

## Transition of Care Benefits:

Transition of care benefits may be available to you and/or your dependents as a member of a new plan joining during open enrollment, or if you are an existing member and your Great-West Healthcare provider leaves the network. Transition of care allows patients with certain medical conditions to continue their treatment with non-participating providers, at the network level of benefits, for a specified period of time.

### Applying for Transition of Care

- Great-West Healthcare must receive requests from members of new plans, who are joining during open enrollment, within the first 60 days after the effective date of coverage.
- Great-West Healthcare must receive requests from existing members, applying for transition of care because their provider is leaving the Great-West Healthcare network, within 60 days of the provider's termination date.
- Individuals must currently be receiving treatment for the condition by the provider identified on the transition of care request form.
- If transition of care benefits are approved, then the individual will receive the in-network level of benefits for treatment of the specific condition by the provider for a specified timeframe. The timeframe will be determined upon approval, and shall not exceed ninety (90) days.
- If the request for transition of care benefits has been approved, the transition of care benefits apply only to the treatment provided or ordered by the physician identified on the transition of care request form for the medical condition specified on the form.
- The availability of transition of care benefits is still subject to the terms of the benefit plan. For example, requests will be reviewed to determine whether the benefit is covered and whether it is medically necessary.
- All benefits are subject to the provisions of the plan.
- Great-West Healthcare will attempt to negotiate reasonable reimbursement rates with the provider on the member's behalf. However, if rates are non-negotiable, reimbursement may be based on usual and customary (U&C).

### Examples of acute medical conditions that may qualify for transition of care benefits include, but are not limited to:

- Pregnancy, in the third trimester of care

- Solid organ transplants on a transplant list and anticipated to undergo transplant within 30 days.
- Bone marrow transplants who are less than six months post transplant.
- End-stage renal disease and dialysis.
- Terminal illness with an anticipated life expectancy of six months or less.

### Examples of conditions that generally 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, glaucoma, etc.
- Elective scheduled surgeries such as removal of lesions, arthroscopies, hernia repairs, hysterectomy, etc.
- Services for speech therapy, physical therapy and home health care.

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### Frequently Asked Questions:

#### ***What timeframe is allowed for transitioning to a participating provider?***

Upon approval of your request, you will be notified in writing of the number of days for which your transition of care benefits are approved, which is 90 days or less.

#### ***If I am approved for transition of care benefits for one illness, can I receive in-network benefits for a non-related condition?***

In-network benefit levels provided in conjunction with transition of care are for the specific illness/condition only and cannot be applied to another illness/condition.

#### ***Can I apply for transition of care benefits if I am not currently in treatment or seeing a physician?***

Individuals must currently be receiving treatment for the condition by the physician that is noted on the transition of care request form.

#### ***Do I need to complete the Transition of Care Request Form if I am already seeing a participating provider?***

No, you do not need to request transition of care if your provider is already participating in the Great-West Healthcare network. To verify a provider's status, visit our website at [www.mygreatwest.com](http://www.mygreatwest.com), or contact Great-West Healthcare directly by calling the number on your member identification card.

Great-West Healthcare refers to products and services provided by Great-West Life & Annuity Insurance Company and its subsidiaries (Alta Health & Life Insurance Company and Great-West Healthcare HMO/HCSC companies). It also refers to the group business that is underwritten by New England Life Insurance Company and Metropolitan Life Insurance Company which is currently administered by Great-West Life & Annuity Insurance Company. Great-West Life & Annuity Insurance Company is not licensed to do business in New York. Products are sold in New York by its subsidiary First Great-West Life & Annuity Insurance Company, White Plains, N.Y.



See instructions for completing this form on the reverse side.

## Great-West Healthcare Transition of Care Request Form

- This form is not required for providers who are participating in the Great-West Healthcare provider network. You may contact Great-West Healthcare at the number on your member identification card or check the Great-West Healthcare website at [www.mygreatwest.com](http://www.mygreatwest.com) to verify if your provider participates in the Great-West Healthcare network.
- Use a separate form for each condition. Photocopies of this form are acceptable. Attach additional information if necessary.

EMPLOYER			POLICY #
EMPLOYEE NAME	DATE OF ENROLLMENT IN BENEFIT PLAN (mm/dd/yyyy)	EMPLOYEE SOCIAL SECURITY #	WORK PHONE
HOME ADDRESS	Street	City	State Zip
PATIENT'S NAME	PATIENT'S SOC. SEC. #	PATIENT'S DOB (mm/dd/yyyy)	RELATIONSHIP TO EMPLOYEE <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent <input type="checkbox"/> Self

