

Blue Shield of California's Continuity of Care Program helps eligible members remain under the care of a current provider. Read on to learn how to qualify for continuity of care services after your plan changes.

Maintaining continuity of care

Blue Shield knows it's important to maintain a strong doctor-patient relationship when you change healthcare plans. This includes staying with a provider while getting care for a serious medical condition.

That's why Blue Shield created the Continuity of Care Program. We're excited about recent legal changes that expanded eligibility for these services to more members.

Continuity of care for newly enrolled members

If you or your covered dependents are new enrollees in a Blue Shield plan and are currently getting care for a qualifying medical condition from a healthcare provider that does not belong to Blue Shield's provider network, you may be eligible for completion of care with your current provider. Note: The Continuity of Care Program is not available to all new enrollees of Blue Shield plans.

Who is eligible?

You may qualify for continuity of care services:

- You are a current subscriber or enrolled dependent currently getting care for a qualifying medical condition from a provider no longer in your health plan's network.
- You or your covered dependent are newly enrolled and are currently getting care for a qualifying medical condition from a healthcare provider outside of Blue Shield's network.
- You are a member whose employer group made a plan change. Your group no longer offers coverage for you to complete your current course of care with a network provider.
- You or your covered dependents had constant health coverage. Your last health plan prior to enrolling with Blue Shield withdrew from the health plan market.

- You are a Blue Shield plan subscriber or a covered dependent getting care for a qualifying medical condition from a non-network provider. Your Blue Shield plan offers no non-network benefits.

Qualifying medical conditions

Depending on plan terms and conditions, members may qualify for continuity of care for certain services, such as:

- Inpatient care (under federal CoC requirements)
- Terminal illness which may exceed 12 months from the contract termination date or the effective date of coverage for a new enrollee.
- An active course of treatment for an acute medical condition, or mental health or substance use disorder, including a maternal mental health condition.
- Treatment for a serious and complex condition, or as part of an active course of treatment for a serious chronic condition.
- Pregnancy care, regardless of trimester, or postpartum care.
- Care of newborn up to 36 months of age.
- Surgery or other treatment previously recommended and documented by provider.

The time that continuity of care services are available depends on the qualifying medical condition. Services must be approved by Blue Shield.

Non-network providers cannot charge members the difference between Blue Shield's contracted rate and the out-of-network rate. This is known as balance-billing.

Non-network providers are required to accept continuity of care under the terms and rates of the incumbent under Federal CoC regulations.

Who is not eligible?

Eligibility requirements for continuity of care have not been met if:

- You are a new Blue Shield subscriber or dependent who has non-network benefits.
- You are a new Blue Shield subscriber or dependent who has had no previous constant health plan coverage.
- You are a member who has not established treatment with a non-network provider prior to your enrollment date with Blue Shield.
- You are a member who does not have a qualifying medical condition.
- As a current Blue Shield member, you voluntarily change your plan; your current provider is not part of the new plan's network.
- You are a member who is enrolled in a self-funded group; your employer does not offer continuity of care services.

Services not eligible for continuity of care

- Supporting services like radiology, laboratory, audiology and hearing services, cardiac monitoring, sleep laboratory services, and dialysis centers
- Routine exams, vaccinations, and health assessments
- Specialty assessments for a new clinical concern
- Chronic conditions that can be monitored: diabetes, arthritis, allergies, asthma, kidney disease and hypertension
- Minor illnesses like colds, sore throats, and ear infections
- Elective services and procedures not scheduled prior to the provider termination
- Second opinions
- Home care services (home health, home infusion, skilled nursing, private duty nursing, personal care assistant services)
- Medical day care (adult and pediatric)
- Transportation services
- Durable Medical Equipment (DME) like orthotics and prosthetics

Other considerations

Mental health services

You can access continuity of care if you are currently getting services for a serious mental health condition. To learn more, contact our mental health service administrator at the Mental Health Customer Service number on your Blue Shield member ID card.

Dental services

If you are currently getting services for a serious dental condition, and you or your employer purchased extra dental plan benefits from Blue Shield, you may be eligible to continue care with your current dental provider.

To learn more, contact our dental plan administrator at the Customer Service number on your Blue Shield member ID card.

Non-network providers

If your treating physician or other healthcare provider (such as a hospital) does not belong to the provider network for your health plan, Customer Service will assess your continuity of care needs. If you are eligible, we will direct your Continuity of Care Services Request Form to the correct department.

Your provider of services must agree to certain conditions. This includes terms of reimbursement that are like those used by the plan for participating providers in the same pricing region as permitted by state law.

If your provider does not agree, your request for completion of care with the non-network provider will be denied. Blue Shield will 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 covered under your Blue Shield plan contract or policy.

How to apply for continuity of care services

If your provider leaves your Blue Shield health plan's network and you believe you qualify for our Continuity of Care Program, contact Included Health Customer Service at **(855) 633-4436**.

Included Health Customer Service can help you with network provider options and plan benefits. If needed, we can also help complete a Continuity of Care Request Form for processing. View the form at includedhealth.com/calpers or at blueshieldca.com/bsca/member-forms.sp.



NOTICES AVAILABLE ONLINE

Nondiscrimination and Language Assistance Services

Blue Shield complies with applicable state and federal civil rights laws. We also offer language assistance services at no additional cost.

View our nondiscrimination notice and language assistance notice: **blueshieldca.com/notices**. You can also call for language assistance services: **(866) 346-7198 (TTY: 711)**.

If you are unable to access the website above and would like to receive a copy of the nondiscrimination notice and language assistance notice, please call Customer Service at **(888) 256-3650 (TTY: 711)**.

Servicios de asistencia en idiomas y avisos de no discriminación

Blue Shield cumple con las leyes de derechos civiles federales y estatales aplicables. También, ofrecemos servicios de asistencia en idiomas sin costo adicional.

Vea nuestro aviso de no discriminación y nuestro aviso de asistencia en idiomas en **blueshieldca.com/notices**. Para obtener servicios de asistencia en idiomas, también puede llamar al **(866) 346-7198 (TTY: 711)**.

Si no puede acceder al sitio web que aparece arriba y desea recibir una copia del aviso de no discriminación y del aviso de asistencia en idiomas, llame a Servicio al Cliente al **(888) 256-3650 (TTY: 711)**.

非歧視通知和語言協助服務

Blue Shield 遵守適用的州及聯邦政府的民權法。同時，我們免費提供語言協助服務。

如需檢視我司的非歧視通知和語言幫助通知，請造訪 **blueshieldca.com/notices**。您還可致電尋求語言協助服務：**(866) 346-7198 (TTY: 711)**。

如果您無法造訪上述網站，且希望收到一份非歧視通知和語言幫助通知的副本，請致電客戶服務部，電話：**(888) 256-3650 (TTY: 711)**。