

Transition of Care FAQ

1. What is Transition of Care (TOC)?

- TOC is a Transition of Care for someone who is currently under the **active** treatment of a specialist and have an appointment(s), surgery, procedure, infusion, or imaging already scheduled within the first 90 days of starting GHC-SCW insurance, be pregnant, using durable medical equipment, or taking prescribed medications. Active treatment is defined as being seen by a specialist at least 2 times within the 3 months prior to starting GHC coverage. Annual visits with out of network specialists are not covered under Transition of Care as member is not under active treatment. Services must be a covered benefit and meet criteria.

2. Can I see my out of network Primary Care Provider (PCP) one last time?

- No. Primary Care Providers do not qualify for Transition of Care. Transition of Care is only for specialists that a member is under current active treatment.

3. Should I send my TOC form to GHC-SCW prior to starting GHC-SCW insurance?

- Yes. This will allow our Transition Team to review your form and reach out to you before coverage starts.

4. How do I go about selecting a PCP? Why was I assigned a PCP without being called or asked?

- A PCP may be assigned to you based on where you live. You can change your PCP by calling our Member Service Department. You will only be assigned a PCP if you do not elect one on your enrollment form.
- You can go to <http://www.ghcscw.com>, click on Clinic or Provider, choose your network, and then you will be able to see the providers in your network from which you are able to choose.

5. How do I know if my specialty provider is in network or need a referral to be seen?

- You can call GHC Member Services at (608) 828-4853 or (800) 605-4327 with any questions regarding plan providers, covered services, benefit coverage, location of clinics, co-pays, and coinsurance.

6. I am pregnant. Can I keep my current OBGYN provider?

- If you are less than 28 weeks pregnant at the start of coverage and seeing an out of network provider, you will need to transition your care to an in network OBGYN provider
- If you are pregnant and 28 weeks or more at the start of coverage and seeing an out of network provider, you may stay with your current OBGYN provider and delivery hospital.

7. I have a behavioral health counselor I am seeing. Can I keep seeing my provider?

- To see if your BH/SUD provider is contracted with GHC-SCW, go to <https://ghcscw.com/health-care/specialty-care-and-ancillary-services/behavioral-health>
- If BH/SUD provider is out of network, transitional visits may be allowed for the first 90 days after starting date of coverage.

8. Will you cover my Durable Medical Equipment (DME) and/or supplies (i.e., CPAP that is in the middle of rental period)?

- If member has completed more than 50% of rental (7 out of 12 months), GHC-SCW will allow member to finish with current out of network DME provider only for CPAP/BiPAP.
- Any other DME and/or supplies need to transition to an in-network provider within 90 days. TOC services will be allowed for the first 90 days after start of enrollment with out of network provider.

9. I'm due for my next specialty injectable medication. What do I do?

- Contact your specialist that orders the medication. Your specialist will need to submit a prior authorization (PA) to either GHC-SCW or Magellan for the medication. The list can be found here: <https://ghcscw.com/plan-providers/services-requiring-prior-authorization>. Magellan usually can turn these around in one to two days.

10. I have a surgery scheduled. What do I do if it is past the TOC 90-day timeframe?

- If your surgery is schedule with an out of network provider and is past the 90 days of beginning GHC-SCW insurance, you will need to have the surgery completed in plan.
- If your surgery is with an in-network provider and is scheduled past the 90-day TOC timeframe, contact your specialist. Your specialist needs to send a Prior Authorization to GHC-SCW for your procedure.

11. I've had surgery and need my post-op visit. What do I do if it is past the TOC 90-day timeframe?

- Your first post-op visit after a major surgery is covered under a 90-day global fee where you will not be billed additional fees.
- If more than 90 days and surgeon is out of network, the member will need to schedule the visit with an in-plan provider.

12. How do I know what needs Prior Authorization (PA)?

- See website: <https://ghcscw.com/plan-providers/services-requiring-prior-authorization>

13. How does my provider submit a Prior Authorization?

- Your provider can go to the GHC-SCW website, click on Are You a Provider button, and Prior Authorization information is listed on the left side including what needs a PA and how to submit a PA

14. How long does it take for a Prior Authorization to be reviewed?

- Once a PA is received by GHC-SCW from the ordering provider, GHC-SCW insurance has up to 15 calendar days to process it. Most are handled within one week of receipt.

15. How do I get my medical records transferred to my new provider?

- If your current provider and new provider both use EPIC charting (UW, SSM Dean, Unity Point Meriter, Divine Savior, Upland Hills, Fort Healthcare, Mercy Healthcare, Southwest Health, etc.), your new provider can load your medical records into their EPIC system to assist with continuation of care.