DENVER HEALTH MEDICAL PLAN INC.™

WHAT IS TRANSITION OF CARE AND CONTINUATION OF CARE?

Transition of Care lets **new Denver Health Medical Plan (DHMP) members** ask for coverage from their out-of-network healthcare provider for a short time. Out-of-network is a doctor or health provider not part of a health plan. A member is a person in a health plan. A health care provider is a hospital, a nurse, a doctor, a health plan, or a health expert. It covers a medical problem until you can change to an in-network provider.

Continuation of Care lets you ask for care from your **provider who is leaving the DHMP network**. Members with set health reasons can ask to be covered for a short time when they cannot change to a new network provider right away. Members are people within a health plan.

All requests must be sent within 30 days of a change in health plan coverage or provider end date. Your provider may also send a prior authorization request to DHMP in 30 days.

How Transition of Care and Continuation of Care work

You must be under active and current care. Current care with an out-of-network provider for the health problem listed on the Transition of Care and Continuation of Care form below.

» Your request will be reviewed based on your plan benefits.
» When your request is approved for the health problem on your form, you will receive coverage from your provider. Your provider treats that specific health problem. A health problem is a state of health.
  Approval is for 90 days or the end of active care as decided by your plan.
  - All other care and supplies must be provided by a network healthcare provider. You need to do this for you to get in-network coverage levels.
» Transition of Care and Continuation of Care requests do not guarantee that care is needed for good health. Transition of Care and Continuation of Care requests do not guarantee care is covered by your plan benefits.

Examples of acute health problems that qualify for Transition of Care or Continuation of Care are:

» Pregnancy in the second or third trimester at the time of coverage start date
» Newborns
» New diagnosed or relapsed cancer under care
» Trauma
» Transplant candidates, patients, and patients in need of care
» Recent surgeries until the follow-up period, generally six to eight weeks
» Acute health problems in care are heart attacks, strokes. Also chronic health problems
» Behavioral health problems during active care

Examples of health problems that do not qualify include these

» Routine exams, shots, and health checks
» Stable chronic health problems are high blood sugar, arthritis, allergies. Others are asthma, high blood pressure, and eye disease.
» Acute minor illnesses are colds, sore throats, and ear infections
» Elective surgeries are the removal of lesions. Others are bunionectomy, hernia repair, and hysterectomy

How much time is allowed to change to a new in-network provider?

DHMP decides changes to an in-network provider is not the best option. DHMP decides the safest option for your condition. Stay with the out-of-network provider for 90 days. Stay until your care ends. Stay until you switch to an in-network provider. Whichever happens first.

I am approved for one illness, can I get in-network benefit payments for another health problem?

In-network benefit given as part of Transition of Care are only for the approved health problem. The benefits cannot be used for additional health problems. A Transition of Care form would need to be filled out for each health problem. Fill out no later than 30 days after coverage becomes effective.

Can I apply for Transition of Care benefits when I am not in care or seeing a doctor?

Members must be in care for the health problem to apply.

How do I apply?

Requests may be sent in writing using the form below. You need to apply at the time of enrollment in DHMP. Apply 30 days after the start date of your coverage. Tell your provider that your insurance has changed. Ask your provider to send a prior authorization request to DHMP.
DenverHealthMedicalPlan.org/UM-Prior-Authorization-Request-Form

DHMP gets the form or prior authorization request from your provider. DHMP will review the info provided. You will get a letter informing you of the approval or denial of your request. A denial will include info on appeals. Appeals is a request for your health insurer or plan. It will review a decision or a grievance again.

Definitions

Transition of Care gives new members the choice to request longer coverage from their current, out-of-network provider. The request is for a short time due to a specific health problem. Coverage is until the safe transfer to an in-network provider can be arranged.

Continuation of Care gives members the choice to request care from their provider for a short time. Until that provider leaves the network.

The **network** is the offices, providers, and suppliers that your health plan has agreed with to give you health care services.

Out-of-Network is services provided by a provider that is not in-network.

Prior Authorization is a review for coverage determination of medical necessity. A review under your health plan before you can get services.

An **Active Course of Care** involves regular visits with a provider. The provider will monitor the status of an illness. It provides care, prescribes medicines, and changes a care plan. Stopping an active care could cause a return or worsening of the health problem under care. It can interfere with getting well. Active care is defined as care received in the last 30 days. It is reviewed on a case-by-case basis.

DHMP TRANSITION OF CARE AND CONTINUATION OF CARE REQUEST FORM

To fill out the form

» Make sure all fields are filled out.
» Give the signature for whom the Transition of Care or Continuation of Care is asked.
  - Guardian's signature is needed when the patient is a minor.
» A Transition of Care and Continuation of Care Form must be filled out for each health problem.

Fax the filled-out form with medical records. Fax the info in 30 days after the start date of your DHMP to:

Attention: UM Dept Transition of Care/Continuation of Care
UM Outpatient Fax: 303-602-2128
UM Email: DL_UM_Escalated@dhha.org

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

Providers can send prior authorizations on the DHMP website. The provider should note that the request is for Transition of Care or Continuation of Care benefit.
DenverHealthMedicalPlan.org/UM-Prior-Authorization-Request-Form

» After getting the request, DHMP will review the info and send you a letter. The letter will let you know when your request was approved or denied.
» Filling out this form does not guarantee that a Transition of Care or Continuation of Care request will be given.
» Requests will be reviewed within 10 days of receipt.

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TRANSITION / CONTINUATION OF CARE REQUEST FORM

MEMBER INFO:

○ New DHMP member Transition of Care applicant

○ Existing DHMP member whose provider ended Continuation of Care applicant

Last Name, First, Middle Initial | DHMP Member ID #

Member DOB MM/DD/YYYY | Address

City | State | Zip Code

Phone

Enrollment Date in DHMP MM/DD/YYYY | Employer

Relationship to member: ○ Self ○ Spouse ○ Dependent ○ Other

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

When 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 can get a copy of this authorization form.

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

CARE PROVIDER SECTION. TO BE FILLED OUT BY HEALTH CARE PROVIDER:

Provider Name | Provider NPI or TIN

Provider Phone | Address

City | State | Zip Code

Hospital | Hospital Phone

Date of Last Visit MM/DD/YYYY | Next Scheduled Appointment MM/DD/YYYY

Frequency of Visits | Diagnosis

Expected Length of Care | When Maternity, Expected Delivery MM/DD/YYYY

Select one of the descriptions when it applies:

○ Life-Threatening health problem ○ Acute health problem ○ Transplant

○ Inpatient/Confined ○ Upcoming Surgery ○ Disabled/Disability

○ Terminal health problem ○ Ongoing care

Is the care for a previous injury or chronic health problem that is getting worse?

○ Yes ○ No

Current and Associated Care/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