



Transition Coverage Request

For Prudential
Personal & Confidential

This form is a formal request for Aetna to cover continuing care from an out-of-network provider or from certain other healthcare professionals (see related Transition-of-Care Coverage Questions and Answers) from whom you have been receiving treatment. You will receive a coverage determination by mail. If coverage is not approved, care by the non-participating provider after the program's effective date either will not be covered or will be covered at the non-preferred rate if such a rate is available under the member's benefit program.

Step 1: Patient, please complete the following sections:

1. Section 1 (employer information)
2. Section 2 (subscriber and patient information —found on the front of the Aetna ID card)
3. Section 3 (authorization) Read the authorization, sign and date the form (if patient is age 17 or older, he or she must also sign and date this form).

Step 2: Give the form to the out-of-network provider to complete Section 4 (physician information).

Step 3: **Fax** the completed form to Aetna for review. Please note: Complete one form for each out-of-network provider.

Fax requests to: 1-860-975-1678

Please check off: **Medical** **Mental Health or Substance Abuse**

To speed up your transition coverage request, please complete all fields below when submitting this form.

1. Employer Information

Employer's Name (please print) Prudential	Control Number	Effective Date (Required)
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2. Subscriber and Patient Information

Subscriber's Name (please print)	Subscriber's Aetna ID Number	
Subscriber's Address (please print)		
Patient's Name (please print)	Birthdate (MM/DD/YYYY)	Telephone Number
Patient's Address (please print)		

3. Authorization

I am requesting authorization for coverage of continuing care from the out-of-network healthcare provider named below for treatment which was initiated prior to my effective date with Aetna, or prior to the termination of the provider from the Aetna network. If approved, I understand that the authorization for services specified below will be covered for a limited period of time. In addition, I authorize the health care provider to send medical information and/or records requested by Aetna that are needed to make a coverage determination.

Patient's Signature (required if patient is age 17 or older)	Date (MM/DD/YYYY)
Parent's Signature (required if patient is age 16 or younger)	Date (MM/DD/YYYY)

4. Physician Information - Please provide all specific information to avoid delay in the processing of this request.

Name of treating physician or other health care provider (please print)	Telephone Number
Address of treating physician or other health care provider (please print)	
Signature of treating physician or other health care provider	Date (MM/DD/YYYY)

The above-named patient is currently an Aetna member as of the effective date indicated above. Although you are not or soon will not be a participating provider in the Program network, the patient has asked that we cover care provided by you for a specific period of time because of a condition requiring an active course of treatment (for example, pregnancy). An active course of treatment is defined as: "A program of planned services starting on the date the provider first renders a service to correct or treat the diagnosed condition and covering a defined number of services or period of treatment and includes a qualifying situation." Please include a brief statement of the patient's current condition and treatment plan. For pregnancies, please indicate the estimated date of confinement (EDC). If this request is approved, you agree to provide the patient's treatment and follow up; to not seek payment from the patient for any amount other than any applicable patient copayment, deductible or coinsurance; to share information regarding the treatment plan with Aetna; and to use the Aetna provider network for any necessary referrals, lab work or hospitalizations.

Please list diagnosis, specific treatment, start date of treatment, and dates of current or future treatment.

Diagnosis (including ICD codes)	Treatment (include related codes)	Start Date of Treatment	Dates of Current and Anticipated Treatment
1.			
2.			



Aetna Transition-of-Care Coverage Questions and Answers Prudential

Q. What is Transition of Care coverage?

A. Transition of Care provides for a temporary bridge when:

- You become a new member of an Aetna medical benefit program (referred to as “enrollment”) or, change your current Aetna medical program (referred to as “re-enrollment”), and a specialty provider with whom you are in an active course of treatment is not a participating provider in your Aetna Program; or
- Your Aetna participating specialty provider with whom you are in an active course of treatment leaves the network.

