



Transition Coverage Request

Personal and confidential

Fully insured commercial members in California should not use this form

ECHS Category - TCRF

Aetna Voluntary Plans
PO Box 14079
Lexington, KY 40512-4079

On the other side of this form you'll find answers to commonly asked questions about transition-of-care coverage. Please read them before filling out this form.

This is a request for Aetna to cover ongoing care at the highest level of benefits from:

- An **out-of-network doctor**;
- **Certain other health care providers** who have treated you

Once we review your completed form, we will send you a letter explaining our decision regarding your request for transition-of-care coverage.

Step 1: Fill out these sections:

1. Section 1 (Group or employer Information)
2. Section 2 (Subscriber and patient information): Aetna plan information is on the front of the Aetna ID card.
3. Section 3 (Authorization): Read the authorization, then sign and date the form.

Step 2: Give the form to the doctor to complete Section 4.

Step 3: **Fax** the completed form to Aetna for review. Note: Complete one form for each health care provider.

Note: A request for transition-of-coverage **does not** apply if your provider is in Aetna's network (participating) or is part of your plan's highest benefit tier. The Aetna Voluntary Plans DocFind[®] online provider directory is at <http://www.aetna.com/voluntary>, choose the Find a Doctor tab. It can tell you if your doctor is in the network, or help you find a participating provider for your Aetna plan. You can also call us at the phone number on your Aetna ID card.

Fax medical requests to: 1-859-455-8650

Be sure to complete all fields on pages 3 and 4 before you submit this request form. It will speed up processing of your transition-of-care request.

Aetna transition-of-care coverage questions and answers

Q. What is transition-of-care (TOC) coverage?

A. TOC coverage is temporary coverage. You can receive TOC when you become a new member of an Aetna medical benefits plan or change your current Aetna medical plan, and you are being treated by a doctor who:

- Is not in the Aetna network

TOC coverage can also apply to you even if you do not change your current Aetna medical plan, but your treating doctor leaves the Aetna network or changes network status, which affects your benefits. TOC coverage is not for primary care physicians (PCPs) who are not in the Aetna network, except when the PCP leaves the Aetna network during your plan year and you are receiving treatment, or if certain laws or regulations apply. Approved TOC coverage allows a member who is receiving treatment to continue the treatment **for a limited time** at the highest plan benefit level.

TOC coverage is only for the requested doctor. Except in New York, TOC coverage does not include health care facilities, durable medical equipment (DME) vendors or pharmaceutical items (also see second question below). If the TOC coverage is approved, the doctor must use a health care facility, DME vendor or pharmacy vendor in the Aetna network. If you want to request coverage for a vendor or facility outside the Aetna network, call the Member Services phone number on your Aetna member ID card and ask for a nonparticipating request form.

Q. What is an active course of treatment?

A. An active course of treatment means you have begun a program of planned services with your doctor to correct or treat a diagnosed condition. The start date is the first date of service or treatment. An active course of treatment covers a certain number of services or period of treatment for special situations. Some active course-of-treatment examples may include, but are not limited to:

- Members who enroll with Aetna after 20 weeks of pregnancy, unless there are specific state or plan requirements (Members less than 20 weeks pregnant whom Aetna confirms as high risk are reviewed on a case-by-case basis.)
- Members who have completed 14 weeks of pregnancy or more and are receiving care from an Aetna participating practitioner whose network status changes.
- Members in an ongoing treatment plan, such as chemotherapy or radiation therapy
- Members with a terminal illness who are expected to live six months or less
- Members who need more than one surgery, such as cleft palate repair
- Members who have recently had surgery
- Members who receive outpatient treatment for a mental illness or for substance abuse (The member must have had at least 1 treatment session within 30 days before the status of the member or the participating health care provider changed.) Members with an ongoing or disabling condition that suddenly gets worse
- Members who may need or have had an organ or bone marrow transplant

To be considered for TOC coverage, treatment must have started **before** the enrollment or re-enrollment date, or **before** the date your doctor left the Aetna network, or **before** the date of a doctor's network status change.

Q. What other types of providers, besides doctors, can be considered for TOC coverage?

A. This includes health care professionals, such as physical therapists, occupational therapists, speech therapists and agencies that provide skilled home care services, such as visiting nurses. TOC is considered for participating hospitals only when the facility is not designated as a tier 1 for plans that include tiered networks. TOC does not apply to other health care facilities (for example, skilled nursing facility), DME vendors or pharmaceutical items.

Q. If I am currently receiving treatment from my doctor, why wouldn't my request for TOC coverage be approved?

A. If you are currently receiving treatment, the procedure or service must be a covered benefit. Your doctor must also agree to accept the terms outlined on the TOC request form.

