

Learn about our Transition Assistance program

We can help you get the care you need



What is the Transition Assistance program?

It's a program to help Anthem Blue Cross (Anthem) members get ongoing care. This program is available to new members whose doctors aren't in the Anthem plan but the members need to continue getting care. The program also helps current members under the care of doctors who may no longer be part of the Anthem plan.

How does it work?

Our Transition Assistance department helps eligible members (and their covered dependents) get ongoing care until their treatment is finished or until it's handled by another doctor in their plan.

Who's eligible for transition assistance?

You may be eligible for the program if:

- You're newly enrolled in an Anthem plan and your doctor isn't in your new plan.
- Your continuity of care is at risk for reasons you can't control. If your doctor loses his or her Anthem contract, we will help with transition of care.

Who is not eligible?

Newly enrolled members being treated for non-acute or chronic conditions usually aren't eligible for coverage of treatment by doctors not in the plan. New enrollees with chronic conditions who need help choosing a doctor in their plan for ongoing care should contact our Customer Service department.

What kinds of treatment qualify for transition assistance?

- Active treatment for an acute condition, which means a condition with a sudden onset of symptoms. Its symptoms are caused by an illness, injury or some other medical problem that needs prompt care and lasts a limited amount of time.
- Active treatment for a serious chronic medical condition caused by disease, illness or some other problem. It has to be serious enough to need a full cure to keep it from persisting or getting worse. It may also need ongoing treatment to keep it in remission or to keep it from getting worse.

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- An active course of treatment for any behavioral health condition.
- A pregnancy (regardless of trimester).
- A terminal illness.
- Newborn care for a child who is three years old or younger. We may provide all the services we cover for the condition for as long as they're needed or until another doctor can safely take over the treatment.
- A surgery or other procedure authorized by the previous plan or doctor and is scheduled within 180 days of the effective date of coverage for a newly covered enrollee.

I just found out my student health plan is changing and I have a scheduled surgery at a hospital that isn't in my Anthem plan. What do I do?

You may be eligible for transition assistance. Call Customer Service at **1-844-728-5913** or fill out the **Transition Assistance Request Form**: https://uhs.berkeley.edu/sites/default/files/continuity_of_care_form-ucb.pdf.

What if I have a chronic condition?

If you need ongoing care for a chronic condition but you're not needing special treatment, you should select a doctor from your plan. If you do need special treatment, you don't need to submit the **Transition Assistance Request Form**. If you need help choosing a new doctor, please call Customer Service at **1-844-728-5913**.

How do I apply? Where do I get my form?

Before the first date of treatment, please call Customer Service at **1-844-728-5913** and someone will help you complete a **Transition Assistance Request Form**: https://uhs.berkeley.edu/sites/default/files/continuity_of_care_form-ucb.pdf.

Requests will be processed as soon as we have all the information we need.

What happens after I've sent in my request?

We'll call to let you know we got your request. We will decide about five business days later, after we get all the information we need.

How will I know if my request is approved?

When it's approved, we'll call you and send you a letter. Approval means that Anthem and your doctor have agreed to a transition care plan (and a reimbursement rate). You'll only have to pay for any deductible, coinsurance or copay that applies. The goal is to have you switch to doctors in your plan within six months of your effective date or the doctor termination date, whichever comes first. For mental health treatment, the goal is to have you switch providers within 90 days.

What if the doctor who's not in my plan doesn't accept Anthem's offer for transition assistance and I still want to use that doctor?

The doctor would be considered out-of-network and you may have to pay large out-of-pocket costs.

What if I don't want to change my doctor, but I don't qualify for transition assistance?

You can still see the doctor you have now, but you'll have higher out-of-pocket costs. It may mean you have to pay the full cost of your doctor's services.

What if I have more questions?

For more information, please call Customer Service at **1-844-728-5913**.