



# Transition Coverage Request

## *Personal and confidential*

*This form applies to fully insured Traditional (non-HMO) members in California.*

Aetna Voluntary Plans  
PO Box 14079  
Lexington, KY 40512-4079

***On the other side of this form you'll find answers to commonly asked questions about transition-of-care coverage. Please read them before filling out this form.***

This is a request for Aetna to cover ongoing care at the highest level of benefits from:

- An **out-of-network doctor**;
- **Certain other healthcare providers** who have treated you.

Once we review your completed form, we will send you a letter explaining our decision regarding your request for transition-of-care coverage.

**Step 1:** Fill out these sections:

1. Section 1 – Group or employer Information.
2. Section 2 - Subscriber and patient information: Aetna plan information is on the front of the Aetna ID card).
3. Section 3 - Authorization. Read the authorization, then 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 doctor to complete Section 4.

**Step 3:** **Fax** the completed form to Aetna for review. Note: Complete one form for each health care provider.

**NOTE:** A request for transition- of -Coverage **does not** apply if your provider is in Aetna's -network (participating). Our DocFind<sup>®</sup> online provider directory is at <http://www.aetna.com/voluntary>. It can tell you if your doctor is in the network or help you find a participating provider for your Aetna plan. You can also call us at the phone number on your Aetna ID card.

**Fax medical requests to: 1-859-455-8650**

**Be sure to complete all fields on page 4 before you submit this form.** It will speed up processing of your transition-of-care request.

**Q. What is California transition-of-care (TOC) coverage?**

- A. TOC coverage allows for minimal disruption of care and permits a member to continue care for a transitional period of time, without penalty, at the preferred plan benefits level-even when his/her healthcare provider is not in Aetna's network. TOC coverage applies to the following types of providers: individual practitioners, medical groups, independent practice associations, acute care hospitals, or institutions licensed in California to deliver or furnish health care services. Examples of individual practitioners include doctors, psychiatrists, licensed therapists and qualified autism service providers, professionals or paraprofessionals.
- In California, TOC coverage is provided under certain circumstances for the completion of covered services for the following conditions:
- Pregnancy is the three trimesters of pregnancy and the immediate postpartum period.
  - An acute condition that involves the sudden onset of symptoms due to an illness, injury, serious mental illness or other medical problem that requires prompt medical attention and that has a limited duration. Completion of covered services will be provided for the duration of the acute condition.
  - Previously scheduled surgery or other procedure as part of a documented course of treatment. The documentation must show that the provider recommends to occur within 180 days of the provider's contract termination date or within 180 days of the effective date of a newly covered enrollee.
  - A terminal illness that is an incurable or irreversible condition and has a high probability of causing death within one year or less. Completion of covered services will be provided for the duration of the terminal illness.
  - A chronic medical condition or serious mental illness due to a disease, illness, or other medical problem or medical disorder that is serious in nature and that persists without full cure, worsens over an extended period of time, or requires ongoing treatment to maintain remission or prevent deterioration. Completion of covered services will be provided for a period of time necessary to complete the course of treatment and to arrange for a safe transfer to another provider, as determined by the health plan, in consultation with the member, the nonparticipating or terminated provider, and consistent with good professional practice. Coverage will not exceed 12 months from the contract termination date or 12 months from the effective date of a newly covered enrollee.
  - Any services related to the care of a child ages 0-36 months up to 12 months from the provider's contract termination date or 12 months from the effective date of coverage for a newly covered enrollee.

**Q. When does California transition of coverage apply and when does Aetna transition of coverage apply?**

- A. Below are the possible situations when transition coverage will be considered:
- California TOC – You are an existing member of an **Aetna traditional (non-HMO) plan and your participating provider terminates a contract with Aetna** while you are receiving services from the provider for one of the conditions described above at the time of the provider's contract termination.
  - Aetna Standard TOC – You are a **newly covered enrollee of a traditional (non-HMO) plan**, the treatment for conditions listed above must have started before the enrollment or reenrollment date and:
    - Your provider is not in the Aetna network.

