

# Blue Card Network

Writers' Guild-Industry Health Fund

## Transition of Care Benefits

Transition of Care benefits are intended to allow non-California PPO or Open Access participants to continue to receive services at in-network benefits levels for specified medical conditions for a defined period of time, **if** his or her participating PHCS provider is not contracted with the BlueCard network effective January 1, 2008 and there are clinical reasons preventing immediate transfer of care to another provider.

### Summary

- Your provider must already be treating you for the condition identified on the Transition of Care Request Form.
- If Transition of Care benefits are approved for the specific medical condition(s) indicated on the form, you will receive the in-network level of benefits for treatment of the specific condition by the provider for a defined time frame, as determined by Writers' Guild-Industry Health Fund (WGIHF).
- If approved, Transition of Care benefits will apply to the treatment of the specified medical condition only and only for expenses from the provider identified on the Transition of Care Form.
- During the Transition of Care period, benefits for approved levels of care and providers (individual practitioners and facilities) will be paid at in-network benefits levels as billed by the provider. If your plan includes out-of-network care and you choose to continue care out-of-network beyond the time frame approved by WGIHF, you must follow the benefit plan's out-of-network provisions.
- Transition of benefits only apply to the condition(s) and providers specifically authorized. All other conditions must be cared for by an in-network provider to qualify for in-network benefit levels.

### **Examples of medical conditions that may qualify for Transition of Care benefits include, but are not limited to:**

- Pregnancy that is high risk or advanced as of January 1, 2008.
- Newly diagnosed or relapsed cancer in the midst of chemotherapy, radiation therapy or reconstruction.
- Trauma.
- Transplant candidates, unstable recipients or recipients in need of ongoing care due to complications associated with a transplant.
- Recent major surgeries still in the global follow-up period (generally six to eight weeks).
- Acute conditions in active treatment such as heart attacks, strokes or unstable chronic conditions, etc. For the purpose of this policy, acute/chronic conditions actively treated are defined as a provider visit or hospitalization with documented changes in a therapeutic regimen. It also includes conditions where the discontinuity could cause worsening of the condition, reoccurrence, or interferes with anticipated outcomes.

### **Examples of conditions that do not qualify for Transition of Care benefits 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 such as removal of lesions, bunionectomies, hernia repairs and hysterectomy.

**What time frame is allowed for transitioning to a Blue Card provider?**

If WGIHF determines that clinical reasons necessitate a transition of care, services rendered by a non-participating Blue Card provider will be authorized for a specified, limited period of time (usually 90 days) or until care has been completed or transitioned to a participating provider, whichever comes first.

**If I am approved for Transition of Care benefits for one illness, can I receive in-network benefit payments for a non-related condition?**

In-network benefit levels provided as part of the Transition of Care benefit are for the specific illness(es)/condition(s) and provider(s) specifically authorized. All other conditions must be cared for by an in-network provider to qualify for in-network benefit levels.

**How do I apply for the Transition of Care benefit?**

Transition of Care requests must be submitted in writing or by fax, using the Transition of Care Request Form. Upon receipt of the form, WGIHF will review and evaluate the information provided and will send you a letter informing you of the approval or denial of your request. A denial will include information on appeals.

# Writers' Guild-Industry Health Fund Transition of Care Request Form

- Please have your provider complete this form only if you are using a provider who will not be participating in the BlueCard network on January 1, 2008 and you are: (a) undergoing a course of treatment for an acute condition or other conditions as described in your plan materials and/or required by state law or (b) high risk or advance pregnancy.
- Use a separate form for each condition. Attach additional information if needed.

Participant's Name:				Alternate ID#:	
Home Address		Street	City	Zip	Home Phone
Patient's name		Patient's Birthdate		Relationship to Participant <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent <input type="checkbox"/> Self	

1. Is the patient in a high risk or late stage pregnancy?  Yes  No
2. If yes, when is the due date? \_\_\_\_\_ (mm/dd/yyyy)
3. Is the patient currently receiving treatment for an acute condition or trauma?  Yes  No
4. Is the patient scheduled for surgery or hospitalization during the next 90 days?  Yes  No
5. Is the patient involved in a course of chemotherapy, radiation therapy, cancer therapy, terminal care or a candidate for organ transplant?  Yes  No
6. Is the patient receiving treatment as a result of a recent major surgery?  Yes  No

7. Please describe the condition for which the patient requests Transition of Care.
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8. Please complete the provider information request below.

Group Practice Name		
Provider's Name		Telephone Number
Provider's Specialty		
Provider's Address		
Hospital Where Patient will be Admitted		Telephone Number
Hospital Address		
Reason/Diagnosis		
Date of Admission	Date of Surgery	Type of Surgery
Treatment Being Received and Expected Duration		

9. Is this patient expected to be in the hospital during the next 90 days?  Yes  No

10. Please list any other continuing care needs that may qualify for Transition of Care benefits. If these care needs are not associated with the condition for which you are applying for Transition of Care benefits, you need to complete a separate Transition of Care Form.

***Information required from your attending physician for Transition of Care review and consideration:***

- Letter stating the patient's condition in detail and clinical reasons that prevent immediate transfer of care to another provider.
- Medical records (in the case of pregnancy, we will need the antepartum records).

REMARKS:

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Print Name (Attending Physician)

Telephone

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Signature

Date

Patient's Authorization To Release Information

I hereby authorize the above provider to give WGIHF any and all information and medical records necessary to make an informed decision concerning my request for Transition of Care Benefits under WGIHF. I understand I am entitled to a copy of this authorization form.

Signature of Patient, Parent or Guardian

Date (mm/dd/yyyy)

***RETURNED THIS FORM TO THE FUND OFFICE AT THE ADDRESS BELOW***

WRITERS' GUILD-INDUSTRY HEALTH FUND  
1015 N. HOLLYWOOD WAY  
BURBANK, CA 91505  
ATTN: CLAIMS DEPARTMENT  
Phone Number: (818) 846-1015 or (800) 227-7863  
Fax Number: (818) 566-8445 or 566-4416