



Continuity of Care Information

Broward Health

We understand you may have questions about continuing care with Broward Health, should they choose to leave our network, and want to provide you some important information.

Typically, when a medical group or hospital system decides to leave your insurance plan's provider network, it can change the way you get and pay for their services. However, there are protections in place for patients with certain conditions or in active treatment, so they can continue getting care for a period of time without disruption or having to pay more. This is called Continuity of Care.

- Continuity of Care (COC) refers to state and federal guidelines that entitle patients to continue getting care from their provider at the in-network cost share for a period of time, if they're eligible.
- Among other things, COC protects individuals who are in active treatment, meaning those who are pregnant, undergoing a course of treatment/care for serious and complex conditions, or in post-operative care following surgery, etc.
 - In this case, COC ensures you can continue receiving care from your current providers and care team, or at a Broward Health facility, if that's where your doctor wants to provide services.
- Services that are **not** covered as part of an individual's COC or are not considered active treatment include routine wellness visits, minor illnesses, elective surgeries (this includes care that is not an emergency or urgent and can be planned in advance), and some chronic health conditions that can be managed through regular visits with a primary care doctor (PCP). This includes conditions such as asthma, allergies, and hypertension.

What is the timeframe for Continuity of Care for a serious and complex health condition?

- If you have an HMO plan and are eligible for COC, coverage extends up to six months, through December 31, 2025. If you have a PPO plan and are eligible for COC, coverage extends for 90 days, through September 30, 2025.
- After this time, you would no longer be covered by COC and would need to find a different health care provider or location to avoid paying higher out-of-pocket costs.

What is the COC timeframe if I'm pregnant?

If your doctor is leaving our network and you're pregnant, we'll work with you to make sure you can complete your pregnancy and postpartum care with your current providers and care team. Depending on your plan, your benefits work a little differently.

- For expectant moms with an HMO plan, your care from your provider will be covered by your in-network benefits.
- For those with a PPO plan, you can still use your in-network coverage for 90 days if Broward Health decides to leave the network, and then your care is covered by your out-of-network benefits.

How do I confirm that I'm eligible for Continuity of Care?

- Florida Blue claims data shows which members have recently received care from Broward Health, and who is eligible for continuing their care at the in-network cost share.
 - The list of COC eligible members is provided to Broward Health, ensuring your doctor is aware of the extended coverage, so you can continue receiving care from your current providers and care team, or at a Broward Health facility, if that's where your doctor wants to provide hospital services.
- Alternatively, Broward Health can verify COC eligibility or request COC for a patient by calling the Florida Blue Provider Contact Center.

What about emergency care (ER)?

- ER and emergency services are covered, even at out-of-network facilities, so you could still go to Broward Health for emergency care. Florida Blue plans cover emergency services at an out-of-network emergency room at the in-network cost share.

What about my current prescriptions?

- If a provider leaves our network, members can rest assured that their prescriptions will remain valid. According to standard medical guidelines, prescriptions are valid for 12 months unless specifically noted otherwise, or if those prescriptions are for controlled substances. We can also work with members to try and extend an expiring prescription authorization written by a provider who may be leaving the network — typically for an additional 30-60 days. This can allow members time to find a new primary care doctor and minimize disruptions to their treatment plan. If you have questions about your prescription, please call us at the number on the back of your member ID card.

Will I need to find a new doctor or hospital?

- If your primary care doctor (PCP) is with Broward Health and no agreement is reached with Broward Health, your health plan may require you to switch to a new PCP. Otherwise, starting **July 1**, you would pay higher out-of-pocket costs.
- If you're among those who would need to find a new PCP, prior to July 1 you'll receive a letter matching you to a new doctor in the area. Throughout Broward County, we have a large network of providers who share our commitment to high-quality, cost-effective care — meaning our members have plenty of convenient, in-network options should Broward Health choose to leave your network. If you'd rather choose a different PCP, you have several easy options.
 - Log into your member account at FloridaBlue.com. From the top navigation, **click Find & Get Care** then **My Care Team**. Your currently assigned primary care doctor will be displayed. To update, click **Update My PCP**.
 - From the **Florida Blue mobile app**, select **Find & Get Care** from the dashboard. Click the **Get Care** tab and select **My Care Team**. Your currently assigned primary care doctor will be displayed. To update, click **Update My PCP**.
 - For **face-to-face**-assistance, you can visit one of our Florida Blue Centers
 - Or **call our dedicated service team** at the number on the back of your member ID card.

What if I need to transfer my medical records from a Broward Health doctor to my new doctor?

Once you choose a new in-network doctor, you'll need to ask your previous doctor's office to send your medical records to your new doctor's office. Your current doctor's office will give you a form to sign that allows them to share your personal health information with the new office.

We're here for you. If you have any questions or need assistance, please call us at the number on the back of your member ID card.