**Q. What is Aetna TOC coverage?**

- A. Aetna TOC coverage is considered for an active course-of-treatment, meaning that 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 active course-of-treatment examples may include, but are not limited to:
- Members who enroll with Aetna after 20 weeks of pregnancy. Members less than 20 weeks pregnant whom Aetna confirms as high risk are reviewed on a case-by-case basis.
  - Members who have completed 14 weeks of pregnancy or more and are receiving care from an Aetna participating practitioner whose network status changes.
  - Members in an ongoing treatment plan, such as chemotherapy or radiation therapy.
  - Members with a terminal illness, expected to live six months or less.
  - Members who need more than one surgery, for a condition, such as cleft palate repair.
  - Members who have recently had surgery.
  - Members who 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 status of the member or participating health care provider changed.)
  - Members with an ongoing or disabling condition that suddenly gets worse.
  - Members who may need or have had an organ or bone marrow transplant.

For members newly enrolled in an Aetna traditional (non-hmo) plan, Aetna standard TOC coverage typically lasts 90 days, but this may vary based on your condition (for example, pregnancy).

To be considered for TOC coverage, treatment must have started 1) before the enrollment or re-enrollment date, 2) before the date your doctor left the Aetna network, or 3) before the date a doctor's network status changed.

**Aetna Transition of Care Coverage Questions and Answers  
California Traditional Fully Insured Products (cont.)**

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

A. TOC coverage may also apply to physical therapists, occupational therapists, speech therapists, and agencies that provide skilled home care services such as visiting nurses. Providers considered for transition coverage may vary by condition, as described above, in accordance with California law. California TOC coverage does not apply to durable medical equipment (DME) vendors or pharmaceutical items.

**Q. If I am currently receiving treatment from my doctor, why wouldn't my request for California TOC coverage or for Aetna standard TOC coverage be approved?**

A. If you are currently receiving treatment, the procedure or service must be a covered benefit. Your doctor must also agree to accept the terms outlined in the TOC request form.

**Q. My PCP is no longer an Aetna provider. If my plan requires me to select a PCP, can I still see my doctor?**

A. If you are currently receiving treatment (as described above), you may still be able to visit your PCP, even if he/she leaves the network. If not, you may need to select a PCP in the Aetna network. Talk to your PCP so that he/she can help you with your future health care needs.

**Q. How do I sign up for TOC coverage?**

A. Contact your employer or benefits department. You or your doctor must submit a TOC request form to Aetna:

Within 90 days of when you enroll or re-enroll

Within 90 days of the date the health care provider left the Aetna network

Within 90 days of a doctor's network status change

**Q. How will I know if my request for TOC coverage is approved?**

A. You will receive a letter by U.S. mail. The letter will say whether or not you are approved.

**Q. Does TOC coverage apply to the Traditional Choice®?**

A. No. This plan does not have a provider network.

**Q. What if I have an Aexcel or plan sponsor specific network plan?**

A. If TOC coverage is approved, you can still receive care at the highest benefits level for a certain time period. If you continue treatment with this doctor after the approved time period, your coverage would follow what is stated in your plan design. This means you may have reduced benefits or no benefits.

**Q. What if I have more questions about transition-of-care coverage?**

A. Call the Member Services phone number on your Aetna ID card. If you have questions about TOC mental health services, you can call the Member Services phone number on your Aetna ID card or, if listed, the mental health or behavioral health phone number.



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PO Box 14079  
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## 1. Group or employer information (Note: Please complete a separate form for each member and/or provider.)

Group or employer's name (please print)	Plan control number	Plan 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)	Plan type/product	
Telephone number for patient/subscriber submitting request (Business hours, 9 a.m. – 5 p.m.)	Last date of treatment before beginning of Aetna coverage (as applicable)	

## 3. Authorization

I request approval for coverage of ongoing care from the healthcare provider named below for treatment started before my effective date with Aetna, or before the end of the provider's contract with the Aetna network, or before the provider's network status change. If approved, I understand that the authorization for coverage of services stated below will be valid for a certain limited period of time. I give permission for the health care provider to send any needed medical information and/or records to Aetna so a decision can be made.

