

# Transition of Care

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## FOR NEW MEMBERS WHOSE CURRENT PROVIDER IS NOT IN THE PREMERA BLUE CROSS NETWORK

### What is transition of care?

With transition of care, you may be able to continue to receive treatment or care for specific covered services with your existing provider that is not in your new Premera Blue Cross network. If you are approved, the in-network benefit level applies to the covered service.

### Do you qualify for transition of care?

If you answer yes to any of the following questions, you may qualify for transition of care benefits. Are you:

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| 1. Receiving treatment or care for the second or third trimester of your pregnancy?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Currently enrolled in a hospice program?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Receiving treatment or care for chemotherapy, radiation therapy, new anticoagulation therapy, follow-up of reconstructive surgery, or a medication regimen requiring a rapid increase in dose? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Receiving treatment or care for recent major surgery?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Receiving treatment or care for mental health or substance abuse?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Receiving treatment or care for surgery or hospitalization that is scheduled after enrollment in your new Premera health plan?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |

If you answered NO to all of the questions above, you have two options:

1. Find a new in-network provider:
  - Visit the website address located on the back of your member ID card. Go to Find Care and select Find a Doctor.
  - Call customer service at the contact number on the back of your member ID card.
2. Continue to see your current provider. However, since your provider is not in your health plan network, this may cost more or not be paid for at all by your plan.

If you answered YES to any of the questions above, review the instructions on the next page to apply for transition of care benefits.



## Instructions

If you qualify, Premera will approve your continued treatment or care for a limited time with your current, out-of-network healthcare provider. To apply:

1. Ask your current healthcare provider to send a request for transition of care on your behalf. Your provider must fax the request in writing to **888-704-2091**.
2. Our care management team will review the request submitted by your provider and make a decision within five business days.
3. If your request is approved, you may continue treatment or care with your current healthcare provider at the in-network benefit level described in your benefits booklet. Note that you may still need to pay for charges that exceed the maximum allowable amount of your new health plan. Your transition of care benefits may also be limited to a defined period based on the treatment plan. Although not all requests will meet the requirement for approval, Premera will work closely with you and your healthcare provider to help you with your continued treatment and care.

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If you have questions about transition of care benefits,  
call the customer service number on the back of your member ID card.

**Discrimination is Against the Law**

Premera Blue Cross HMO (Premera HMO) complies with applicable Federal and Washington state civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, gender identity, or sexual orientation. Premera HMO does not exclude people or treat them differently because of race, color, national origin, age, disability, sex, gender identity, or sexual orientation. Premera HMO provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print, audio, accessible electronic formats, other formats). Premera HMO provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages. If you need these services, contact the Civil Rights Coordinator. If you believe that Premera HMO has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, sex, gender identity, or sexual orientation, you can file a grievance with: Civil Rights Coordinator — Complaints and Appeals, PO Box 91102, Seattle, WA 98111, Toll free: 855-332-4535, Fax: 425-918-5592, TTY: 711, Email [AppealsDepartmentInquiries@Premera.com](mailto:AppealsDepartmentInquiries@Premera.com). You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Ave SW, Room 509F, HHH Building, Washington, D.C. 20201, 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>. You can also file a civil rights complaint with the Washington State Office of the Insurance Commissioner, electronically through the Office of the Insurance Commissioner Complaint Portal available at <https://www.insurance.wa.gov/file-complaint-or-check-your-complaint-status>, or by phone at 800-562-6900, 360-586-0241 (TDD). Complaint forms are available at <https://fortress.wa.gov/oic/onlineservices/cc/pub/complaintinformation.aspx>.

**Language Assistance**

- ATENCIÓN:** si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 844-722-4661 (TTY: 711).
- 注意:** 如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 844-722-4661 (TTY: 711)。
- CHÚ Ý:** Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 844-722-4661 (TTY: 711).
- 주의:** 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 844-722-4661 (TTY: 711) 번으로 전화해 주십시오.
- ВНИМАНИЕ:** Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 844-722-4661 (телетайп: 711).
- PAUNAWA:** Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 844-722-4661 (TTY: 711).
- УВАГА!** Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером 844-722-4661 (телетайп: 711).
- ប្រយ័ត្ន:** បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតល្អឺល្អ គឺអាចមានសំរាប់អ្នក។ ចូរ ទូរស័ព្ទ 844-722-4661 (TTY: 711)។
- 注意事項:** 日本語を話される場合、無料の言語支援をご利用いただけます。844-722-4661 (TTY:711) まで、お電話にてご連絡ください。
- ማስታወሻ:** የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በገጻ ሊያግዝዎት ተዘጋጅተዋል። ወደ ሚከተለው ቁጥር ይደውሉ 844-722-4661 (መስማት ለተሳናቸው: 711)።
- XIYYEEFFANNA:** Afaan dubbattu Oroomiffa, tajaajjila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 844-722-4661 (TTY: 711).
- ملحوظة:** إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 844-722-4661 (رقم هاتف الصم والبكم: 711).
- ਧਿਆਨ ਦਿਓ:** ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। 844-722-4661 (TTY: 711) 'ਤੇ ਕਾਲ ਕਰੋ।
- ACHTUNG:** Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 844-722-4661 (TTY: 711).
- ໂປດອຸບ:** ຖ້າວ່າ ທ່ານວົາພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ຄ່າສ່ຽງຄ່າ, ຄ່າມື້ພ້ອມໃຫ້ທ່ານ. ໂທ 844-722-4661 (TTY: 711).
- ATANSYON:** Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 844-722-4661 (TTY: 711).
- ATTENTION:** Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 844-722-4661 (ATS : 711).
- UWAGA:** Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 844-722-4661 (TTY: 711).
- ATENÇÃO:** Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 844-722-4661 (TTY: 711).
- ATTENZIONE:** In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 844-722-4661 (TTY: 711).
- توجه:** اگر بہ زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 844-722-4661 (TTY: 711) تماس بگیرید.