Your CIGNA HealthCare
Transition of Care Benefits

Georgia State Health Benefit Plan

CIGNA®

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Transition of Care Benefits:

At enrollment time, CIGNA HealthCare will determine if Transition of Care benefits are available to you and/or your dependents. Transition of care benefits are intended to allow members to continue to receive services for specified medical and behavioral conditions for a defined period of time with physicians who do no participate with CIGNA HealthCare plans. This will allow continued, uninterrupted care until the safe transfer of care to a participating physician or facility can be arranged.

Transition of Care Benefits must be applied for at enrollment.

- You must apply for Transition of Care at the time of enrollment, or change in CIGNA medical plan, but no later than 30 days after the effective date of your coverage in order to be considered for Transition of Care benefits.
- Your provider must already be treating you for the condition identified on the Transition of Care Request Form.
- If Transition of Care benefits are approved for medical or behavioral conditions, you will receive the in-network level of benefits for treatment of the specific condition by the provider for a defined time frame, as determined by CIGNA HealthCare.
- If approved, Transition of Care benefits apply only to the treatment of the medical or behavior condition specified and the provider identified on the Transition of Care Request Form.
- Claims for treatment of the specific condition by the approved provider and/or facility after the effective date of coverage will be paid at in-network levels.
- The availability of Transition of Care benefits does not mean a treatment is medically necessary. Nor does it constitute pre-authorization of medical services to be provided. Medical necessity determinations and pre-authorizations must still be obtained during the pre-certification and case management process.
- All benefits are subject to the provisions of the plan.

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

- Pregnancy in the second or third trimester 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 global follow-up period (generally six to eight weeks).
- Acute conditions in active treatment such as heart attacks, strokes or unstable chronic conditions, etc. For the purpose of this policy, "active treatment" is defined as a provider visit or hospitalization with documented changes in a therapeutic regimen within 21 days prior to eligibility.
- Behavioral health conditions during active treatment.

Examples of conditions that do not qualify for Transition of Care benefits include, but are not limited to:

- Routine exams, vaccinations and health assessments.
- Stable chronic conditions such as diabetes, arthritis, allergies, asthma, hypertension and glaucoma.
- Acute minor illnesses such as colds, sore throats and ear infections.
- Elective scheduled surgeries such as removal of lesions, bunionectomy and hernia repair.

What time frame is allowed for transitioning to a new participating provider?

If CIGNA HealthCare determines that transitioning to a participating provider is not recommended or safe for the conditions that qualify, services by the approved non-participating provider will be authorized for a specified period of time (usually 90 days) or until care has been completed or transitioned to a participating provider, whichever comes first.

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

In-network benefit 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 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 benefits if I am not currently in treatment or seeing a physician?

Individuals 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?

Transition of Care requests must be submitted in writing, using the Transition of Care Request Form, at the time of enrollment, or change in CIGNA medical plan, but no later than 30 days after the effective date of your coverage. Upon receipt of the form, CIGNA HealthCare will review and evaluate the information provided and will send you a letter informing you of the approval or denial of your request. A denial will include information on appeals.

▼Detach Transition of Care Request Form here.▼

See instructions for completing this form on the reverse side.

CIGNA HealthCare Transition of Care Request Form

*****ATTENTION: You may not need to complete this form*****

- Complete this form only if you are using a provider who does not participate in your CIGNA provider network and you are: (a) undergoing a course of treatment for an acute condition or other condition as described in your plan materials and/or required by state law: or (b) pregnant and in the second or third trimester of pregnancy.
- See next page for instructions on completing this form. For mental health treatment, please review the information on the reverse page.
- Use a separate form for each condition. Photocopies are acceptable. Attach additional information if needed.

