Continuity of care (transition of care) request form

☐ Transition of Care – New enrollee transitioning on to a new plan

☐ Continuity of Care – Existing member whose provider network has changed

Transition of Care › Transition of care occurs when your health plan changes during the course of certain medical treatments, and as a result, the medically necessary services become out-of-network. It may be necessary to continue with your current provider for a period of time to complete the course of treatment, or delivery in the case of pregnancy, at the in-network level. If you are scheduled for a procedure, in the middle of treatment for a medical condition or are pregnant, you may be eligible for a transition of care. (Form should be submitted at the of time health plan change, but no later than 30 days after the effective date of your coverage).

Continuity of Care › Continuity of care occurs when there are changes to your network, and there are clinical reasons preventing immediate transfer of care to an in-network provider. Continuity of care allows the member to receive services at in-network coverage levels for specified medical conditions for a defined period of time. (Form should be submitted within 30 days of the network change).

Member name	Date of birth (mm/dd/yyyy)	Subscriber ID	Member phone number
Provider/Physician		Contact name	Provider/Physician phone number
Facility (if applicable)		Facility contact name	Facility phone number
Primary diagnosis (written out)	CPT Codes/Service/Procedure(s)		If pregnant, due date
Requested date span			

Please include a brief clinical summary of your condition and treatment plan below (this can also be completed by your attending physician). If request is approved by previous carrier, please provide the authorization letter or confirmation or include the following: CPT Code Diagnosis, Provider, Facility, Date of Service approved. Certain requests require clinical/chart notes for further review. Please attach clinical/chart notes if applicable.

X

Provider signature

Ready to submit? Fax request form and supporting clinical documentation to 800-522-7004, or secure email to transitionofcare@modahealth.com

Questions? Contact Moda Health at 888-393-2940 or at medical@modahealth.com