

## Request for Continuity of Care Services

Blue Shield of California Promise Health Plan (“Blue Shield Promise”) provides continuity of care services to new and current Medi-Cal plan members who have changed plans. This change must be from a fee-for-service (FFS) Medi-Cal plan into a Medi-Cal managed care plan (MCP). We also provide services if your provider is now out of Blue Shield Promise’s provider network. Continuity of care will be provided according to state law and the health plan. There may be some exceptions. These are listed under “Exceptions” in this document.

This form may be completed and submitted by a healthcare provider or by a Blue Shield Promise representative on behalf of the Medi-Cal member. This form is not intended to be presented to a Medi-Cal member for the member to complete and submit.

### Continuity of care requests

Blue Shield Promise Medi-Cal members with pre-existing providers may maintain care for up to 12 months. Or they may take the time required to complete the course of care. The option with the shortest amount of time will be chosen. If the member needs more than 12 months of care, they may continue. This care will continue with the previous provider. It continues until Blue Shield Promise arranges a safe transfer. This safe transfer will be to an in-network provider.

### When a provider leaves Blue Shield Promise or is an out-of-network provider

Qualified members may need to extend continuity of care services. These services must be through Medi-Cal fee-for-service (FFS) or another MCP. Blue Shield Promise must provide continuity of care healthcare services with an out-of-network, certified Medi-Cal provider. This includes Medi-Cal certified provider groups. The following requirements must be met:

1. Blue Shield Promise is able to rule the member has a pre-existing relationship with the provider.
  - A pre-existing relationship consists of one out-of-network visit. This visit may be to a primary care provider or a specialist. This visit must have occurred during the 12 months before initial enrollment. This includes visits for non-emergencies. The visit must be prior to the date the provider left the network.
  - Blue Shield Promise needs medical records to confirm the pre-existing relationship. This is the relationship between the provider and the member. Self-evidence from the member is not proof of the relationship.
2. The out-of-network provider meets Blue Shield Promise’s professional standards. They must not have any quality of care issues.
3. The provider is a California state plan approved Medi-Cal provider.
4. The provider supplies Blue Shield Promise with all relevant treatment information. This is to determine medical necessity. The provider must supply a current treatment plan. Supply this plan as allowed under federal and state law, privacy laws, and other regulations.

[blueshieldca.com/promise](https://blueshieldca.com/promise)

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5. There are three reasons members must switch to an in-network provider. First, if the out-of-network provider does not join the Blue Shield Promise network in 12 months. Second, if the provider does not agree to Blue Shield Promise payment rates. Third, if the provider does not meet quality of care standards.

### Initial criteria

- **Current Blue Shield Promise members**

A Blue Shield Promise Medi-Cal member gets a specific course of care from a Blue Shield Promise network provider. Then, the provider exits the network.

- **Newly enrolled Blue Shield Promise members**

A new member has a pre-existing relationship. This Medi-Cal provider is not in Blue Shield Promise's Medi-Cal network.

### One or more required secondary criteria

- **Acute condition** – A medical condition that involves a sudden onset of symptoms. These symptoms are due to an illness or injury. This may include other medical problems. This needs prompt medical attention. It also has a limited length.
- **Newborns and Infants** – This includes from birth to 36 months. Covered services shall not pass 12 months from the contract end date. Services shall not pass 12 months from the date of coverage. This is for a newly enrolled member.
- **Pregnancy: The duration of the pregnancy and the immediate postpartum care** – For the length of the pregnancy, we will provide completion of services.
- **Serious chronic condition** – A serious chronic condition is due to disease or illness. This may include other medical problems. These conditions stay without full cure or worsen over time. Care is needed to stay in remission and prevent worsening. Completion of treatment is for an amount of time required to finish the course of treatment and to arrange for a safe transfer to a new doctor in the Blue Shield Promise network.
- **Terminal illness** – An incurable condition. This condition has a high chance of causing death within one year or less. Terminal illness is covered for the duration. This service lasts as long as the illness lasts. Closing services may exceed 12 months.
- **Maternal mental health condition** – A mental health condition which impacts a woman during pregnancy. This includes the peripartum stage. This also includes the postpartum stage. It may also include up to one year after delivery.
- **Surgery or other procedures** – A surgery which has been authorized by Blue Shield Promise as a course of treatment. The healthcare provider must advise this. A procedure which has been authorized by Blue Shield Promise as a course of treatment. The healthcare provider must advise this. The surgery or procedure must occur within 180 days of the contract's end date. Or it must occur within 180 days of the date of coverage for the enrolled member.

### Exceptions

Blue Shield Promise is not required to provide continuity of care for services not covered by Medi-Cal. Provider continuity of care protection does not include other extra services or carved out service providers.

Blue Shield Promise does not require the member to submit a continuity of care request for durable medical equipment or transit.

## Requirements for processing continuity of care requests

In order for us to complete your request, it must meet the above criteria. Make sure to include all patient and provider information.

In addition, submit these documents to Blue Shield Promise:

- Current treatment plan per the continuity of care request
- Progress notes from most recent visit
- Proof of any pending procedures

Please complete all sections of this form on each page.

### Subscriber Information

Subscriber's first and last name:

Address:

City:	State:	ZIP code:
Date of birth:	Subscriber ID number:	Kaiser ID number (if any):
Home phone number:	Cell number:	Employer group name:
Name of prior health insurance company:		Date coverage ended:

Was the prior health coverage plan you chose above no longer being offered?    Yes    No

### Patient Information

Member's first and last name  
(if different from subscriber):

City:	State:	ZIP code:
Date of birth:	Relationship to subscriber:	
Home phone number:	Cell number:	
Name of prior health insurance company:		Date coverage ended:

Was the prior health coverage plan you chose above no longer being offered?    Yes    No

## Provider Information

Requesting provider's first and last name:

Billing tax ID number:

National provider identifier (NP):

Provider address:

City:

State:

ZIP code:

Provider specialty:

Provider phone  
number:

Provider fax  
number:

Are you currently enrolled as a Medi-Cal provider with the Department of Health Care Services (DHCS)?  
Yes No

Are you willing to negotiate a Letter of Agreement with Blue Shield Promise? Yes No

Contact's first and last name:

Contact phone  
number:

Contact fax  
number:

Diagnosis being treated,  
including ICD-10 codes:

Treatment CPT codes:

Original start date  
with provider:

Date of last office  
visit/treatment:

Date of next appointment/treatment:

## Medical Information

If the member is pregnant, what is the expected delivery date?

Name of delivering hospital:

Name of OB/GYN:

Is the member in the hospital? Yes No

If yes, name of hospital:

Hospital phone  
number:

Hospital tax ID  
number:

Is the member receiving home health care or hospice care? Yes No

If yes, name of home healthcare provider or hospice provider:

Phone number:

Tax ID number:

Does the member have a terminal condition? Yes No

**Additional information for review**

Please list any additional information to be reviewed below:

**Please return this completed form to the following:**

Fax to Blue Shield of California Promise Health Plan at **(855) 895-3506**.

Or mail to:

Blue Shield of California Promise Health Plan  
PO Box 629005  
El Dorado Hills, CA 95762

**If questions arise, please call Provider Services at (800) 468-9935 from 6 a.m. to 6:30 p.m., Monday through Friday.**

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