Q. My PCP is no longer an Aetna provider. If my plan requires me to select a PCP, can I still see my doctor?

A. Your plan does not require you to select a PCP.

Q. How long does TOC coverage last?

A. Usually, TOC coverage lasts 90 days, but this may vary based on your condition (for example, pregnancy). We will tell you if your TOC coverage request is approved and how long the coverage will last.

Q. How do I sign up for TOC coverage?

A. Contact Aetna Voluntary Member Services. You must submit a TOC Request form to Aetna Voluntary:

- Within 90 days of when you enroll or re-enroll
- Within 90 days of the date the health care provider left the Aetna network
- Within 90 days of a doctor's network status change

You or your doctor can send in the request form.

Q. How will I know if my request for TOC coverage is approved?

A. We will send you a letter via U.S. mail. The letter will say whether or not you are approved.

Q. What if I have more questions about TOC coverage?

A. Call the Member Services phone number on your Aetna ID card.



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PO Box 14079

Lexington, KY 40512-4079

1. Group or employer information (Note: Complete a separate form for each member and/or provider.)

Group or employer's name (Please print)	Plan control number	Plan effective date (Required)
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2. Subscriber and patient information

Subscriber's name (Please print)	Subscriber's Aetna ID number	
Subscriber's address (Please print)		
Patient's name (Please print)	Birthdate (MM/DD/YYYY)	Telephone number
Patient's address (Please print)	Plan type/product	
Telephone number for patient/subscriber submitting request (Business hours, 9 a.m. – 5 p.m.)	Last date of treatment before beginning of Aetna coverage (as applicable)	

3. Authorization

I request approval for coverage of ongoing care from the health care provider named below for treatment started before my effective date with Aetna, or before the end of the provider's contract with the Aetna network, or before the provider's network status change. If approved, I understand that the authorization for coverage of services stated below will be valid for a certain period of time. I give permission for the health care provider to send any needed medical information and/or records to Aetna so a decision can be made.

Patient's Signature (Required if patient is age 17 or older)	Date (MM/DD/YYYY)
Parent's Signature (Required if patient is age 16 or younger)	Date (MM/DD/YYYY)

4. Provider information (Note: Provide all specific information to avoid delay in the processing of this request.)

Name of treating doctor or other health care provider (Please print)	Telephone number
Address of treating doctor or other health care provider (Please print)	Tax ID number
Signature of treating doctor or other health care provider	Date (MM/DD/YYYY)

The above-named patient is an Aetna member as of the effective date indicated above. We understand you are not or soon will not be a participating provider in the Aetna network. The patient has asked that we cover your care for a specific time period. This is because of a condition, such as pregnancy, that is considered an active course of treatment. An active course of treatment is defined as: "A program of planned services starting on the date the provider first renders a service to correct or treat the diagnosed condition and covering a defined number of services or period of treatment and includes a qualifying situation." Please include a brief statement of the patient's current condition and treatment plan. For pregnancies, please indicate the estimated date of confinement (EDC). If we approve this request, you agree:

- To provide the patient's treatment and follow-up
- Not to seek more payment from this patient other than the patient responsibility under the patient's plan of benefits (for example, patient's copayment, deductibles or other out-of-pocket requirements)
- To share information on the patient's treatment with us
- To use the Aetna network for any referrals, lab work or hospitalizations for services not part of the requested treatment. In New York State, the provider completing the form may not be leaving the network, but may request continuing care to be provided by a hospital that is leaving the network.



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Patient's name (Please print)	Birthdate (MM/DD/YYYY)
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Provider: Please complete the diagnostic and treatment information below describing the active course of treatment.

Description of all medical and behavioral health-related diagnoses (for example, pregnancy, cancer, depression, post-operative). Include all ICD codes:	Description of all treatment and procedures. Include all CPT codes:	Date of original surgery, if applicable:	Date care was initiated:	Dates of current treatment: (Please provide copies of medical records from the last office visit.)	Number of additional visits needed : (For pregnancy, please include EDC .)

Misrepresentation

Any person who knowingly and with intent to injure, defraud or deceive any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Attention Alabama Residents: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

Attention Arkansas, District of Columbia, Rhode Island and West Virginia Residents: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Attention California Residents: For your protection California law requires notice of the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Attention Colorado Residents: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

Attention Florida Residents: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

Attention Kansas Residents: Any person who knowingly and with intent to injure, defraud or deceive any insurance company or other person submits an enrollment form for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto may have violated state law.

Attention Kentucky Residents: Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Attention Louisiana Residents: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application is guilty of a crime and may be subject to fines and confinement in prison.

Attention Maine and Tennessee Residents: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or denial of insurance benefits.

Attention Maryland Residents: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Attention Missouri Residents: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, denial of insurance and civil damages, as determined by a court of law. Any person who knowingly and with intent to injure, defraud or deceive an insurance company may be guilty of fraud as determined by a court of law.

