



An Independent Licensee of the Blue Cross and Blue Shield Association

Mail:
 HMSA Transition of Care
 PO Box 2001
 Honolulu, HI 96805
 Fax your application to 944-5618 on Oahu or email it to NewMemberTransitionOfCare@hmsa.com.
 Questions? Call 948-6464, option 5, on Oahu.

Transition of Care Application

Important: Submit **one** completed form for each provider.
 Complete all fields. The completed application must be signed.

New Member Information			
Name		Gender <input type="checkbox"/> Female <input type="checkbox"/> Male	
Address		Date of birth (mm/dd/yyyy)	
City	State/ZIP code	Home/cellphone number	Work phone number
Employer name	Plan selection, if known <input type="checkbox"/> Preferred Provider <input type="checkbox"/> Health Plan Hawaii		HMSA effective date (mm/dd/yyyy)
Member's relationship to employee <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent <input type="checkbox"/> Other	Is the member covered by another insurance carrier? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list plan name(s):		
<p>Newborn members: Benefits for newborn children begin at the moment of birth and continue for 30 days. You must select an HMSA participating pediatrician and notify your health plan representative within 30 days from the baby's date of birth to add the baby to your plan.</p>			
<p>Authorization to release records: I authorize all physicians and other health care professionals or facilities to provide HMSA with information concerning medical care, advice, treatment, or supplies for the member named above. This information will be used to determine eligibility for Transition of Care benefits under the plan.</p>			
Member's signature/Parent's or guardian's signature (if member is a minor)		Date (mm/dd/yyyy)	

Provider Section (Ask your health care provider to complete the following section.)			
Provider name			
Address		City	State/ZIP code
Phone number	Fax number	National provider identifier (NPI) or tax ID number (TIN)	
Hospital affiliation(s)			
Date of last visit (mm/dd/yyyy)	Next scheduled appointment (mm/dd/yyyy)	Frequency of visits	

(continued)

Diagnosis	Diagnosis code	Expected length of treatment	If maternity, expected date of delivery (mm/dd/yyyy)
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Please select all that apply:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Major chronic illness | <input type="checkbox"/> Pregnancy | <input type="checkbox"/> Transplant | <input type="checkbox"/> Inpatient/confined |
| <input type="checkbox"/> Upcoming surgery | <input type="checkbox"/> Acute condition | <input type="checkbox"/> Ongoing treatment | <input type="checkbox"/> Disabled/disability |
| <input type="checkbox"/> Life-threatening condition | <input type="checkbox"/> Terminal condition | <input type="checkbox"/> Dialysis | <input type="checkbox"/> Durable medical equipment |
| <input type="checkbox"/> Other _____ | | | |

Is the treatment for an exacerbation of a previous injury or chronic condition? Yes No

List all medications prescribed for this condition.

Name	Dosage

Current and associated treatment(s)/comments. Include all relevant CPT codes.
 If these care needs aren't associated with the condition for which your patient is applying for Transition of Care, please complete a separate application for each condition.

If you've already found an HMSA participating provider to whom you'll refer your patient, please indicate the provider's name:

The above-named patient is an HMSA member with a qualifying condition. If we approve this application, you agree to provide the covered service, including any follow-up care covered under the member's plan. Please note the following:

- If we request it, you'll share information with us about the member's treatment.
- If applicable, you'll make referrals for services, such as diagnostic services, to HMSA participating providers.

Signature of health care provider	Date (mm/dd/yyyy)
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Supporting Your Health and Well-being:
HMSA Transition of Care



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Welcome to HMSA.
As an HMSA member,
your well-being is
our top priority.



What is Transition of Care?

Transition of Care supports your health with care for many sensitive medical conditions. With Transition of Care, your HMSA benefits let you continue seeing your current provider for up to 90 days while you safely transition to a doctor or medical facility in our network.

Care that may qualify for Transition of Care

Transition of Care benefits pay for medically necessary care that's part of your HMSA plan benefits. In general, Transition of Care lets you continue seeing your current provider temporarily for conditions such as:

- Pregnancy in the second or third trimester at the time of the plan effective date.
- Pregnancy that's considered high risk.
- Active cancer treatment.
- Trauma.
- Transplant candidates or recipients.
- Major surgery and surgery in the follow-up period.

- Acute conditions in active treatment such as heart attack, stroke, or an unstable chronic condition.
- Hospital confinement on the plan start date if your plan doesn't have extension of coverage provisions.

Care that doesn't qualify for Transition of Care includes conditions such as:

- Stable chronic conditions such as diabetes, arthritis, allergies, asthma, hypertension, and glaucoma.
- Acute minor illnesses such as colds, sore throats, and ear infections.
- Scheduled elective surgeries such as removal of lesions, bunionectomy, hernia repair, and hysterectomy.
- Routine exams, vaccinations, and health assessments.

How do I apply for Transition of Care?

The application and instructions on applying are included. Please submit the completed application as soon as possible but no later than 30 days after your HMSA plan starts. For example, if your HMSA plan starts on January 1, you must send us the completed Transition of Care application by January 30.

