

Continuity of care arrangements are expanded to Medicare Advantage members

Starting Jan. 1, 2024, Blue Cross Blue Shield of Michigan and Blue Care Network expanded continuity of care arrangements to accommodate our Medicare Advantage (Medicare Plus BlueSM and BCN AdvantageSM) members.

In the past, these arrangements applied primarily to members getting care from out-of-network providers. Now, they also apply to members who are new to our Medicare Plus Blue and BCN Advantage plans or who are moving between those plans.

Keep reading for additional information.

How continuity of care works

In line with continuity of care guidelines set by the Centers for Medicare & Medicaid Services, Blue Cross and BCN will allow members to continue with an existing course of treatment from their current provider within the first 90 calendar days after enrollment. However, first:

- Blue Cross and BCN must confirm that the member is in an active course of treatment when they join one of our Medicare Advantage plans or when they move from a Medicare Plus Blue plan to a BCN Advantage plan or vice versa.
- Providers must document the member's course of treatment or treatment plan in the member's medical record. The documentation must show the services planned for the member.
- Providers who submit a request for prior authorization should include a note that lets us know that the member is undergoing an active course of treatment.
- Blue Cross and BCN will ask for the member's treatment plan to use in reviewing the prior authorization request.

What is a course of treatment?

According to CMS, a course of treatment is a prescribed order or ordered course of treatment for a specific individual with a specific condition outlined and decided upon ahead of time with the patient and provider.

A course of treatment may be part of a treatment plan but is not required. An active course of treatment means a course of treatment in which a patient is actively seeing the provider and following the course of treatment.

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