Continuity of Care Program
For Blue Groove enrollees

Continuity of Care Program – new enrollees

For new enrollees of Blue Shield of California Blue Groove plan

Maintaining continuity of care
Blue Shield of California recognizes the importance of maintaining a strong doctor-patient relationship when people change health plans, especially if they have a serious medical condition.

That’s why we designed the Continuity of Care Program for Blue Groove members to complete their care with their current healthcare provider, or to provide a smooth transition of care from their current healthcare provider to their new Personal Physician and IPA/medical group.

Who is eligible?
If you or your covered dependents are new enrollees in a Blue Groove plan, and are currently receiving treatment for a qualifying medical condition from a healthcare provider who does not belong to the Blue Groove provider network, you may be eligible to complete treatment of your condition with your current provider.

Examples of conditions and situations that may qualify for completion of care with your current provider who does not belong to Blue Shield’s Blue Groove HMO provider network include, but are not limited to:

• An acute condition requiring prompt medical attention and that has a limited duration (not to exceed the acute phase of the condition when care can be safely transferred to a Blue Shield contracting provider)

• A serious chronic condition, for the period of time necessary to complete a course of treatment and to arrange for safe transfer of care to a Blue Shield contracting provider (but not to exceed 12 months from the effective date of coverage)

• Pregnancy, including immediate postpartum period

• Care for a child who is newborn to 36 months of age (not to exceed 12 months from effective date of coverage)

• A surgery or other treatment that was previously recommended and documented by the provider to take place within 180 days of the effective date of coverage and which is authorized by Blue Shield

• Terminal illness which has the high probability of causing death within one year or less is covered for the duration of the terminal illness
Who is not eligible?
You are not eligible for the Continuity of Care Program if you choose the PPO Savings plan at open enrollment.

How the program works
When you enroll in the Blue Groove plan offered through your employer, you may be eligible to complete your care with your current healthcare provider who does not belong to Blue Shield’s Blue Groove HMO provider network. If you believe you qualify, during the Open Enrollment period October 29- November 9, you will have an opportunity to complete Blue Shield’s Request for Continuity of Care Services form. This form should be returned to Member Services for review at least 30 days prior to the effective date of January 1, 2013, or as soon as you become aware of the need for continuity of care services. We will send you a letter describing how we have responded to your request to complete treatment with your current provider.

Non-network providers
If your treating physician or other healthcare provider (such as a hospital) does not belong to the Blue Shield Blue Groove provider network, Member Services will send your Request for Continuity of Care Services form to our Medical Management department.

We will contact your provider, who must agree to certain conditions required of Blue Shield contracted providers, as permitted by state law. If the provider does not agree, then your request for completion of care with the non-network provider will be denied. In those instances, Medical Management will assist with the transfer of your medical care to your Blue Groove HMO Personal Physician and IPA/medical group, ensuring that reasonable consideration is given to the potential effects that changing provider(s) may have on your medical condition.

If the provider agrees to the required conditions, Blue Shield will authorize the completion of your care and 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 otherwise covered under the terms and conditions of your Blue Groove plan contract.