



Transition Coverage Request

Personal & Confidential

This form does not apply to fully insured commercial members in California
(See other side for Transition-of-Care coverage questions and answers)

This is a formal request for Aetna to cover ongoing care at the preferred or the highest level of benefit from:

- An **out-of-network doctor**; or
- A **doctor whose Aexcel or integrated delivery system [IDS] home host network status has changed**; or
- **Certain other health care providers** who have treated you.

You will receive a coverage decision by mail. If coverage is not approved, care by the doctor or other health care provider you chose:

- Will not be covered after the plan's effective date; **or**
- Will not be covered after the date of the doctor's Aexcel or IDS home host network status change **or**
- Will not be covered after the end of the provider's contract with the Aetna network; **or**
- Will be covered at the nonpreferred rate or the lowest in-network rate.

Step 1: Patient: Please complete:

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 doctor to complete Section 4 (doctor information).

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

*Transition of Coverage **does not** apply to Aetna's in-network (participating) providers. To find out if your doctor is in the network, or for help finding a participating provider for your Aetna plan, please go to DocFind, our online provider directory, at www.aetna.com, or contact Member Services at the number on your Aetna ID card. **Fax numbers:**

Fax medical requests to: 1-800-228-1318

Fax mental health/drug/alcohol abuse requests to: 801-256-7679

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

1. Employer Information

Employer's Name (Please print)	Plan Control Number	Plan Effective Date (Required)
--------------------------------	---------------------	--------------------------------

2. Subscriber and Patient Information

Subscriber's Name (Please print)	Subscriber's Aetna Identification Number (or Social Security 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		

3. Authorization

I request approval for coverage of ongoing care from the health care 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 Aexcel or IDS network status change. If approved, I understand that the authorization for coverage of services stated below will be valid for a certain 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 age 17 or older)	Date (MM/DD/YYYY)
Parent's Signature (Required if patient is age 16 or younger)	Date (MM/DD/YYYY)

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

Name of treating doctor or other health care provider (Please print)	Telephone Number
Address of treating doctor or other health care provider (Please print)	
Signature of treating doctor 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 plan network, or your Aexcel/IDS home host network status has changed, 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, or, with respect to Open Choice members only, any amount deemed not payable by the plan; 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-9 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

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

A. TOC coverage is temporary coverage you can receive when you become a new member of an Aetna medical benefits plan or change your current Aetna medical plan, and a doctor you are being treated by:

- Is not in the Aetna network or;
- Leaves the Aetna network or;
- Changes Aexcel or integrated delivery system (IDS) home host status, which affects your benefits, or
- Is not included in Aexcel or the IDS home host network and your benefits change to include one of these networks.

TOC 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. TOC coverage allows a member who is receiving treatment to continue the treatment **for a limited time** at the preferred plan benefit level.

TOC 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. 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 plan requirements). Members less than 20 weeks pregnant whom Aetna confirms as high risk are reviewed on a case-by-case basis.
- Members in an ongoing treatment plan, such as chemotherapy or radiation therapy.
- Members with a terminal illness who are expected to live six months or less.
- Members who need more than one surgery, 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 effective/renewal date of the Aetna plan.)
- Members with an ongoing or disabling condition that suddenly gets worse.
- Members who may need or have had an organ or bone marrow transplant.

To be considered for TOC 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, or *before* the date of a doctor's Aexcel or IDS Home Host network status change.

Q. What other types of providers, besides doctors, can be considered for TOC 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. TOC 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 my request be approved 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 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, you may still be able to visit your PCP, even if they leave the network. In all states except Texas and New Jersey, you may need to select a PCP in the Aetna network. In Texas and New Jersey, TOC may apply to PCPs. Talk to your PCP so that he/she can help you with your future health care needs.

Q. How long does TOC coverage last?

A. Usually, TOC coverage lasts 90 days but this may vary based on your condition (for example, pregnancy). You will be informed if your TOC coverage request is approved and how long it will last.

Q. How do I sign up for TOC coverage?

A. Contact your employer or Aetna Member Services. You must submit a TOC Request Form to Aetna:

- Within 90 days of when you enroll or re-enroll, or
- Within 90 days of the date the provider left the Aetna network, or
- Within 90 days of a doctor's Aexcel or IDS home host network status change.

You or your doctor can send in the request form.

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

A. You will receive a letter in the mail. The letter will say whether or not you are approved.

Q. Does TOC coverage apply to the Traditional Choice Plan?

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

Q. What if I have an Aexcel or IDS plan?

A. If TOC coverage is approved, you may still receive care at the highest benefit level for a certain time period. If you continue treatment with a doctor who is not part of the Aexcel/IDS home host network, or a doctor whose Aexcel/IDS home host network status changes 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. If I have additional questions about TOC, who can I contact?

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

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. **Attention Arkansas, Louisiana, and West Virginia Residents:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. **Attention California Residents:** For your protection California law requires 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. **Attention Colorado Residents:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies. **Attention Florida Residents:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer, files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree. **Attention Kansas Residents:** Any person who knowingly and with intent to injure, defraud or deceive any insurance company or other person submits an enrollment form for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto may have violated state law. **Attention Kentucky Residents:** Any person who knowingly and with intent to defraud 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 may subject such person to criminal and civil penalties. **Attention Maine and Tennessee Residents:** It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or denial of insurance benefits. **Attention Maryland Residents:** Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. **Attention New Jersey Residents:** Any person who includes any false or misleading information on an application for an insurance policy or knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties. **Attention New York Residents:** Any person who knowingly and with intent to defraud 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 shall be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each violation. **Attention North Carolina Residents:** 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 may be a crime and subjects such person to criminal and civil penalties. **Attention Ohio and Pennsylvania Residents:** Any person who knowingly and with intent to defraud 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. **Attention Oklahoma Residents:** WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony. **Attention Oregon Residents:** Any person who with intent to injure, defraud, or deceive any insurance company or other person submits an enrollment form for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto may have violated state law. **Attention Puerto Rico Residents:** Any person who knowingly and with the intention to defraud includes false information in an application for insurance or file, assist or abet in the filing of a fraudulent claim to obtain payment of a loss or other benefit, or files more than one claim for the same loss or damage, commits a felony and if found guilty shall be punished for each violation with a fine of no less than five thousand dollars (\$5,000), not to exceed ten thousand dollars (\$10,000); or imprisoned for a fixed term of three (3) years, or both. If aggravating circumstances exist, the fixed jail term may be increased to a maximum of five (5) years; and if mitigating circumstances are present, the jail term may be reduced to a minimum of two (2) years. **Attention Vermont Residents:** 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 may be a crime and may subject such person to criminal and civil penalties. **Attention Virginia Residents:** 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 act, which is a crime and subjects such person to criminal and civil penalties. **Attention Washington Residents:** It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits