Continuity of care

What is continuity of care?

If you've received notice that your provider, medical group, or hospital is no longer in your health plan, you may be eligible to continue your care for specific covered services with them for up to 90 days after they leave your plan.

To receive continuity of care, you can call Premera at the number on the back of your health plan ID card to see if you're eligible. In some situations, you may automatically receive notification from Premera that you are covered under continuity of care. Your provider, medical group, or hospital must also agree to keep you as a patient.

Only specific health problems or conditions may qualify for continuity of care. This document is informational only and not a guarantee of allowance, approval, or payment. Contact customer service at the phone number found on the back of your ID card to discuss specific continuity of care request or questions.

Type of service or condition	How long you may qualify for continuity of care
Active, Ongoing Treatment	
Involved in active, ongoing treatment, meaning the member has established care and services have been received before the notice of termination. **Examples of ongoing treatments may include, but are not limited to:** • Initial phases on anticoagulation (blood thinners such as Heparin, Warfarin/ Coumadin, Plavix, Eliquis, Xarelto) • Adjustment or tapering of medication dose, such as steroids • Active phase of chemotherapy • Active phase of radiation • Transplants • Follow-up reconstructive surgery	Up to 90 days.
Chemical Dependency Care (if covered by member's health plan)	
Chemical dependency – outpatient and intensive outpatient (IOP) • Includes residential treatment center and substance use disorder treatment	Inpatient covered through treatment completion or discharge, whichever comes first, as long as medically necessary.

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Type of service or condition	How long you may qualify for continuity of care
Hospice Services	
Members enrolled in a hospice program	Until no longer in hospice.
Hospital Care	
• Inpatient hospital • Inpatient rehabilitation - Members hospitalized at time contract ends • Inpatient on effective date of provider or facility termination	Inpatient stay covered until discharged from current hospital; includes attending physician during stay.
Mental Health	
Mental health including: • Inpatient (IP), acute hospitalization • Outpatient (OP) mental health provider	IP mental health – continuity of care (COC) or transition of care (TOC) through treatment completion or discharge, whichever comes first, as long as medically necessary. OP mental health – COC through treatment completion or 90 days, whichever date is sooner.
Non-Elective/Elective Procedures	
• Scheduled for an elective procedure, either inpatient or outpatient • Scheduled non-elective surgery including post-operative care	Up to 90 days or through the prior authorization date, whichever date is sooner.
Office Visits/Other Outpatient Services	
Regular follow-up visits including the following: • Chronic medical conditions involved in ongoing therapies, such as life threatening or congenital conditions, high blood pressure, or diabetes • Additionally, the member sees the doctor at least every 1 to 3 months for regular follow-up visits, blood sugar checks, and more Primary care provider (for Washington state only)– includes pediatrician, like well newborn care, if added to policy) and women's health provider • Routine and urgent care • Wellness visit or physical exam • Urgent healthcare problems — Examples include visits for cold or flu, accident or injury, or an issue that has not previously been treated	• Up to 60 days. • May be extended to 90 days depending on circumstances.
Pregnancy	
• Any trimester is eligible. • For neonatal intensive care unit (NICU) see Hospital Care. • For pediatric care, see Office Visits.	• May remain with physician and facility through the delivery and up to 8 weeks after delivery and deliver at terminated facility. • Newborn care requires a request separate from the parent.

