

# Transition Coverage Request

ECHS Category - TCRF

*Personal and confidential*

*Please submit your requests as early as possible in December, so we can respond to you before the new year.*

## Transition-of-care coverage questions and answers

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

**A.** TOC coverage is **temporary**. You can get TOC when you become a new member of a medical benefits plan or change your plan, and you are in an active course of treatment and being treated by a doctor who:

- Is not in the plan's network

TOC coverage can also apply when your doctor leaves the plan's network or changes network status or if certain laws or regulations require coverage. Approved TOC coverage allows a member who is currently in an active course of treatment (see examples below) to continue the treatment for a limited time at the highest plan benefit level and is a temporary bridge meant to close the gap until you find a new in network provider. Aetna will assist you to find an in-network provider once you have submitted your transition coverage request.

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. If we approve TOC coverage, the doctor must use a health care facility, DME vendor or pharmacy vendor in the plan's network. If you want to request coverage for a vendor or facility outside the plan's network, call the Member Services phone number 1-800-468-1266.

**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 the plan after 20 weeks of pregnancy (Members less than 20 weeks pregnant whom the Aetna confirms as high risk are reviewed on a case-by-case basis.)
- Have completed 14 weeks of pregnancy or more and are receiving care from a plan's participating practitioner whose network status changes.
- Are in an ongoing treatment plan, such as chemotherapy or radiation therapy.
- Have a terminal illness and are expected to live six months or less.
- Need more than one surgery, such as cleft palate repair.
- Have recently had surgery.
- Are being treated for a mental illness or for substance abuse. (The member must have had at least one treatment session within 30 days before the status of the member or the participating health care provider changed.)
- Have an ongoing or disabling condition that suddenly gets worse.
- 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's network, or **before** the date a doctor's network status **changed**.

***(Continued on next page)***

## Transition-of-care coverage questions and answers

- 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 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 you approve my request for TOC coverage?
- A.** If you're 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.** How long does TOC coverage last?
- A.** TOC coverage can last up to 6 months, but this may vary based on your condition (for example, pregnancy). ***We will tell you if your TOC coverage request is approved, and if it will last up to 6 months.***
- Q.** How do I sign up for TOC coverage?
- A.** Contact the Member Services at 1-800-468-1266. You must submit a TOC request form to the Aetna:
- Please submit your requests as early as possible in December, so we can respond to you before the new year. 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 1-800-468-1266. If you have questions about TOC mental health services, you can call the Member Services phone number 1-800-468-1266 or, if listed, the mental health or behavioral health number.

### Disclaimers

The availability of Transition 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.

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## Applies to:

**JPMC Medical Plan administered by Aetna**



Here's the form you requested for transition-of-care coverage from Aetna. If we approve your request, Aetna will cover ongoing care at the in-network benefit level from

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

Once we review your completed form, we'll send you a letter explaining our decision.

### **Some things you should know about transition-of-care coverage**

We have provided commonly asked questions about transition-of-care coverage to assist you prior to completing this form. You should read them before filling out this form.

Transition-of-care coverage does not apply if your provider is in Aetna's network (participating). The online provider search directory is found on the Aetna's webpage. It can tell you if your doctor is in the network or help you find a participating provider for your Aetna Plan at <http://aetna-jpmc.com>

### **How to complete the form and get it to us**

Step 1: Fill out these sections:

1. Section 1 (Group or employer information).
2. Section 2 (Subscriber and patient information): Plan information is on the front of your ID Card. If you don't yet have your Aetna ID card, you can access your ID cards on the Aetna member website, login and select the "View Member ID cards" link under the Plans section on the left.
3. Section 3 (Authorization): Read the authorization, then sign and date the form.
4. (Misrepresentation): NY residents please sign and date page 6.

Step 2: Give the form to the doctor/health care provider to complete Section 4, including the diagnostic and treatment information requested on page 5.

Step 3: **Fax** the completed form to us for review. You should complete one form for each health care provider.

