

Transition of Care

Here at CBA, we understand that transitioning to a new insurance carrier can be stressful to manage on your own – so we are here to help!

What is Transition of Care?

If you have an upcoming surgery, take specialty medications, are in the middle of chemotherapy, engaged in a large case management program or have a complex medical condition, please consider using our Transition of Care program.

The Benefits of CBA's Transition of Care Program

- Specialized one on one transition of care attention – we will have a member from our Transition of Care team reach out to you to go over any information that you shared on the Transition of Care form plus help you transition into CBA smoothly.
- Our *Transition of Care Specialist* will create an action plan with defined check in points during your Transition of Care period.
- We'll help you transition your specialty medication(s) into your new specialty drug program.
- Our Transition of Care team will review your upcoming procedure(s) for pre-certification. We will contact your provider listed on the Transition of Care form to make sure they have your benefit information and authorizations in place for your services.
- If you're currently engaged in a case management program, we will help transfer you to a new case manager.

What is the time period for Transition of Care?

If CBA Blue determines that transitioning to a participating health care professional is not recommended or safe for the conditions that qualify for Transition of Care, services by the approved non-participating health care professional will be authorized for a specified period of time (usually 90 days) or until care has been completed or transitioned to a participating health care professional, whichever comes first.



Examples of Acute Conditions

- Pregnancy in the second or third trimester at the time of the effective date of coverage.
- "High Risk Pregnancy"- such as an early delivery (3 weeks) in a previous pregnancy, patient has had/has gestational diabetes; pregnancy induced hypertension, multiple inpatient admissions during this pregnancy; mother's age is older than 35 years old.
- Newly diagnosed or relapsed cancer amidst chemotherapy, radiation therapy or reconstruction.
- Transplant candidates, unstable recipients or recipients in need of ongoing care due to complications associated with a transplant.
- Recent major surgeries still in the follow-up period (generally 6 to 8 weeks).
- Acute conditions in active treatment such as heart attacks, strokes or unstable chronic conditions, etc. For the purpose of this policy, "active treatment" is defined as a doctor visit or hospitalization with documented changes in a therapeutic regimen within 21 days prior to the plan effective date.
- Medications that were considered "specialty" by your previous carrier.

Where Do I send my Transition of Care Form(s)?

Please fax or send Transition of Care requests in writing to:

CBA Blue

P.O. Box 2365

South Burlington, VT 05407

Fax: 603-773-4400

OR

Call and speak with one of our member service representatives at:

Phone: 1-888-222-9206

Transition of Care Request Form



Please use a separate form for each new enrollee. Photocopies are acceptable.

Attach additional information if needed. **Please fax all completed forms to CBA Blue at 603-773-4400.**

Employer		BBA ID #	
Employee Name		Home/Cell Phone	Work Phone
Home Address	Street	City/Town	State Zip
			E-mail Address
Patient's Name		Patient's Birth Date	Relationship to Employee <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent <input type="checkbox"/> Self

1. Is the patient pregnant? Due date _____ ☐ Yes ☐ No
2. If yes, is the pregnancy considered high risk? e.g., multiple births, gestational diabetes, etc. ☐ Yes ☐ No
3. Is the patient currently receiving or recently completed treatment for cancer? ☐ Yes ☐ No
4. Is the patient scheduled for surgery or hospitalization after your effective date with CBA Blue? ☐ Yes ☐ No
5. Is the patient taking a specialty medication? If yes, please provide name of medication _____ ☐ Yes ☐ No
6. Is the patient receiving treatment as a result of a recent major surgery? ☐ Yes ☐ No
7. Is the patient receiving dialysis treatment? ☐ Yes ☐ No
8. Is the patient a candidate for organ transplant? ☐ Yes ☐ No
9. Is the patient receiving care for an injury received at work or while in a motor vehicle? ☐ Yes ☐ No
10. Is the patient currently working with a case manager? ☐ Yes ☐ No
11. Is there someone else authorized to speak with the coordinator about this patient? If yes, please advise of Name/Relationship ☐ Yes ☐ No

12. If you did *not* answer "Yes" to any of the above questions, please describe the condition for which the patient requests Transition of Care.

13. Please complete the health care professional information request below.

Physician Information (attach pages with additional providers if necessary)		
Health Care Professional Name & Specialty	Phone #	Address
Hospital where Health Care Professional Practices	Hospital Phone #	Address
Reason/Diagnosis		
Date(s) of Admission (mm/dd/yyyy)	Date of Surgery (mm/dd/yyyy)	Type of Surgery
Treatment Being Received and Expected Duration		

14. Is this patient expected to be in the hospital when coverage with CBA Blue begins or during the next 30 days? ☐ Yes ☐ No

I hereby authorize the above health care professional to give CBA Blue or any affiliated company, all information and medical records necessary to make an informed decision concerning my request for Transition of Care benefits under CBA Blue. I understand I am entitled to a copy of this authorization form.

Signature of Patient, Parent or Guardian	Date (mm/dd/yyyy)
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*PLEASE NOTE: CBA Blue Transition of Care Program is not a substitute for professional medical advice. Use of the Transition of Care Program is completely voluntary and is provided at no cost to members. Services or medications that were covered on your prior plan may not be covered under your new plan. Please see your employer's Summary Plan Description for complete benefit information.