

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 or if your provider leaves the network.

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.

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 if:

- 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 preferred provider.

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

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 had no previous constant health plan coverage.
- You are a member who has not established treatment with a non-preferred 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.

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 (except for pregnancy and children up to 3 years of age)
- Specialty assessments for a new clinical concern
- Chronic conditions that can be monitored by primary care: 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-preferred 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 Request Form to the correct department.

Your provider of services must agree to certain conditions. If your provider does not agree, your request for completion of care with the non-preferred provider may 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 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.