



Transition of Care Benefit Guide for True Health New Mexico Members

What is the True Health New Mexico Transition of Care program?

Transition of Care coverage allows you to continue to receive services from a non-participating healthcare provider if you have been receiving an ongoing course of active treatment at the time that you enrolled on a True Health New Mexico plan.

Transition of Care provides coverage for new True Health New Mexico members who meet all of the following criteria:

1. The member has one of several specified medical conditions as listed on the True Health New Mexico Transition of Care form (see the end of this guide for the form).
2. The member requires ongoing treatment for a certain period of time.
3. The member is receiving services from doctors, other health professionals, hospitals, or other facilities that are not part of True Health New Mexico network (i.e., non-participating).
4. The member is receiving these services at the time he/she becomes eligible with True Health New Mexico.

How Transition of Care works and what your responsibilities are

- You should apply for Transition of Care benefits prior to or within 30 days of your effective date of coverage.
- You must already be receiving care for a qualifying medical condition by the healthcare professional identified on the Transition of Care Request Form.
- True Health New Mexico will contact the healthcare professional to request submission of a prior authorization request.
- Approved benefits apply only to the treatment provided or ordered by the doctor identified on the Transition of Care Request Form for the medical condition specified on the form.
- Claims for treatment of the specific condition by the approved doctor and/or facility after the effective date of coverage will be considered at in-network levels.
- The availability of Transition of Care benefits does not mean a treatment is covered, nor does it constitute prior authorization of medical services to be provided. Benefit determinations and prior authorizations must still be obtained by the rendering provider.
- All benefits are subject to the provisions of the member's plan.
- **You will be responsible for the cost of any services provided by any non-participating healthcare professional hospital or other facility unless they are approved by True Health New Mexico for Transition of Care benefits.**

Medical conditions and other situations that may qualify for Transition of Care benefits

Your covered treatment will be for a defined period of time until True Health New Mexico can arrange the safe transfer of care to a participating provider or facility. However, this period of time cannot be less than 30 days. ***You must apply for Transition of Care either at enrollment or no later than 30 days after your effective date of coverage.***

Medical conditions include:

- Pregnancy in the second or third trimester at the time of the effective date of coverage
- Any pregnancy considered high risk
- Newly diagnosed or relapsed cancer chemotherapy, radiation therapy, or reconstruction
- Trauma

- Transplant candidates
- Recent major surgeries still in the follow-up period (6-8 weeks)
- Acute conditions in active acute treatment or unstable conditions
- Hospital confinement on the member's effective date with the plan. Note: If you were enrolled on **another** health insurer's plan at the time of admission, the plan that was effective at the time of your admission would be responsible for the entire inpatient stay (with the exception of delivery of a baby).
- Behavioral health conditions during active treatment

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

- Routine exams, vaccinations, and health assessments
- Stable chronic conditions such as diabetes, allergies, asthma, hypertension, and glaucoma
- Acute minor illness such as colds, sore throats, and infections
- Elective scheduled surgeries such as the removal of lesions, bunionectomy, hernia repair, and hysterectomy are subject to medical review.

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 Transition of Care benefits are for the specific illness/condition only and cannot be applied to another illness/condition. You must complete a Transition of Care Request Form for each unrelated illness/condition.

Do I need to complete the Transition of Care Request Form if I am already seeing a participating healthcare professional?

No, if you are receiving care from a provider in the True Health New Mexico network, you do not need to request a Transition of Care. Search the online True Health New Mexico directory at truehealthnewmexico.com/find_a_doctor.aspx to verify that your provider is in the network.

Please note: An out-of-network provider is neither contracted with True Health New Mexico, nor has he or she had his or her credentials verified by True Health New Mexico. Therefore, we cannot ensure that the provider's background, training, and experience meet broadly accepted standards of medical practice or True Health New Mexico requirements. The purpose of the Transition of Care program is to allow you to continue receiving ongoing treatment from your existing provider for a specific medical condition for a defined time period. If at any point during the Transition of Care period, you prefer to see a True Health New Mexico-credentialed provider, please contact our Case Management department at 1-844-691-9984 for direction.

Instructions for completing the Transition of Care request form

- You must complete a separate Transition of Care Request Form for each condition for which you or your dependents seek Transition of Care benefits.
- Additional forms are available on the *Member Forms & Other Resources* page of the True Health New Mexico website, truehealthnewmexico.com/forms-2.aspx. You may use photocopies.
- Please answer all questions completely. Completed forms should be signed by the patient for whom Transition of Care benefits have been requested. If the patient is a minor, a guardian must sign the form.
- To help ensure a timely review of your case, please return the form as soon as possible.

