



Transition of Care Form

PEIA's Preferred Provider Benefit (PPB) Plan requires that you use PPB Plan network providers to ensure that you receive the higher in-network level of benefits. Using a non-network provider means your care is reimbursed at the lower benefit level and at West Virginia fee allowances, if the care is available from a network provider.

To assist you with moving your care from a non-network provider to a provider in the PPB Plan networks, PEIA has a **Transition of Care (TOC) Program**. This TOC Program was designed to smoothly transition treatment for serious medical conditions, without interruption, to the PPB network. HealthSmart Care Management Solutions provides utilization management services for the PEIA PPB Plans, which includes processing these TOC forms.

The PEIA PPB network consists of West Virginia providers who accept PEIA's reimbursements and out-of-state providers who contract with Aetna Signature Administrators (ASA). To locate providers who participate in this network, you may use the provider search function asalookup.AetnaSignatureAdministrators.com or call HealthSmart at 1-888-440-7342 or 304-353-7820.

It is important to recognize that a **TOC is a time-limited approval**, generally a maximum of one year, for you to receive care from the non-network provider while you move your care to a PPB network provider. Under the TOC, the non-network services are approved at the higher benefit level. After your treatment under the TOC is complete or your TOC period ends, your medical care must be provided by a PPB network provider to receive the higher in-network level of benefits.

If you are concerned that medical treatment currently being received from a non-network provider may be interrupted or not eligible for reimbursement, then you should apply for a TOC.

Examples of medical conditions likely to qualify for TOC benefits:

- ❖ treatment for unstable or serious conditions that require a limited course of treatment or follow-up care, such as recent acute heart attack; newly diagnosed cancer requiring surgery, chemotherapy or radiation therapy; total joint replacement requiring physical therapy; or acute trauma such as a bone fracture
- ❖ certain psychiatric treatment or substance abuse programs
- ❖ recent surgical procedures with complications, and/or
- ❖ current pregnancy.

Examples of medical conditions which are NOT likely to qualify for TOC benefits include arthritis, high blood pressure, diabetes, asthma, allergies and/or conditions with little or no PEIA benefit coverage.

To apply for TOC benefits, complete both sides of this form and return it to the address listed on the back. A separate form must be completed for each non-network provider.

Employee Name: _____

Address/City/State/Zip: _____

Home Telephone: () _____ Work Telephone: () _____

Member ID#: _____ Effective Date of Coverage: _____

Patient Name: _____ Relationship to Employee: _____

Primary Care Physician's Name: _____ Phone Number: () _____

Address/City/State/Zip: _____

Current Condition Requiring Transition of Care _____

Name of Physician Treating Current Condition (if different from Primary Care Physician):

Street Address: _____

City/State/Zip: _____

Telephone#: () _____ Specialty: _____

How long has this physician treated patient for current condition? _____

How long is current treatment expected to continue? _____ Months _____ Years

What is the nature of the current treatment? _____

Was patient hospitalized within the past 6 months for this condition? ___Yes ___ No. If yes, when: ___/___/___

Did the patient have surgery for this condition? ___Yes ___No If yes, when? _____

What type of surgery? _____

If current condition is pregnancy-related, list first visit date: _____ Due Date: _____

At what hospital do you plan to deliver? _____

Hospital Address, City, State _____

Note: The PEIA member/patient is responsible for providing all relevant medical information, including copies of medical records, letters from physicians, etc., to HealthSmart Care Management Solutions for evaluation of this TOC request. Any additional research by HealthSmart may delay a TOC decision by four to six weeks. You will receive written notification regarding your TOC request from HealthSmart Care Management Solutions.

Authorization to release information for determining the level of benefit payment for services provided on or after the effective date of my PPB coverage if I continue treatment with the above-named provider for the above current diagnosis/medical condition identified above

I authorize _____
(Non-Network Provider's Name)

(Address/City/State/Zip)

to release to HealthSmart Care Management Solution all information relating to past, present and future health care examinations, conditions and treatments for:

(Brief Description of Medical Conditions)

I understand that transition of care (TOC) is subject to benefit limitations and exclusions set forth in the PEIA PPB Summary Plan Description. I understand and agree that TOC does not extend benefits in any way except to provide the in-network *level* of benefits for a non-network provider for a limited period of time.

Patient's Signature* _____ Date: _____

**If patient is younger than 18 years of age, the employee/legal guardian must sign this form to authorize the release of medical information.

Employee/Guardian Signature: _____ Date: _____

Mail this form with any medical information related to the provider & condition to be evaluated for TOC to:

HealthSmart Care Management Solutions
PO Box 2451
Charleston, WV 25327-1921
or
Fax both sides of the form to:
(806) 473-2770

PLEASE NOTE: All necessary information must be completed on both sides of this form in order to process this request.