curative

Transition of Care and Continuity of Care Information

We want to inform you about the options available for **Transition of Care (TOC) and Continuity of Care (COC).**

What is Transition of Care (TOC)?

Transition of Care (TOC) allows you to continue to receive services from out-of-network healthcare providers at in-network coverage rates for certain medical and behavioral conditions. This **transitional period** is available for a defined duration to ensure a smooth and safe transfer to an in-network provider. To benefit from TOC, you must apply either at the time of your enrollment or within 30 days of a change in your medical plan.

Any current pharmacy prescriptions with a prior authorization will be eligible for **(1) 30-day supply fill** within the first 30 days of the group plan's effective date.* During this initial period, we request that your provider promptly submit a prior authorization for continued access to these medications or switch to a preferred alternative **after** the 30 day period.

**Drugs not covered on Curative's formulary, GLP-1 (ex. Ozempic) drugs, age limit exceptions, quantity limit exceptions, & high-cost medications are not eligible for pre-approval and will follow the Curative standard prior authorization process.*

What is Continuity of Care (COC)?

Continuity of Care enables you to receive services at in-network coverage levels when your healthcare provider leaves your plan's network, and immediate transfer of your care would be inappropriate or unsafe. This care is also for a defined period. You must apply for COC within 30 days of your healthcare provider's termination date or the date Curative notifies you of your healthcare provider's termination, whichever is later.

Additional Information

- The availability of TOC/COC does not guarantee that a treatment is medically necessary or that it constitutes pre-authorization of medical services.
- A medical necessity determination and formal prior authorization may still be required for a service to be covered.
- For those not using PPO MAX, TOC will not allow medications to go through at non-preferred pharmacies, members must fill their prescriptions at in network pharmacies.

How They Both Work

You must be currently under treatment or taking the medication for the condition specified on the TOC/COC request form.

Drugs on the formulary with a prior authorization will pay at point-of-sale during this time. Copays will vary depending on the medication tier from $0 to $250. For those not using PPO MAX, TOC will not allow medications to go through at non-preferred pharmacies, members must fill their prescriptions at in network pharmacies. Members who receive a drug through TOC will receive a letter informing them that a prior authorization will be needed from their provider if they wish to continue on the drug through Curative. Communication will also come from Member Services via phone, email, or text.

If your request is approved:

- For providers that have been terminated from the Curative network for any reason, you will receive in-network coverage for the specified condition by the healthcare provider for a defined period, as determined by Curative. The period will be, at a minimum, 90 days after the provider's termination effective date or the notification date of the provider's termination in your plan's network, whichever is later. If you cease to be a continuing care patient, the insured's Continuity of Care requirements do not apply, and the period ends.
- If you see a provider who is currently out of network while you are coming on to Curative Health Plan, we encourage you to find an in-network provider within our network during the 30-day transition period.
- If your plan includes out-of-network coverage and you continue care beyond the approved time frame, you must follow your plan's out-of-network provisions, including any prior authorization requirements, co-pays, and deductibles.
- TOC/COC applies only to the treatment of the specified condition and the healthcare provider identified on the request form. All other conditions must be treated by an in-network provider for you to receive in-network coverage.

Examples of Conditions That May Qualify for TOC/COC

- Pregnancy in the second or third trimester or high-risk pregnancies through 6 weeks post-delivery, regardless of participation.
- Members actively receiving occupational (OT), or speech therapy (SLP) can continue with their current authorized services through the first 45 days of plan enrollment regardless of network participation. After that a new prior auth is required the IN Network / Out of Network terms will apply.
- Current pharmacy prescriptions with prior authorizations.
- Newly diagnosed or relapsed cancer undergoing chemotherapy, radiation therapy, or reconstruction.
- Trauma.
- Transplant candidates, unstable recipients, or recipients needing ongoing care due to transplant complications.
- Recent major surgeries still in the follow-up period (generally 6-8 weeks post-surgery).
- Acute conditions in active treatment, such as heart attacks, strokes, or unstable chronic conditions.
- Hospital confinement on the plan's effective date, including medical, behavioral health, and substance use disorder-related admissions (will require the facility to follow Curative's 24-hour notification policy for inpatient admissions).

