

Continuity of Care



What is Continuity of Care (COC)?

COC requirements ensure that when enrollees transition from one health plan to another or one service provider to another, their services continue throughout their transition.

How does the continuity of care (COC) period work?

If a new enrollee is receiving a prior authorized ongoing course of treatment, the new health plan is responsible for the costs of continuation of such course of treatment. The new plan must provide services for up to 60 days after the effective date of enrollment.

What happens with pregnant women who deliver within the 60-day COC period? Will the child be automatically enrolled in the mother's current plan?

Pregnant women must be allowed to continue their current course of prenatal care with their existing provider for the duration of their pregnancy through six weeks' post-partum. The baby will be automatically enrolled in the same health plan as the mother. If the parents would like to change their baby's health plan, they will have 90 days to change plans.

How does the COC period effect non-participating providers?

The health plan must reimburse non-participating providers at the rate they received for services rendered to the enrollee, immediately prior to the enrollee transitioning, for a minimum of 30 days, unless the provider agrees to an alternative rate. After the first 30 days of the COC period, the health plan will pay the provider a mutually agreed upon rate.