



# Transition of Care



## 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 your SIHO network until the safe transfer of care to a participating doctor or facility can be arranged. You must apply for Transition of Care at time enrollment and no later than 30 days after the effective date of your coverage.

## How does Transition of Care work?

- You must already be under treatment for the condition identified on the Transition of Care form.
- If Transition of Care is approved by SIHO Medical Management, you will receive the in-network coverage and you choose to continue care out of network beyond the time frame approved by SIHO, you must follow your plan's out-of-network provisions. This includes any pre-certification requirements.
- If approved, Transition 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 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.
- Services that require precertification are listed in your Summary Plan Description.

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

- Pregnancy at the time of the effective date of coverage.
- 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 6 to 8 weeks).
- Acute conditions in active treatment such as heart attacks, strokes or unstable chronic conditions.
- 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 SIHO Medical Management determines that transitioning to a participating health care professional is not recommended or safe for the conditions that qualify, services by the approved non-participating health care professional will be authorized for a specified period of time (usually 90 days) or until care has been completed or transitioned to a participating health care professional, whichever comes first.

## If I am approved for Transition of Care for one illness, can I receive in-network coverage payments for a non-related condition?

In-network coverage levels provided as part of Transition of Care are for the specific illness/condition only and cannot be applied to another illness/condition. A Transition of Care request form would need to be completed for each unrelated illness/condition no later than 30 days after coverage becomes effective.

## Can I apply for Transition of Care if I am not currently in treatment or seeing a health care professional?

No, you must already be in treatment for the condition that is noted on the Transition of Care request form.

## How do I apply for Transition of Care/Continuity of Care?

- Transition of Care requests must be submitted in writing, using the Transition of Care request form, at the time of enrollment and no later than 30 days after the effective date of your coverage.
- You must complete one form for each medical provider and condition for which you are requesting Transition of Care.
- After receiving your request, SIHO Medical Management will review and evaluate the information provided and will send you a letter informing you whether your request was approved or denied.
- A denial will include information on appeals.

### SIHO Transition of Care Request Form

Please provide an answer for each question. Incomplete forms will be returned to you for completion and will delay the decision making process for our Transition of Care request.

Employee Date of Enrollment in SIHO Plan (mm/dd/yyyy):				
Employee Name:		Employee Social Security #:		
Work Phone:		Home Phone / Cell Phone		
Home Address	Street	City	State	ZIP
Patient's Name:		Patient's Social Security # or Alternate ID:		
Patient's Birth Date: (mm/dd/yyyy):		Relationship to Employee: <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent <input type="checkbox"/> Self		

1. Is the patient pregnant? Due Date: \_\_\_\_\_  YES  NO
2. If yes, is the pregnancy considered high risk? e.g., multiple births, gestational diabetes  YES  NO
3. Is the patient currently receiving treatment for an acute condition or trauma?  YES  NO
4. Is the patient scheduled for surgery or hospitalization after your effective date with SIHO?  YES  NO
5. IS the patient involved in a course of chemotherapy, radiation therapy, cancer therapy or terminal care?  YES  NO
6. Is the patient receiving treatment as a result of a recent major surgery?  YES  NO
7. Is the patient receiving dialysis treatment?  YES  NO
8. Is the patient a candidate for organ transplant?  YES  NO
9. Is the patient receiving mental health/substance abuse treatment?  YES  NO
10. If you did not answer "Yes" to any of the above questions, please describe the condition for which the patient requests Transition of Care. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
11. Please complete the health care professional information request below

Group Practice Name:		
Health Care Professional Name		Health Care Professional Phone #
Health Care Professional Specialty		
Health Care Address		
Hospital Where Health Care Professional Practices		Hospital Phone #
Hospital Address		
Reason/Diagnosis		
Date (s) of Admission (mm/dd/yyyy)	Date of Surgery (mm/dd/yyyy)	Type of Surgery
Treatment Being Received and Expected Duration		

12. Is this patient expected to be in the hospital when coverage with SIHO begins or during the next 90 days?     YES     NO
13. Please list any other continuing care needs that may qualify for Transition of Care coverage. If these care needs are not associated with the condition for which you are applying for Transition of Care, you need to complete a separate Transition of Care Form.

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I hereby authorize the above health care professional to give SIHO Medical Management any and all information and medical records necessary to make an informed decision concerning my request for Transition of Care.

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Signature of Patient, Parent or Guardian Date (mm/dd/yyyy)

**Submit this request form to:**

SIHO Medical Management  
417 Washington St  
Columbus, IN 47202  
Fax (812) 378 - 7054