

Transition Assistance program FAQ



What is the Transition Assistance program?

It's a program that makes sure Anthem Blue Cross members get ongoing care when they're newly enrolling, when their treating doctors aren't in Anthem's provider network or when their doctor is no longer part of our network. (Members with an Individual contract aren't eligible.)

How does it work?

Our Transition Assistance department helps eligible members (and their covered dependents) get ongoing care until their treatment is finished or until another network doctor takes it over. The goal of the program is to move all members to network doctors within six months. (Starting from a member's effective date or the provider termination date.)

Who's eligible for transition assistance?

Members may be eligible for the program if:

- Their primary medical group, Independent Practice Association, Preferred Provider Organization (PPO) provider, hospital or other provider is terminated from Anthem's network. (Based on the provider's contractual agreement when they terminate.)
- They're a new enrollee in an Anthem plan and their provider isn't in Anthem's network. (This doesn't apply to members with an Individual contract.) A new enrollee is a member who has newly enrolled in an Anthem plan. It also doesn't apply to members who choose to leave a plan that still contracts with their provider.
- Their continuity of care is at risk for reasons the member can't control. (So, members who change their coverage and go outside the network aren't eligible for the program.)

Who is not eligible?

- Members coming from an Individual contract.
- Members who choose to leave a plan that isn't changing and that still contracts with their provider (for example, a member who chooses to change plans or carriers at open enrollment when their employer is not making a change to their plan offerings).
- New enrollees being treated for non-acute or chronic clinical conditions usually aren't eligible for coverage of treatment by non-network providers. New enrollees with chronic conditions and who need help choosing a doctor for ongoing care, should contact our Customer Service department.

What kinds of treatment qualify for transition assistance?

Some conditions that may be eligible for transition assistance:

- Active treatment for an acute condition. (An acute condition is a medical condition with a sudden onset of symptoms. Its symptoms are caused by an illness, injury or some other medical problem that needs prompt care and lasts a limited amount of time.)
- Active treatment for a serious chronic condition. (A serious chronic condition is a medical condition caused by disease, illness or some other problem. It has to be serious and need a full cure to keep it from persisting or getting worse. It may also need ongoing treatment to keep it in remission or to keep it from getting worse.)
- An active course of treatment for any behavioral health condition.

- A pregnancy (regardless of trimester).
- A terminal illness.
- Newborn care for a child who is three years old or younger. We may provide all the services we cover for the condition for as long as they're needed or until another doctor can safely take over the treatment.
- A surgery or other procedure that's been authorized by the previous plan or its delegated provider and is scheduled for within 180 days of the effective date of coverage for a newly covered enrollee.

I just found out my employer is changing health plans and I have a scheduled surgery at a hospital that isn't in the Anthem network. What do I do?

You may be eligible for transition assistance. Call Customer Service or fill out the *Transition Assistance Request Form* (see below).

What if I have a chronic condition?

If you need ongoing care for a chronic condition and you're not in an acute phase of your illness needing special treatment, you should select a provider from our network. If you do, you don't need to submit the *Transition Assistance Request Form*. If you need help choosing a new provider, please call Customer Service.

How do I apply? Where do I get my form?

Prior to the first date of treatment, please call the Customer Service number on the back of your ID card and they will assist you in completing a *Transition Assistance Request Form*. Or, if your employer provides you with a paper *Transition Assistance Request Form*, you can complete it and fax it to the number on the form.

Requests will be processed as soon as the new membership data is loaded into the Anthem Blue Cross system.

What happens after I've sent in my request?

For members, we confirm that we've received their request form by calling them. Our decision to approve or deny the request will happen no later than five business days from the date we get all the information we need to make the decision.

How will I know if my request is approved?

When it's approved, we'll call you and send you a letter. Approval means that Anthem and your doctor have agreed to a transition care plan (and a reimbursement rate). You'll only have to pay for any deductible, coinsurance or copays that apply. The goal is to have you switch to network providers within six months of your effective date or the provider termination date, whichever comes first.

What if I need approval sooner than five days?

Urgent requests will be decided within two business days. You will be notified of the decision by phone.

What if the non-network provider doesn't accept Anthem's offer for transition assistance and I still want to utilize that provider?

- If you're an HMO member, you'll have to pay for the full cost of treatment.
- If you're a PPO member, the provider would be considered out-of-network and you may have to pay large out-of-pocket costs.

What if I don't want to change my doctor, but I don't qualify for transition assistance?

You can still see the non-network doctor you have now, but you'll have higher copays and deductible. It may mean you have to pay the full cost of your doctor's services.

What if I have a Point-of-Service (POS) plan?

If your provider is in Anthem's provider network, you don't need transition assistance. (You have the option to go to a provider outside your HMO network under your POS benefit.)

If your provider is not in Anthem's HMO or PPO network, you may be eligible for the program and should apply for it.

What if I have more questions?

For more information, please call the Customer Service number on the back of your ID card.