



## TRANSITION ASSISTANCE PROGRAM POMONA VALLEY HOSPITAL TERMINATION

Transition Assistance (TA) is a process that may be provided for members who experience a network disruption with their PMG/IPA or hospital as a result of a closure or terminated contract with Anthem Blue Cross.

The Transition Assistance Department will work to ensure that members and their covered dependents receive uninterrupted care for those members:

- In an active course of treatment for an acute medical or behavioral health condition.
- In an active course of treatment for a serious chronic condition.
- Who are pregnant, regardless of trimester.
- With a terminal illness.
- Who are a newborn child between the ages of birth and 36 months.
- With a surgery or other procedure that has been authorized by the plan or its delegated provider prior to August 15, 2008 and is scheduled to occur within 180 days of the contract's termination, which is February 15, 2009.

**HMO** members who are in one of the aforementioned categories and are concerned their care may be disrupted as a result of a **hospital contract termination** should call their Primary Medical Group for assistance.

However, if the member/physician needs immediate or additional assistance, they may call their Customer Service Representative at the toll free number located on their ID card. Customer Service Representatives are prepared to assist members with their Transition Assistance Application.

**PPO** members who are concerned their care may be disrupted as a result of a **hospital contract termination** should call their Customer Service Representative at the toll free number located on their ID card. Customer Service Representatives are prepared to assist members with their Transition Assistance Application.

If the member's physician is lacking privileges to a participating facility, Anthem Blue Cross will provide Transition Assistance in these situations.

Following receipt of an application, members will receive a telephonic acknowledgement. An RN Review Coordinator will be assigned to work with the member. A determination to approve or deny Transition Assistance will be made no later than five (5) business days from receipt of the information necessary to make a determination. Only a Medical Director or Peer Clinical Reviewer (PCR) has the

authority to deny Transition Assistance. Urgent requests will be determined within two (2) business days. The member will be notified of the determination by telephone.

When Transition Assistance is approved, the RN Review Coordinator and the treating physician agree to a transition care plan. The member is only financially responsible for applicable deductibles and/or co-payments. The objective is that within 180 days of the contract termination date all members will transition to in-network providers for their care.

If any questions, please call Transition Assistance at (888) 486-4227.