WHAT IS TRANSITION OF CARE AND CONTINUATION OF CARE?

Transition of Care lets **new DHMP members** ask for coverage from their current, out-of-network health care provider for a short time. It covers a specific medical condition until you can be changed to a network provider.

Continuation of Care lets you to ask for care from their **current provider who is leaving the DHMP network**. Members with medical reasons who cannot change to a new network provider right away may ask to be covered for a short time.

All requests must be submitted within 30 days of change in health plan coverage or provider termination date. Your provider may also submit a prior authorization request to DHMP within the 30 days.

How Transition of Care and Continuation of Care works

You must be under active and current treatment with an out of network provider for the condition identified on the Transition of Care and Continuation of Care form below.

- Your request will be evaluated based on your benefits per your plan
- If your request is approved for the medical condition(s) listed in your form(s), you will receive the in-network coverage for treatment of the specific condition(s) by your provider. Approval is for 90 days or end of active course of treatment as determined by your plan
    - All other services or supplies must be provided by a network health care professional for you to receive in-network coverage levels
- Transition of Care and Continuation of Care requests do not guarantee that a treatment is medically necessary or is covered by your plan benefits

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

- Pregnancy in the second or third trimester at the time of coverage effective date
    - Newborns
- Newly diagnosed or relapsed cancer under active treatment
- Trauma
- Transplant candidates, unstable recipients, or recipients in need of ongoing care
- Recent surgeries still in the follow-up period (generally six to eight weeks)
- Acute conditions in active treatment such as heart attacks, strokes, or unstable chronic conditions
- Behavioral health conditions during active treatment

Examples of conditions that do not qualify, but are not limited to:

- Routine exams, vaccinations and health assessments
- Stable chronic conditions such as diabetes, arthritis, allergies, asthma, hypertension and glaucoma
- Acute minor illnesses such as colds, sore throats and ear infections
- Elective scheduled surgeries such as removal of lesions, bunionectomy, hernia repair and hysterectomy

What time frame is allowed for transitioning to a new participating provider?

If DHMP determines that changing to a participating provider is not recommended or safe for the conditions that qualify, services by the approved non-participating provider will be authorized for a period of time (usually 90 days) or until care has been completed or moved to an in network provider, whichever comes first.

If I am approved 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 are for the approved condition only and cannot be applied to another condition. A Transition of Care request would need to be completed for each condition no later than 30 days after coverage becomes effective.

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

Members must already be in treatment for the condition to apply.

How do I apply?

Requests may be submitted in writing using the form below. You need to apply at the time of enrollment in DHMP, but no later than 30 days after the effective date of your coverage. You may also let your provider know that your insurance has changed and ask your provider to submit a prior authorization request to DHMP.
www.denverhealthmedicalplan.org/um-prior-authorization-request-form

When DHMP receives the form or prior authorization request from your provider, DHMP will review and evaluate the information provided. You will get a letter informing you of the approval or denial of your request. A denial will include information on appeals.

Definitions

Transition of Care: Gives new members the option to request extended coverage from their current, out-of-network provider for a short time due to a specific condition until the safe transfer to an in-network provider can be arranged.

Continuation of Care: Gives members the option to request care from their current provider for a short time if they leave the network.

Network: The facilities, providers, and suppliers that your health plan has contracted with to provide health care services.

Out-of-Network: Services provided by a non-participating provider.

Prior Authorization: A review for coverage determination under your health plan before you can receive services.

Active Course of Treatment: Treatment that involves regular visits with provider to monitor the status of an illness, provide treatment, prescribe medication or modify a treatment plan. Stopping an active course of treatment could cause a recurrence or worsening of the condition under treatment and interfere with recovery. Generally, an active course of treatment is defined as care received within the last 30 days but is evaluated on a case-by-case basis.

DHMP TRANSITION OF CARE AND CONTINUATION OF CARE REQUEST FORM

To complete form:

- Make sure all fields are completed
- Provide signature for whom the Transition of Care or Continuation of Care is being requested
    - o Guardian's signature is required if the patient is a minor
- A separate Transition of Care and Continuation of Care Application must be completed for each condition

Please fax the completed application along with relevant medical records and information within 30 days following the effective date of your DHMP plan to:

Attention: UM Dept Transition of Care/Continuation of Care
UM Outpatient Fax: 303-602-2128

Questions? Contact Health Plan Services at 303-602-2100

Providers can submit prior authorization requests to the DHMP website. The provider should note that the request is for Transition of Care or Continuation of Care benefit.
www.denverhealthmedicalplan.org/um-prior-authorization-request-form

- After receiving request, DHMP will review the information and send you a letter to let you know if your request was approved or denied.
- Completion of this form does not guarantee that a Transition of Care or Continuation of Care request will be granted.
- Requests will be reviewed within 10 days of receipt.

TRANSITION / CONTINUATION OF CARE REQUEST FORM

MEMBER INFORMATION:

New DHMP member (Transition of Care applicant)

Existing DHMP member whose care provider terminated (Continuation of Care applicant)

Name (Last, First, Middle Initial) DHMP Member ID #

Member DOB (MM/DD/YYYY) Address

City State Zip Code

Home/Cell Phone Number Work Phone Number

Enrollment Date in DHMP Plan (MM/DD/YYYY) Employer

Relationship to member: Self Spouse Dependent Other

Is the patient currently covered by other health insurance? Yes No

If yes, carrier name: ______________________________

I hereby authorize the above provider to give DHMP or any affiliated DHMP company with any and all information and medical records necessary to make an informed decision concerning my request for Transition/Coordination of Care Benefits under DHMP. I understand I am entitled to a copy of this authorization form.

Signature of Patient, Parent or Guardian Today's Date (MM/DD/YYYY)

CARE PROVIDER SECTION TO BE COMPLETED BY HEALTH CARE PROVIDER:

Provider Name Provider NPI or TIN #

Provider Phone Number Address

City State Zip Code

Hospital	Hospital Phone Number
Date of Last Visit (MM/DD/YYYY)	Next Scheduled Appointment (MM/DD/YYYY)
Frequency of Visits	Diagnosis
Expected Length of Treatment	If Maternity, Expected Delivery (MM/DD/YYYY)

Please select one of the descriptions if it applies:

Life-Threatening Condition   Acute Condition   Transplant

Inpatient/Confined   Upcoming Surgery   Disabled/Disability

Terminal Condition   Ongoing Treatment

Is the treatment for an exacerbation of a previous injury or chronic condition?

Yes   No

Current and Associated Treatment(s)/Comments (include all relevant CPT codes):

If these care needs are not associated with the condition for which you are applying for Transition of Care and Continuity of Care coverage, please complete a separate Transition of Care and Continuity of Care application for each condition.

The above patient is a DHMP member. We understand you are not, or soon will not be a participating provider in the DHMP network. The member has asked that for a defined period we treat claims as network under the member's benefit plan for the covered services you provide as a non-participating provider. This is because of a qualifying condition under the Transition/Continuation of Care benefit. If the plan approves this request, you agree to provide the covered services under the member's plan.

- If applicable, payment under your participation agreement, together with any copayment, deductible, or coinsurance for which the member is responsible under the plan is payment in full for the covered service and you will not seek to recover, and will not accept any payment from the member, UnitedHealthcare, or any payer or anyone acting on their behalf, more than payment in full, regardless of whether such amount is less than your billed or customary charge.
- Upon request, you will share information regarding the member's treatment with us.
- If applicable, you will make referrals for services including laboratory services, to network providers in accordance with the terms of your participation agreement.

Signature of Patient, Parent or Guardian   Today's Date (MM/DD/YYYY)