

What is the New Mexico Health Connections (NMHC) Transition of Care program?

Transition of Care coverage allows you to continue to receive services from a non-participating healthcare provider if you have been receiving an ongoing course of active treatment at the time that you enrolled on an NMHC plan.

Transition of Care provides coverage for new NMHC members who meet all of the following criteria:

1. The member has one of several specified medical conditions as listed on the NMHC Transition of Care form (see the end of this guide for the form).
2. The member requires ongoing treatment for a certain period of time.
3. The member is receiving services from doctors, other health professionals, hospitals, or other facilities that are not part of NMHC network (i.e., non-participating).
4. The member is receiving these services at the time he/she becomes eligible with NMHC.

How Transition of Care works and what your responsibilities are

- You should apply for Transition of Care benefits prior to or within 30 days of your effective date of coverage.
- You must already be receiving care for a qualifying medical condition by the healthcare professional identified on the Transition of Care Request Form.
- NMHC will contact the healthcare professional to request submission of a prior authorization request.
- Approved benefits apply only to the treatment provided or ordered by the doctor identified on the Transition of Care Request Form for the medical condition specified on the form.
- Claims for treatment of the specific condition by the approved doctor and/or facility after the effective date of coverage will be considered at in-network levels.
- The availability of Transition of Care benefits does not mean a treatment is covered, nor does it constitute prior authorization of medical services to be provided. Benefit determinations and prior authorizations must still be obtained by the rendering provider.
- All benefits are subject to the provisions of the member's plan.
- **You will be responsible for the cost of any services provided by any non-participating healthcare professional hospital or other facility unless they are approved by NMHC for Transition of Care benefits.**

Medical conditions and other situations that may qualify for Transition of Care benefits

Your covered treatment will be for a defined period of time until NMHC can arrange the safe transfer of care to a participating provider or facility. However, this period of time cannot be less than 30 days. ***You must apply for Transition of Care either at enrollment or no later than 30 days after your effective date of coverage.***

Medical conditions include:

- Pregnancy in the second or third trimester at the time of the effective date of coverage
- Any pregnancy considered high risk
- Newly diagnosed or relapsed cancer chemotherapy, radiation therapy, or reconstruction
- Trauma
- Transplant candidates
- Recent major surgeries still in the follow-up period (6-8 weeks)
- Acute conditions in active acute treatment or unstable conditions
- Hospital confinement on the member's effective date with the plan. Note: If you were enrolled on **another** health insurer's plan at the time of admission, the plan that was effective at the time of your admission would be responsible for the entire inpatient stay (with the exception of delivery of a baby).
- Behavioral health conditions during active treatment

Examples of conditions that do not qualify for Transition of Care include but are not limited to:

- Routine exams, vaccinations, and health assessments
- Stable chronic conditions such as diabetes, allergies, asthma, hypertension, and glaucoma
- Acute minor illness such as colds, sore throats, and infections
- Elective scheduled surgeries such as the removal of lesions, bunionectomy, hernia repair, and hysterectomy are subject to medical review.

If I am approved for Transition of Care benefits for one illness, can I receive in-network benefit payments for a non-related condition?

In-network benefit levels provided as part of Transition of Care benefits are for the specific illness/condition only and cannot be applied to another illness/condition. You must complete a Transition of Care Request Form for each unrelated illness/condition.

Do I need to complete the Transition of Care Request Form if I am already seeing a participating healthcare professional?

No, if you are receiving care from a provider in the NMHC network, you do not need to request a Transition of Care. Search the online NMHC directory at mynmhc.org/find_a_doctor.aspx to verify that your provider is in the network.

Please note: An out-of-network provider is neither contracted with NMHC, nor has he or she had his or her credentials verified by NMHC. Therefore, we cannot ensure that the provider's background, training, and experience meet broadly accepted standards of medical practice or NMHC requirements. The purpose of the Transition of Care program is to allow you to continue receiving ongoing treatment from your existing provider for a specific medical condition for a defined time period. If at any point during the Transition of Care period, you prefer to see an NMHC-credentialed provider, please contact our Case Management department at 1-844-691-9984 for direction.

