

Transition of Care and Continuity of Care Information

We want to inform you about the options available for **Transition of Care (TOC)** and **Continuity of Care (COC)**.

What is Transition of Care (TOC)?

Transition of Care (TOC) allows you to continue to receive services from out-of-network healthcare providers at in-network coverage rates for certain medical and behavioral conditions. This transitional period is available for a defined duration to ensure a smooth and safe transfer to an in-network provider. To benefit from TOC, you must apply either at the time of your enrollment or within 30 days of a change in your medical plan.

Regarding pharmacy prescriptions, any current prescriptions with a prior authorization, or those that are non-preferred (non-preferred will pay at Tier 3), will be eligible for one 30 day supply fill within the first 30 days of the group plan's effective date. *GLP-1, age limit, quantity limit, & high-cost medications are not eligible for pre-approval and will follow the Curative standard prior authorization process. During this initial period, we request that your provider promptly submits a prior authorization or alternative for continued access to these medications after the 30 day period.

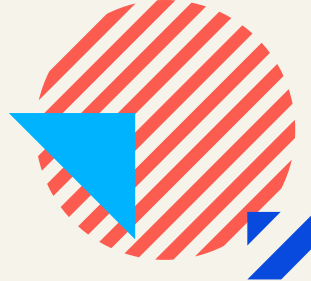
What is Continuity of Care (COC)?

Continuity of Care enables you to receive services at in-network coverage levels when your healthcare provider leaves your plan's network, and immediate transfer of your care would be inappropriate or unsafe. This care is also for a defined period. You must apply for COC within 30 days of your healthcare provider's termination date or the date Curative notifies you of your healthcare provider's termination, whichever is later.

Additional Information

- The availability of TOC/COC does not guarantee that a treatment is medically necessary or that it constitutes pre-authorization of medical services.
- A medical necessity determination and formal prior authorization may still be required for a service to be covered.

How They Both Work



- You must be currently under treatment or taking the medication for the condition specified on the TOC/COC request form.
- If your request is approved:
 - For providers that have been terminated from the Curative network for any reason, you will receive in-network coverage for the specified condition by the healthcare provider for a defined period, as determined by Curative. The period will be, at a minimum, 90 days after the provider's termination effective date or the notification date of the provider's termination in your plan's network is provided, whichever is later. If you cease to be a continuing care patient, the insured's Continuity of Care requirements do not apply and the period ends.
 - If you see a provider who is currently out of network while you are coming on to Curative Health Plan, we encourage you to find an In Network provider within our network during the 30 day transition period.
 - If your plan includes out-of-network coverage and you continue care beyond the approved time frame, you must follow your plan's out-of-network provisions, including any prior authorization requirements, co-pays, and deductibles.
 - TOC/COC applies only to the treatment of the specified condition and healthcare provider identified on the request form. All other conditions must be treated by an in-network provider for you to receive in-network coverage.



Examples of Conditions That May Qualify for TOC/COC

- Pregnancy in the second or third trimester or high-risk pregnancies through 6-week post-delivery, regardless of participation.
- Members actively receiving occupational (OT), or speech therapy (SLP) can continue with their current authorized services through the first 45 days of plan enrollment regardless of network participation. After that a new prior auth is required the IN Network / Out of Network terms will apply.
- Current pharmacy prescription with prior authorizations or those that are non-preferred.
- Newly diagnosed or relapsed cancer undergoing chemotherapy, radiation therapy, or reconstruction.
- Trauma.
- Transplant candidates, unstable recipients, or recipients needing ongoing care due to transplant complications.
- Recent major surgeries still in the follow-up period (generally 6-8 weeks post-surgery).
- Acute conditions in active treatment such as heart attacks, strokes, or unstable chronic conditions.
- Hospital confinement on the plan effective date, including medical, behavioral health, and substance use disorder-related admissions (will require the facility to follow Curative 24-hour notification policy for inpatient admissions).
- Durable Medical Equipment (DME) Rentals and Purchases: Members with active rentals of DME must notify their provider of a change of insurance. Curative will allow continued coverage of DME rentals for up to 60 days without the previous prior authorization on file. For coverage beyond 60 days, a new prior authorization issued by Curative must be requested and approved. For purchases, members should notify Curative and the DME provider of any specialized equipment or supplies that have been ordered prior to their enrollment start date so that we can attempt to ensure continuity of care.



