UNDERSTANDING TRANSITION OF CARE AND CONTINUITY OF CARE

Evry Health seeks to ensure that when members transition from one plan to another, one service provider to another, or one service delivery system to another, their covered services continue seamlessly throughout their transition.

The Transition of Care or Continuity of Care applies to:

1) A member who is new to the Evry Health plan, or
2) An Evry Health member receiving services from an in-network provider who is leaving the Evry Health network

This means you may qualify to continue to receive services for specified medical and behavioral conditions with health care providers who are not in the Evry Health network. This care is for a defined period of time until the safe transfer of care to an in-network provider or facility can be arranged. This process acts as a "bridge to coverage" for those in the middle of an "active course of treatment" as you transition from your old plan to your new Evry Health plan. This applies to covered services/benefits only.

What is a Transition of Care:

With Transition of Care, you may be able to continue to receive services for specified medical and behavioral conditions with health care providers who are not in your plan's network at in-network coverage levels. This care is for a defined period of time until the safe transfer of care to an in-network doctor or facility can be arranged. You must apply for Transition of Care at enrollment, or when there is a change in your Evry medical plan. You must apply no later than 30 days after the effective date of your coverage.

What is Continuity of Care:

With Continuity of Care, you may be able to receive services at in-network coverage levels for specified medical and behavioral conditions when your health care provider leaves your plan's network. There must be solid clinical reasons preventing immediate transfer of care to another health care provider. This care is for a defined period of time. You must apply for Continuity of Care within 30 days of your health care provider's termination date. This is the date that they are leaving the Evry network.

How this works:

- You or an authorized representative must apply for Transition of Care/Continuity of Care within 30 days of the effective date of your plan or within 30 days of when your provider leaves the Evry network.
- You must be under active treatment for the condition identified on the Transition of Care/Continuity of Care request form.
- If the request is approved for medical or behavioral conditions and it is a covered service under the Evry Health Plan:
    - You will receive the in-network level of coverage for treatment of the specific condition by the health care provider for a defined period of time, as determined by Evry

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Health.

  - Transition of Care/Continuity of Care applies only to the treatment of the medical or behavioral condition specified and the health care provider identified on the request form. All other conditions must be cared for by an in-network health care provider for you to receive coverage.
- The availability of Transition of Care/Continuity of Care:
  - Does not guarantee that a treatment is medically necessary.
  - Does not constitute precertification of medical services to be provided.
- Depending on the actual request, a medical necessity determination and formal precertification may still be required for a service to be covered.

Examples of acute medical conditions that may qualify for Transition of Care/Continuity of Care include, but are not limited to:

- Pregnancy in the second or third trimester at the time of the plan effective date or of the health care provider termination.
- Pregnancy is considered high risk if mother's age is 35 years or older, or patient has/had:
  - Early delivery (three weeks) in previous pregnancy.
  - Gestational diabetes.
  - Pregnancy induced hypertension.
  - Multiple inpatient admissions during this pregnancy.
- Newly diagnosed or relapsed cancer and presently undergoing a course of chemotherapy, radiation therapy or reconstruction.
- Current transplant candidates, unstable recipients, or recipients in need of ongoing care due to complications associated with a transplant.
- Recent major surgeries still in the follow-up period, that is generally six to eight weeks.
- Acute conditions in **active treatment** such as heart attacks, strokes or unstable chronic conditions.
  - "**Active treatment**" is defined as a provider visit or hospital stay with documented changes in a therapeutic regimen. This is within 21 days prior to your plan effective date or your health care provider's termination date.
- Hospital confinement on the plan effective date (only for those plans that do not have extension of coverage provisions).
- Behavioral health conditions during "active treatment".

Examples of conditions that do not qualify for Transition of Care/Continuity of Care include, but are not limited to:

- Routine exams, vaccinations, and health assessments.
- Stable chronic conditions, which can include but not limited to, diabetes, arthritis, allergies, asthma, hypertension and glaucoma, requiring ongoing monitoring.
- Acute minor illnesses such as colds, sore throats and ear infections.
- Elective scheduled surgeries such as removal of lesions, bunionectomy, hernia repair and hysterectomy.
- A preference for a particular physician.

