

Benefits Update

Healthy Choices



April 28, 2011

Transition of Care Coverage Policy: What this means for you?



On July 1 the provider for medical plans currently administered by Cigna or Blue Cross/Blue Shield (BCBS) will switch to Aetna. So what happens to those who are in the middle of treatment when this change happens? If, for example, you're receiving chemotherapy, are pregnant, or are involved in post operative treatment, changing to a new medical provider can sometimes be unsettling. This is particularly true if the doctor or hospital where you are receiving care becomes out-of-network under Aetna.

The good news is that Aetna has what is called "Transition of Care" services that make provisions for employees who are in the middle of treatment with an Aetna out-of-network doctor or facility. This service helps minimize disruption and permits a member in an active course of treatment to continue this treatment for a transitional period of time without penalty. In a nut shell, under the Transition of Care services, treatment will be viewed as in-network if an out-of-network doctor or facility is used. If the doctor or facility providing services is in-network under Aetna, Transition of Care services are not required. Treatment will already be billed at in-network rates.

Of course an active course of treatment must have been initiated **prior** to the enrollment date—which in our case is July 1—to be considered for Transition of Care services. An active course of treatment is defined as *a program of planned services, rendered by a specialty provider, which starts on the date a physician first renders a service to correct or treat the diagnosed condition*. Coverage is for a defined number of services or periods of treatment and includes a qualifying situation. Some examples of qualifying situations may include, but are not limited to:

- Chemo or radiation therapy
- Outpatient intravenous therapy for a resolving condition
- Those in the process of staged surgeries
- Treatment for a mental illness or for substance abuse
- Chronic or degenerative or disabling condition
- Those in a post operative period
- Candidates for, or recipients of, an organ or bone marrow transplant

For more details about Aetna's Transition of Care services, including a list of questions and answers, go to www.aetna.com and type in *Transition of Care* in the search box located in the upper right corner of the page. Then click on the Transition of Care pdf. Contact Aetna's customer service for more specific and personalized answers to your questions.

You can obtain a Transition of Care form by contacting Aetna Member Services. You will be sent a letter after the review is complete informing you whether or not your request for coverage under the Transition of Care provision has been approved. Again, in order for claims to be paid at the in-network level during the Transition of Care process, Aetna must approve any treatment prior to the treatment being rendered.

Members who are in the hospital on July 1 will automatically be reviewed for Transition of Care services. Aetna will work with either BCBS or Cigna to evaluate treatment needs and continue services, which will be considered as in-network. Aetna will contact the member or member's physician to discuss Transition of Care needs.