Important notes for the Transition of Care form

- **Question 5:** Please include information about your current or proposed treatment plan and how long your treatment is expected to continue. If surgery has been planned, state the type and the

proposed date of your surgery.

- **Section directly after question 10:** Briefly state your health condition. When did it begin? What doctor is currently involved? How often do you see this doctor?

Please send your completed Transition of Care form to:

True Health New Mexico
2440 Louisiana Blvd. NE, Suite 601
Albuquerque, NM 87110
Attn: Case Management

Or fax your completed form to: 1-800-725-1582.

Need help?

If you have questions about your Transition of Care Request, please call our Case Management department toll-free at 1-844-691-9984.



True Health New Mexico Transition of Care Request Form

Newly enrolled members with True Health New Mexico who are receiving current medical treatment with a non-participating provider should complete this form and submit it to True Health New Mexico. You may also complete this form online via a secure survey: <https://www.research.net/r/THNM-TOC>. True Health New Mexico uses a HIPAA-compliant platform and survey vendor to collect your responses.

Member Name	Subscriber ID	Employer Name
Home Address, City, State, Zip		Employee Date of Enrollment
Home Phone/Cell Phone	Member's Date of Birth (mm/dd/yyyy)	

1. Is the member pregnant and in her second or third trimester? Due date: ___/___/____ (mm/dd/yyyy) Yes No
2. If yes, is the pregnancy considered high-risk? (e.g., multiple births, gestational diabetes, etc.) Yes No
3. Is the member currently receiving treatment for an acute condition or trauma? Yes No
4. Is the member scheduled for surgery or hospitalization after the effective date with True Health New Mexico? Yes No
5. Is the member involved in a course of chemotherapy, radiation therapy, cancer therapy, or terminal care? Yes No
6. Is the member receiving treatment as a result of a recent major surgery? Yes No
7. Is the member receiving dialysis treatments? Yes No
8. Is the patient a candidate for an organ or bone marrow transplant? Yes No
9. Is the member receiving behavioral health/substance abuse care? Yes No
10. Is the member expected to be in the hospital when True Health New Mexico coverage begins or during the next 30 days? Yes No

If you did not answer "yes" to any of these questions, please describe the condition for which the member requests Transition of Care and/or list any other continuing care needs that may qualify the member for Transition of Care coverage:

Please complete the health professional information requested below:

Group Practice Name		
Healthcare Provider Name		Provider Phone Number:
Healthcare Provider Address		
Healthcare Provider Specialty		
Facility/Hospital Where Services Will Be Rendered		Facility/Hospital Phone No.
Facility/Hospital Address		
Reason/Diagnosis		
Date of Appointment (if applicable) (mm/dd/yyyy)	Date of Surgery (if applicable) (mm/dd/yyyy)	Type of Surgery
Reason for Request of Transition of Care/Treatment Being Received/Expected Duration		
<i>I hereby authorize the above healthcare professional to give True Health New Mexico any and all of the information and medical records necessary to make an informed decision concerning my request for Transition of Care under True Health New Mexico. I understand that I am entitled to a copy of this authorization form.</i>		
Signature of Member, Parent, or Guardian		Date (mm/dd/yyyy)

Submit request to:
 True Health New Mexico, Attn: Case Management Department/Transitions
 2440 Louisiana Blvd. NE, Suite 601, Albuquerque, NM 87110
 Phone: 1-844-691-9984 – **OR fax to 1-800-725-1582**

As this provider is neither contracted with nor has had his/her credentials verified by True Health New Mexico, we cannot ensure that the provider's background, training, and experience meet broadly accepted standards of medical practice or True Health New Mexico requirements. The purpose of the Transition of Care program is to allow you to continue receiving ongoing treatment from your existing provider for a specific medical condition for a defined time period. If at any point during the Transition of Care period, you prefer to see a True Health New Mexico-credentialed provider, please contact us for direction.