Patient's signature (Required if patient is 17 or Older)	Date (MM/DD/YYYY)
Parent's signature (Required if patient is 16 or Younger)	Date (MM/DD/YYYY)

## 4. Provider information – (Note: Provide all specific information to avoid delay in the processing of this request.)

Name of treating doctor or other healthcare provider (please print)	Telephone number
Contact name of office personnel to call with questions	
Address of treating doctor or other health care provider (please print)	Tax ID number
Signature of treating doctor or other healthcare provider	Date (MM/DD/YYYY)

The above named patient is an Aetna member as of the effective date indicated above. We understand you are not or soon will not be a participating provider in the Aetna network. The patient has asked that we cover your care for a specific time period. This is because of a condition, such as pregnancy, that is considered an active course of treatment. 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 we approve this request, you agree:

- To provide the patient's treatment and follow-up
- Not seek more payment from this patient other than the patient responsibility under the patient's plan of benefits (for example, patient's copayment, deductibles or other out-of-pocket requirement)
- To share information on the patient's treatment with us
- To use the Aetna network for any referrals, lab work or hospitalizations for services no part of the requested treatment.

## Please complete the below diagnostic and treatment information

Diagnosis (including ICD-9 codes)	Treatment (include related codes)	Start Date of Treatment	Dates of Current and Anticipated Treatment
1.			
2.			

**Misrepresentation: Attention California Residents: For your protection California law requires notice of the following to appear on this form:** Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

# DOI Written Notice of Availability of Language Assistance

**No Cost Language Services.** You can get an interpreter. You can get documents read to you and some sent to you in your language. For help, call us at the number listed on your ID card or 1-877-287-0117. For more help call the CA Dept. of Insurance at 1-800-927-4357 English

**Servicios de idiomas sin costo.** Puede obtener un intérprete. Le pueden leer documentos y que le envíen algunos en español. Para obtener ayuda, llámenos al número que figura en su tarjeta de identificación o al 1-877-287-0117. Para obtener más ayuda, llame al Departamento de Seguros de CA al 1-800-927-4357. Spanish

**免費語言服務。** 您可獲得口譯員服務，用中文把文件唸給您聽。欲取得協助，請致電您的保險卡所列的電話號碼，或撥打 1-877-287-0117 與我們聯絡。欲取得其他協助，請致電 1-800-927-4357 與加州保險部聯絡。Chinese

**Các Dịch Vụ Trợ Giúp Ngôn Ngữ Miễn Phí.** Quý vị có thể được nhận dịch vụ thông dịch và được người khác đọc giúp các tài liệu bằng tiếng Việt. Để được giúp đỡ, hãy gọi cho chúng tôi tại số điện thoại ghi trên thẻ hội viên của quý vị hoặc 1-877-287-0117. Để được trợ giúp thêm, xin gọi Sở Bảo Hiểm California tại số 1-800-927-4357. Vietnamese

**무료 통역 서비스.** 귀하는 한국어 통역 서비스를 받으실 수 있으며 한국어로 서류를 낭독해주는 서비스를 받으실 수 있습니다. 도움이 필요하신 분은 귀하의 ID 카드에 나와있는 안내 전화: 1-877-287-0117번으로 문의해 주십시오. 보다 자세한 사항을 문의하실 분은 캘리포니아 주 보험국, 안내 전화 1-800-927-4357번으로 연락해 주십시오. Korean

**Walang Gastos na mga Serbisyo sa Wika.** Makakakuha ka ng interpreter o tagasalin at maipababasa mo sa Tagalog ang mga dokumento. Para makakuha ng tulong, tawagan kami sa numerong nakalista sa iyong ID card o sa 1-877-287-0117. Para sa karagdagang tulong, tawagan ang CA Dept. of Insurance sa 1-800-927-4357 Tagalog

**Անվճար Լեզվախոս Ծառայություններ:** Դուք կարող եք թարգմանի ձեր բերել և փաստաթղթերը ընթերցել սալ ձեզ համար հայերեն լեզվով: Օգնության համար մեզ զանգահարեք ձեր ինքնության (ID) ստմնի վրա նշված կամ 1-877-287-0117 համարով: Լրացուցիչ օգնության համար 1-800-927-4357 համարով զանգահարեք Կալիֆոռնիայի Աստիճանակապության Բաժանմունք: Armenian

**Бесплатные услуги перевода.** Вы можете воспользоваться услугами переводчика, и ваши документы прочтут для вас на русском языке. Если вам требуется помощь, звоните нам по номеру, указанному на вашей идентификационной карте, или 1-877-287-0117. Если вам требуется дополнительная помощь, звоните в Департамент страхования штата Калифорния (Department of Insurance) по телефону 1-800-927-4357. Russian

