Continuity of care request form

Continuity of care is a process that allows members whose employer changes plans, whose provider(s) have been terminated from the participating provider network, or whose health plan withdrew from the market, to continue to receive care from their provider under certain circumstances. Coverage depends on the terms and conditions of your plan, and the condition for which you are being treated.

If you meet certain criteria, you may be eligible to continue treatment with your current doctor. Review Blue Shield of California's continuity of care brochure at **blueshieldca.com/forms**.

You can also review the information below to see if you qualify. If you need help, call the Customer Service numbers listed on page 3 of this form.

Instructions:

Review Part 1 of this form, which is an overview of how to qualify for continuity of care services.
Note: This is subject to eligibility and the terms and conditions of your plan.

Complete Part 2 of this form, which requests information about treatment the member is undergoing and provider(s) involved in the member's care.

Complete Part 3 by attaching the requested treatment documentation:

- Current progress notes from the member's provider(s); and
- Member's treatment plan (if separate)

Review Part 4, including the certification and authorization section.

Part 1 – Qualifying medical conditions:

Depending on your plan, you may qualify to continue treatment with your current provider if you have the following conditions (timelines vary):

- Terminal illness
- An active course of treatment for an acute medical condition, mental health or substance use disorder, or maternal mental health condition
- 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 a newborn up to 36 months of age
- Surgery or other procedure that was previously authorized by the plan as part of a documented course of treatment, recommended and documented by the provider to occur within 180 days of your provider's termination or the start of your new Blue Shield coverage
- Undergoing a course of institutional or inpatient care

Blue Shield of California is an independent member of the Blue Shield Association

Part 2 – Information about current treatments and provider

Please check one box: ☐ Medical ☐ Behavioral Health (mental health/substance use)

Patient information

Name:	Subscriber ID:	
Address:		
City:	State:	ZIP code:
Date of birth:	Relationship to subscriber:	
Primary phone number:	Secondary phone number:	
Is your employer changing your health plan?	☐ Yes or ☐ No	
Previous health insurance company (if applicable):		
Kaiser medical record number (if applicable):	CalPERS member: ☐ Yes or ☐ No	
Date coverage ended:	Is the previous health plan still being offered? ☐ Yes or ☐ No	

Patient medical information

If pregnant, what is the expected delivery date?		
Name of delivering hospital/facility:		Name of OB/GYN:
Is member currently hospitalized? ☐ Yes or ☐ No		Name of hospital:
Does the member have a terminal condition?		

Additional information to be considered

Please list any additional information to be considered:

Provider information

Requesting provider first and last name:		
National provider identifier (NPI):	Billing tax ID number:	
Address:		
City:	State:	ZIP code:
Phone number:	Fax number:	
Provider specialty:		
Condition/diagnosis being treated (ICD-10 code, if available):		
Scheduled treatment CPT code(s), if available:		
Date of last office visit/treatment:		
Date of next appointment/treatment:		

Facility information (include physical address)

Facility name:		
National provider identifier (NPI):	Billing tax ID number:	
Address:		
City:	State:	ZIP code:
Phone number:	Fax number:	
Condition/diagnosis being treated (ICD-10 code, if available):		
Treatment CPT code(s), if available:		

Part 3 – Please attach the following documents for each provider

- Current progress notes from the member's provider(s); and
- Member's treatment plan (if separate)

Part 4 – Review

Please note:

1) Continuity of care services may not be available if your provider does not agree to continuation of services.
2) When you receive continuity of care services, your provider may only collect your standard cost sharing (copayment/coinsurance) for a preferred provider. Providers may not balance bill you for any charges in excess of Blue Shield's allowed amount.

Member certification and authorization

Blue Shield will process continuity of care requests based on the understanding that all statements on this form and all accompanying documents are true, correct, and are completed to the best of your knowledge and belief. The member acknowledges a physician, healthcare facility, and other provider of health care, insurance carrier, hospital, or medical service plan may provide Blue Shield, or its agents or employees, all information pertaining to any illness which this patient received at any time.

For your protection, California law requires the following to appear on this form. Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Name of member responding:

Phone number where we may reach member:

Medical requests

Return this form by mail to:
Blue Shield of California
Attn: Continuity of Care Team
P.O. Box 272580
Chico, CA 95927-2580

Send this form by fax to: (855) 895-3506

Members may also call Customer Service to help complete the form over the phone. The Customer Service phone number can be found on the back of the Blue Shield member ID card, or **(800) 443-5005** for Individual and Family Plans and **(800) 393-6130** for Medicare plans. These phone numbers can also be found online at **blueshieldca.com**.

Behavioral Health requests (mental health/ substance use)

Return this form by mail to:
Blue Shield of California
Attn: BH Continuity of Care Team
P.O. Box 272580
Chico, CA 95927-2580

Send this form by fax to: (844) 742-1153

Members may also call Customer Service at **(800) 308-9078**. This phone number can also be found online at **blueshieldca.com**.

This facsimile transmission may contain protected and privileged, highly confidential medical information, personal and health information (PHI), and/or legal information. The information is intended only for the use of the individual or entity named above.

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Thank you for your help in maintaining appropriate confidentiality.

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