

Intel Connected Care Continuity of Care/Transition of Care Request Form

General Information about the Connected Care Continuity of Care/Transition of Care Option

Purpose

This option allows for the patient's continued care when:

- The patient is a new enrollee to Connected Care and their treating provider is not part of the Connected Care network.
- The patient's treating provider's affiliation with the Connected Care network is terminated.

How does the Continuity/Transition of Care work?

- Applying for this option, if approved, will allow the patient to continue to receive specifically approved healthcare services from their treating physician for a defined period of time (usually 90 days). Coverage for such services will be at the in-network level for the defined time period.
- To qualify, the patient must apply for this option:
 - No later than 45 days after the effective date of their coverage; OR
 - Within 45 days of their healthcare provider's termination date with Connected Care.
- Continuity of Care is not guaranteed. The provider must agree to continue to care for the patient and also to accept Connected Care's reimbursement as payment in full and adhere to all required policies governing quality and utilization of services.

Examples of conditions that may qualify for Continuity/Transition of Care:

- High risk pregnancy or second/third semester pregnancy.
- The patient is in an active course of treatment for an acute medical condition or trauma.
- The patient has a terminal illness.
- The patient is in an active course of treatment for a behavioral health condition.
- Organ transplant candidates, unstable transplant recipients or those experiencing complications related to the procedure.
- And any conditions that your PCMH or In-Network specialist may require continuity of care for.

Examples of conditions that do not qualify for Continuity/Transition of Care:

- Routine exams, vaccinations and overall health assessments.
- Ongoing treatment for stable chronic conditions such as hypertension, diabetes, arthritis etc.
- Any elective surgery such as bunionectomy, hernia repair or hysterectomy.

Is the patient eligible to apply for Continuity/Transition of Care if the patient is not currently in treatment or being seen by a healthcare provider?

- No. The patient must be in treatment for the condition indicated on the request form.

How does the patient apply for Continuity/Transition of Care?

- All requests must be submitted using the Continuity/Transition of Care Request Form. This must be done within 45 days after the effective date of coverage in Connected Care or within 45 days of the termination of the patient's current provider in the Connected Care network.
- Upon receipt of a written request our Connected Care healthcare professionals will complete their review within 10 days.
- Review for requests related to organ transplants may take longer than 10 days.
- Once the review is completed, the patient will be notified in writing whether their request was approved or denied.
- If there is a denial, the patient will be given information on how to appeal the denial.

Pharmacy Continuity of Care/Transition of Care:

- Please see the details on the New Member Current Medication Form which will help the patients' transition needs related to any current medications they may be on which are not on the Connected Care Formulary.

Intel Connected Care Continuity of Care/Transition of Care Request Form

See detailed information regarding Connected Care on the reverse side.
Use a separate form for each condition.

PATIENT INFORMATION

Patient's Name:	
Patient's ID Number or Worldwide ID:	Patient's Date of Birth: (mm/dd/yr)
Patient's Address:	Patient's Phone Numbers: Work: _____ Home: _____ Cell: _____

1. Is the patient pregnant and in the second or third trimester of pregnancy? Due Date _____ (mm/dd/yyyy) Yes No
2. If yes, is the pregnancy considered high risk? E.g., multiple births, gestational diabetes, etc. 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 the effective date with Connected Care; OR is the patient expected to be in the hospital when coverage with Connected Care begins? 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 scheduled for a transplant and has pending work-ups; OR, has completed work-ups and is awaiting organ availability; OR, has a scheduled transplant surgery; OR, is patient's current status "inpatient"; OR is patient needing a 6-month post-transplant procedure? Yes No
8. Is the patient receiving behavioral health/substance abuse treatment? Yes No
9. Is the patient a special needs child? Yes No
10. Please list any other continuing care needs that may qualify for Continuity of Care/Transition of Care coverage. If these care needs are not associated with the condition for which the patient is applying for Continuity of Care/Transition of Care coverage a separate Continuity of Care/Transition of Care Form must be completed. _____

11. Please complete the health care professional information below.

Physician or Provider Name		Physician or Provider Phone #
Physician or Provider Specialty		
Professional Address		
Hospital Where Physician or Provider 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		

I hereby authorize the above health care professional to give Presbyterian Healthcare Services/Presbyterian Health Plan any and all information and medical records necessary to make an informed decision concerning this request for Continuity of Care/Transition of Care Benefits under Connected Care. I understand I am entitled to a copy of this authorization form.

Signature of Patient, (Parent or Guardian) if the Patient is a Minor	Date (mm/dd/yyyy)
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Please submit this request form to:

Connected Care Customer Service at Presbyterian
PO Box 27489
Albuquerque, NM 87125-7489

or fax to: (505) 923-5124

Transition of Care/Continuity of Care requests will be reviewed within 10 days of receipt. For new Connected Care participants, review will occur within 10 days of participant's effective date. Review for Organ Transplant requests may take longer than 10 days.