

**HUMANA ELECTION STATEMENT ADDENDUM  
TRANSITIONAL CONCURRENT CARE COVERAGE**

**Patient Name:** \_\_\_\_\_

**Patient Medical Record Number:** \_\_\_\_\_

**Hospice Agency Name:** \_\_\_\_\_

**Purpose of Issuing this Notification**

The purpose of this addendum is to notify the Medicare beneficiary (or representative), in writing, of those conditions, items, services, and drugs that will be covered under the Transitional Concurrent Care model by Humana.

**Transitional Concurrent Care**

Transitional Concurrent Care is the provision of curative care for a terminal condition for a Participating Member in the Value-Based Insurance Design model. Whereas the traditional hospice benefit focuses on non-curative care, Transitional Concurrent Care will be inclusive of items or services that have been previously contemplated on the Participating Member’s plan of care with an existing provider in connection to the terminal diagnosis. Services may include but are not limited to, specialist provider visits, internist/PCP visits, access to specialized DME, and treatments for a variety of chronic and acute conditions. The Transitional Concurrent Care services available will be tailored to each Participating Member’s needs, as clinically appropriate, and will be coordinated by the hospice team. The Hospice Provider will coordinate with the referring provider and other members of the existing care team to define a plan for the tapering of care and services. Provision of transitional concurrent care is limited to enrollees who elect an in-network hospice provider.

The goal of the Transitional Concurrent Care is to adequately provide a smooth transition to non-curative care under the existing hospice benefit. This transitional hospice benefit will allow for the Participating Member to have up to 31 days to discontinue curative treatment.

The provision of Transitional Concurrent Care under the Program does not change the necessary criteria for hospice benefit eligibility or the requirement that the designated Hospice Provider provide all services and levels of care available under the hospice benefit.

**Diagnoses Related to Terminal Illness and Related Conditions**

1.	4.
2.	5.
3.	6.

**Transitional Concurrent Care Items, Services, and Drugs Determined to be covered:**

Items/Services/Drugs	Clinical Explanation for Coverage

*The decision around transitional concurrent care is made based on an individual patient’s situation.*

**\*Please share this clinical explanation with other health care providers when receiving transitional care services under this benefit.**

**Name(s) of Treating Providers Authorized to Provide Transitional Concurrent Care:**


**Information about Enrollee Cost-Sharing:**

Transitional concurrent services allow up to 31 days of continuing curative treatments based on member's established plan of care and coordinated by the hospice care team. Plan cost-sharing amounts and plan authorization rules apply. Please refer to your Evidence of Coverage Chap. 3 for using your plan's coverage for medical services.

Humana may deny coverage for care and services received outside of this established Transitional Concurrent Care addendum. The enrollee may be financially responsible for seeking services outside of this approved course of treatment as prescribed by the hospice provider and Humana.

**References to any Relevant Clinical Practice, Policy, or Coverage Guidelines:**

Humana publishes medical guidelines from a number of well-respected national sources. Information contained in the guidelines is not a substitute for a physician's or other healthcare professional's clinical judgment and is not always applicable to an individual. Therefore, the physician or healthcare professional and patient should work in partnership in the decision-making process regarding the patient's treatment. None of the information in the guidelines is intended to interfere with or prohibit clinical decisions made by a treating physician or other healthcare professional regarding medically available treatment options for patients.

**Right to Immediate Advocacy:**

Humana will consider any organization determinations, grievances, and appeals related to transitional concurrent care as expedited. Please send any appeal requests to Grievance and Appeal, P.O. Box 14546, Lexington, KY 40512-4546.

As a Medicare beneficiary, you have the right to contact the Medicare Beneficiary and Family Centered Care-Quality Improvement Organization (BFCC-QIO) to request for Immediate Advocacy if you (or your representative) disagree with the decision of the hospice agency on items that will be covered under the Transitional Concurrent Care model.

Please visit this website to find the BFCC-QIO for your area: <https://qioprogram.org/locate-your-qio> or call 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.

**Signing this notification (or its' updates) is only acknowledgment of receipt of this notification (or its' updates) and does not constitute your agreement with the hospice's determinations.**

**Signature of Beneficiary:** \_\_\_\_\_

**Date Signed:** \_\_\_\_\_

**Signature of Representative:** \_\_\_\_\_

**Date Signed:** \_\_\_\_\_