

Transition of Care/Continuity of Care:

PURPOSE: Allow Celtic members with a qualifying condition or circumstance to continue with IN NETWORK (INN) benefit levels for an OUT OF NETWORK (OON) provider for a specified (usually 90 days) period of time.

QUALIFYING EVENTS: Include, but not limited to Newly Enrolled members or those already enrolled whose MD is dropping off the network if under care for any of the following PRIOR to the effective date of the network change – typically limited to 90 days unless otherwise appropriate and approved by the Med Director. Typically qualifying events may include: Pregnancy, Transplant participation, Inpatient on effective date of policy, Active oncology, Terminal care, End stage renal disease, behavioral health or substance abuse treatment, Surgical postop, and Trauma.

PROCESS:

- Formal notification recommended **via Transition of Care application Form (attached)** The member and MD fill out to validate eligibility of requested service

Request should be made no later than 30 days post eligible date of new network status/plan.

Celtic Transition of Care/Continuity of Care:

See instructions for completing this form below.

New Celtic enrollee (Transition of Care)

Existing Celtic Member whose health care professional terminated (Continuity of Care)

Use a separate form for each condition. Photocopies are acceptable. Attach additional information if needed.

Insured	Policy #
Effective Date of Policy	Phone #
Patient Name	Patient's Date of Birth
Patient Address	City, State

Is the patient pregnant and in the second or third trimester of pregnancy? Due date _____ Yes No

If yes is the pregnancy considered high risk? e.g., multiple births, gestational diabetes Yes No

Is the patient currently receiving treatment for an acute condition or trauma? Yes No

IS the patient scheduled for surgery or hospitalization after the effective date? Yes No

Is the patient involved in a course of chemotherapy, radiation therapy, cancer or terminal care? Yes No

Is the patient receiving treatment as a result of a recent major surgery? Yes No

Is the patient receiving dialysis treatment? Yes No

Is the patient a candidate for organ transplant? Yes No

Is the patient receiving mental health /substance abuse treatment? Yes No

If you did not answer "Yes" to any of the above questions, please describe the condition

for which the patient requests Transition of Care/Continuity of Care.

Please complete the health Care professional information request below.

Health Care Professional Name	Group Practice Name
Professional Specialty	Phone #
Health Care Professional Address	City, State
Hospital Address	City, State
Reason/Diagnosis	
Date(s) of admission	Date of Surgery
Treatment Being Received and Expected Duration	

Please List Any Other Continuing Care Needs

I hereby authorize the above health care professional to give Celtic any and all information and Medical records necessary to make an informed decision concerning my request for transition of Care/Continuity of Care benefits under Celtic. I understand I am entitled to a copy of this authorization form.

Signature of Patient, Parent or Guardian

Date

Submit this form to:

Celtic Insurance Company

233 South Wacker Drive, Suite 700

Chicago, IL 60606

How do I apply for Transition of Care/Continuity of Care?

Transition of Care/Continuity of Care requests must be submitted in writing, using the Transition of Care/Continuity of Care request form, no later than 30 days after the effective date of your coverage or your health care professional's termination. After receiving your request, Celtic will review and evaluate the information provided and will send you a letter informing you whether your request was approved or denied. A denial will include information on appeals.

A separate Transition of Care/Continuity of Care request form must be completed for each condition for which you and/or your dependents are seeking Transition of Care/Continuity of Care. These forms are available on www.celtic-net.com. Please make certain that all questions are answered completely. The completed form must be signed by the patient for whom the Transition of Care/Continuity of Care is being requested. A guardian's signature is required if the patient is a minor.

To help ensure a timely review of your request, please return the form as soon as possible. You must apply for Transition of Care/Continuity of Care within 30 days of the effective date of coverage or within 30 days of your health care professional's termination date. After receiving your request Celtic will review and evaluate the information provided and respond within 30 days after receipt of all required information, informing you whether your request was approved or denied. No disruption of care should occur during this process.

How Transition of Care/Continuity of Care works

- You must already be under treatment for the condition identified on the Transition of Care/Continuity of Care request form.
- If Transition of Care/Continuity of Care is approved for medical or behavioral conditions, you will receive the in-network level of coverage for treatment of the specific condition by the health care professional for a defined time frame, as determined by Cigna. If your plan includes out-of-network coverage and you choose to continue care out of network beyond the time frame approved by Celtic, you must follow your plan's out-of-network provisions. This includes any pre-certification requirements.
- If approved, Transition of Care/Continuity of Care coverage applies only to the treatment of the medical or behavioral condition specified and the health care professional identified on the request form. All other conditions must be cared for by an in-network health care professional for you to receive in-network coverage levels.
- The availability of Transition of Care/Continuity of Care coverage does not guarantee that a treatment is medically necessary. Nor does it constitute pre-certification of medical services to be provided. Depending on the actual request, a medical necessity determination and formal pre-certification may still be required for a service to be covered.