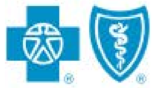

Kansas City

1400 Baltimore Avenue, Kansas City, MO 64105-1903 • (816) 395-2222 • BlueKC.com

CONFIDENTIAL CONTINUITY OF CARE REQUEST FORM

Continuity of Care

In certain instances when a provider voluntarily or involuntarily terminates from a Blue KC network, members actively receiving care from such providers may be eligible for Continuity of Care/Transition of Care.

You or your covered dependent may be eligible for continued coverage from your Out-of-Network provider for a limited period of time. New Blue KC members can also benefit from Transition of Care coverage through this process.

To apply for Continuity of Care/Transition of Care coverage, please complete the following application. An application does not guarantee benefits.

If you are a new Blue KC member, to be eligible for Continuity of Care/Transition of Care, you must apply 30 calendar days in advance of your effective date with Blue KC. Coverage will not be granted for more than 90 calendar days after your effective date.

How this works

You must actively be receiving care from an Out-of-Network provider to be eligible for Continuity of Care/Transition of Care coverage.

Examples of conditions that may qualify include:

- Pregnancy
- Actively receiving cancer treatment such as chemotherapy or radiation therapy
- Currently admitted to an acute inpatient hospital or treatment facility
- Transplant recipients in need of ongoing care
- Previously scheduled surgery or a recent surgery that requires post-operative care
- Receiving treatment for a behavioral health condition including substance use
- A worsening or disabling condition
- Terminal illness including palliative/hospice care
- Other serious acute or chronic conditions such as heart attacks or strokes

Some **exclusions** include:

- Elective surgery
- Routine visits, vaccinations, or health assessments
- Well-managed chronic conditions
- Non-covered benefits
- If your provider is terminating for failure to meet quality standards or fraud, you would not be eligible for Continuity of Care/Transition of Care coverage with that provider.

Blue Cross and Blue Shield of Kansas City is an independent licensee of the Blue Cross and Blue Shield Association.

Instructions:

- All fields must be completed
- Sections 1 and 2 must be completed by the member or authorized representative
- Section 3 must be completed by the provider
- If you have questions regarding this form, please call
  - **816-395-3989** OR
  - **1-800-892-6116**
- Mail or fax completed form to:
  Blue Cross and Blue Shield of Kansas City
  Attn: Continuity of Care
  PO Box 411878
  Kansas City, MO 64141-1878
  Fax: (816)-926-4253

SECTION 1: SUBSCRIBER/MEMBER INFORMATION

Name		☐ New ☐ Existing
Date of Birth (MM/DD/YYYY)	Relationship to Primary Subscriber *(Self/Dependent/Spouse/Other)*	
Address		
Telephone Number		
Other Insurance Coverage *(include policy expiration date)*		

SECTION 2: AUTHORIZATION

I confirm that all the information I have provided is correct and I consent to this application. I authorize all providers who have been involved in my care to provide relevant medical information and records for Blue KC to make a decision. If this application is approved, I understand that coverage will be granted for a limited period of time.
Signature of Member or authorized representative
Full name of authorized representative (if applicable)
Date (MM/DD/YYYY)

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SECTION 3: PROVIDER & TREATMENT INFORMATION

Name	
NPI	Blue KC Provider ID (If applicable)
Address	
Telephone Number	

Description of condition(s) being treated	ICD Code	Description of planned/ Continued treatment	CPT Code	Duration of Treatment		Number of Visits/Units/ Days
				From Date (MM/DD/YYYY)	To Date (MM/DD/YYYY)	

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