Personal Insurance Administrators

Transition of Care (TOC) Approval Guidelines
Contents

Purpose .................................................................................................................................................. 3

Medical Care Eligible for Transition of Care (TOC) Approval ................................................................. 3
  TOC Approval Notice ......................................................................................................................... 5

Ancillary Providers .................................................................................................................................. 5

TOC Considerations by PIA .................................................................................................................. 5
Purpose

When a client changes their PPO network patients active under the prior network may be affected by the plan’s transition to a new network. If the patient is receiving medical care or treatment from a provider considered “in-network” under the prior PPO, a patient in the course of treatment, may find that their provider is no longer considered “in-network” under the new PPO and is subject to benefits payable at the “non-network” level. It may not be within the control of the patient to change providers during this transition, due to the ongoing treatment. PIA follows internal guidelines granting the patient authorization to continue the course of treatment with the same provider allowing services to be paid at the “in-network” coinsurance level, subject to reasonable and customary limits (if applicable), for a duration specified by PIA.

For PIA to approve continuing care payable at the in-network level the patient must request approval in writing using the appropriate Transition of Care Request form.

Medical Care Eligible for Transition of Care (TOC) Approval

TOC coverage applies to the following types of providers: Individual practitioners, medical groups, independent practice associations, acute care hospitals, or state licensed institutions to deliver or furnish health care services. Examples of individual practitioners include doctors, psychiatrists, licensed therapists and qualified autism service providers, professionals, physical therapists, occupational therapists, speech therapists, and agencies that provide skilled home care services such as visiting nurses. Providers considered for transition coverage may vary by condition, as described above. TOC does not apply to durable medical equipment (DME) vendors or pharmaceutical items.

Medical care eligible for TOC approval must involve a covered procedure/service under the medical plan.
TOC coverage is considered for an active course of treatment, meaning that the patient began a program of planned services with their doctor to correct or treat a diagnosed condition. Service may be eligible for TOC only if the first date of service or treatment was incurred prior to the PPO network change. TOC does not apply to patients newly insured effective on or after the PPO change date or to care provided by a provider that did not participate in the prior PPO network. An active course of treatment covers a certain number of services or period of treatment for special situations. Some TOC examples may include, but are not limited to:

- Insured who has completed 14 weeks of pregnancy or greater and are receiving care from a participating PPO provider under the plan’s previous PPO network. TOC also applies to the immediate postpartum period.
- An acute condition that involves the sudden onset of symptoms due to an illness, injury, serious mental illness or other medical problem that requires prompt medical attention and that has a limited duration. Completion of covered services will be provided for the duration of the acute condition.
- Previously scheduled surgery or other procedure as part of a documented course of treatment. The documentation must show that the provider recommends procedure occur within 60 days of the PPO network change.
- A terminal illness that is an incurable or irreversible condition and has a high probability of causing death within one year or less. A serious chronic medical condition or mental illness due to a disease, illness, or other medical problem or medical disorder that is serious in nature and that persists without full cure, worsens over an extended period of time, or requires ongoing treatment to maintain remission or prevent deterioration. Completion of covered services will be provided for a period of time necessary to complete the course of treatment and to arrange for a safe transfer to another provider, as determined by the health plan, in consultation with the member, the nonparticipating provider, and consistent with good professional practice.
- Insured in an ongoing treatment plan, such as chemotherapy or radiation therapy.
- Insured who needs more than one surgery, for a condition, such as cleft palate repair.
- Insured who recently had surgery.
- Insured who has received outpatient treatment for a mental illness or for substance abuse. (The insured must have had at least one treatment session within 30 days prior to the PPO network change date.)
- Insured who is currently on an active organ transplant list or have had an organ or bone marrow transplant.
**TOC Approval Notice**
The patient will receive a letter from PIA specifying the non-network provider(s) payable at the network level and the duration. The duration will be determined on a case by case basis commensurate with the type of care or treatment being provided.

**Ancillary Providers**
While undergoing medical care or treatment, there may be services rendered by providers that are neutral to medical outcomes. In these instances, PIA may direct the patient to a participating provider in the new PPO network. For example, laboratory, x-rays, medical supplies, and other ancillary services, can just as easily be provided by a number of providers in the network without adversely affecting medical outcomes. When determined, these services may not be eligible for TOC approval.

**TOC Considerations by PIA**
PIA will approve TOC for services as described in the preceding sections upon receipt of the TOC request and based on the information contained in the request. However, PIA will apply comprehensive review to TOC requests that may result in greater expenses to the medical plan. The latter TOCs may require contacting the provider(s) or insured to obtain further information before making the final determination.