Transition of Care or Case Management Request Form

Empire BlueCross BlueShield
Attention: Manager
15-17 Plaza Drive
Latham, NY 12110
Fax: 518-367-2113

INSTRUCTIONS:

Are you a new Empire BlueCross BlueShield (Empire) member who has been receiving care for a complex condition, chronic illness or pregnancy past the first trimester? If you (or a covered family member) are moving to Empire and your current provider is outside the Empire network, please know you have the right to ask for a continuation of services for up to 60 days with this form. In order to be eligible, you must have a life-threatening or disabling condition — or, if you are pregnant, you must be past the first trimester of pregnancy.

If your request is accepted, Empire will treat your coverage for treatment of the condition as if it was in network. Your provider must agree to accept reimbursement from Empire as payment in full in order for this coverage right to apply.

You may also use this form to request an Empire case manager. Case managers are registered nurses or other qualified health care professionals who support members with ongoing health care issues. They can help you or a covered family member deal with complex conditions, chronic illnesses, hospitalizations and other treatment needs.

Case managers also coordinate care and provide information about community resources and educational materials.

If you would like to request Transitional Care services, please complete the attached form and return it to us. If you are interested in Case Management services only and not transitional care, please use the same form but skip sections 3 and 4.

Mail the completed form to: Empire BlueCross BlueShield
Attention: Manager
15-17 Plaza Drive
Latham, NY 12110

OR, fax it to: 518-367-2113

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SECTION 1: MEMBER/EMPLOYER INFORMATION

Empire member name		Member ID no.	
Address	City	State	ZIP code
Email address	Home phone no.	Work phone no.	
Employer name		Empire plan effective date	

SECTION 2: PATIENT INFORMATION

First name	Last name	Date of birth	
Relationship to member ☐ Self ☐ Spouse/domestic partner ☐ Child	Home phone no.	Work phone no.	
Address (if different then above)		State	ZIP code

SECTION 3: PHYSICIAN INFORMATION

Out-of-network physician name		
Address		Physician phone no.
Date of last visit	Next scheduled appointment	Frequency of visits
Condition being treated		Expected length of treatment

SECTION 4: REQUESTED SERVICES FOR TRANSITIONAL CARE

☐ OB (date of delivery) _____	☐ Immunological deficiency	☐ Bone marrow/organ transplant
☐ Moderate/high-risk pregnancy	☐ Pediatrics	☐ Other _____
☐ Inpatient care (after surgery)	☐ Outpatient care	
☐ Oncology (nonsurgical treatment)	☐ End-stage renal disease	

Diagnosis
Brief description of active treatment being received

Authorization: I am requesting that Empire allow continued treatment by the out-of-network physician(s) named above for a period of up to 60 days from the effective date of my Empire coverage to treat the listed condition. I permit this physician(s) to provide all necessary medical information or records to Empire, as required to make a decision about my coverage for transitional care services. I understand that the out-of-network physician must agree to accept Empire's in-network payment rate in order for this request to be considered for approval.

Patient's signature/Parent or Guardian's signature if patient is a minor	Date

SECTION 5: CASE MANAGEMENT SERVICES

Are you a candidate for Case Management services? The answer may be yes if any of the below statements apply:

☐ You have been in the hospital more than twice in the last six months.
☐ You have been to the emergency room more than twice in the last six months.
☐ You have had a major illness or surgery in the last six months.
☐ You have a chronic condition, such as diabetes, asthma, coronary artery/heart disease, or chronic obstructive pulmonary disease/emphysema.

Want to speak with a case manager about your health care status or available services? Please sign below:

Patient's signature/Parent or Guardian's signature if patient is a minor	Date