

## GENERAL INFORMATION ABOUT THE TRANSITION ASSISTANCE PROGRAM

### What is Transition of Care?

Transition of Care coverage allows you to continue to receive services for specified medical and behavioral conditions for a defined period of time with health care professionals who do not participate in the Baylor Scott & White Health Plan/ Baylor Scott & White Insurance Company (BSWHP/BSWIC) network until the safe transfer of care to a participating doctor or facility can be arranged. You must apply for Transition of Care at enrollment, or at the time of an BSWHP/BSWIC provider network change, but no later than 30 days after the effective date of your coverage.

### What is Continuity of Care?

Continuity of Care allows you to receive services at in-network coverage levels for specified medical and behavioral conditions for a defined period of time. Continuity of Care occurs when there are changes to your BSWHP/BSWIC network, and there are clinical reasons preventing immediate transfer of care to an in-network provider. A request for must be submitted these services must be submitted to BSWHP\BSWIC within 30 days of the network change.

### How Transition of Care/Continuity of Care Works:

- You must already be under treatment for the condition identified on the Transition of Care/ Continuity of Care request form.
- If Transition of Care/Continuity of Care is approved for medical or behavioral conditions, you will receive the in-network level of coverage for treatment of the specific condition by the health care professional for a defined time frame, as determined by BSWHP/BSWIC. If your plan includes out-of-network coverage and you choose to continue care out of network beyond the time frame approved by BSWHP/BSWIC, you must follow your plan's out-of-network provisions. This includes any pre-certification requirements and any cost sharing and/or balance billing that may occur from the out-of-network provider.
- If approved, Transition of Care/Continuity of Care coverage applies only to the treatment of the medical or behavioral condition specified and the health care professional identified on the request form. All other conditions must be cared for by an in-network health care professional for you to receive in-network coverage levels.
- The availability of Transition of Care/ Continuity 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.

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

- Routine Pregnancy in the second or third trimester at the time of the effective date of coverage or time of health care professional termination.
- High-risk pregnancy at the time of the effective date of coverage or time of health care professional termination. This is defined as:
  - Early delivery (three weeks prior to due date) in previous pregnancy
  - Patient has had/has gestational diabetes
  - Pregnancy induced hypertension
  - Multiple inpatient admissions during this pregnancy
  - Mother's age is > 35 years old
- 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 six to eight weeks).
- Acute conditions in active treatment such as heart attacks, strokes or unstable chronic conditions, etc.  
*For the purpose of this policy, "active treatment" is defined as a doctor visit or hospitalization with documented changes in a therapeutic regimen within 21 days prior to your plan effective date or your health care professional's termination date.*
- Hospital confinement on the plan effective date
- Behavioral health conditions during active treatment

### **What time frame is allowed for transitioning to a new participating health care professional?**

If BSWHP\BSWIC determines that transitioning to a participating health care professional is not recommended or safe for the conditions that qualify, services by the approved nonparticipating health care professional will be authorized for a specified period of time or until care has been completed or transitioned to a participating health care professional, generally not to exceed 90 days unless otherwise authorized for an additional period of time.

Please Note: If you require ongoing care for any chronic condition and you are not in an acute phase of your illness, or one requiring a special course of treatment, you should select an in-network provider to meet your ongoing health care needs and you do not need to complete this form.

If you need assistance selecting a new provider, you should contact the Customer Advocacy Department number located on the back of your ID card.



Fax this **completed** request form to BSWHP\BSWIC Health Services Department at:

1-800-626-3042

Or mail to:

Baylor Scott & White Health Plan  
ATTN: Health Services Department  
1206 West Campus Drive  
MS-A4-126  
Temple, Texas 76502



### Continuation of Care/Transition of Care Form

2. Is the member currently receiving treatment for an acute condition or trauma?  YES  NO
3. Is the patient scheduled for surgery or hospitalization 90 days after the effective date with Baylor Scott & White Health Plan?  YES  NO
4. Is the member involved in a course of chemotherapy, radiation therapy, cancer therapy or terminal care?  YES  NO
5. Is the member receiving treatment as a result of a recent major surgery?  YES  NO
6. Is the member receiving dialysis treatment?  YES  NO
7. Is the member a candidate for an organ transplant?  YES  NO
8. Is the member receiving mental health or substance abuse treatment?  YES  NO

9. If you did not answer "YES" to any of the above questions, please describe the condition for which the member is requesting Continuity or Transition of Care:

10.

<b>Rendering Provider Name:</b> <input style="width: 90%; height: 20px;" type="text"/> <input style="width: 90%; height: 20px;" type="text"/>	<b>Group Practice Name:</b> <input style="width: 90%; height: 20px;" type="text"/> <input style="width: 90%; height: 20px;" type="text"/>	<b>Individual NPI:</b> <input style="width: 90%; height: 20px;" type="text"/> <b>Group NPI:</b> <input style="width: 90%; height: 20px;" type="text"/> <b>Tax ID:</b> <input style="width: 90%; height: 20px;" type="text"/>
<b>Specialty:</b> <input style="width: 90%; height: 20px;" type="text"/>	<b>Address:</b> <input style="width: 95%; height: 20px;" type="text"/>	
<b>Phone Number:</b> <input style="width: 90%; height: 20px;" type="text"/>	<b>Fax Number:</b> <input style="width: 90%; height: 20px;" type="text"/>	
<b>Facility Where Rendering Provider Practices:</b> (Name) <input style="width: 95%; height: 20px;" type="text"/>		

**Continuation of Care/Transition of Care Form**

Facility Address:	Street	City	State	Zip Code
Diagnosis Code(s): (Separate by Commas)				
Procedure Code (s): (Separate by Commas)				
Expected Duration of Treatment:				
Start Date: (MM/DD/YYYY)	End Date: (MM/DD/YYYY)	Date of Treatment: (If Applicable)		

11. Please list any other continuing care needs that may qualify for Continuity/Transition of Care Coverage.

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Please note: A request for clinical documentation may occur.

I hereby authorize the above provider to give BSWHP/ICSW any and all information and medical records necessary to make an informed decision concerning my request for Transition of Care/Continuity of Care Benefits under BSWHP/ICSW. I understand that I am entitled to a copy of this authorization form. I also authorize BSWHP/ICSW to leave confidential information on my voice mail at the following number(s) listed above. Please check all that apply:

**Continuation of Care/Transition of Care Form**

Signature of Member, Parent or Guardian:	Date:
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## Continuation of Care/Transition of Care Form

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-800-321-7947 (TTY: 1-800-735-2989). Baylor Scott & White Health Plan and Baylor Scott & White Insurance Company comply with applicable Federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, or sex.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-321-7947 (TTY: 1-800-735-2989). Baylor Scott & White Health Plan y Baylor Scott & White Insurance Company cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo.

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-321-7947 (TTY: 1-800-735-2989). Baylor Scott & White Health Plan and Baylor Scott & White Insurance Company tuân thủ luật dân quyền hiện hành của Liên bang và không phân biệt đối xử dựa trên chủng tộc, màu da, nguồn gốc quốc gia, độ tuổi, khuyết tật, hoặc giới tính.