

transition of care

For Members

For new LifeWise Health Plan of Oregon members whose current provider is not in our network.

(For informational purposes only)

What is **Transition of Care**?

If you are a new LifeWise member undergoing covered medical treatment(s) with a provider who is not contracted with LifeWise as a Preferred Provider (or in-network provider), you may have questions about your new medical coverage. Transition of Care involves working with LifeWise to receive the highest level of benefits available to you as you change over to your new health plan.

Do you **qualify** for Transition of Care?

Answer the following questions to find out if you may qualify.

Are you:

- Yes No 1. Receiving treatment or care for the second or third trimester of your pregnancy?
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- Yes No 2. Currently enrolled in a hospice program?
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- Yes No 3. Receiving treatment or care for chemotherapy, radiation therapy, new anticoagulation therapy, follow-up of reconstructive surgery or a medication regimen requiring a rapid increase in dose?
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- Yes No 4. Receiving treatment or care for recent major surgery?
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- Yes No 5. Receiving treatment or care for mental health or substance abuse?
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- Yes No 6. Receiving treatment or care for surgery or hospitalization that is scheduled after you have enrolled in your new LifeWise Health Plan?
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If you answered “yes” to any of these questions, follow the directions on the back to apply for Transition of Care.

If you answered “no” to all of these questions, you have these two options:

→ **Find a new in-network healthcare provider by:**

Using the “Find a Doctor” search tool on lifewiseor.com.

Calling Customer Service at the number on the back of your member ID card.

→ **Stay with your current healthcare provider** at a higher, out-of-network cost to you.

(turn over for more useful information)



Transition of Care

How do I apply for Transition of Care with my present healthcare provider?

If you answered “yes” to any of the questions on the front, you might qualify for Transition of Care. If you qualify, LifeWise will approve your continued care for a limited time with your current, out-of-network healthcare provider.

To apply:

- 1 Ask your current healthcare provider to submit a request for Transition of Care.**
- 2 Your healthcare provider must submit a request by phone or in writing to:**
Phone: 800-344-2227 and press 3
Fax: 800-866-4198 or 800-843-1114
- 3 LifeWise reviews your request.**
Our care management team will review the information submitted by your healthcare provider within 10 business days.
- 4 LifeWise will notify you by mail of our decision about coverage after we review your request.**
If we approve the request, continued care with your current healthcare provider will be paid at the in-network benefit level described in your benefits booklet. You may still need to pay for charges that exceed the maximum allowable amount. Your Transition of Care benefits may also be limited to a defined period of time based on the treatment plan.
Although not all requests will meet the requirements for approval, LifeWise will work closely with you and your healthcare provider to help find the best course of treatment.

If you have questions about Transition of Care, call the Customer Service number listed on the back of your health plan member ID card.



Discrimination is Against the Law

LifeWise Health Plan of Oregon (LifeWise) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. LifeWise does not exclude people or treat them differently because of race, color, national origin, age, disability, sex, gender identity, or sexual orientation. LifeWise provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print, audio, accessible electronic formats, other formats). LifeWise provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages. If you need these services, contact the Civil Rights Coordinator. If you believe that LifeWise has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Civil Rights Coordinator — Complaints and Appeals, PO Box 91102, Seattle, WA 98111, Toll free: 855-332-6396, Fax: 425-918-5592, TTY: 711, Email AppealsDepartmentInquiries@LifeWiseHealth.com. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Ave SW, Room 509F, HHH Building, Washington, D.C. 20201, 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Language Assistance

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 800-596-3440 (TTY: 711).

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 800-596-3440 (TTY: 711).

注意: 如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 800-596-3440 (TTY: 711)。

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 800-596-3440 (телетайп: 711).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 800-596-3440 (TTY: 711) 번으로 전화해 주십시오.

УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером 800-596-3440 (телетайп: 711).

注意事項: 日本語を話される場合、無料の言語支援をご利用いただけます。800-596-3440 (TTY:711) まで、お電話にてご連絡ください。

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 800-596-3440 (رقم هاتف الصم والبكم: 711).

ATENȚIE: Dacă vorbiți limba română, vă stau la dispoziție servicii de asistență lingvistică, gratuit. Sunați la 800-596-3440 (TTY: 711).

ប្រយ័ត្ន: បើសិនជាអ្នកនិយាយភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតល្អល

គឺអាចមានសំរាប់អ្នក។ ចូរ ទូរស័ព្ទ 800-596-3440 (TTY: 711)។

XIYYEEFFANNAA: Afaan dubbattu Oroomiiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 800-596-3440 (TTY: 711).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung.

Rufnummer: 800-596-3440 (TTY: 711).

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 800-596-3440 (TTY: 711) تماس بگیرید.

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 800-596-3440 (ATS : 711).

เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 800-596-3440 (TTY: 711).

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad.

Tumawag sa 800-596-3440 (TTY: 711).

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 800-596-3440 (TTY: 711).

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 800-596-3440 (TTY: 711).

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 800-596-3440 (TTY: 711).

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 800-596-3440 (TTY: 711).