Transition of Care

Transition of Care is a way for IU Health Plans to ensure you continue to receive treatment for covered Medical Services while changing health insurance. These services are for a provider that does not participate in an IU Health Plans Network in which you are currently receiving care. These services are only available for a certain amount of time until it is safe to transfer care to an in-network provider. Our member service area will be happy to assist you in identifying based on your plan what needs to be done regarding transition of care.

All IU Health Plans members are eligible for transition of care benefits. Members must apply for Transition of Care at the time of enrollment and no later than 30 days after the effective date of your coverage. If IU Health Plans determines that transitioning to an in-network provider is not recommended or safe, 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 provider, whichever comes first.

A transition of care form must be completed for each medical condition and each provider that you would like to be considered for transition of care. If you are approved for transition of care, you or your covered dependent may continue to receive care from the out of network provider for a limited period with benefits paid at the in-network level. You will receive a letter to let you know if your request for transition of care was approved and any associated cost, if any that you may be responsible for based on your benefit plan.

Transition of Care forms can be found Myiuhealthplans.com or you can call IU Health Plans Utilization Management Intake department at 317.962.2378. Forms are to be faxed to IU Health Plans Utilization Management at 317.962.6219 or email at iuhpclinicalrequest@iuhealth.org. (Transition of care review and determination may take up to 14 days from the time it is received to the health plan).

Transition of Care is available for the following and are based on medical necessity:

- A new member of IU Health Plans
- A member whose doctor leaves an IU Health Plans network.
- Pregnancy in the third trimester at the time of the effective date of coverage or time of health care professional termination. Pregnancy is considered a ‘high risk’ such as early delivery (3 weeks) occurred in previous pregnancy, patient has had/or has gestational diabetes, pregnancy induced hypertension, multiple inpatient admissions during this pregnancy, mother’s age is > 35 years old.
- Newly diagnosed or relapsed cancer during 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 (only for those plans that do not have extension of coverage provisions).
• Behavioral health conditions during active treatment.

For those medical conditions that are not eligible for transition of care, please work closely with your provider(s) to select the treatment plan most appropriate for your ongoing care.