Indiana ProHealth Network, LLC
Request for Continuity of Care

INFORMATION ABOUT THIS PROGRAM:

Continuity of care is a way for ProHealth to help you manage your benefits for the ongoing treatment of a condition during the time when you are changing your group health care coverage and your treating provider is not a participating provider under your new health care coverage. This is for a limited time until you can find an in-network provider, with which our customer service and medical management departments will be happy to assist you.

WHEN SHOULD THIS FORM BE USED?

If you and/or a covered dependent have a serious medical problem that requires treatment beyond January 1, 2017 and are currently being treated by a physician or provider who is **NOT** part of your new provider network, you should complete this form.

One form must be completed for each medical condition and each physician or provider that you would like to be considered for continuity of care.

IF your request is approved, you or your covered dependents may continue to receive care from the non-participating provider for a limited period of time with benefits paid at the in-network level. You will receive a letter that will let you know the approval/denial status of your request, along with further instructions

HOW DO I KNOW IF I SHOULD APPLY FOR CONTINUITY OF CARE?

Continuity of care is available for the following conditions:

- You are currently receiving treatment for an acute condition: (e.g., newly diagnosed cancer, recent heart attack, chemotherapy, radiation therapy, or recent surgery).
  Continuity of care is not available for chronic medical conditions such as diabetes, allergies, dialysis or asthma.
- You are in your third trimester of pregnancy when your new health care coverage begins.
- Major surgery is already scheduled to occur within 60 days after your new health care coverage begins (e.g.: transplant, heart surgery).
- You believe the services you require are unavailable in network

WHERE DO I GET A COPY OF THE CONTINUITY OF CARE FORM?

To obtain your copy(s) of the Continuity of Care Form, call ProHealth Customer Service at: 317- 621-7565, or 1-800-344-8672. A customer service representative will verify your address and provide the forms for you to complete.

For those medical conditions not eligible for continuity of care, please work closely with your PCP (primary care physician) to select the treatment plan most appropriate for your ongoing care. This may include referrals and/or preauthorization to in-network specialists.

Continuity of Care Request Form

Fax to:
ProHealth Medical Management
(317) 621-7984

CONTINUITY OF CARE REQUEST (Please provide the following information)

Employee Name: _____ ID# _____
Last First M.I.

Employee Home Address_____

_____ _____ _____
City State Zip Code

Patient Name: _____ Relationship to employee: _____

Home Phone ( ) _____ Work Phone: ( ) _____ Gender: ☐Male ☐Female Date of Birth: _____

Current Health Plan: _____ Employer Name: _____

New Health Plan: Name: _____ Effective Date: _____
(Please Specify)

CURRENT MEDICAL INFORMATION

Surgery ☐ Inpatient ☐ Outpatient
Procedure: _____ Date Scheduled: _____

Hospital: _____ Phone: ( ) _____

Surgeon: _____ Office Phone: ( ) _____

Maternity ☐ Inpatient ☐ Outpatient

Obstetrician: _____ Office Phone: ( ) _____

Hospital: _____ Phone: ( ) _____

Expected Delivery Date: _____

Medical ☐ Inpatient ☐ Outpatient

Diagnosis: _____ Date Treatment Began: _____

Current Treatment Plan: _____

Treating Physician: _____ Office Phone: ( ) _____

Please submit clinical documentation of medical necessity from your current physician with request for continuity of care

CERTIFICATION

I hereby certify that the above information is true and correct to the best of my knowledge.
Patient Signature: _____ Date Signed: _____

Employee Signature: _____ Date Signed: _____