



# FAQ: TRANSITION OF CARE

## Q. What is transition of care coverage?

A. There are certain circumstances when on the date of enrollment, a new member is already getting care for a certain health issue. Transition of care (also called continuation of care) provides a brief period of in-network coverage if you are new to Blue Cross and Blue Shield of Texas (BCBSTX) and your doctor is outside your new plan's network. Transition of care also applies if your doctor leaves the network or changes network status. Transition of care may allow you to see an out-of-network provider at in-network rates for a certain amount of time if you have certain health conditions or in an active course of care.

## Q. Who is eligible?

A. Patients who are actively undergoing a course of medical testing or treatment.

## Q. What types of treatments qualify for transition of care benefits?

- A. Some samples of qualifying situations may include, but are not limited to:
- Members in all stages of pregnancy
  - Members who are getting chemotherapy or radiation therapy
  - Members receiving outpatient intravenous therapy for a resolving condition
  - Members with a terminal illness with an anticipated life expectancy of six (6) months or less
  - Members who are in the process of staged surgeries
  - Members who are in a post-operative period
  - Members who are a candidate for, or receiver of, an organ or bone marrow transplant

## Q. How long does transition of care coverage last?

A. Transition of care coverage usually lasts 90 days.

## Q. How do I get transition of care coverage?

A. If you feel that you may qualify for transition of care coverage, please call a BCBSTX health advocate at **800-343-4709**.

## Q. How will I know if my transition of care coverage has been approved?

A. Once you have been approved, you will be sent a letter confirming your coverage. To be paid at the preferred level, during the transition of care process, there must be an approval (except in an emergency).

## Q. What if I have questions?

A. If you have any questions about your benefits or provider status, call a health advocate at **800-343-4709**.

### IMPORTANT!

Transition of care does not apply to you if your provider is in our network or is part of your plan's highest benefit tier. If you need ongoing care for any chronic condition like diabetes, high blood pressure, etc. and you are not in the middle of a special course of treatment, you should select a in-network provider to meet your ongoing health care needs. You can find in-network providers on the member website, **bcbstx.com** or by calling a health advocate at **800-343-4709**, Monday through Friday, 7 a.m. to 7 p.m., CT. Note: Alaska members may contact BCBSTX health advocates Monday through Friday, 7 a.m. to 7 p.m., AKST.

**bcbstx.com**