HARBOR HEALTH INSURANCE COMPANY (HHIC)
TRANSITION & CONTINUITY OF CARE MEMBER GUIDE

TRANSITION OF CARE

If you are currently undergoing a course of treatment using an out-of-network Provider when you first enroll in the Plan, you may be eligible to receive Transition of Care ("TOC") Benefits. This transition period is available for specific medical services and for limited periods of time. Harbor Health Insurance Company (HHIC) is an HMO that requires members to see in-network providers. Exceptions are sometimes granted if you are undergoing active treatment or have a special circumstance, such as you have a life-threatening illness, are undergoing inpatient care, or are scheduled to undergo nonelective surgery or receive postoperative care.

The request for TOC must be submitted within 30 days of enrollment. New members with ongoing care needs may request transition of care authorization to continue with a non-network provider for up to 90 calendar days following enrollment while transitioning to an in-network provider. Eligible circumstances include active treatment for serious chronic conditions, pregnancy, behavioral health, or post-operative recovery.

Note: Until Harbor Health has completed a review and issued an approval for your TOC request, you will be responsible for the full cost of any non-emergency care you receive from the out-of-network provider.

If you have questions regarding this transition of care policy or would like help determining whether you are eligible for transition of care Benefits, please contact us at the telephone number on your ID Card.

CONTINUITY OF CARE

If you are undergoing a course of treatment from a Network Physician, Provider or facility at the time that Network Physician's, Provider's or facility's contract terminates with us for any reason, except for medical competence or professional behavior, you may be entitled to continue that care at the Network Benefit level. This is called Continuity of Care (COC). Continuity of care is available in special circumstances in which the treating Physician or health care Provider reasonably believes discontinuing care by the treating Provider could cause harm to the Member. Special circumstances include Members with a disability, acute condition, life-threatening illness, pregnant and undergoing a course of treatment for the pregnancy, undergoing inpatient care, or scheduled to undergo nonelective surgery, including receipt of postoperative care.

The treating Provider must submit the continuity of care request. If continuity of care is approved, it may not be continued beyond 90 days after the Physician's, Provider's or facility's contract is terminated, or twelve months after the Physician's, Provider's or facility's contract is terminated if the Member has been diagnosed as having a terminal illness at the time of termination. If the Member is pregnant and the time of termination, coverage at the Network level will continue through the delivery of the child, immediate postpartum care and the follow-up checkup within the six-week period after delivery.

If you have questions regarding this continuity of care policy or would like help determining whether you are eligible for continuity of care Benefits, please contact us at the telephone number on your ID Card.

IDENTIFY A QUALIFYING TOC OR COC SITUATION

You may be eligible for TOC or COC benefits if you are in the middle of active treatment for a serious and complex condition. Examples of this situation are:

1. Pregnancy or undergoing course of treatment for pregnancy
2. Surgery scheduled or recently performed
3. Undergoing postoperative care
4. Post Transplant or on the Transplant list
5. Undergoing institutional or inpatient care from the provider
6. Having been determined to be terminally ill
7. The provider has special expertise not available with in-network providers

STEPS TO TAKE FOR A TOC OR COC REVIEW

1. Download and complete the Harbor Health TRANSITION & CONTINUITY OF CARE **PATIENT** REQUEST FORM form found at harborhealth.com.
2. Return the Harbor Health TRANSITION & CONTINUITY OF CARE PATIENT REQUEST FORM and any supporting documentation to the fax or mailing address included on the form.
3. Discuss the situation with your Provider
    - Ask your provider to complete and submit the TRANSITION & CONTINUITY OF CARE **PROVIDER** REQUEST FORM. This form can be downloaded from the Harbor Health website at www.harborhealth.com.

FAQs

What is transition of care (TOC) coverage? TOC coverage is temporary coverage (typically 90 days) with an out-of-network provider. You may be able to receive TOC when you become a ***new*** member of the health plan and you're being treated by a provider who is not in the network. Approved TOC coverage allows a member who is receiving treatment to continue the treatment for a limited time on an in-network basis. The purpose of TOC is to give you time to transition your care to a Network Provider.

What other types of providers can be considered for TOC coverage? Other providers include psychologists, licensed counselors, physical therapists, or visiting nurses.

How long does TOC coverage last? TOC coverage typically lasts 90 days from your effective date with Harbor Health, but this may vary based on your condition or situation. We will tell you if your TOC coverage request is approved and how long the coverage will last.

How will I know if my request for TOC coverage is approved? We will send you a letter stating whether or not you are approved.

What is Continuity of care (COC) coverage? COC Coverage may apply if your provider leaves or is terminated from the Harbor Health Network and you are currently under that provider's care for a serious and complex condition. The purpose of COC is to give you time to transition to a Network Provider.

How long does COC coverage last? COC coverage typically lasts 90 days from the date the provider leaves the Harbor Health network but this may vary based on your condition or situation. We will tell you if your COC coverage request is approved and how long the coverage will last.

How will I know if my request for COC coverage is approved? We will send you a letter stating whether or not you are approved.