Transition of Care coverage is not for primary care physicians (PCPs) who are not in the Aetna network, except when the PCP leaves the Aetna network during your plan year, and you are receiving treatment, or if certain laws or regulations apply. Transition of Care coverage allows a member who is receiving treatment to continue the treatment **for a transitional period time, without penalty**, at the preferred benefit level.

Transition of Care coverage is only for the requested doctor and does not include facilities or hospitals. If the request is approved, the doctor must use a facility or hospital in the Aetna network.

Q. Can I request to continue under the care of a non-participating Primary Care Physician (PCP) if I am enrolled in a program that includes the selection of a PCP?

A. You may be required to select a Primary Care Physician (PCP) who participates in the Aetna network. You should establish a relationship with your PCP so that he/she can help you with your future health care needs.

Q. What is an active course of treatment?

A. An active course of treatment is when you have begun a program of planned services with your doctor to correct or treat a diagnosed condition. The start date is the first date of service or treatment. An active course of treatment covers a certain number of services or period of treatment for special situations. Some examples may include, but are not limited to members who:

- Enroll with Aetna beyond 20 weeks of pregnancy (unless there are specific state or program requirements). Members less than 20 weeks pregnant whom Aetna confirms as high risk are reviewed on a case-by-case basis.
- Are on an ongoing treatment plan, such as chemotherapy or radiation therapy.
- With a terminal illness who are expected to live six months or less.
- Need more than one surgery, such as cleft palate repair.
- Have recently had surgery.
- Receive outpatient treatment for a mental illness or for substance abuse. (The member must have had at least one treatment session within 30 days before the effective/renewal date of the Aetna program.)
- Have ongoing or disabling condition that suddenly gets worse.
- May need or have had an organ or bone marrow transplant.

To be considered for Transition of Care coverage, the course of treatment must have started before the enrollment or re-enrollment date, or *before* the date your doctor left the Aetna network.

Q. How long does Transition of Care coverage last?

A. Usually, Transition of Care coverage lasts 90 days but this may vary based on your condition (for example, pregnancy). If your Transition of Care coverage request is approved, you will be notified of both the approval and of the corresponding time frame for the approval.

Q. What other types of providers, besides doctors, can be considered for Transition of Care coverage?

A. Health care professionals such as physical therapists, occupational therapists, speech therapists, and agencies that provide skilled home care services such as visiting nurses. Transition of Care does not apply to durable medical equipment (DME) vendors, health care facilities (for example, hospital, skilled nursing facility) or pharmacy vendors.

Q. If I am currently receiving treatment from my doctor, why wouldn't you approve my request for TOC coverage?

A. In addition to currently receiving treatment, your request must involve a covered procedure/service. Your doctor must also agree to accept the terms outlined on the Transition Coverage Request Form.

Q. How do I apply for Transition of Care coverage?

A. You can obtain a Transition Coverage Request Form through the Prudential custom website <http://www.aetna.com/docfind/custom/pruins/> for actives or <http://www.aetna.com/docfind/custom/pruretiree/> for retirees. You can also contact Aetna Member Services to request a form. Transition Coverage Request Forms must be submitted to Aetna within ninety (90) days of the enrollment or re-enrollment period or within 90 days of the date your specialty provider left the Aetna network **and prior to receiving services** (except in an emergency) from a non-participating specialist. Coverage requests can be submitted by either the non-participating provider or the member through the use of **The Transition Coverage Request Form**.

Q. How will I know if my request for Transition of Care coverage is approved?

A. You will receive a letter in the mail. The letter will say whether or not you are approved. In order to be paid at the in-network benefit level during the Transition of Care process there must be an approval from Aetna (except in an emergency) prior to the services being rendered.

Q. Does Transition of Care coverage apply to the Indemnity Program?

A. No. Indemnity members are not eligible for this benefit, because the Indemnity program does not have a provider network.

Q. If I have additional questions about Transition of care, who can I contact?

A. You can call the Member Services number on your Aetna ID card.

Misrepresentation

Any person who knowingly and with intent to injure, defraud or deceive any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.