatment of the medical or behavioral condition specified and the doctor and/or facility identified on the request form. All other conditions must be cared for by an in-network doctor and/or facility for you to receive in-network coverage levels.
- The availability of Transition of Care coverage does not guarantee that a treatment is medically necessary. Nor does it constitute pre-certification of medical services to be provided. Depending on the actual request, a medical necessity determination and formal pre-certification may still be required for a service to be covered.
- Services that require pre-certification are listed in your Summary Plan Description.

Examples of acute medical conditions that may qualify for Transition of Care include, but are not limited to:

- Pregnancy at the time of the effective date of coverage.
- Newly diagnosed or relapsed cancer in the midst of chemotherapy, radiation therapy or reconstruction.
- Trauma.
- Transplant candidates, unstable recipients or recipients in need of ongoing care due to complications associated with a transplant.
- Recent major surgeries still in the follow-up period (generally 6 to 8 weeks).
- Acute conditions in active treatment such as heart attacks, strokes or unstable chronic conditions.
- Hospital confinement on the plan effective date.
- Behavioral health conditions during active treatment.

What time frame is allowed for transitioning to a new in-network doctor or facility?

If IU Health Plans Medical Management determines that transitioning to an in-network doctor and/or facility is not recommended or safe for the conditions that qualify, services by the approved out-of-network doctor and/or facility will be authorized for a specified period of time (usually 90 days) or until care has been completed or transitioned to an in-network doctor and/or facility, whichever comes first.

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

In-network coverage levels provided as part of Transition of Care are for the specific illness/condition only and cannot be applied to another illness/condition. A Transition of Care request form must be completed for each unrelated illness/condition no later than 30 days after coverage becomes effective.

Can I apply for Transition of Care if I am not currently in treatment or seeing a healthcare professional?

No, you must already be in treatment for the condition that is noted on the Transition of Care request form.

How do I apply for Transition of Care/Continuity of Care?

- Transition of Care requests must be submitted in writing, using the Transition of Care request form, at the time of enrollment and no later than 30 days after the effective date of your coverage.
- You must complete one form for each medical provider and condition for which you are requesting Transition of Care.
- After receiving your request, IU Health Plans Medical Management will review and evaluate the information provided and will send you a letter informing you whether your request was approved or denied.
- A denial will include information on appeals.