



## TRANSITION ASSISTANCE PROGRAM Newly Covered Enrollees

Transition Assistance is a process that allows continuity of care for new enrollees to Blue Cross of California, **with the exception of members with an Individual contract**, whose ***treating physicians are not part of the Anthem Blue Cross network***. Members, who are:

- In an active course of treatment for an acute medical or behavioral health condition.
- In an active course of treatment for a serious chronic condition.
- Who are pregnant, regardless of trimester.
- With a terminal illness.
- Who are a newborn child between the ages of birth and 36 months.
- With a surgery or other procedure that has been authorized by the previous plan or its delegated provider and is scheduled to occur within 180 days of the effective date of coverage for a newly covered enrollee.

The Transition Assistance Department will work to ensure that eligible members and their covered dependents receive uninterrupted care until their course of treatment is complete or until their care is assumed by a participating network provider. The objective is that within one to six months of the member's effective date all members will transition to in-network providers for their care.

*New enrollees being treated for non-acute or chronic clinical conditions are usually not eligible for coverage of treatment by non-network providers. New enrollees with chronic conditions who need assistance in choosing a provider to meet ongoing health care needs, should contact their Anthem Blue Cross Customer Service Department for further assistance.*

Transition Assistance applications should be submitted to the Transition Assistance Department on or before the new enrollee's effective date. Requests will be processed as soon as the new membership data is loaded into the Anthem Blue Cross system.

Following receipt of an application, members will receive a telephonic acknowledgement. A RN Case Manager will be assigned to work with the member. A determination to approve or deny Transition Assistance will be made no later than five (5) business days from receipt of the information necessary to make a determination. Only a Medical Director has the authority to deny Transition Assistance. Urgent requests will be determined within two (2) business days. The member will be notified of the determination by telephone.



When Transition Assistance is approved, the Case Manager and the treating physician agree to a transition care plan. The member is only financially responsible for applicable deductibles and/or co-payments. The objective is that within 180 days of the member's effective date the member will transition to in-network providers for their care.

If the non-contracting provider does not accept Anthem Blue Cross' in-network benefit level, no TA would be offered. For HMO members, they would be financially responsible. For PPO members, no TA would be offered and the provider would be considered out-of-network and the member may incur significant out-of-pocket expense.

*Members with a Point of Service ("opt-out") benefit who apply for Transition Assistance will be assisted in identifying an in-network provider. **Members who choose to continue care with a physician who is not associated with their new medical group or IPA will be advised of their responsibility for higher co-pays and/or deductibles***

Please fax the Transition Assistance application and a copy of the enrollment form directly to the Transition Assistance Department at (877) 214-1781.

If you have any questions, please contact the Transition Assistance Department toll free at (888)486-4227.



**NEWLY COVERED ENROLLEE  
(EXCEPTION: MEMBERS WITH AN INDIVIDUAL CONTRACT)  
TRANSITION ASSISTANCE PROGRAM  
APPLICATION**

**Toll Free Number: 888-486-4227 – Fax: 877-214-1781**

**Patient's Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Subscriber Name:** \_\_\_\_\_

**Blue Cross Identification number:** \_\_\_\_\_

**Patient/Guardian Phone Number(s):** Home ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_

**EMPLOYER NAME:** \_\_\_\_\_ **ABC Effective Date:** \_\_\_\_\_

**PPO** \_\_\_\_\_ **HMO** \_\_\_\_\_ **Name of PMG** \_\_\_\_\_

**CURRENT INSURANCE CARRIER** \_\_\_\_\_

**PPO** \_\_\_\_\_ **HMO** \_\_\_\_\_

**Reason for requesting transition assistance (Please check and complete all sections that apply):**

**Pregnancy:**

Expected Delivery Date: \_\_\_\_\_

OB Provider Name: \_\_\_\_\_ Phone# \_\_\_\_\_

OB Hospital: \_\_\_\_\_

**Under treatment for an acute condition or serious chronic condition, care of a child (birth to 36 months), scheduled procedure or terminal illness. Please list each diagnosis/condition and treating provider:**

**Diagnosis/Condition:** \_\_\_\_\_

Provider Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Next appointment or procedure date: \_\_\_\_\_

**Diagnosis/Condition:** \_\_\_\_\_

Provider Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Next appointment or procedure date: \_\_\_\_\_

**Diagnosis/Condition:** \_\_\_\_\_

Provider Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Next appointment or procedure date: \_\_\_\_\_

Other Comments: (Attach additional pages if needed)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Completed by: \_\_\_\_\_ Direct Phone # \_\_\_\_\_