Examples of Conditions That Do Not Qualify for TOC/COC

- Routine exams, vaccinations, and health assessments.
- Weight loss medications that do not qualify.
- Short term minor illnesses such as colds, sore throats, and ear infections.
- Elective scheduled surgeries such as removal of lesions, bunionectomy, hernia repair, and hysterectomy.

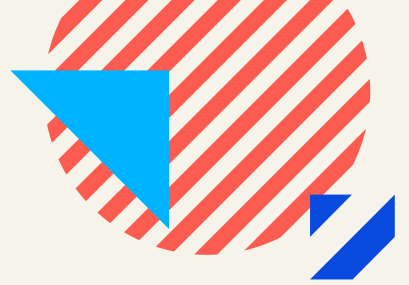
For additional information and assistance, please contact:



Member Services 1-855-428-7284



Frequently Asked Questions



-  **What time frame is allowed for transitioning to a new in-network healthcare provider?**
If transitioning is deemed inappropriate or unsafe, services by the approved out-of-network provider will be authorized for a specified period based on the service requested or until care is completed or transitioned to an in-network provider, whichever comes first.

-  **Can I receive in-network coverage for a non-related condition if my request is approved?**
No, in-network coverage levels provided as part of TOC/COC are for the specific illness or condition only. Separate request forms must be completed for each condition, or medication within 30 days after your plan becomes effective or your provider leaves the network.

-  **Can I apply for TOC/COC if I am not currently in treatment?**
No, you must already be in treatment or taking the medication for the condition specified on the TOC/COC request form.

-  **How do I apply for TOC/COC coverage?**
Requests must be submitted in writing using the TOC/COC request form at the time of enrollment, change in medical plan, or within 30 days of your provider termination from the Curative network.

Please email form to: health@curative.com

For current listing of In Network Providers please visit: curative.com/providers

After receiving your request, Curative will review and evaluate the information provided and inform you whether your request was approved or denied. A denial will include information about how to appeal the determination.

Definitions

- **Transition of Care:** Gives new Curative members the option to request extended coverage from their current out-of-network healthcare professional at network rates for a limited time due to a specific medical condition, until a safe transfer to a network healthcare professional can be arranged.
Also includes a one time prescription fill of current medications within the first 30 days of plan enrollment while your provider submits prior authorization for future fills.
- **Continuity of Care:** Gives Curative members the option to request extended care from their current healthcare professional if they are no longer working with their health plan.
- **In Network:** The facilities, providers, and suppliers your health plan has contracted with to provide healthcare services.
- **Out-of-network:** Services provided by a non-participating provider.

- **Pharmacy Services:** Pharmacy (Rx) prescriptions, any current prescriptions with a prior authorization on file will be eligible for one fill within the first 30 days of the plan's effective date. After this initial period, your healthcare provider will need to submit a new prior authorization for continued access to these medications.
- **Prior Authorization:** An assessment for coverage under your health plan before you can access certain medications or services.
- **Active course of treatment:** Typically involves regular visits with a practitioner to monitor the status of an illness or disorder, provide direct treatment, prescribe medication or other treatments, or modify a treatment plan. Discontinuing an active course of treatment could cause a recurrence or worsening of the condition and interfere with recovery. Generally, an active course of treatment is defined as within the last 30 days, but this is evaluated on a case-by-case basis.

Thank you for your attention to these details.

