

## Getting Started

### Why am I here?

If the claim is pending with **RTCP Continuity of Care**, refer to the [WFWM Continuity of Care Member](#) document for claims processing instructions.

**ITS Home/Shared Advantage Out of State:** Refer to the [RTCP Continuity of Care ITS Home](#) document for claims processing instructions.

### Who uses this process?

- Commercial
- ASO
- Shared Advantage California
- ITS Home/Shared Advantage Out of State

### Background information on federal mandate

Consolidated Appropriations Act (CAA) Section 113 - Ensuring Continuity of Care.

Section 113 requires continued coverage of in-network care for certain enrollees in the midst of receiving medical care following a Provider contract termination or expiration, as follows:

Termination/Expiration occurs when:

- The contract between the Provider and the Plan or Issuer ends due to termination, expiration, or nonrenewal (this does not include termination for failure to meet quality standards or fraud);
- The benefits provided by the Plan or Issuer with respect to a Provider terminate because of a change in the terms of the participation of the Provider in the employer sponsored group plan or issued coverage; or
- A contract between an employer sponsored group Plan and an Issuer offering health insurance coverage in connection with the Plan terminates, resulting in a loss of access to the Provider.

Blue Shield of California must:

- Offer certain enrollees the option to continue ongoing care from the provider for 90 days or until the treatment ends, whichever is earlier.
- Notify qualified enrollees (i.e., Continuing Care Patients) individually of the network change and of their right to choose Continued Transitional Care from that provider.

Out of Scope:

- Medicare
- Med-Supp
- Medi-Cal
- Cal-MediConnect
- Dental/Vision