

transition of care

For Members

For new Premera Blue Cross members whose current provider is not in our network.

(For informational purposes only)

What is **Transition of Care**?

If you are a new Premera member undergoing covered medical treatment(s) with a provider who is not contracted with Premera as a Preferred Provider (or in-network provider), you may have questions about your new medical coverage. Transition of Care involves working with Premera to receive the highest level of benefits available to you as you change over to your new health plan.

Do you **qualify** for Transition of Care?

Answer the following questions to find out if you may qualify.

Are you:

Yes No **1.** Receiving treatment or care for the second or third trimester of your pregnancy?

Yes No **2.** Currently enrolled in a hospice program?

Yes No **3.** Receiving treatment or care for chemotherapy, radiation therapy, new anticoagulation therapy, follow-up of reconstructive surgery or a medication regimen requiring a rapid increase in dose?

Yes No **4.** Receiving treatment or care for recent major surgery?

Yes No **5.** Receiving treatment or care for mental health or substance abuse?

Yes No **6.** Receiving treatment or care for surgery or hospitalization that is scheduled after you have enrolled in your new Premera Health Plan?

If you answered “yes” to any of these questions, follow the directions on the back to apply for Transition of Care.

If you answered “no” to all of these questions, you have these two options:

→ **Find a new in-network healthcare provider by:**

Using the “Find a Doctor” search tool on premera.com.

Calling Customer Service at the number on the back of your member ID card.

→ **Stay with your current healthcare provider** at a higher, out-of-network cost to you.

(turn over for more useful information)

Transition of Care

How do I apply for Transition of Care with my present healthcare provider?

If you answered “yes” to any of the questions on the front, you might qualify for Transition of Care. If you qualify, Premera will approve your continued care for a limited time with your current, out-of-network healthcare provider.

To apply:

1 Ask your current healthcare provider to submit a request for Transition of Care.

2 Your healthcare provider must submit a request by phone or in writing to:

Phone: 800-344-2227 and press 3

Fax: 800-866-4198 or 800-843-1114

3 Premera reviews your request.

Our care management team will review the information submitted by your healthcare provider within 10 business days.

4 Premera will notify you by mail of our decision about coverage after we review your request.

If we approve the request, continued care with your current healthcare provider will be paid at the in-network benefit level described in your benefits booklet. You may still need to pay for charges that exceed the maximum allowable amount. Your Transition of Care benefits may also be limited to a defined period of time based on the treatment plan.

Although not all requests will meet the requirements for approval, Premera will work closely with you and your healthcare provider to help find the best course of treatment.

If you have questions about Transition of Care, call the Customer Service number listed on the back of your health plan member ID card.