Attention New Jersey Residents: Any person who includes any false or misleading information on an application for an insurance policy or knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

Attention North Carolina Residents: Any person who knowingly and with intent to injure, defraud or deceive any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which may be a crime and subjects such person to criminal and civil penalties.

Attention Ohio Residents: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Attention Oklahoma Residents: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Attention Oregon Residents: Any person who with intent to injure, defraud, or deceive any insurance company or other person submits an enrollment form for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto may have violated state law.

Attention Pennsylvania Residents: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Attention Puerto Rico Residents: Any person who knowingly and with the intention to defraud includes false information in an application for insurance or file, assist or abet in the filing of a fraudulent claim to obtain payment of a loss or other benefit, or files more than one claim for the same loss or damage, commits a felony and if found guilty shall be punished for each violation with a fine of no less than five thousand dollars (\$5,000), not to exceed ten thousand dollars (\$10,000); or imprisoned for a fixed term of three (3) years, or both. If aggravating circumstances exist, the fixed jail term may be increased to a maximum of five (5) years; and if mitigating circumstances are present, the jail term may be reduced to a minimum of two (2) years.

Attention Texas Residents: Any person who knowingly and with intent to injure, defraud or deceive any insurance company or other person files an application for insurance or statement of claim containing any intentional misrepresentation of material fact or conceals, for the purpose of misleading, information concerning any fact material thereto may commit a fraudulent insurance act, which may be a crime and may subject such person to criminal and civil penalties.

Attention Vermont Residents: Any person who knowingly and with intent to injure, defraud or deceive any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which may be a crime and may subject such person to criminal and civil penalties.

Attention Virginia Residents: Any person who knowingly and with intent to injure, defraud or deceive any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent act, which is a crime and subjects such person to criminal and civil penalties.

Attention Washington Residents: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

Attention New York Residents: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each violation.

Patient Signature:	Date:
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Non-Discrimination Notice

Aetna complies with applicable Federal civil rights laws and does not discriminate, exclude or treat people differently based on their race, color, national origin, sex, age, or disability.

Aetna provides free aids/services to people with disabilities and to people who need language assistance. If you need a qualified interpreter, written information in other formats, translation or other services, call 1-888-772-9682.

If you believe we have failed to provide these services or otherwise discriminated based on a protected class noted above, you can also file a grievance with the Civil Rights Coordinator by contacting:

Civil Rights Coordinator, P.O. Box 14462, Lexington, KY 40512
1-800-648-7817, TTY: 711, Fax: 859-425-3379, CRCoordinator@aetna.com.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, or at 1-800-368-1019, 800-537-7697 (TDD).

Availability of Language Assistance Services

TTY: 711

For language assistance in your language call 1-888-772-9682 at no cost. (English)

Para obtener asistencia lingüística en su idioma, llame sin cargo al 1-888-772-9682. (Spanish)

欲取得以您的語言提供的語言協助，請撥打1-888-772-9682，無需付費。(Chinese)

Pour une assistance linguistique dans votre langue, appeler le 1-888-772-9682 sans frais. (French)

Para sa tulong sa inyong wika, tumawag sa 1-888-772-9682 nang walang bayad. (Tagalog)

Hilfe oder Informationen in deutscher Sprache erhalten Sie kostenlos unter der Nummer 1-888-772-9682. (German)

(Arabic) للمساعدة اللغوية بلغتك الرجاء الاتصال على الرقم المجاني 1-888-772-9682

Pou jwenn asistans nan lang pa w, rele nimewo 1-888-772-9682 gratis. (French Creole)

Per ricevere assistenza nella sua lingua, può chiamare gratuitamente il numero 1-888-772-9682. (Italian)

日本語で援助をご希望の方は 1-888-772-9682 (フリーダイヤル) までお電話ください。(Japanese)

본인의 언어로 통역 서비스를 받고 싶으시면 비용 부담 없이 1-888-772-9682번으로 전화해 주십시오. (Korean)

(Persian) برای راهنمایی به زبان شما با شماره 1-888-772-9682 بدون هیچ هزینه ای تماس بگیرید.

Aby uzyskać pomoc w swoim języku, zadzwoń bezpłatnie pod numer 1-888-772-9682. (Polish)

Para obter assistência no seu idioma, ligue gratuitamente para o 1-888-772-9682. (Portuguese)

Чтобы получить помощь с переводом на ваш язык, позвоните по бесплатному номеру 1-888-772-9682. (Russian)

Để được hỗ trợ ngôn ngữ bằng ngôn ngữ của bạn, hãy gọi miễn phí đến số 1-888-772-9682. (Vietnamese)