Exclusions: For those plans who may have elected to opt out of certain large group policy provisions – the transition of care or continuity of care medical condition may not be a covered benefit.

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What time frame is allowed for transitioning to an in-network health care provider?

If Evry Health determines that transitioning to an in-network health care provider is inappropriate or unsafe for the conditions that qualify, services by the approved out-of-network health care provider will be authorized for a specified period of time (usually 90 days). Or, services will be approved until care has been completed or transitioned to an in-network health care provider, whichever comes first.

If I am approved for Transition of Care/Continuity of Care for one illness, can I receive in-network coverage for a non-related condition?

In-network coverage levels provided as part of Transition of Care/Continuity of Care are for the specific illness or condition only and cannot be applied to another illness or condition. You need to complete a Transition of Care/Continuity of Care request form for each unrelated illness or condition. You need to complete this form no later than 30 days after your plan becomes effective or your health care provider leaves your plan's network.
Failure to obtain preauthorization by Evry Health or by your chosen provider, will result in denial of the claim and payment for services rendered by the non-participating provider will be your responsibility.

Can I apply for Transition of Care/Continuity of Care if I am not currently in treatment or seeing a health care provider?

You must already be in treatment for the condition that is noted on the Transition of Care/Continuity of Care request form.

How do I apply for Transition of Care/Continuity of Care Coverage?

Requests must be submitted in writing, using the Transition of Care/Continuity of Care request form. This form must be submitted at the time of enrollment, change in medical plan, or when your health care provider leaves the Evry Health Plan network. It cannot be submitted more than 30 days after the effective date of your plan or your health care provider's termination. Approval must be received prior to obtaining services from the non- participating provider.

After receiving your request, Evry Health will review and evaluate the information provided. Then, we will send you a letter informing you whether your request was approved or denied. A denial will include information about how to appeal the determination.

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Transition and Continuity of Care Form

Instructions for completion:

To complete this application:

- Please fax, email, or mail the completed application, along with relevant medical records and information, within 30 days following the effective date of your Evry Health plan to:

  Evry Health
  Attn: Transition of Care/Continuity of Care
  Email: care@evryhealth.com
  Fax: (325) 603-0541
- Please make sure all fields are completed.
- The first few sections of the form apply to the employee. When the form asks for the patient's name, enter the name of the person who is receiving care and is requesting Transition of Care/Continuity of Care.
- If you answer #11, include information about your current or proposed treatment plan and the length of time your treatment is expected to continue. If surgery has been planned, state the type and the proposed date of the surgery.
- If you answer #12, briefly state the health condition, when it began, what health care provider is currently involved, and how often you see this health care provider. Please be specific as possible.
- When the application is completed, it must be signed by the member for whom the Transition of Care or Continuity of Care is being requested. If the member is a minor, a guardian's signature is required.
- You must apply for Transition of Care or Continuity of Care within 30 days of the effective date of coverage or within 30 days of the care provider's termination date. Applications received after 30 days will be reviewed on a case-by-case basis.
- A separate Transition of Care/Continuity of Care request form must be completed for each condition for which you and/or your covered dependents are seeking Transition of Care/Continuity of Care. Please make certain that all questions are completely answered.
- After receiving your request, Evry Health will review and evaluate the information provided. Incomplete forms will be returned. If the form is complete, we will provide written confirmation letting you know your request was approved or denied. Completion of this form does not guarantee a Transition of Care/Continuity of Care request will be granted.

Transition of Care/Continuity of Care requests will be reviewed within 10 business days of receipt. Review for organ transplant requests may take longer than 10 business days.

Any fee for the completion of this form is to be paid by the insured member.