English	ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-844-508-4677 (TTY: 711).
Spanish	ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-844-508-4677 (TTY: 711).
Navajo	Díí baa akó nínízin: Díí saad bee yánílti'go Diné Bizaad, saad bee áká'ánída'áwo'déé', t'áá jiiik'eh, éí ná hóló, koji' hódílnih 1-844-508-4677 (TTY: 711.)
Vietnamese	CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-844-508-4677 (TTY: 711).
German	ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-844-508-4677 (TTY: 711).
Chinese	注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-844-508-4677 (TTY : 711) 。
Arabic	ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-844-508-4677 (رقم هاتف الصم والبكم: 711).
Korean	주의 : 한국어를 말할 때 무료로 언어 지원 서비스를 이용할 수 있습니다. 1-844-508-4677 (TTY : 711)로 전화하십시오.
Tagalog-Filipino	PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-844-508-4677 (TTY: 711).
Japanese	注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-844-508-4677 (TTY: 711) まで、お電話にてご連絡ください。
French	ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-844-508-4677 (ATS: 711).
Italian	ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-844-508-4677 (TTY: 711).
Russian	ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-844-508-4677 (телетайп: 711).
Hindi	सावधानी: यदि आप अंग्रेजी बोलते हैं, तो भाषा सहायता सेवाएं नि:शुल्क, आपके लिए उपलब्ध हैं। 1-844-508-4677 पर कॉल करें (टीटीवी: 711)।
Farsi	توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 1-844-508-4677 (TTY: 711) تماس بگیرید.
Thai	ความสนใจ: หากคุณพูดภาษาไทยมีบริการให้ความช่วยเหลือด้านภาษาฟรี โทร 1-844-508-4677 (TTY: 711)



Notice of Non-Discrimination and Accessibility *Aviso de no discriminación y accesibilidad*

The following is a statement describing nondiscrimination for True Health New Mexico and the services it provides to its clients and members.

- We do not discriminate on the basis of race, color, creed or religion, sexual orientation, national origin, age, disability, or gender in our health programs or activities.
- We provide help free of charge to people with disabilities or whose primary language is not English. To ask for a document in another format such as large print, or to get language help such as a qualified interpreter, please call True Health New Mexico Customer Service at 1-844-508-4677, Monday through Friday, 8:00 a.m. to 5:00 p.m. TTY: 1-800-659-8331.
- If you believe that we have failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or gender, you can report a complaint to: True Health New Mexico Compliance Hotline, <https://www.lighthouse-services.com/brighthealthgroup>. Phone (toll-free): 1-855-208-3766 (English), 1-800-216-1288 (Spanish). Email: Reports@Lighthouse-Services.com. Fax: 1-215-689-3885.

You also have the right to file a complaint directly with the U.S. Dept. of Health and Human Services online, by phone, or by mail:

- Online: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>. Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.
- Phone: Toll-free: 1-800-368-1019, TDD: 1-800-537-7697
- Mail: U.S. Dept. of Health & Human Services, 200 Independence Ave. SW, Room 509F, HHH Bldg., Washington, DC 20201

Aviso de no discriminación y accesibilidad

A continuación presentamos una declaración que resume la norma de no discriminación de *True Health New Mexico* y los servicios que prestamos a nuestros clientes y asegurados.

- No discriminamos por la raza, el color, el credo o la religión, la orientación sexual, el origen nacional, la edad, las discapacidades o el sexo en nuestras actividades o programas de salud.
- Ayudamos gratuitamente a las personas que tienen discapacidades o cuyo idioma nativo no es el inglés. Para pedir un documento en otro formato, como en letra grande, o para recibir la ayuda de un intérprete calificado, favor de llamar al Centro de Atención al Cliente de *True Health New Mexico* al 1-844-508-4677, para los servicios TTY llame al 1-800-659-8331, de lunes a viernes, de las 8:00 de la mañana a las 5:00 de la tarde.
- Si usted cree que no hemos prestado estos servicios o que le hemos discriminado de alguna otra manera por su raza, color, origen nacional, edad, discapacidad o sexo, puede reportar una queja a: *True Health New Mexico* Compliance Hotline, <https://www.lighthouse-services.com/brighthealthgroup>. Teléfono (gratis): 1-855-208-3766 (inglés), 1-800-216-1288 (español). Correo electrónico: Reports@Lighthouse-Services.com. Fax: 1-215-689-3885.

Además, tiene derecho a presentar una queja directamente al Departamento de Salud y Servicios Humanos de los EE. UU. [*U.S. Dept. of Health and Human Services*] ya sea en línea, por teléfono o por correo:

- En línea: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>. Los formularios de queja están a su disposición en: <http://www.hhs.gov/ocr/office/file/index.html>.
- Por teléfono: Línea telefónica gratis: 1-800-368-1019, TDD: 1-800-537-7697
- Por correo: U.S. Dept. of Health & Human Services, 200 Independence Ave. SW, Room 509F, HHH Bldg., Washington, DC 20201