



Aetna Transition of Care Coverage Questions and Answers

Question: What is transition of care coverage?

Answer: *Transition of care coverage provides for a temporary bridge when you become a new member of an Aetna medical benefit plan or change your current plan, and a specialty provider or Durable Medical Equipment (DME) provider with whom you are in an active course of treatment is not a participating provider in your new Aetna plan. Transition of Care coverage does not extend to non-participating Primary Care Physicians except when mandated by applicable law or regulation. Transition of Care coverage facilitates minimal disruption and permits a member in an active course of treatment to continue this treatment for a transitional period of time, without penalty, at the preferred plan benefit level.*

Question: What is an active course of treatment?

Answer: *An active course of treatment must have been initiated **prior** to the enrollment date or the renewal date to be considered for Transition of Care coverage. An active course of treatment is defined as a program of planned services, rendered by a specialty provider or DME provider, that starts on the date a physician/provider first renders a service to correct or treat the diagnosed condition, covers 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:*

- *Members enrolling with Aetna after completing 24 weeks of pregnancy (unless alternative state requirements apply) or members whose pregnancy is identified as high risk, who have already initiated care with an Aetna non-participating provider prior to the effective date of coverage under the new Aetna plan*
- *Members who are receiving chemotherapy or radiation therapy*
- *Members receiving outpatient intravenous therapy for a resolving condition*
- *Members with a terminal illness with an anticipated life expectancy of six (6) months or less*
- *Members who are in the process of staged surgeries, for example cleft palate repair*
- *Members who are receiving outpatient treatment for a mental illness or for substance abuse and have had at least one (1) treatment session within 30 days prior to the effective date*
- *Members with a chronic or degenerative or disabling condition*
- *Members who are in a post operative period*
- *Members who are a candidate for, or recipient of, an organ or bone marrow transplant*

Question: What are some examples of Durable Medical Equipment?

Answer: *Some examples of Durable Medical Equipment include wheelchairs, hospital beds, ventilators, and CPAP machines.*

Question: How do I apply for Transition of Care Coverage?

Answer: *You can obtain a Transition of Care form through your employer or you can contact Aetna Member Services to request a form. Transition of Care forms must be submitted to Aetna within ninety (90) days of the enrollment or re-enrollment period **and prior to receiving services** (except in an emergency) from a non-participating provider. Coverage requests can be submitted by either the non-participating provider or the member through the use of the **Transition of Care Coverage Request** form.*

Question: How will I know if Aetna has approved my request for Transition of Care Coverage?

Answer: *Once you are an Aetna-eligible member, 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 preferred level during the Transition of Care process, there must be an approval from Aetna prior to the services being rendered.*