

Continuity of Care Program

For New and Established Enrollees

Continuity of Care Program – New Enrollees

For new enrollees of Blue Shield of California employer-sponsored Access+ HMO, group plans

(See **Page XX** for information about continuity of care services for **established** members of Blue Shield of California or Blue Shield of California Life & Health Insurance Company (Blue Shield Life) group and individual health plans who are receiving care for a serious medical condition when a contracted provider leaves the Blue Shield provider network.)

Maintaining continuity of care

Blue Shield of California recognizes the importance of maintaining a strong doctor-patient relationship when people change health plans, especially if they have a serious medical condition.

That's why we designed the Continuity of Care Program for newly enrolled Access+ HMO members to complete their care with their current healthcare provider or to provide a smooth transition of care from their current healthcare provider to their Access+ HMO Personal Physician and IPA/medical group.

Who is eligible

If you or your covered dependents are new enrollees in a Blue Shield of California Access+ HMO plan and are currently receiving treatment for a qualifying medical condition from a healthcare provider who does not belong

to the Access+ HMO provider network, you may be eligible to complete treatment of your condition with your current provider.

Examples of conditions and situations that may qualify for completion of care with your current provider who does not belong to Blue Shield's HMO provider network include, but are not limited to:

- An acute condition requiring prompt medical attention and that has a limited duration (not to exceed the acute phase of the condition when care can be safely transferred to a Blue Shield contracting provider)
- A serious chronic condition, for the period of time necessary to complete a course of treatment and to arrange for safe transfer of care to a Blue Shield contracting provider (but not to exceed 12 months from the effective date of coverage)
- Pregnancy, including immediate postpartum period
- Care of newborn between birth and 36 months (not to exceed 12 months from effective date of coverage)
- A surgery or other treatment that was previously recommended and documented by the provider to take place within 180 days of the effective date of coverage and which is authorized by Blue Shield
- Terminal illness, regardless of the duration.

Continuity of care is also available if you are currently receiving services for a serious mental health condition. To obtain further information, please contact our mental health services administrator, U.S. Behavioral Health Plan, California, directly by calling their Member Services at **(877) 263-9952**.

If you are currently receiving services for a serious dental condition and your employer has purchased additional group HMO dental plan benefits from Blue Shield, you may be eligible to continue care with your current dental provider. To obtain further information, please contact our dental plan administrator, Dental Benefit Providers of California, Inc., directly by calling their HMO Dental Plan Member Services at **(800) 585-8111**.

Who is not eligible?

You are not eligible for the Continuity of Care Program if you:

- Are offered a health plan with an out-of-network option, such as a fee-for-service or point-of-service plan, through your employer, or
- Had the option to continue with your previous health plan or healthcare provider, but voluntarily chose to change health plans.

How the program works

When you enroll in a Blue Shield Access+ HMO plan offered through your employer, you may be eligible to complete your care with your current provider who does not belong to Blue Shield's HMO provider network. If you believe you qualify, complete Blue Shield's Request for Continuity of Care Services form. This form should be returned to Member Services for review **at least 60 days** before your health plan takes effect, or as soon as you become aware of the need for continuity of care services. We will send you a letter describing how we have responded to your request to complete treatment with your current provider.

Access+ HMO network providers

If you qualify for our Continuity of Care Program for new enrollees and the primary care physician currently treating your medical condition is an Access+ HMO Personal Physician, Member Services will contact you so you can select that physician to be your Access+ HMO Personal Physician.

If your treating physician is a **specialist** who belongs to the Access+ HMO provider network, a Member Services representative will assist you in choosing a Personal Physician in the same IPA/medical group as the specialist who is treating you. The Member Services representative will also tell you how to obtain a specialist referral from your Personal Physician.

Non-network providers

If your treating physician or other health-care provider (such as a hospital) does not belong to the Blue Shield Access+ HMO provider network, Member Services will send your *Request for Continuity of Care Services* form to our Medical Management department.

We will contact your provider, who must agree to certain conditions required of Blue Shield contracted providers, as permitted by state law. If the provider does not agree, then your request for completion of care with the non-network provider will be denied. In those instances, Medical Management will assist with the transfer of your medical care to your Blue Shield HMO Personal Physician and IPA/medical group, ensuring that reasonable consideration is given to the potential effects that changing provider(s) may have on your medical condition.

If the provider agrees to the required conditions, Blue Shield will authorize the completion of your care and notify you in writing of any special provisions and/or limitations.

Services covered under the Continuity of Care Program do not include benefits that are not otherwise covered under the terms and conditions of your Blue Shield of California Access+ HMO plan contract.

Continuity of Care Program – Established Members

A completion of care option is available for established members (i.e., not new enrollees) of Blue Shield of California and Blue Shield Life group or individual health plans who are receiving care for a serious medical condition when the contracted provider leaves the Blue Shield network of providers.

Members will receive notice of the date of any hospital terminations in their area. Additionally, Access+ HMO members will receive notice of the date their Personal Physician or IPA/medical group will leave Blue Shield's provider network.

Who is eligible

If you or your dependents are current enrollees in a Blue Shield of California or Blue Shield Life health plan and are currently receiving treatment for a qualifying medical condition from a provider who leaves our network, you may be eligible to complete your care with the provider who has left or is leaving our network.

Examples of conditions and situations that may qualify for Continuity of Care Program services include, but are not limited to:

- An acute condition requiring prompt medical attention and that has a limited duration (not to exceed the acute phase of the condition when care can be safely transferred to a Blue Shield contracting provider)
- A serious chronic condition, for the period of time necessary to complete a course of treatment and to arrange for safe transfer of care to a Blue Shield contracting provider (but not to exceed 12 months from the date the provider leaves Blue Shield's network)
- Pregnancy including immediate post-partum care
- Care of newborn between birth and 36 months (not to exceed 12 months from the date the provider leaves Blue Shield's network)
- A surgery or other treatment that was previously recommended and documented by the provider to take place within 180 days of the date the provider leaves Blue Shield's network and which is authorized by Blue Shield
- Terminal illness, regardless of the duration.

Continuity of care is also available if you are currently receiving services for a serious mental health condition. To obtain further information, please contact our mental health services administrator, U.S. Behavioral Health Plan, California, directly by calling their Member Services at **(877) 263-9952**.

If you are currently receiving services for a serious dental condition and your employer has purchased additional group HMO dental plan benefits from Blue Shield, you may be eligible to continue care with your current dental provider. To obtain further information, please contact our dental plan administrator, Dental Benefit Providers of California, Inc., directly by calling their HMO Dental Plan Member Services at **(800) 585-8111**.

How the program works

We will notify you if your contracted hospital leaves our provider network. (Additionally, Access+ HMO members will receive notice of the date their Personal Physician or IPA/medical group will leave Blue Shield's provider network). If your provider leaves our network, and you believe you qualify for our Continuity of Care Program, contact the Blue Shield service department shown on your Blue Shield member ID card to obtain a Request for *Continuity of Care Services* form. Complete the form and return it to us as shown on the form.

We will contact your provider, who must agree to certain conditions required of contracted providers, as permitted by state law. If the provider does not agree to these conditions, then your request for completion of care with the provider leaving our network will be denied.

In those instances, our Medical Management department will assist with the transfer of your medical care to a Blue Shield network provider, ensuring that reasonable consideration is given to the potential effects that changing providers may have on your medical condition.

If the provider agrees to the required conditions, we will authorize your continued care and notify you in writing of any special provisions and/or limitations.

Services covered under our Continuity of Care Program do not include benefits that are not otherwise covered under the terms and conditions of your Blue Shield of California or Blue Shield Life health plan contract.

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