Instructions for completing the Transition of Care request form

- You must complete a separate Transition of Care Request Form for each condition for which you or your dependents seek Transition of Care benefits.
- Additional forms are available on the *Member Forms & Other Resources* page of the NMHC website, mynmhc.org/forms-2.aspx. You may use photocopies.
- Please answer all questions completely. Completed forms should be signed by the patient for whom Transition of Care benefits have been requested. If the patient is a minor, a guardian must sign the form.
- To help ensure a timely review of your case, please return the form as soon as possible.

Important notes for the Transition of Care form

- **Question 5:** Please include information about your current or proposed treatment plan and how long your treatment is expected to continue. If surgery has been planned, state the type and the proposed date of your surgery.
- **Section directly after question 10:** Briefly state your health condition. When did it begin? What doctor is currently involved? How often do you see this doctor?

Please send your completed Transition of Care form to:

New Mexico Health Connections
2440 Louisiana Blvd. NE, Suite 601
Albuquerque, NM 87110
Attn: Case Management

Or fax your completed form to: 1-866-628-3047.

Need help?

If you have questions about your Transition of Care Request, please call our Case Management department toll-free at 1-844-691-9984.



New Mexico Health Connections (NMHC) Transition of Care Request Form

Who needs to complete this form? Newly enrolled members with NMHC who are receiving current medical treatment with a non-participating provider should complete this form and submit it to NMHC.

You also have the option to complete this form online via a secure survey: <https://www.research.net/r/NMHC-TOC>. NMHC uses a HIPAA-compliant platform and survey vendor to collect your personal responses.

Member Name	Member ID	Employer Name
Home Address, City, State, Zip		Employee Date of Enrollment
Home Phone/Cell Phone	Member's Date of Birth (mm/dd/yyyy)	

1. Is the member pregnant and in her second or third trimester? Due date: ___/___/____ (mm/dd/yyyy) Yes No
2. If yes, is the pregnancy considered high-risk? (e.g., multiple births, gestational diabetes, etc.) Yes No
3. Is the member currently receiving treatment for an acute condition or trauma? Yes No
4. Is the member scheduled for surgery or hospitalization after the effective date with NMHC? Yes No
5. Is the member involved in a course of chemotherapy, radiation therapy, cancer therapy, or terminal care? Yes No
6. Is the member receiving treatment as a result of a recent major surgery? Yes No
7. Is the member receiving dialysis treatments? Yes No
8. Is the patient a candidate for an organ or bone marrow transplant? Yes No
9. Is the member receiving behavioral health/substance abuse care? Yes No
10. Is the member expected to be in the hospital when NMHC coverage begins or during the next 30 days? Yes No

If you did not answer "yes" to any of these questions, please describe the condition for which the member requests Transition of Care and/or list any other continuing care needs that may qualify the member for Transition of Care coverage:

Please complete the health professional information requested below:

Group Practice Name		
Healthcare Provider Name	Provider Phone Number:	
Healthcare Provider Address		
Healthcare Provider Specialty		
Hospital Where Services Will Be Rendered	Hospital Phone Number	
Hospital Address		
Reason/Diagnosis		
Date of Admission (if applicable) (mm/dd/yyyy)	Date of Surgery (if applicable) (mm/dd/yyyy)	Type of Surgery
Reason for Request of Transition of Care/Treatment Being Received/Expected Duration		
I hereby authorize the above healthcare professional to give NMHC any and all of the information and medical records necessary to make an informed decision concerning my request for Transition of Care under NMHC. I understand that I am entitled to a copy of this authorization form.		
Signature of Member, Parent, or Guardian	Date (mm/dd/yyyy)	

Submit request to:
 New Mexico Health Connections
 Attn: Case Management Department/Transitions
 2440 Louisiana Blvd. NE, Suite 601
 Albuquerque, NM 87110
 Phone: 1-844-691-9984
OR fax to 1-866-628-3047

As this provider is neither contracted with nor has had his/her credentials verified by NMHC, we cannot ensure that the provider's background, training, and experience meet broadly accepted standards of medical practice or NMHC requirements. The purpose of the Transition of Care program is to allow you to continue receiving ongoing treatment from your existing provider for a specific medical condition for a defined time period. If at any point during the Transition of Care period, you prefer to see an NMHC-credentialed provider, please contact us for direction.