Employer	Policy #	Employee Date of Enrollment in CIGNA HealthCare Benefit Plan (mm/dd/yyyy)
Employee Name	Employee Social Security # or Alternate Member ID	Work Phone
Home Address Street City State Zip		Home Phone
Patient's Name	Patient's Social Security # or Alternate Member ID / Patient's Birth Date (mm/dd/yyyy)	Relationship to Employee ☐ Spouse ☐ Dependent ☐ Self

1. Is the patient pregnant and in the second or third trimester of pregnancy? ☐ Yes ☐ No
2. If yes, when is the due date?_____ (mm/dd/yyyy)
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 CIGNA HealthCare? ☐ Yes ☐ No
5. Is the patient involved in a course of chemotherapy, radiation therapy, cancer therapy, terminal care or a candidate for organ transplant? ☐ Yes ☐ No
6. Is the patient receiving treatment as a result of a recent major surgery? ☐ Yes ☐ No
7. Is the patient receiving mental health/substance abuse treatment? ☐ Yes ☐ No
8. If you did not answer "Yes" to any of the above questions, please describe the condition for which the patient requests Transition of Care.
9. Is the patient currently an active participant in a Disease Management Program (i.e. Diabetes, Asthma, CHF, etc.)? ☐ Yes ☐ No
10. Please complete the provider information request below.

Group Practice Name		
Provider's Name		Telephone # of Provider
Provider's Specialty		
Provider's Address		
Hospital Where Patient's Provider Practices		Telephone # of Hospital
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		

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

I hereby authorize the above provider to give CIGNA HealthCare or any affiliated CIGNA company with any and all information and medical records necessary to make an informed decision concerning my request for Transition of Care Benefits under CIGNA HealthCare. I understand I am entitled to a copy of this authorization form.

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

INSTRUCTIONS FOR COMPLETING TRANSITION OF CARE REQUEST FORM

A separate Transition of Care Request Form must be completed for each condition for which you and/or your dependents are seeking Transition of Care benefits. Additional forms are available on www.CIGNA.com/SHBP or on www.dch.ga.gov/shbp_ plans. Please make certain that all questions are completely answered. When the form is completed, it must be signed by the patient for whom the Transition of Care benefits have been requested. If the patient is a minor, a guardian's signature is necessary.

To help ensure a timely review of your transition case, please return the form as soon as possible. As noted below, you must apply for Transition of Care within the first 30 days after the effective date of coverage. The completed form(s) should be marked "confidential" and forwarded to your Service Center.

The first few sections of the form apply to the Employee. When the form asks for the patient's name, only the name of the person who is actually undergoing care and is requesting Transition of Care, should be reflected.

If you answered yes to questions, #1, #2, #3, #4, #5, #6 or #9, or if you are submitting this form for continuity of care for any other non-mental health care services, please submit this Transition of Care Request Form to:

CIGNA Health Facilitation Care Center
Attention: Transition of Care
3200 Park Lane Drive
Pittsburgh, PA 15275
Fax (866) 552-1459

In #7, if you answered yes, and are receiving out-patient mental health services, you should do one of the following:

- If your employer introduced a CIGNA HealthCare plan as a new option during your group's open enrollment period, you are not required to submit a Transition of Care Request Form.
- If you are a new hire or you have recently selected a CIGNA HealthCare plan option already offered by your employer, you will need to complete the Transition of Care Request Form and submit this form to your CIGNA HealthCare claim office. The address is on the back of your member ID card.

In #7, if you answered yes and are receiving inpatient, partial hospitalization or intensive out-patient services, please forward this completed form to the following:

CIGNA Behavioral Health
11095 Viking Drive, Suite 500
Eden Prairie, MN 55344
Fax (972)-465-7001
Attention: See below for fax numbers if you reside outside of Georgia.

WA, MT, OR, ID, WY, CA, NV, UT, CO, AZ, NM, AK, HI-Attention Glendale Care Center (Fax: 818.551.2722)
ND, DS, NE, KS, OK, TX, LA, MS, AL, GA, FL, AR, TN, MO, IL, IA, WI, P.R., U.S. VI – Attention Dallas Care Center (Fax: 972.465.7001)
ME, VT, NY, NH, MA, NJ, DE, MD, DC, NC, SC, MI, IN, OH, KY, WV, VA – Attention Chesapeake Care Center (Fax: 860.687.7258)

In #8, include information about your current or proposed treatment plan and the length of time your treatment is expected to continue. If surgery has been planned, state the type and the proposed date of your surgery.

In #11, briefly state the health condition, when it began and what provider is currently involved? How often do you see this provider? Please be as specific as possible.

Transition of Care requests will be reviewed within 10 days of receipt. Review for Organ Transplant requests may take longer than 10 days.

Note: California members are required to complete a separate form