blue california

Promise Health Plan

Continuity of Care Request Form

Purpose of Continuity of Care

Continuity of Care is to allow continued care for members when:

- The network that the participating provider works with stops providing services
- They recently joined a network where their current provider is not a participant

Filling out the Form

Members may request Continuity of Care if they:

- Are getting treatment for a long-lasting health problem that needs ongoing care.
  - **An acute medical condition** is a medical condition that involves a sudden onset of symptoms due to an illness, injury, or other medical problem. An acute medical condition requires prompt medical attention and has a limited duration.
  - **A serious chronic condition** is a medical condition due to a disease, illness, or other medical problem that is serious in nature. A serious chronic condition is one that persists without full cure or worsens over time or requires ongoing treatment to maintain remission or prevent deterioration.
  - Services that are included in your coverage may continue for as long as it takes to complete a treatment plan or to make sure you can safely transfer to another provider.
- Are pregnant, during pregnancy, and care after pregnancy
- You have a baby who is a newborn or up to 36 months old
- Have a maternal mental health problem
- Have a sickness that cannot be cured and may lead to death
- If you have a surgery or other care planned within 180 days of when your starts, you need to get approval from your previous plan or the provider they assigned to you

Exceptions

Blue Shield of California Promise Health Plan is not needed to provide continuity of care for services the provider's protection does not cover. Provider continuity of care protection does not include these supplies or services:

- Other extra services
- Carved-out service providers

Blue Shield Promise does not require you to submit a continuity of care request for:

- Durable medical equipment
- Transit

You or your Blue Shield Promise authorized delegate may complete the form below if you are getting care or are scheduled for care. This form helps make sure your care has no breaks.

Please fill out a form for each member who would like to keep seeing their current doctor. If you have questions, you can call the Customer Care number on your member ID card.

Subscriber Information

Subscriber's name:		
Address:		
City:	State:	ZIP code:
Date of birth:	Subscriber ID number:	
Employer group name:	Kaiser ID number (if applicable):	
Home phone number:	Cell phone number:	
Name of previous health insurance company:		Date coverage ended:

Patient Information

Member's name (if different from subscriber):		
City:	State:	ZIP code:
Date of birth:	Relationship to subscriber:	
Name of previous health insurance company:		Date coverage ended:
Is member currently hospitalized?		☐ Yes or ☐ No
If yes, name of hospital:	National provider identifier (NPI):	
Is the member currently receiving home healthcare or hospice care?		☐ Yes or ☐ No
If yes, name of home health care provider or hospice provider:		
Provider phone number:	Provider fax number:	
City:	State:	ZIP code:
Does the member have a terminal condition?		☐ Yes or ☐ No
If member is pregnant, what is the expected delivery date?		
Name of delivering hospital/facility:		
Facility phone number:	Facility fax number:	

Provider information

Requesting provider first and last name:		
National provider identifier (NPI):	Billing tax ID no.	
Provider address:		
City:	State:	ZIP code:
Provider specialty:		
Provider phone number:	Provider fax number:	
Condition/diagnosis being treated (ICD-10 code, if available):		
Treatment (CPT code(s), if available):		
Original start date with provider:	Date of last office visit:	
Reason:		
Date of next appointment/treatment:		

Additional information to be considered

Please list any additional information to be considered, below:

Please mail or fax completed forms to:

Blue Shield Promise Health Plan
PO Box 629005
El Dorado Hills, CA 95762
Fax: (855) 895-3506

For more questions, please contact Customer Care:

Medi-Cal

Medi-Cal (Los Angeles) Customer Care:
1-800-605-2556 (TTY: 711), 8:00 a.m. to 6:00 p.m., Monday through Friday.

Medi-Cal (San Diego) Customer Care:
1-855-699-5557 (TTY: 711), 8:00 a.m. to 6:00 p.m., Monday through Friday.
