



# MARTIN'S POINT

MEDICARE ADVANTAGE PLANS

GENERATIONS ADVANTAGE

## Continuity of Care: For Members Undergoing Eligible Medical Treatment while Enrolling in a Generations Advantage Plan

Dear Martin's Point Generations Advantage Member,

We are pleased to have you with us! In the event you are currently receiving important medical treatments, and to help avoid any disruptions in your care, we want you to know about the Continuity of Care program.

### Quick Facts about Continuity of Care:

- 1. What Is It?** Effective 1/1/2024, if you are a new or returning Martin's Point Generations Advantage member, you may be entitled to a 90-day Continuity of Care period. This is to ensure your ongoing care remains uninterrupted during your switch.
- 2. Who Can Benefit?** Continuity of Care is available to all new/returning members who are currently undergoing an 'active course of treatment.'

This typically would apply to a member who is actively seeing a provider and following the prescribed or ordered course of treatment as outlined by the provider for a particular medical condition.

- **Eligible Treatments:** Treatments that qualify for Continuity of Care include, but are not limited to, ongoing cancer therapies such as chemotherapy, post-surgery care, and acute conditions in active treatment such as heart attacks, strokes, or unstable chronic conditions. These are treatments that typically require a prior authorization. For example, if you have started care and received a prior authorization under your former health plan for one of the treatments listed above, you would not need a new authorization for the first 90 days of eligibility for Continuity of Care.
- 3. Next Steps?** If this sounds like your situation, please complete the enclosed form and send it back to us as soon as possible. This lets us help you maintain your treatment seamlessly as you transition to your new plan.

If you have any questions about this program or need assistance, don't hesitate to contact us at 1-877-659-2403. We're here to help!

Warm regards,

Health Management Department

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# Continuity of Care Form



**MARTIN'S POINT**<sup>®</sup>  
MEDICARE ADVANTAGE PLANS

Your health is our top priority. To prevent coverage gaps during your transition to your Martin's Point Generations Advantage plan, please complete this form if you have upcoming appointments or procedures scheduled within the first 90 days of enrollment in your new plan. NOTE: Please do not use this form for prescription medications or providers who are ending their participation in our network.

## 1 Member Information

**I am:** A new Martin's Point Generations Advantage Member

**OR**

An existing member switching to another Martin's Point Generations Advantage plan

Member Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Generations Advantage Member ID Number: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

## 2 Screening Questions for Continuity Care

1. Do you have any hospitalizations scheduled within the first 90 days after your effective coverage date?    Yes    No
2. Do you have any procedures scheduled within the first 90 days after your effective coverage date?    Yes    No
3. Do you have any appointments scheduled with any providers (other than your Primary Care Provider) within the first 90 days after your effective coverage date?    Yes    No
4. Are any of your medical providers out of your Generations Advantage plan's network?  
Yes    No
5. Are you currently receiving any equipment or supplies from an out-of-network Durable Medical Equipment (DME) supplier (ex. oxygen, CPAP, insulin pump, continuous glucose monitor (CGM), ostomy or catheter supplies)?    Yes    No
6. Are you pregnant?    Yes    No
7. Are you receiving treatment for a terminal illness?    Yes    No

**If you answered "No" to all of the above questions, you do not need to complete this form.** 

**If you answered "Yes" to any of the above, proceed to Section 3.**

### 3 Provider Information

**Providers I am seeing in the first 90 days after enrollment:** If you have more than two providers, please list their information on a separate sheet of paper and return it with your form.

**Provider #1 Hospitalization/Procedure/Appointment Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

Date you began seeing this provider for this course of treatment: \_\_\_\_/\_\_\_\_/\_\_\_\_

Provider Name: \_\_\_\_\_

Provider Address: \_\_\_\_\_

Provider Phone #: \_\_\_\_\_

Reason for Visit: \_\_\_\_\_

Is provider out of network?    Yes        No        Unsure

**Provider #2 Hospitalization/Procedure/Appointment Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

Date you began seeing this provider for this course of treatment: \_\_\_\_/\_\_\_\_/\_\_\_\_

Provider Name: \_\_\_\_\_

Provider Address: \_\_\_\_\_

Provider Phone #: \_\_\_\_\_

Reason for Visit: \_\_\_\_\_

Is provider out of network?    Yes        No        Unsure

### 4 Care Management Questions

Were you working with a nurse or social work care manager with your previous health plan?

Yes        No

If yes, what health care needs were being addressed?

Would you like to be contacted by the Care Management Department at Martin's Point Health Care to discuss your health care needs?    Yes        No

I authorize Martin's Point Health Care to leave confidential information on my voicemail at the number(s) provided on the form above.

Please check all that apply:        Home        Cell        Do not leave confidential information on my voicemail

**5 Signature:** \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

### 6 Returning Your Form Please use the enclosed envelope to return this form by mail to:

Health Management Department, Martin's Point Health Care, PO Box 9746, Portland, ME 04104

### 7 Have Questions? Need Assistance?

If you have any questions or need assistance completing this form, call the Member Services number on the back of your member ID card (1-866-544-7504 (TTY: 711)).