Notice of availability and nondiscrimination **844-722-4661 | TTY: 711**

Call for free language assistance services and appropriate auxiliary aids and services.
Llame para obtener servicios gratuitos de asistencia lingüística, y ayudas y servicios auxiliares apropiados.
呼吁提供免费的语言援助服务和适当的辅助设备及服务。
呼籲提供免費的語言援助服務和適當的輔助設備及服務。
Gọi cho các dịch vụ hỗ trợ ngôn ngữ miễn phí và các hỗ trợ và dịch vụ phụ trợ thích hợp.
무료 언어 지원 서비스와 적절한 보조 도구 및 서비스를 신청하십시오.
Звоните для получения бесплатных услуг по переводу и других вспомогательных средств и услуг.
Tumawag para sa mga libreng serbisyo ng tulong sa wika at angkop na mga karagdagang tulong at serbisyo.
Звертайтесь за безкоштовною мовною підтримкою та відповідними додатковими послугами.
សូមហៅទូរសព្ទទៅសេវាជំនួយភាសាដោយឥតគិតថ្លៃ ព្រមទាំងសេវាកម្ម និងជំនួយចាំបាច់ដែលសមរម្យផ្សេងៗ។
無料言語支援サービスと適切な補助器具及びサービスをお求めください。
ለነፃ የቋንቋ እርዳታ አገልግሎቶች እና ተገቢ ድጋፍ ሰጪ አጋዥ መሳሪያዎችን እና አገልግሎቶችን ለማግኘት በስልክ ቁጥር
Tajaajiloota deeggarsa afaan bilisaa fi gargaarsaa fi tajaajiloota barbaachisaa ta'an argachuuf bilbilaa.
ਮੁਫਤ ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ ਅਤੇ ਉਚਿਤ ਸਹਾਇਕ ਚੀਜ਼ਾਂ ਅਤੇ ਸੇਵਾਵਾਂ ਵਾਸਤੇ ਕਾਲ ਕਰੋ।
Fordern Sie kostenlose Sprachunterstützungsdienste und geeignete Hilfsmittel und Dienstleistungen an.
ໂທເພື່ອຮັບການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ ແລະ ການບໍລິການ ແລະ ການຊ່ວຍເຫຼືອພິເສດທີ່ເໝາະສົມແບບບໍ່ເສຍຄ່າ.
Rele pou w jwenn sèvis asistans lengwistik gratis ak èd epi sèvis oksilyè ki apwopriye.
Appelez pour obtenir des services gratuits d'assistance linguistique et des aides et services auxiliaires appropriés.
Zadzwoń, aby uzyskać bezpłatną pomoc językową oraz odpowiednie wsparcie i usługi pomocnicze.
Ligue para serviços gratuitos de assistência linguística e auxiliares e serviços auxiliares adequados.
Chiama per i servizi di assistenza linguistica gratuiti e per gli ausili e i servizi ausiliari appropriati.
اتصل للحصول على خدمات المساعدة اللغوية المجانية والمساعدات والخدمات المناسبة.
برای خدمات کمک زبانی رایگان و کمک‌ها و خدمات امدادی مقتضی، تماس بگیرید.

Discrimination is against the law. Premera Blue Cross HMO complies with applicable Federal and Washington state civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex, including sex characteristics, intersex traits, pregnancy or related conditions, sexual orientation, gender identity, and sex stereotypes. Premera Blue Cross HMO does not exclude people or treat them less favorably because of race, color, national origin, age, disability, sex, sexual orientation, or gender identity. Premera Blue Cross HMO provides people with disabilities reasonable modifications and free appropriate auxiliary aids and services to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print, audio, accessible electronic formats, other formats). Premera Blue Cross HMO provides free language assistance services to people whose primary language is not English, which may include qualified interpreters and information written in other languages. If you need reasonable modifications, appropriate auxiliary aids and services, or language assistance services, contact our Civil Rights Coordinator. If you believe that Premera Blue Cross HMO has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, sex, sexual orientation, or gender identity, you can file a grievance with: Civil Rights Coordinator — Complaints and Appeals, PO Box 91102, Seattle, WA 98111, Toll free: 855-332-4535, TTY: 711, Fax: 425-918-5592, Email AppealsDepartmentInquiries@Premera.com. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, our Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Ave SW, Room 509F, HHH Building, Washington, D.C. 20201, 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html. You can also file a civil rights complaint with the Washington State Office of the Insurance Commissioner, electronically through the Office of the Insurance Commissioner Complaint Portal available at https://www.insurance.wa.gov/file-complaint-or-check-your-complaint-status, or by phone at 800-562-6900, 360-586-0241 (TDD). Complaint forms are available at https://fortress.wa.gov/oic/onlineservices/cc/pub/complaintinformation.aspx.

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