

Continuity of Care: Upholding quality during transitions

Blue Shield's Continuity of Care (COC) program recognizes the importance of a strong doctor-patient relationship, especially if the patient has a serious medical condition. That's why our COC program focuses on staying interconnected with the patient and the physician to ensure all members receive high-quality, cost-effective care without interruption during a transition. Employers and their employees can expect a streamlined and timely customer experience as they either transition their care to a healthcare provider in the Blue Shield network or receive authorization to continue treatment from an out-of-network provider.

Who can request COC

New or recently enrolled members may be eligible for COC if the enrollee comes into the Blue Shield network from a transitioned employer group.*

New members who are under the care of a provider who is not in the Blue Shield network can request to continue to see their non-network provider during the course of their current treatment for qualifying conditions. Some examples of conditions that may qualify for COC are:

- Acute condition that has a limited duration
- Serious chronic condition
- Pregnancy, including the immediate postpartum period
- Care for a child, from newborn to 36 months of age
- Surgery or other treatment that was previously recommended and documented by a physician (prior to enrollment in Blue Shield or to physician disengagement) to take place within 180 days of the effective date of coverage
- Terminal illness that has a high probability of causing death within one year or less
- Serious behavioral health or dental conditions, depending on member benefits†

Members who are in the middle of treatment and already established with a provider who is terminating from the Blue Shield network can also apply. Providers terminated or not renewed based on a professional review action (e.g., medical disciplinary cause, fraud, loss of licensure), as well as those who do not agree to Blue Shield negotiated rates, may not be covered under COC. A member is responsible for the same financial responsibilities during COC as if care was delivered by a contracted provider.

Initiating a COC request

Members have several options to initiate a COC request:

- Contact the customer service number on their Blue Shield member ID card and obtain assistance in completing and submitting a COC form, or ask for the form to be mailed to them.
- Obtain the COC form on blueshieldca.com by registering, logging in, and searching under "member forms." Directions are on the form as to where to mail or fax the form for review.

Members who do not qualify for COC can contact Blue Shield customer service for assistance in transitioning their care to a Blue Shield network provider.

* Self-funded groups must contract for COC coverage for their employees to receive COC. Consult contract for coverage agreement.

† Behavioral health request submissions may differ based on the behavioral health coverage. Standard dental conditions are not covered under COC, only conditions with a medical rationale such as cancer, TMJ, or injuries.

Follow-up on COC determinations

Decisions of eligibility are made on a timely basis by our clinical team who consider potential clinical outcomes that a change in providers might have on a member's health. Pertinent medical records are reviewed to assist in the determination of eligibility, and a physician medical director advises regarding medical criteria as necessary. Letters are faxed to the provider and mailed to the member regarding review decisions. The communications contain the specific services to be covered, the time period, and the contractual arrangements under which the claim will be paid. If members wish to appeal a decision, they can do so through customer service. Our clinical team works with members to ensure a smooth transition of care to contracted providers at the appropriate clinical interval.

Our goal is to foster a continuous, caring relationship between our members and their healthcare providers so that our members obtain high-quality, affordable care.

See your Blue Shield of California representative for more information about this valuable program.