- Durable Medical Equipment (DME) Rentals and Purchases: Members with active rentals of DME must notify their provider of a change of insurance. Curative will allow continued coverage of DME rentals for up to 60 days without the prior authorization on file. For coverage beyond 60 days, a new prior authorization issued by Curative must be requested and approved. For purchases, members should notify Curative and the DME provider of any specialized equipment or supplies that have been ordered prior to their enrollment start date so that we can attempt to ensure continuity of care.

Examples of Conditions That Do Not Qualify for TOC/COC

- Routine exams, vaccinations, and health assessments.
- Short-term minor illnesses such as colds, sore throats, and ear infections.
- Elective scheduled surgeries such as removal of lesions, bunionectomy, hernia repair, and hysterectomy.
- **Drugs that DO NOT qualify for TOC:**
  - Drugs that are not on the formulary
  - GLP-1 drugs (e.g. Ozempic, Mounjaro)
  - Drugs/devices that require step therapy
  - Weight loss or fertility drugs (unless plan includes the appropriate rider)
  - Drugs that reject as 'high cost'

Frequently Asked Questions

What time frame is allowed for transitioning to a new in-network healthcare provider?

If transitioning is deemed inappropriate or unsafe, services by the approved out-of-network provider will be authorized for a specified period based on the service requested or until care is completed or transitioned to an in-network provider, whichever comes first.

Can I receive in-network coverage for a non-related condition if my request is approved?

No, in-network coverage levels provided as part of TOC/COC are for the specific illness or condition only. Separate request forms must be completed for each condition or medication within 30 days after your plan becomes effective or your provider leaves the network.

Can I apply for TOC/COC if I am not currently in treatment?

No, you must already be in treatment or taking the medication for the condition specified on the TOC/COC request form.

How do I apply for TOC/COC coverage?

Requests must be submitted in writing using the TOC/COC request form at the time of enrollment, change in medical plan, or within 30 days of your provider's termination from the Curative network.

Please email the form to: health@curative.com with a subject line TOC/COC REQUEST FORM.

Which Curative plans can use TOC/COC?

TOC/COC is for members on PPO and PPO Max plans. If you're on an EPO plan, you'll need to see in-network providers for your care, so TOC/COC doesn't apply.

I'm on an EPO plan and I'm pregnant. Can I apply?

Yes. If you're an EPO member in your second or third trimester, or you have a high-risk pregnancy, you can still apply for TOC/COC. Use the request form and answer "Yes" to question 1.

I'm on an EPO plan. How do I find an in-network provider?

Visit curative.com/providers to search our network, or call Member Services at 1-855-428-7284. We're available 24/7 and can help you find someone near you.

For the current listing of In-Network Providers, please visit: curative.com/providers

After receiving your request, Curative will review and evaluate the information provided and inform you whether your request was approved or denied. A denial will include information about how to appeal the determination.

Definitions

- **Transition of Care:** This option gives new Curative members the option to request extended coverage from their current out-of-network healthcare professional at network rates for a limited time due to a specific medical condition until a safe transfer to a network healthcare professional can be arranged. Also includes a one time prescription fill of current medications on the formulary within the first 30 days of plan enrollment while your provider submits prior authorization for future fills.
- **Continuity of Care:** Gives Curative members the option to request extended care from their current healthcare professional if they are no longer working with their health plan.
- **In Network:** The facilities, providers, and suppliers your health plan has contracted with to provide healthcare services.
- **Out-of-network:** Services provided by a non-participating provider.
- **Pharmacy Services:** Pharmacy (Rx) prescriptions, any current prescriptions with a prior authorization will be eligible for one fill within the first 30 days of the plan's effective date. After this initial period, your healthcare provider will need to submit a prior authorization for continued access to these medications.
- **Prior Authorization:** An assessment for coverage under your health plan before you can access certain medications or services.
- **Active course of treatment:** Typically involves regular visits with a practitioner to monitor the status of an illness or disorder, provide direct treatment, prescribe medication or other treatments, or modify a treatment plan. Discontinuing an active course of treatment could cause a recurrence or worsening of the condition and interfere with recovery. Generally, an active course of treatment is defined as within the last 30 days, but this is evaluated on a case-by-case basis.

Thank you for your attention to these details.