1. The member is applying for Transition of Care because they are (please check which situation applies):  
 a member of a new plan and enrolling during open enrollment; or  an existing member of a Great-West Healthcare plan whose provider is leaving the Great-West Healthcare network.
2. Is the patient pregnant and in the third trimester (>27 weeks) of pregnancy?  Yes  No
3. If yes, when is the due date? \_\_\_\_\_ (mm/dd/yyyy)
4. Is the patient receiving care for end-stage renal disease and dialysis?  Yes  No
5. Is the patient in outpatient mental health treatment?  Yes  No
6. Does the patient have a terminal illness with anticipated life expectancy of six months or less?  Yes  No
7. Is the patient undergoing an active course of treatment for which changing to a different provider would be likely to cause significant risk of harm to the patient's health?  Yes  No
8. Is the patient currently undergoing chemotherapy or radiation therapy for treatment of cancer?  Yes  No
9. Is the patient a candidate for a solid organ or bone marrow transplant?  Yes  No
10. If you did not answer "Yes" to any of the above questions, please describe the condition for which the patient is requesting Transition of Care. \_\_\_\_\_

PHYSICIAN'S GROUP/PRACTICE NAME		
PHYSICIAN'S NAME	PHYSICIAN TELEPHONE #	
PHYSICIAN'S SPECIALTY		
PHYSICIAN'S ADDRESS		
NAME OF HOSPITAL(S) AT WHICH PHYSICIAN PRACTICES	HOSPITAL TELEPHONE #	
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 Great-West Healthcare begins, or during the next 90 days?
12. Please list any other continuing care needs that may qualify for Transition of Care benefits. If care needs described are not associated with the condition for which you are applying for Transition of Care benefits, then a separate Transition of Care form must be completed. \_\_\_\_\_

I hereby authorize any insurance company, health care provider, or other entity having knowledge of the person identified on this form to give Great-West Healthcare or its designated agent(s) any and all records pertaining to that person's medical, mental/nervous, and/or substance abuse history for purposes of review, investigation, or evaluation by Great-West Healthcare's administrative staff. This authorization is valid for six months from the date that I sign it. I, or my authorized representative, is entitled to a copy of this signed authorization.	
SIGNATURE OF PATIENT, PARENT OR GUARDIAN	DATE (mm/dd/yyyy)

**INSTRUCTIONS FOR COMPLETING THE TRANSITION OF CARE REQUEST FORM**

- This form may be completed by members joining Great-West Healthcare during open enrollment for new plans or by members of existing plans whose contracted provider is leaving the Great-West Healthcare provider network.
- A separate Transition of Care Request Form must be completed for each condition for which you or your dependents are seeking Transition of Care benefits. Additional forms are available from your employer or from Great-West Healthcare. Please make certain that all questions are answered completely.
- The first few sections of the form apply to the Employee. When the form asks for the patient's name, print only the name of the person who is actually undergoing care and is requesting Transition of Care.
- If responding to question # 10, include information about your current or proposed treatment plan and length of time your treatment is expected to continue. If surgery has been planned, state the type and the proposed date of your surgery.
- For question #12, briefly state the health condition, when it began, the name of the physician(s) currently involved in treating the condition, and how often the physician is seen. Please be as specific as possible.
- When the form is completed, it should be signed by the patient for whom Transition of Care benefits are being requested. If the patient is a minor, a guardian's signature is required.

To help ensure a timely review of your transition case, please return the form as soon as possible. Great-West Healthcare must receive the Transition of Care request form within 60 days of the new enrollee's effective date, or within 60 days of an existing member's Great-West Healthcare provider leaving the network.

Completed forms should be marked "Confidential" and sent to the Great-West Healthcare Medical Outreach office that corresponds to the state the member lives in. Mail or fax the claim to the appropriate office indicated below.

**If the member lives in**  
AK, WA, OR, ID, CA, HI

**Submit the claim to Great-West Healthcare Medical Outreach at:**

655 N Central Ave, 20<sup>th</sup> Floor  
Glendale, CA 91203  
Fax: 866-817-9340

AR, OK, TX, LA, MS

8350 N. Central Expressway, Suite M1000  
Dallas, TX 75206  
Fax: 866-642-6125

MN, IA, WI, IL, MO, KS, IN, OH  
MI, KY

13045 Tesson Ferry Road C-1  
St. Louis, MO 63128  
Fax: 303-801-5628 (until a toll free number is available)

ME, VT, NH, RI, MA, NY, NJ, CT,  
PA, DE, MD, WV, VA, DC

One Centennial Ave.  
Piscataway, NJ 08854  
Fax: 877-980-8588

TN, NC, SC, AL, GA, FL

245 Perimeter Center Pkwy, 10<sup>th</sup> Floor  
Atlanta, GA 30346  
Fax: 866-213-7295

MT, ND, SD, NE, WY, CO, NV, UT,  
AZ, NM

8525 E. Orchard Road, Tower 3  
Greenwood Village, CO 80111  
Fax: 800-497-8691

Great-West Healthcare's Medical Outreach Department will review Transition of Care Requests within 15 days of receipt. Organ transplant requests may take longer.

If your request for transition of care benefits is not approved, such determination should not be interpreted as a denial of medical necessity or the availability of benefits under your plan. Please refer to the terms of your benefit plan for coverage information by non-network providers and the applicable benefit level.

Members will be notified in writing of the approval or non-approval of the request and appeal rights. For questions, please contact Great-West Healthcare at the telephone number listed on your member identification card.