Continuity of Care

Allegiance℠ by Cigna Healthcare

What is Continuity of Care (COC)?

Continuity of Care (COC) allows you to receive services at in-network coverage levels for specified medical conditions for a defined period of time when your health care professional leaves the specific network and there are solid clinical reasons preventing immediate transfer of care to another health care professional. If your health care professional is leaving the group specific network, you must apply for COC within 30 days of the health care professional's termination date.

How COC Works

- You must already be under treatment for the condition identified on the COC request form.
- If COC is approved for medical or behavioral conditions, you will receive the in-network level of coverage for treatment of the specific condition by the health care professional for a defined time frame, as determined by the Plan. If your plan includes out-of-network coverage and you choose to continue care out of network beyond the time frame approved by the Plan, you must follow your plan's out-of-network provisions. This includes any pre-certification requirements.
- If approved, COC coverage applies only to the treatment of the condition specified and the health care professional identified on the request form. All other conditions must be cared for by an in-network health care professional for you to receive in-network coverage levels.
- The availability of COC coverage does not guarantee that a treatment is medically necessary. Nor does it constitute pre-certification of medical services to be provided. Depending on the actual request, a medical necessity determination and formal pre-certification may still be required for a service to be covered.

What time frame is allowed for transitioning to a new participating health care professional?

If it is determined by the Plan that transitioning to a participating health care professional is not recommended or safe for the conditions that qualify, services by the approved non-participating health care professional will be authorized for a specified period of time (usually 90 days) or until care has been completed or transitioned to a participating health care professional, whichever comes first.

Can I apply for COC if I am not currently in treatment or seeing a health care professional?

No – You must already be in treatment for the condition that is noted on the COC request form.

Examples of acute medical conditions that may qualify for COC include, but are not limited to:

- Pregnancy at the time of the effective date of coverage or time of health care professional termination.
- Acute conditions in active treatment such as heart attacks, strokes or unstable chronic conditions, etc. For the purpose of this policy, "active treatment" is defined as a doctor visit or hospitalization with documented changes in a therapeutic regimen within 21 days prior to your plan effective date or your health care professional's termination date.
- Recent major surgeries still in the follow-up period (generally 6 to 8 weeks).
- Trauma.
- Hospital confinement on the plan effective date (only for those plans that do not have extension of coverage provisions).

Examples of conditions that do not qualify for COC include, but are not limited to:

- Routine exams, vaccinations and health assessments.
- Stable chronic conditions such as diabetes, arthritis, allergies, asthma, hypertension and glaucoma.
- Acute minor illnesses such as colds, sore throats and ear infections.
- Elective scheduled surgeries

If I am approved for COC for one illness, can I receive in-network coverage payments for a non-related condition?

In-network coverage levels provided as part of COC are for the specific illness/condition only and cannot be applied to another illness/condition. A COC request form would need to be completed for each unrelated illness/condition no later than 30 days after coverage becomes effective or your health care professional leaves the group specific network.

How do I apply for COC?

COC requests must be submitted using this form, at the time of enrollment, change in a group medical plan, or when your health care professional leaves the group specific network, but no later than 30 days after the effective date of your coverage or your health care professional's termination. After receiving your request, your information is reviewed and evaluated. Once complete, Allegiance will send you a letter informing you whether your request was approved or denied. A denial will include information on appeals.

Health Care Continuity of Care Request Form

Please note: this form is to be completed with assistance from your health care provider.

Use a separate form for each condition. | Photocopies are acceptable. | Attach additional information if needed.

Employer	Name of Plan Option	Employee date of Enrollment in Healthcare Plan *(mm/dd/yyyy)*
Employee Name	Employee SS# or Alternative ID	Work Phone
Home Address Street City State Zip		Home Phone/Cell Phone
Patient's Name	Patients SS# or Alternative ID	Patient's Birth Date *(mm/dd/yyyy)*
		Relationship to Employee ☐ Spouse ☐ Dependent ☐ Self

1. Is the patient pregnant? ☐ Yes ☐ No Due Date *(mm/dd/yyyy)*
2. If yes, is the pregnancy considered high risk? *(e.g., multiple births, gestational diabetes, etc.)* ☐ 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? ☐ 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 mental health/substance abuse treatment? ☐ Yes ☐ No
8. If you did not answer "Yes" to any of the above questions, please describe the condition for which the patient is requesting COC.

9. Is this patient expected to be in the hospital when coverage begins or during the next 90 days? ☐ Yes ☐ No
10. Please list any other continuing care needs that may qualify for COC coverage. If these care needs are not associated with the condition for which you are applying for COC coverage, you need to complete a separate COC Form.

Health Care Continuity of Care Request Form *(continued)*

Please complete the health care professional information request below.

Group Practice Name		
Health Care Professional Name		Health Care Professional Phone#
Health Care Professional Specialty		Provider Tax ID # (if applicable)
Health Care Professional Address		
Hospital Where Health Care Professional Practices		Hospital Phone #
Hospital Address		
Reason/Diagnosis		
Dates of Admission *(mm/dd/yyyy)*	Date of Surgery *(mm/dd/yyyy)*	Type of Surgery
Treatment Being Received and Expected Duration		

NOTE: All COC requests will be reviewed within 10 days of receipt of all necessary information. Organ Transplant requests may take additional time.

I hereby authorize the above provider to give Allegiance Benefit Plan Management, Inc. any and all information and medical records necessary to make an informed decision concerning my request for Continuity of Care Management. I understand I am entitled to a copy of this authorization form.

Signature of Patient, Parent or Guardian

Date *(mm/dd/yyyy)*

Please return form to:

Allegiance Benefit Plan Management, Inc. | Attention: Claims | PO Box 3018
Missoula MT 59806-3018 | Toll Free Fax: 1-866-201-0522