



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

# Transition of Care Request for New Members

Please complete this form and a *Permission for One-Time Disclosure of Information* form to request temporary coverage with your out-of-network health care providers. Fax or mail both completed forms to the appropriate address or fax number, as shown below.

For:	Mail to:	Fax to:
<b>HMO/POS</b> members	Blue Cross and Blue Shield of Massachusetts Attn: Clinical Coordination Transition of Care Unit One Enterprise Drive, M/S 02/06 Quincy, MA 02171-2126	<b>1-888-282-0780</b> (medical and surgical) <b>1-888-641-5199</b> (behavioral health)
<b>PPO</b> members	Blue Cross and Blue Shield of Massachusetts PO Box 9134 One Enterprise Drive Quincy, MA 02171-9134	<b>1-888-246-6333</b> (all requests)

Subscriber information			
Subscriber name:		Date of birth:	
Subscriber address:			
New Blue Cross* coverage effective date:		Blue Cross Member ID #: (required)	
Patient information			
Patient name:			
Home phone #:		Work phone #:	
Do you have a primary care provider (PCP)?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, name:			
Do we have your permission to contact your PCP with the results of this review?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If we need to contact you for medical records for clinical review, which phone number do you prefer?			<input type="checkbox"/> Home <input type="checkbox"/> Work
Treatment information			
Please list doctors and other health care providers who are currently treating you that are not in the Blue Cross network.			
Provider name:		Specialty:	
Provider address:		Phone #:	
NPI or license #:		Date treatment began:	
Length of treatment:		Expected number of visits:	
Provider name:		Specialty:	
Provider address:		Phone #:	
NPI or license #:		Date treatment began:	
Length of treatment:		Expected number of visits:	
Provider name:		Specialty:	
Provider address:		Phone #:	
NPI or license #:		Date treatment began:	
Length of treatment:		Expected number of visits:	

Once we have received your medical records and completed our review, we will contact you and your doctor with the results. Please allow two weeks for us to complete this review. If you have questions about completing this form, please call Member Service at **1-800-782-3675**.

Please note: form does **not** apply to Medicare HMO Blue® or Federal Employee Plan (FEP) members.

\*Blue Cross refers to Blue Cross and Blue Shield of Massachusetts, Inc., Blue Cross and Blue Shield of Massachusetts HMO Blue®, Inc., and/or Massachusetts Benefit Administrators LLC, based on Product participation.



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## Fact Sheet & Frequently Asked Questions

Welcome to Blue Cross Blue Shield of Massachusetts. To be eligible for your full range of benefits, you'll need to choose health care providers who are part of our network. To help you, use our *Find a Doctor & Estimate Costs* at [myblue.bluecrossma.com](http://myblue.bluecrossma.com).

### Transitioning to new doctors

We understand that it is difficult to leave doctors you've had long-term relationships with. To make this transition easier—and to minimize interruptions to treatment programs that are underway—you can request *temporary transition of care*. If approved, the treatment program will be for a specific period, to give you and your covered family members enough time to transition to a health care provider in the network.

*Important:* Only certain medical and behavioral health conditions are eligible to be considered for transition of care.

### Examples of conditions that may or may not qualify for transition of care

These <i>may</i> qualify for transition of care:	These <i>do not</i> qualify for transition of care:
Behavioral health conditions in active treatment	Elective surgeries
Pregnancy in the second or third trimester at the time of the effective date of coverage through the post-partum visit.	Routine exams, including routine eye exams
	Vaccinations
Conditions in active treatment*: <ul style="list-style-type: none"> <li>• Recent surgery still in the follow-up period</li> <li>• Newly diagnosed or recurrent cancer in the midst of therapy</li> <li>• Transplant candidates</li> <li>• Chronic conditions</li> <li>• Terminal illness care</li> <li>• Cardiac rehab programs in progress</li> </ul> *not a complete list	Health assessments

*Note:* Once the approved transition period has expired, if you choose to continue with your non-network provider, reimbursement will be at an out-of-network rate, and you may be responsible for more out-of-pocket expenses.

### How to request transition of care

Please complete the forms *Transition of Care Request for New Members* and *Permission for One-Time Disclosure of Information*. Send them to us for review by either fax or mail.

If you have questions, please call the Member Service number on your ID card.

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## Frequently asked questions:

**Q: Does the availability of transition of care guarantee coverage?**

A: No, even if transition of care is available, the requested services may not be covered. Depending on the request, we may also conduct a medical necessity determination and pre-certification review to help us decide if the service should be covered.

**Q: How does transition of care work?**

A: If transition of care is approved for a specific medical or behavioral condition with a specific health care provider, you will receive in-network coverage for up to 90 days.

**Q: What if I choose not to change providers and continue with an out-of-network provider?**

A: If you decide not to change your health care provider and you have out-of-network benefits, you must follow your plan's out-of-network requirements, including any pre-certification requirements. If you don't have out-of-network coverage, you'll be responsible for paying for services.

**Q: How do I apply for transition of care?**

A: You must submit transition of care requests in writing using the *Transition of Care Request for New Members* form at the time of enrollment or no later than 30 days after the effective date of your coverage.

**Q: How will I know if Blue Cross authorizes services for me?**

A: You will receive a letter from us authorizing services with the provider for specific dates and numbers of visits.

**Q: How long will it take to have my request for transition of care reviewed?**

A: Once we receive the form, we will review and make a determination within 15 business days.

**Q: What if I don't receive a letter?**

A: If you don't receive a letter, call the number on your Blue Cross ID card and ask for a status of your request.

**Q: What if my transition of care request is denied?**

A: If your request is denied, we will send you a letter with information about your right to appeal and the process to follow.

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