



CONTINUITY OF CARE/TRANSITION OF CARE

What Is Continuity /Transition of Care?

Continuity of care or transition of care is a process that identifies members ongoing or current acute medical care at the time of their enrollment with WellMed Employee Health Plan (WEHP). Please note that an acute episode of care generally includes treatment for medical conditions with a sudden onset that requires prompt medical attention and has a limited duration. Completing the transition of care form allows your medical information to be assessed by a physician and all medically necessary care to be directed in a timely manner.

Who Authorizes Continuity of Care?

If you or a member of your family is currently receiving medical care for an acute condition that was previously authorized by your former health plan, you must request an authorization from WEHP to continue to receive these services. (medical services must meet the coverage guidelines under WEHP benefit criteria). The information received from the transition of care form is forwarded to the appropriate medical management department to initiate your referral request.

Continuity of care issues will be reviewed by your Primary Care Physician (PCP) with WEHP and your PCP will determine if it is necessary for a transition of care appointment in their office to discuss your current medical treatment or will issue a referral for ongoing care. If your request is authorized and your previous specialty provider is not a contracted provider with WEHP, your PCP may arrange a temporary agreement with this specialist to provide care until your care can be transferred within the WEHP network. If your previous specialty provider is contracted with WEHP, your PCP will issue the new referral under the WEHP plan and notify both the member and the specialist.

What Types of Cases Quality for Continuity of Care/Transition of Care?

The following are types of examples of ongoing medical care which transition of care for new

enrollees might apply to you or your dependents, but are not limited to just these types of conditions. If any of these examples are true for you during your open enrollment period, you should fill out the **Transition of Care Form**.

- Ω **I have been hospitalized in the past 30 days.**
- Ω **I have a scheduled appointment with a specialist within 30 days of my enrollment period.**
- Ω **I am pregnant and in the third trimester.**
- Ω **I am presently in an acute hospital or scheduled to be in the hospital immediately after WEHP insurance becomes effective.**
- Ω **I am presently undergoing a course of chemotherapy, radiation therapy, or short-term psychiatric counseling.**
- Ω **I am presently on a transplant list.**

If you think you or a member of your family qualifies for this type of transition of care, complete the **Transition of Care Form** and forward it to WEHP as soon as possible. Upon receipt, WEHP will review the completed information and determine if a transition of care authorization will be issued. Requested services must be pre-authorized by WEHP prior to obtaining services. Services rendered without preauthorization by WEHP will be subject to denial for services not covered by your health plan leaving the member financially responsible for payment.

If you do not qualify for continuity of care services, written notification will be sent to you within (5) working days of the completion of the authorization process, along with reasons for the determination and information about how you can appeal the decision. If you have any questions about this process, please call WellMed Employee Health Plan Customer Service 210-617-4011.