

Complete the Continuity of Care Guideline in the e-referral system for some Medicare Advantage members starting April 3

For select Medicare Plus Blue and BCN Advantage members who are eligible for continuity of care arrangements, health care providers will need to provide additional information in the e-referral system starting April 3, 2025.

When will the questionnaire open?

Providers will need to respond to the Continuity of Care Guideline when submitting prior authorization requests for:

- New Medicare Plus Blue or BCN Advantage members who require an ongoing course of treatment
- Members who move from a Medicare Plus Blue plan to a BCN Advantage plan or vice versa

What information will be requested?

Providers will have to indicate whether:

- The member has an active prior authorization from another health plan
- The procedure was discussed with the member and decided upon before the member's enrollment date

Providers will also have to attest that:

- The member's care request is part of an active course of treatment and meets the Medicare requirements
- The prior authorization request is for a continued course of treatment and is medically reasonable and necessary to avoid disruptions in care.

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