

New Member Transition of Care Form

We're here to help! Our Customer Service Professionals will work with you and your providers so you can access medically necessary services. For example: medication infusions or scheduled surgery.

First and last name

Phone

Email address

Member ID number (if received)

Name of employer

To be eligible for consideration, you or your family member must:

- Be receiving ongoing care for specific medical conditions* (See Question 1 for typical conditions)
- The care must have started prior to enrollment with Mass General Brigham Health Plan

To request New Member Transition of Care, please answer the following questions:

1. What are you requesting Transition of Care for? If not listed, please explain.

- | | | |
|---|---|---|
| <input type="checkbox"/> Pregnancy | <input type="checkbox"/> Behavioral health condition | <input type="checkbox"/> Specialty Pharmacy/home infusion |
| <input type="checkbox"/> Cancer: newly diagnosed/ongoing cancer treatment | <input type="checkbox"/> Enrollment in a care management/disease management program | <input type="checkbox"/> Recent heart attack |
| <input type="checkbox"/> Sick newborn requiring intensive care | <input type="checkbox"/> Acute trauma or surgery | <input type="checkbox"/> Pharmacy |
| <input type="checkbox"/> Scheduled or approved elective surgery | <input type="checkbox"/> Applied Behavioral Treatment (ABT) | <input type="checkbox"/> Rare medical condition or other (please specify below) |

2. What is the name of the provider(s) you or your dependent receive care from?

Provider name

Phone

Provider address

Provider name

Phone

Provider address

3. When was the last time you or your dependent saw this provider(s) for the conditions noted?

4. How often do you or your dependent see this provider(s)?

5. What's the best way to reach you during business hours? Email Telephone

Do you give us permission to leave a message? Yes No

Member signature (Parent or legal guardian for members under age 18)

Date

Return completed form by email, mail, or fax. A Customer Service Professional will get back to you to help you make a smooth transition. If you have questions, call Customer Service at **866-643-8392 (Option 1)**.

Email: You can email this form to customerservice@alwayshealth.org

Fax: 617-586-1799

Mail: Mass General Brigham Health Plan
Customer Service
399 Revolution Drive, Suite 820
Somerville MA 02145

**Examples of chronic medical condition that typically are not eligible for Transition of Care program (unless the condition is not stable OR the member receives IV medication infusions for a chronic condition) include arthritis, asthma, allergies, diabetes, hypertension, and COPD/emphysema.*

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