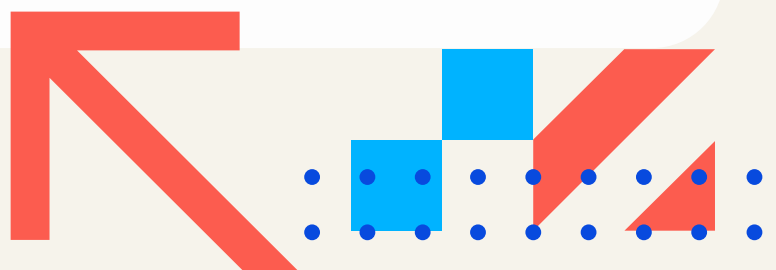
To complete this form:

- 01 Please make sure all fields are completed.
- 02 When the form is complete, it must be signed by the member for whom the TOC or COC is being requested.
 - If the patient is a minor, a guardian's signature is required
- 03 It is recommended that you request:
 - TOC once you are eligible for benefits
 - COC when your provider is no longer in-network
- 04 A separate TOC and COC Form must be completed for each condition for which you and/or your dependents are seeking TOC and COC.

Please send the completed form, along with relevant medical records and information to:

Attention: Transition of Care/Continuity of Care
Curative Health
900 Congress Ave
Austin, Texas 78701

Phone: 1-855-428-7284
Fax: 1-888-711-0591
Email: health@curative.com



Transition of Care and Continuity of Care Request Form

Medical

Pharmacy

Member Information

New to Curative Health (Transition of Care) Existing Curative Health member whose care provider terminated (Continuity of Care)		Provider Termination Date
Name (Person being treated)	Member ID Number (If Known)	Date of Birth (mm/dd/yyyy)
	Patient's Social Security #	
Address	City	State/Zip Code
Home/Cell Phone Number		Work Phone Number
Employer Name		Date of Enrollment in the Plan (mm/dd/yyyy)
Members's Relationship to Employee Self Spouse Dependent Other	Is the member currently covered by another health insurance carrier? Yes If Yes, Carrier name: No	
Authorization to release records: I authorize all physicians and other health care professionals or facilities to provide Curative Health information concerning medical care, advice, treatment or supplies for the member named above. This information will be used to determine the members's eligibility for and if approved, coverage of Transition of Care/Continuity of Care benefits under the plan.		
Member's Signature/Parent or Guardian's Signature if Member is a Minor		Date of Birth (mm/dd/yyyy)

- | | | |
|--|-----|----|
| 1. Is the patient pregnant and in the second or third trimester of pregnancy? | Yes | No |
| Due Date (mm/dd/yyyy) | | |
| 2. If yes, is the pregnancy considered high-risk? e.g., multiple births, digestal diabetes. | Yes | No |
| 3. Is the patient currently receiving treatment for an acute condition or trauma? | Yes | No |
| 4. Is a member actively receiving occupational, or speech therapy? | 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. Do you have an appointment within 30 days of your plan's effective date? Yes No
 Date (mm/dd/yyyy)
11. Do you have a current Prior Authorization? If so, please attach documentation. Medical Pharmacy
12. 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.

Please provide your provider the link to the Prior Authorization Form: curative.com/priorauth

Please complete the Healthcare provider information request information below.

Group Practice Name/Pharmacy		Healthcare Provider Name	
Healthcare Provider/Pharmacy Phone #:		Healthcare Provider/Pharmacy Fax #:	
Healthcare Provider Specialty		Hospital Where Provider Practices/Location	
Healthcare Provider/Pharmacy Address		Drug Name:	
		Dose:	
Reason/Diagnosis		Quantity:	
		Last Date Filled:	
Date(s) of Admission (mm/dd/yyyy)	Date of Surgery (mm/dd/yyyy)	Type of Surgery	
Treatment Being Received and Expected Duration			

11. Is the patient expected to be in the hospital when coverage through Curative begins or during the next 90 days? Yes No
12. Please list any other continuing care needs that may qualify for Transition of Care/Continuity of Care. 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 transition of Care/Continuity of Care request form.

I hereby authorize the above health care provider to give Curative Health or its affiliates and contracted parties any and all information and medical records necessary to make an informed decision concerning my request for Transition of Care/Continuity of Care. I understand I am entitled to a copy of this authorization request form.	
Signature of Patient, Parent or Guardian	Date (mm/dd/yyyy)

For all healthcare-related services, submit this request form to:

Attention: Transition of Care/Continuity of Care Curative Health
 900 Congress Ave, Austin, Texas 78701

Phone: 1-855-428-7284
Email: health@curative.com

Fax: 888-711-0591