Our medical team will evaluate your application and let you know within 10 days if you're approved for Transition of Care. Applications that involve transplants and complex medical conditions may take longer to review. We'll work with your current provider to determine how long it will take to transition you safely to a provider in our network.

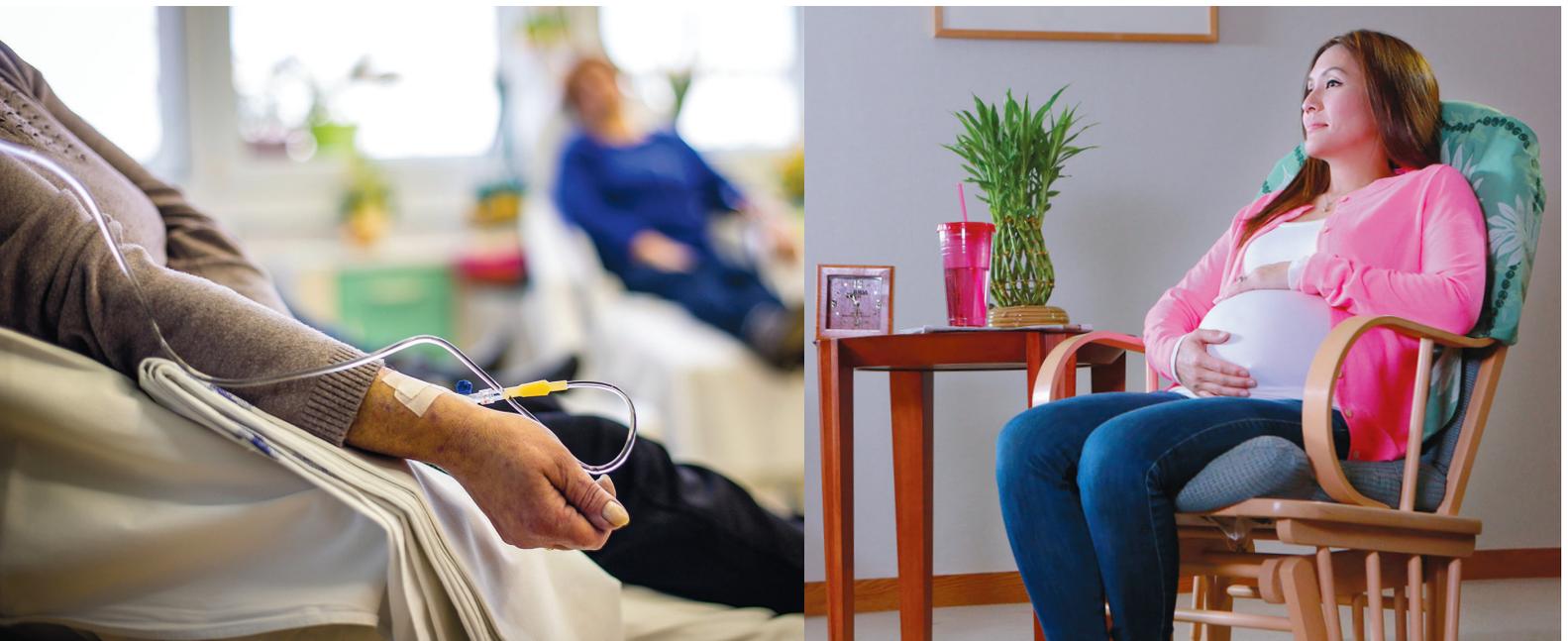
Please keep in mind:

- If you continue seeing your current provider after your Transition of Care coverage ends, you'll be responsible for higher copayments and other out-of-pocket expenses.

- Transition of Care applies only to the medical condition and health care provider specified on the application.
- If you have a condition that doesn't qualify for Transition of Care, please see a provider in our network. Your HMSA plan benefits will apply.

Precertification

As your care is transitioned, some of the services you receive may require our review and approval. This is called precertification. Please ask your provider to talk with us about which of your health services may need precertification. A list of services that require precertification is available on our website at hmsa.com. On the home page, search for "prior approval for medical services." Scroll down and click Services That Require Precertification.



Frequently Asked Questions

Q: How long does it take to transition to a provider in HMSA's network?

A: We recognize that your health is unique. Once Transition of Care starts, we allow up to 90 days for you to transition safely to a provider in our network. We'll work with your current provider to determine how long the transition may take.

As an HMSA member, you can choose a provider from thousands of doctors and Hawaii's top-ranked medical facilities for your care. We can help you find the health care provider who's right for you.

Q: Can I apply for Transition of Care if I'm not currently in treatment or seeing a health care professional?

A: No, you must already be in treatment for the condition that's specified on the Transition of Care application.

Q: I'm approved for Transition of Care coverage for one condition. Can I receive HMSA participating provider coverage for a non-related condition?

A: No. Your approved Transition of Care is for the conditions that your provider specified. For additional unrelated illness or condition, you'll need to complete a separate Transition of Care application.