**Fax medical requests to 1-860-900-1782 or**

**Mail medical requests to: 4050 Piedmont Parkway**

**Attn: Latasha M-O or Alicia T/ Mail Stop HPT-310, High Point, NC 27265**

**Or send via email to: [Aetna-JPMC@aetna.com](mailto:Aetna-JPMC@aetna.com)**

**Fax mental health/substance abuse requests to 1-888-463-1309**

**Be sure to complete all fields on pages 4 and 5.** Your request will be answered faster that way.

Aetna is the brand name used for products and services provided by one or more of the Aetna group of subsidiary companies, including Aetna Life Insurance Company and its affiliates (Aetna). Aetna provides certain management services on behalf of its affiliates.

# Transition Coverage Request

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Medical     Mental health/substance abuse

Please indicate above whether this request is for medical treatment or mental health/substance abuse treatment.

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

Group or employer's name (please print) <b>JPMorgan Chase</b>	Plan control number <b>800218</b>	Plan effective date <b>01/01/2020</b>
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### 2. Subscriber and patient information

Subscriber's name (please print)	Subscriber's ID number	
Subscriber's address (please print)		
Patient's name (please print)	Birthdate (MM/DD/YYYY)	
Patient's address (please print)	Telephone number	
	Plan type/product	
Telephone number for patient/subscriber submitting request (Business hours, 9 a.m. – 5 p.m.)	Last date of treatment before beginning the 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 the 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 the 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
Contact name of office personnel to call with questions	
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 a member as of the effective date indicated above. We understand you are not or soon will not be a participating provider in the Aetna's 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

You also agree to use the Aetna's 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.



## 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/Member Signature:

Date:

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

Aetna and its affiliates provide 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 the number 1-800-468-1266.

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 (CA HMO customers: PO Box 24030 Fresno, CA 93779),  
1-800-648-7817, TTY: 711,  
Fax: 859-425-3379 (CA HMO customers: 860-262-7705), [CRCoordinator@aetna.com](mailto: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).

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# Language Services

TTY: 711

To access language services at no cost to you, call 1-800-468-1266.

Para acceder a los servicios de idiomas sin costo, llame al 1-800-468-1266. (Spanish)

如欲使用免費語言服務，請致電 1-800-468-1266. (Chinese)

Afin d'accéder aux services langagiers sans frais, composez le 1-800-468-1266. (French)

Para ma-access ang mga serbisyo sa wika nang wala kayong babayaran, tumawag sa 1-800-468-1266. (Tagalog)

T'áá ni nizaad k'ehjí bee níká a'doowoł doo bááh ílínígóó koji' hólne' 1-800-468-1266. (Navajo)

Um auf für Sie kostenlose Sprachdienstleistungen zuzugreifen, rufen Sie 1-800-468-1266. (German)

Për shërbime përkthimi falas për ju, telefononi 1-800-468-1266. (Albanian)

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(Arabic) 1-800-468-1266 للحصول على الخدمات اللغوية دون أي تكلفة، الرجاء الاتصال على الرقم

Անվճար լեզվական ծառայություններից օգտվելու համար զանգահարեք 1-800-468-1266 հեռախոսահամարով: (Armenian)

Kugira uronke serivisi z'indimi atakiguzi, hamagara 1-800-468-1266. (Bantu)

আপনাকে বিনামূল্যে ভাষা পরিষেবা পেতে হলে এই নম্বরে টেলিফোন করুন: 1-800-468-1266। (Bengali)

Ngadto maakses ang mga serbisyo sa pinulongan alang libre, tawagan sa 1-800-468-1266. (Bisayan-Visayan)

သင့်အနေဖြင့် အခကြေးငွေ မပေးရပဲ ဘာသာစကားဝန်ဆောင်မှုများ ရရှိနိုင်ရန် 1-800-468-1266 သို့ ဖုန်းခေါ်ဆိုပါ။ (Burmese)

Per accedir a serveis lingüístics sense cap cost per vostè, telefoni al 1-800-468-1266. (Catalan)

Para un hago' i setbision lengguãhi ni dibãtde para hãgu, ågang 1-800-468-1266. (Chamorro)

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Anumpa tohsholi I toksvli ya peh pilla ho ish I paya hinla, I paya 1-800-468-1266. (Choctaw)

Tajaajiloota afaanii garuu bilisaa ati argaachuuf, bilbili 1-800-468-1266. (Cushite-Oromo)