**無料の言語サービス** 日本語で通訳をご提供し、書類をお読みします。サービスをご希望の方は、IDカード記載の番号または1-877-287-0117までお問い合わせください。更なるお問い合わせは、カリフォルニア州保険庁、1-800-927-4357までご連絡ください。Japanese

خدمات مجاني مربوط به زبان. میتوانید از خدمات یک مترجم شفاهی استفاده کنید و بگوئید مدارک به زبان فارسی برایتان خوانده شوند. برای دریافت کمک، با ما از طریق شماره تلفنی که روی کارت شناسایی شما قید شده است و یا این شماره 1-877-287-0117 تماس بگیرید. برای دریافت کمک بیشتر، به CA Dept. of Insurance (اداره بیمه کالیفرنیا) به شماره 1-800-927-4357 تلفن کنید. Persian

**ਮੁਫਤ ਭਾਸ਼ਾ ਸੇਵਾਵਾਂ:** ਤੁਸੀਂ ਦੁਭਾਸ਼ੀਏ ਦੀਆਂ ਸੇਵਾਵਾਂ ਹਾਸਲ ਕਰ ਸਕਦੇ ਹੋ ਅਤੇ ਦਸਤਾਵੇਜ਼ਾਂ ਨੂੰ ਪੰਜਾਬੀ ਵਿੱਚ ਸੁਣ ਸਕਦੇ ਹੋ। ਕੁਝ ਦਸਤਾਵੇਜ਼ ਤੁਹਾਨੂੰ ਪੰਜਾਬੀ ਵਿੱਚ ਭੇਜੇ ਜਾ ਸਕਦੇ ਹਨ। ਮਦਦ ਲਈ, ਤੁਹਾਡੇ ਆਈਡੀ (ID) ਕਾਰਡ 'ਤੇ ਦਿੱਤੇ ਨੰਬਰ 'ਤੇ ਜਾਂ 1-877-287-0117 'ਤੇ ਸਾਨ ਫ਼ਨ ਕਰੋ। ਵਧੇਰ ਮਦਦ ਲਈ ਕੋਲੀਫੋਰਨੀਆ ਡਿਪਾਰਟਮੈਂਟ ਆਫ਼ ਇਨਸ਼ੂਰੈਂਸ ਨੂੰ 1-800-927-4357 'ਤੇ ਫ਼ੋਨ ਕਰੋ। Punjabi

**សេវាកម្មភាសាឥតគិតថ្លៃ** អ្នកអាចទទួលបានអ្នកបកប្រែភាសា និងអានឯកសារជូនអ្នកជា ភាសាខ្មែរ ។ សម្រាប់ជំនួយ សូមទូរស័ព្ទមកយើងខ្ញុំតាមលេខដែលមាន បង្ហាញលើក្រដាសសំខ្លួនរបស់អ្នក ឬលេខ 1-877-287-0117 ។ សម្រាប់ជំនួយបន្ថែមទៀត សូមទូរស័ព្ទទៅក្រសួងធានារ៉ាប់រងរដ្ឋកាលីហ្វ័រញ៉ា តាមលេខ 1-800-927-4357 Khmer

خدمات ترجمة بدون تكلفة. يمكنك الحصول على مترجم وقراءة الوثائق لك باللغة العربية. للحصول على المساعدة، اتصل بنا على الرقم المبين على بطاقة عضويتك أو على الرقم 1-877-287-0117. للحصول على المزيد من المعلومات، اتصل بإدارة التأمين لولاية كاليفورنيا على الرقم 1-800-927-4357 Arabic

**Cov Kev Pab Txhais Lus Tsis Them Nqi.** Koj yuav thov tau kom muaj neeg los txhais lus rau koj thiab kom neeg nyem cov ntawv ua lus Hmoob. Yog xav tau kev pab, hu rau pab ntawm tus xov tooj ny ob hauv koj daim yuaj ID los sis 1-877-287-0117. Yog xav tau kev pab ntxiv hu rau CA lub Caj Meem Fai Muab Kev Tuav Pov Hwm ntawm 1-800-927-4357 Hmong