Continuity of care update for 2022

pages.azblue.com/Overview-of-NSA-continuity-of-care-requirements---JAN-2022.html





Blue Cross® Blue Shield® of Arizona (BCBSAZ) is adjusting continuity-of-care benefits to align with the patient protections described in the No Surprises Act



(NSA) included in the federal Consolidated Appropriations Act (CAA). The NSA applies to all commercial lines of business. The NSA continuity-of-care requirements do not apply to Federal Employee Program® (FEP®), Medicare Supplement, Medicare Advantage, and Medicaid plans.

See NIH guidance for treating high-risk COVID-19 patients

Below is a summary of the NSA continuity-of-care requirements we are implementing. Effective January 1, 2022, this updated policy replaces the previous BCBSAZ contractual requirements for continuity of care for commercial plans.

Here's an overview

When a provider contract terminates for reasons other than fraud, failure to meet quality standards, or the provider's death, the provider's existing patients may be eligible to receive transitional care at the in-network level of benefits. Continuity-of-care benefits apply to healthcare received from both professional and facility providers. The benefits are subject to all other applicable provisions of a member's benefit plan.

Patients may also be eligible for continuity-of-care benefits when transitioning their health plan coverage from one insurance carrier to another or a different network is selected for the benefit plan. The same eligibility rules apply in these scenarios. In the case of an insurance carrier change, claims for the transitional care would be submitted to the patient's old insurance carrier.

Services eligible for continuity-of-care benefits

Continuity-of-care benefits apply when individuals are already scheduled for non-elective surgery or are undergoing treatment for:

- Serious and complex conditions
 - In the case of an acute illness, a condition that requires specialized medical or behavioral health treatment to avoid reasonable possibility of death or permanent harm
 - In the case of a chronic illness, a condition that is life-threatening, degenerative, congenital, or potentially disabling, and that requires specialized medical or behavioral health care over a prolonged period of time
- Pregnancy
- Inpatient services
- Terminal illness
- Post-operative care following non-elective surgery

Time frame for transitional care

The continuity-of-care benefit allows patients to receive transitional care starting on the date of the carrier's notice to members about the servicing provider's termination. The in-progress care may continue for up to 90 days and may end earlier if the course of treatment is complete and the member is no longer receiving care from the terminating provider.

Provider requirements

BCBSAZ network agreements typically require providers to extend continuity-of-care rights under the terms of the contract until the applicable end point:

- 1. The member's treatment is completed.
- 2. The member is transferred to a network provider.
- 3. The period of time required by applicable law is complete.

Please note: The new NSA provisions impact the period of time required by law. For specific patients in a course of treatment, the period may be longer than the 90-day period.

How to request continuity of care

To request continuity of care for a patient during a transitional period as described above, contact BCBSAZ at 602-864-4320 or 1-800-232-2345.

Our members can take a digital ID card with them wherever they go with the MyBlue AZSM mobile app.