To complete this form:

01 Please make sure all fields are completed.

02 When the form is complete, it must be signed by the member for whom the TOC or COC is being requested.

- If the patient is a minor, a guardian's signature is required

03 It is recommended that you request:

- TOC once you are eligible for benefits
- COC when your provider is no longer in-network

04 A separate TOC and COC Form must be completed for each condition for which you and/or your dependents are seeking TOC and COC.

Please email the completed form, along with relevant medical records and information to:

Health@curative.com

Subject Attention:
Transition of Care/Continuity of Care

Contact info:
Phone: 1-855-428-7284
Fax: 1-888-711-0591
Email: health@curative.com

Transition of Care and Continuity of Care Request Form

This form is for PPO & PPO Max plan members.

EPO members are required to use in-network providers only.

Member Information

☐ New to Curative Health (Transition of Care) ☐ Existing Curative Health member whose care provider terminated (Continuity of Care)		Provider Termination Date
Name (Person being treated)	Member ID (If Known) Patient's Social Security #	Date of Birth (mm/dd/yyyy)
Address	City	State/ Zip Code
Home/ Cell Phone Number	Work Phone Number	
Employer Name	Date of Enrollment in the Plan (mm/dd/yyyy)	
Member's Relationship to Employee ☐ Self ☐ Spouse ☐ Dependent ☐ Other	Is the member currently covered by another health insurance carrier? ☐ Yes If Yes, Carrier name: ☐ No	
Authorization to release records: I authorize all physicians and other health care professionals or facilities to provide Curative Health information concerning medical care, advice, treatment, or supplies for the member named above. This information will be used to determine the members' eligibility for and, if approved, coverage of Transition of Care/Continuity of Care benefits under the plan.		
Member's Signature/Parent or Guardian's Signature if Member is a Minor		Date of Birth (mm/dd/yyyy)

1. Is the patient pregnant and in the second or third trimester of pregnancy? Due Date (mm/dd/yyyy)	☐ Yes	☐ No
2. If yes, is the pregnancy considered high-risk? e.g., multiple births, digestal diabetes.	☐ Yes	☐ No
3. Is the patient currently receiving treatment for an acute condition or trauma?	☐ Yes	☐ No
4. Is a member actively receiving occupational, or speech therapy?	☐ Yes	☐ No
5. Is the patient involved in a course of chemotherapy, radiation therapy, cancer therapy, or terminal care?	☐ Yes	☐ No
6. Is the patient receiving treatment as a result of a recent major surgery?	☐ Yes	☐ No
7. Is the patient receiving dialysis treatment?	☐ Yes	☐ No
8. Is the patient a candidate for organ transplant?	☐ Yes	☐ No
9. Is the patient receiving mental health/substance use treatment?	☐ Yes	☐ No

10. Do you have an appointment within 30 days of your plan's effective date? ☐ Yes ☐ No
Date (mm/dd/yyyy)

11. Do you have a current Prior Authorization? If so, please attach documentation. Medical Pharmacy

12. If you did not answer "Yes" to any of the above questions, please describe the condition for which the patient requests Transition of Care/Continuity of Care.

Please send your provider the link to the Prior Authorization Form: curative.com/priorauth

Please complete the Healthcare information requested below:

Group Practice Name	Healthcare Provider Name	
Healthcare Provider Phone #:	Healthcare Provider Fax #:	
Healthcare Provider Specialty	Hospital Where Provider Practices/Location	
Healthcare Provider Address	Drug Name:	
	Dose:	
Reason/Diagnosis	Quantity:	
	Last Date Filled:	
Date(s) of Admission (mm/dd/yyyy)	Date of Surgery (mm/dd/yyyy)	Type of Surgery
Treatment Being Received and Expected Duration		

11. Is the patient expected to be in the hospital when coverage through Curative begins or during the next 90 days? ☐ Yes ☐ No

12. Please list any other continuing care needs that may qualify for Transition of Care/Continuity of Care. If these care needs are not associated with the condition for which you are applying for Transition of Care/Continuity of Care, you need to complete a separate transition of Care/Continuity of Care request form.

I hereby authorize the above health care provider to give Curative Health or its affiliates and contracted parties any and all information and medical records necessary to make an informed decision concerning my request for Transition of Care/Continuity of Care. I understand I am entitled to a copy of this authorization request form.	
Signature of Patient, Parent or Guardian	Date (mm/dd/yyyy)

For additional information and assistance, please contact:
Member Services 1-855-428-7284