

Transitioning Pediatric Patients (Template on the last page)

We know that transitioning your pediatric patient (of a certain age) to their future provider for adult care, can be an emotional and sensitive issue. We offer the following advice and tools to assist you:

- **Talk with your patients** who are approaching adulthood about the need to select a primary care provider (PCP). Help them to take the next step by recommending several providers. You may even be able to provide some insight into who maybe a good fit for them.

Our Find a Doctor tool can help you or your patient identify appropriate providers who are accepting new patients. To access the Find a Doctor tool, go to the Blue Cross and Blue Shield of Vermont website at www.bcbsvt.com and select the Find a Doctor link. Once you accept the terms you can search by name, location, specialty or specific gender of provider.



- **Send a letter** to your patients with a list of PCPs accepting new patients. We offer a customizable letter you can use to help highlight the importance of selecting a new provider and walk the patient through the process. The form is located below.
- **Encourage the patients to call BCBSVT** directly at the customer service number listed on the back of their identification card for assistance in adding the new PCP to their member profile. We also offer an online option they can use to update their PCP by logging into our secure member portal at www.bcbsvt.com.

Thank you for helping our members, your patients, access quality healthcare.

Pediatric Transition Template

This template is provided to assist you with patient outreach. While the information is believed to be accurate, you should review it carefully to make sure it is appropriate for use by your office. Note that the areas highlighted in red are those that will need to be populated by each pediatrician office depending on your own internal procedures. Remove this header before mailing.

Date:

<Patient First Name> <Patient Last Name>
<Address Line One>
<Address Line Two>
<City>, <State> <Zip Code>

Dear <Patient Name>,

It seems like only yesterday that you stepped into our office for your first visit, so it's hard for us to believe that you have reached young adulthood. Because you are now <age> years old, we are very sorry to inform you that we are no longer able to meet your health care needs. We would be happy to provide you with names of providers who are accepting new patients.

We know that transitioning from a pediatrician to a provider for adult care can be an emotional and sensitive issue, and we would like to make the transition as smooth as possible. As a Blue Cross and Blue Shield of Vermont member, you can visit their online provider directory at www.bcbsvt.com/find-a-doctor to locate primary care providers in your area. If you need additional assistance, they also have available a Customer Service team by calling (800) 247-2583, Monday through Friday from 8:00 a.m. to 4:30 p.m.

If you have questions, please feel free to contact <name> at <(xxx) xxx-xxxx> with any questions or assistance in transitioning your care.

It is important that you find a new provider within the next 90 days. Enclosed <make sure to enclose form> is an authorization form that permits our office to send your new provider a copy of your medical records. Please complete the form and return it to our office. Feel free to call our office with any questions or concerns. We will gladly help you with this transition.

Sincerely yours,

<Name of person signing letter>