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Transition and Continuity of Care Form

Transition of Care and Continuity of Care Application

Member Information			
□ New Evry Health enrollee (Transition of Care applicant) □ Existing Evry Health customer whose health care provider terminated (Continuity of Care applicant)		Provider Termination Date	
Name (Person being treated)	Member ID #	Social Security # or Alternate ID	Date of Birth (mm/dd/yyyy)
Address	City	State/ZIP Code	
Home/Cell Phone Number	Work Phone Number	Email	
Employer Name	Employee Name	Date of Enrollment in Evry Health plan (mm/dd/yyyy)	
Member's Relationship to Employee □ Self □ Spouse □ Dependent □ Other	Is the member currently covered by other health insurance carrier? □ Yes □ No If yes, carrier name:		

Authorization to Release Records:
I authorize all physicians and other health care professionals or facilities to provide Evry Health or its affiliates and contracted parties any and all information concerning medical care, advice, treatment or supplies for the member named above. This information will be used to determine the member's eligibility for Transition of Care/Continuity of Care benefits under the plan. I understand I am entitled to a copy of this authorization request form. I also authorize Evry Health to leave confidential information on my voicemail at the following number(s) listed below. Please check all that apply.

❑ Home ❑Cell ❑ Work ❑ Email ❑ Do not leave confidential information on my voice mail

Member's Signature/Parent or Guardian's Signature if Member is a Minor	Date (mm/dd/yyyy)

Your health care provider should complete the following information.			
Health Care Provider Name	National Provider Identifier (NPI) or Tax ID Number	Phone Number	Fax Number
Group Practice Name	Email	Health Care Provider Specialty	
Health Care Provider Address	City	State/ZIP Code	
Hospital		Hospital Phone Number	
Hospital Address	City	State/ZIP Code	
Date of Last Visit (mm/dd/yyyy)	Next Scheduled Appointment (mm/dd/yyyy)	Frequency of Visits	
Reason/Diagnosis			
Treatment Being Received and Expected Duration			

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Transition and Continuity of Care Form

1. Is the patient pregnant and in the second or third trimester of pregnancy? Due Date _____(mm/dd/yyyy)	□ Yes	□ No
2. If yes, is the pregnancy considered high risk? e.g., multiple births, gestational diabetes.	□ Yes	□ No
3. Is the patient currently receiving treatment for an acute condition or trauma?	□ Yes	□ No
4. Is the patient scheduled for surgery or hospitalization after your effective date with Evry Health?	□ Yes	□ No
5. Is the patient involved in a course of chemotherapy, radiation therapy, cancer therapy or terminal care?	□ Yes	□ No
6. Is the patient receiving treatment as a result of a recent major surgery?	□ Yes	□ No
7. Is the patient receiving dialysis treatment?	□ Yes	□ No
8. Is the patient a candidate for organ transplant?	□ Yes	□ No
9. Is the patient receiving mental health/substance use treatment?	□ Yes	□ No
10. Is the patient receiving mental health/substance use treatment?	□ Yes	□ No

11. If you did not answer "Yes" to any of the above questions, please describe the condition for which the patient requests Transition of Care/Continuity of Care:

12. **Current and Associated Treatment(s)/Comments (include all relevant CPT, ICD-10, etc. codes)**. If these care needs are not associated with the condition for which you are applying for Transition of Care/Continuity of Care, you need to complete a separate request form.

The above-named patient is a Evry Health member. We understand you are not, or soon will not be, a participating provider in the Evry Health network. The member has asked that for a defined period of time we extend coverage for care under the member's
benefit plan for the covered services you provide as a non-participating provider. This is because of a qualifying condition. If we approve this request, you agree (1) to provide the covered service, including any follow-up care covered under the member's plan, and (2) if applicable, the terms and conditions of your participation agreement will continue to apply to the covered service, including any follow-up care covered under the member's plan. Please note the following:

- If applicable, payment under your participation agreement, together with any copayment, deductible or coinsurance for which the member is responsible under the plan is payment in full for the covered service and you will not seek to recover, and will not accept any payment from the member, Evry Health, or any payer or anyone acting on their behalf, in excess of payment in full, regardless of whether such amount is less than your billed or customary charge.
- Upon request, you will share information regarding the member's treatment with us.
- If applicable, you will make referrals for services including laboratory services, to in-network providers in accordance with the terms of your participation agreement.

Signature of Health Care Professional Date (mm/dd/yyyy)

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