

GHC-SCW Transition of Care

Transition of Care FAQ

1. What is Transition of Care (TOC)?

Transition of Care applies to members who are actively receiving treatment from a specialist and have appointments, surgeries, procedures, infusions or imaging services already scheduled within the first 90 days of enrolling in GHC-SCW coverage. TOC may also apply to members who are pregnant, use durable medical equipment (DME) or take prescribed medications that require ongoing management.

Active treatment is defined as being seen by a specialist at least two times within the three months prior to starting GHC-SCW 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. TOC services are not guaranteed.

2. What is not considered Transition of Care?

The Transition of Care process is different from your annual appointments or new appointments made for a medical or behavioral health condition. When you start your GHC-SCW coverage, you'll establish appointments with your new Primary Care Provider for those items.

3. 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 with.

4. How do I know if my specialty provider is in-network?

You can call GHC-SCW Member Services at (608) 828-4853 or (800) 605-4327 with questions regarding plan providers, covered services, benefit coverage, location of clinics, co-pays and coinsurance. You can also search for your specialist on our Provider Search page: ghcscw.com/find-a-provider.

5. When should I send my Transition of Care forms to GHC-SCW?

Submit your forms within 30 days of beginning coverage with GHC-SCW. This will allow GHC-SCW time to update your new insurance information and give our Transition of Care team an opportunity to review your form for any Transition of Care needs. All scenarios below and on the next page require a TOC form to be completed and submitted.

6. I'm pregnant. Can I keep my current OB/GYN provider?

If you are less than 28 weeks pregnant at the start of GHC-SCW coverage and seeing an out-of-network provider, you will need to transition your care to a new in-network OB/GYN provider.

If you are greater than 28 weeks pregnant at the start of coverage and seeing an out-of-network provider, you may stay with your current OB/GYN provider and delivery hospital.

TOGETHER, BETTER IS POSSIBLE

Group Health Cooperative of South Central Wisconsin (GHC-SCW)
MK24-108-3(9.26)

 **Group Health
Cooperative**
of South Central Wisconsin

7. I see a behavioral health provider. Can I keep seeing my provider?

To verify if your behavioral health provider is in-network with GHC-SCW, visit our Provider Search page or call Member Services **(608) 828-4853** or **(800) 605-4327**.

If your provider is out-of-network, you may qualify for Transition of Care, but services are not guaranteed.

8. Will GHC-SCW cover my Durable Medical Equipment (DME) and/or supplies?

For CPAP/BiPAP, if you have completed more than 50% of the rent-to-own period (for example, 7 out of 12 months), GHC-SCW will allow you to finish with your current out-of-network DME provider before transitioning to an in-network provider.

For continuous glucose monitors (CGMs), specific criteria needs to be met for a member to receive continued coverage.

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

Contact your specialist or provider that orders the medication. Your provider will need to submit a Prior Authorization to either GHC-SCW or Prime Therapeutics. The list of medications which require prior authorization can be found on our Prior Authorization page: ghcscw.com/prior-authorization.

10. I have a surgery scheduled past the Transition of Care 90-day timeframe. What should I do?

If the surgery is scheduled with an out-of-network provider, you will need to contact your specialist to have your care transferred to an in-network provider.

If the surgery is scheduled with in-network provider, contact your specialist. They will need to submit a Prior Authorization to GHC-SCW for your procedure.

Transition of Care limitations may apply with elective procedures; services are not guaranteed.

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

If the office visit is more than 90 days from the start of GHC-SCW coverage and the surgeon is out-of-network, you will need to contact your specialist to have your care transferred to an in-network provider.

12. I take prescription medication. What do I do?

Complete a Transition of Care form with your current medications listed, a pharmacy representative will contact you if there is a question or special instructions needed.

13. I need to re-fill my prescription medications. Where can I go?

GHC-SCW provides information and guidance such as the medication formularies and a list of in-network pharmacies on the Understanding Your Pharmacy Benefits page: ghcscw.com/members/understanding-your-pharmacy-benefits.

TOGETHER, BETTER IS POSSIBLE

Group Health Cooperative of South Central Wisconsin (GHC-SCW)
MK24-108-3(9.26)

 **Group Health
Cooperative**
of South Central Wisconsin