CareFirst
Family of health care plans

Information on Continuity of Care Instructions

Welcome to CareFirst

One of your concerns as you seek enrollment in a CareFirst BlueCross BlueShield (CareFirst) and/or CareFirst BlueChoice, Inc. (CareFirst BlueChoice) plan may be continuity of treatment. CareFirst and CareFirst BlueChoice members and their covered dependent(s) who receive care from an out-of-network physician for an unstable or serious medical condition may be eligible for the Continuity of Care process.

What is Continuity of Care?

If your request is approved, the Continuity of Care process allows you or your covered dependent(s) to continue to receive care from an out-of-network physician for up to 90 days following the date of enrollment. Benefits will be paid at the in-network level (i.e., minimal copayments and no calendar year deductible.)

Who should use this form?

If you or your covered dependent(s) have an unstable or serious medical condition that requires a limited course of treatment or follow-up care, and are currently being treated by a specialist who is not a CareFirst and/or CareFirst BlueChoice participating provider, you should complete this form. Information is required from both you and your physician.

Please be sure to submit a separate form for each non-participating physician currently treating you or your covered dependent(s) for an unstable or serious medical condition. Your newly selected participating CareFirst and/or CareFirst BlueChoice physician must coordinate any other unrelated treatment for you or your covered dependent(s).

Note: If the physician treating your condition participates in the CareFirst and/or CareFirst BlueChoice network, it is not necessary to complete this form. Instead, contact your new primary care physician to discuss the current treatment.

Examples of medical conditions that may qualify for the Continuity of Care process include:

- Pregnancy (beyond 24 weeks gestation)
- Bone fractures
- Recent heart attack
- Other acute trauma or surgery
- Joint replacement
- Newly diagnosed cancer
- Other serious medical conditions where the member is in active treatment

Examples of chronic medical condition that typically are not eligible for the Continuity of Care process include:

- Allergies
- Arthritis
- Asthma
- COPD/emphysema
- Diabetes
- Hypertension

Please complete the Employee/Retiree Information and Patient Information sections on the other side of this form. Also, have the physician complete the Physician Information section. Return the form to the following address **before the effective date of your coverage**. No forms will be accepted after that date.

Qualified medical professionals in the CareFirst and CareFirst BlueChoice Care Management Department will review the request and notify your provider of a determination by phone within two business days following the receipt of all required information. If the services are not approved, you and your provider will also be notified in writing.

CareFirst BlueCross BlueShield is the shared business name of CareFirst of Maryland, Inc. and Group Hospitalization and Medical Services, Inc. CareFirst BlueCross BlueShield Medicare Advantage is the shared business name of CareFirst Advantage, Inc. and CareFirst Advantage DSNP, Inc. CareFirst BlueCross BlueShield Community Health Plan Maryland is the business name of CareFirst Community Partners, Inc. CareFirst BlueCross BlueShield Community Health Plan District of Columbia is the business name of Trusted Health Plan (District of Columbia), Inc. In the District of Columbia and Maryland, CareFirst MedPlus is the business name of First Care, Inc. In Virginia, CareFirst MedPlus is the business name of First Care, Inc. of Maryland (used in VA by: First Care, Inc.). CareFirst of Maryland, Inc., Group Hospitalization and Medical Services, Inc., CareFirst Advantage, Inc., CareFirst Advantage DSNP, Inc., CareFirst Community Partners, Inc., Trusted Health Plan (District of Columbia), Inc., CareFirst BlueChoice, Inc., First Care, Inc., and The Dental Network, Inc. are independent licensees of the Blue Cross and Blue Shield Association. BLUE CROSS®, BLUE SHIELD® and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.

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Request for Continuity of Care Form

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INSTRUCTIONS

Mail the completed form and any attachments to: CareFirst BlueCross BlueShield, Pre-Service Review Department, 1501 South Clinton Street, 8th Floor, Mail Stop: CT-08-02, Baltimore, MD 21224

Or fax the completed form and any attachments to: 410-720-3060, Attention: Pre-Service Review

If you have any questions concerning benefits or provider status, contact Member Services. The phone number is listed on the back of your identification card.

Participating Providers: to initiate a request and to check the status of your request, visit CareFirst Direct at **carefirst.com**.

INSURANCE INFORMATION

Member's Name		Date of Birth	
Street Address		Member ID #	
City		Group Name	Effective Date of Coverage
State	Zip Code	Group #	Check one HMO POS PPO
Home Telephone			

PATIENT INFORMATION

Patient's Name	Patient's Date of Birth

PHYSICIAN INFORMATION

Name of Physician Currently Treating Condition		Diagnosis Code(s) (ICD-10)	Date Treatment Started
Specialty	Physician TIN/NPI	Procedure Code(s) (CPT/HCPCS)	Date of Next Treatment/Visit
Street Address		For Pregnancy, Please Indicate the Patient's Anticipated Due Date	
City		Please attach the following: List of services that may already be scheduled in the next few weeks (CPT code and date, provider) A brief statement of the patient's current condition and treatment plan Copies of any pertinent documentation (e.g., lab results, X-rays)	
State	Zip Code		
Telephone	Fax		
Physician's Signature			Date

This information will be used for determining the appropriate level of benefit reimbursement for services provided on or after the effective date of my CareFirst coverage, if I continue treatment with the above named provider for the above diagnosis/ medical condition.

I understand that Continuity of Care is granted at the discretion of CareFirst and is subject to contractual limitations and exclusions set forth in the group contract. I understand and agree that Continuity of Care does not extend the contractual benefits in any way, except to provide in-network level benefits for a non-network provider for a temporary time period.

*If the patient is younger than 18, the employee/retiree must sign this form.

Patient's Signature	Date:
Employee/Retiree's Signature*	Date

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