Voor gratis toegang tot taaldiensten, bell 1-800-468-1266. (Dutch)

Pou jwenn sèvis lang gratis, rele 1-800-468-1266 (French Creole-Haitian)



Για να επικοινωνήσετε χωρίς χρέωση με το κέντρο υποστήριξης πελατών στη γλώσσα σας, τηλεφωνήστε στον αριθμό 1-800-468-1266 (Greek)

તમારે કોઇ જાતના ખર્ચ વિના ભાષાની સેવાઓની પહોંચ માટે, કોલ કરો 1-800-468-1266 (Gujarati)

No ka wala'au 'ana me ka lawelawe 'ōlelo e kahea aku i kēia helu kelepona 1-800-468-1266 Kāki 'ole 'ia kēia kōkua nei. (Hawaiian)

आपके लिए बिना किसी कीमत के भाषा सेवाओं का उपयोग करने के लिए, 1-800-468-1266 पर कॉल करें। (Hindi)

Xav tau kev pab txhais lus tsis muaj nqi them rau koj, hu 1-800-468-1266. (Hmong)

Iji nwetaòhèrè na òrụ gasị asụsụ n'efu, kpọọ 1-800-468-1266. (Ibo)

Tapno maaksesyo dagiti serbisio maipapan iti pagsasao nga awan ti bayadanyo, tawagan ti 1-800-468-1266. (Ilocano)

Untuk mengakses layanan bahasa tanpa dikenakan biaya, hubungi 1-800-468-1266. (Indonesian)

Per accedere ai servizi linguistici, senza alcun costo per lei, chiami il numero 1-800-468-1266. (Italian)

言語サービスを無料でご利用いただくには、1-800-468-1266 までお電話ください。 (Japanese)

လၢတၢ်ကမၤန့ၢ်ကျိၣ်အတၢ်မၤစၢၤအတၢ်ဖံးတၢ်မၤတဖၣ်လၢတအိၣ်ဒီးအပူၤလၢကဘၣ်ဟ့ၣ်အိၣ်အဂီၢ်ဘၣ်န့ၣ် ကိး 1-800-468-1266 တက့ၢ်. (Karen)

무료 언어 서비스를 이용하려면 1-800-468-1266 번으로 전화해 주십시오. (Korean)

M̧ dyi wuɖu-dù kà kò dò b̧ě dyi móuñ nì Pídyi ní, nìí, dá nòbà nìà ke: 1-800-468-1266. (Kru-Bassa)

بو دەسپێر اگەشتن بە خزمەتگوزاری زمان بەی ئیچوون بو تو، پەییوهندی بکە بە ژمارە 1-800-468-1266 (Kurdish)

ເພື່ອຂໍ້ໃຊ້ການບໍລິການພາສາໂດຍບໍ່ເສຍຄ່າຕໍ່ກັບທ່ານ, ໃຫ້ໂທຫາເບີ 1-800-468-1266. (Laotian)

कोणत्याही शुल्काशिवाय भाषा सेवा प्राप्त करण्यासाठी, 1-800-468-1266 वर फोन करा. (Marathi)

Nan etal nan jikin jiban ikijen Kajin ilo an ejelok onen nan kwe, kirllok 1-800-468-1266. (Marshallese)

Pwehn alehdi sawas en lokaia kan ni sohte pweipwei, koahlih 1-800-468-1266. (Micronesian-Pohnpeian)

ដើម្បីទទួលបានសេវាកម្មភាសាដែលឥតគិតថ្លៃសម្រាប់លោកអ្នក សូមហៅទូរស័ព្ទទៅកាន់លេខ 1-800-468-1266។ (Mon-Khmer, Cambodian)

निःशुल्क भाषा सेवा प्राप्त गर्न 1-800-468-1266 मा टेलिफोन गर्नुहोस् । (Nepali)

Të koor yin wëër de thokic ke cïn wëu kər keek tənɔŋ yin. Ke cɔl kɔc ye kɔc kuony ne nomba 1-800-468-1266. (Nilotic-Dinka)

For tilgang til kostnadsfri språktjenester, ring 1-800-468-1266. (Norwegian)

