



Qualified Health Plans offered in North Carolina by CareSource North Carolina Co., d/b/a CareSource

ADMINISTRATIVE POLICY STATEMENT	
North Carolina Marketplace	
Policy Name & Number	Date Effective
Continuity of Care-NC MP-AD-1294	02/01/2025
Policy Type	
ADMINISTRATIVE	

Administrative Policy Statement prepared by CareSource and its affiliates are derived from literature based on and supported by clinical guidelines, nationally recognized utilization and technology assessment guidelines, other medical management industry standards, and published MCO clinical policy guidelines. Medically necessary services include, but are not limited to, those health care services or supplies that are proper and necessary for the diagnosis or treatment of disease, illness, or injury and without which the patient can be expected to suffer prolonged, increased or new morbidity, impairment of function, dysfunction of a body organ or part, or significant pain and discomfort. These services meet the standards of good medical practice in the local area, are the lowest cost alternative, and are not provided mainly for the convenience of the member or provider. Medically necessary services also include those services defined in any Evidence of Coverage documents, Medical Policy Statements, Provider Manuals, Member Handbooks, and/or other policies and procedures.

Administrative Policy Statements prepared by CareSource and its affiliates do not ensure an authorization or payment of services. Please refer to the plan contract (often referred to as the Evidence of Coverage) for the service(s) referenced in the Administrative Policy Statement. If there is a conflict between the Administrative Policy Statement and the plan contract (i.e., Evidence of Coverage), then the plan contract (i.e., Evidence of Coverage) will be the controlling document used to make the determination.

According to the rules of Mental Health Parity Addiction Equity Act (MHPAEA), coverage for the diagnosis and treatment of a behavioral health disorder will not be subject to any limitations that are less favorable than the limitations that apply to medical conditions as covered under this policy.

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A. Subject  
**Continuity of Care**

B. Background

Continuity of care (COC) comprises a series of separate health care services so that treatment remains coherent, unified over time, and consistent with a member's health care needs and preferences. To ensure that care is not disrupted, COC becomes a bridge of coverage, allowing members to transition to CareSource's provider network. Newly enrolled members can continue to receive services by an out-of-network provider when an established relationship exists with that provider, and/or the member will be receiving services for which a prior authorization was received from another payer. Existing members may also utilize COC when a participating provider or acute care hospital terminates an agreement with CareSource. COC promotes safety and effective healthcare to transitioning members.

C. Definitions

- **Course of Treatment** – A prescribed order for a specific individual with a specific condition that is outlined and decided upon ahead of time between the member and provider and may, but is not required to, be part of a treatment plan.
- **Covered Services** – Health care services that are (1) covered by a specific benefit provision; (2) not excluded; and (3) determined to be medically necessary per medical policies and nationally recognized guidelines determined to be
  - provided for the purpose of preventing, diagnosing, or treating a sickness, injury, behavioral health disorder, substance use disorder, or symptoms
  - consistent with nationally recognized scientific evidence and prevailing medical standards and clinical guidelines
  - not provided for the convenience of members, providers, or any other person
- **Ongoing Special Condition** –
  - In the case of an acute illness, a condition serious enough to require medical care or treatment to avoid a reasonable possibility of death or permanent harm.
  - In the case of a chronic illness or condition, a disease or condition that is life-threatening, degenerative, or disabling, and requires medical care or treatment over a prolonged period of time.
  - In the case of pregnancy, pregnancy from the start of the second trimester.
  - In the case of a terminal illness, an individual has a medical prognosis that the individual's life expectancy is 6 months or less.
- **Terminated** – With respect to a contract, the expiration or nonrenewal of a contract excluding failure to meet applicable quality standards or fraud.

D. Policy

- I. CareSource will review requests submitted by members or on behalf of members for COC extending up to 90 calendar days (CDs) after the date of notice or the date of enrollment the following circumstances:
  - A. Newly enrolled CareSource members may qualify for coverage if undergoing treatment for an ongoing special condition at enrollment. CareSource will notify the member of the right to elect COC on the date of enrollment.

The ADMINISTRATIVE Policy Statement detailed above has received due consideration as defined in the ADMINISTRATIVE Policy Statement Policy and is approved.

- B. Terminations of contractual relationships between CareSource and providers or facilities will result in changes to network status or changes in terms of participation or benefit coverage. Upon termination by CareSource or upon receipt of written notification of termination by a provider/facility and in a timely manner, CareSource will notify members undergoing treatment for an ongoing special condition on the date of termination of the right to elect COC if the member has filed a claim with CareSource for services provided by the terminated provider/facility or if the member is otherwise known by CareSource to be a patient of the termed provider/facility.
- II. Additional Continuation of Coverage Circumstances
- A. Scheduled Surgery, Organ Transplantation, or Inpatient Care: If surgery, organ transplantation, or other inpatient care was scheduled for an individual before the date of notice of termination or date of enrollment or if the individual on that date was on an established waiting list or otherwise scheduled to have the surgery, transplantation, or other inpatient care, the coverage period will extend beyond 90 CDs through the date of discharge after completion of the surgery, transplantation, or other inpatient care, and through post-discharge follow-up care related to the surgery, transplantation, or other inpatient care occurring within 90 CDs after the date of discharge.
  - B. Pregnancy: If an individual has entered the second trimester of pregnancy on the date of notice or date of enrollment and the provider was treating the pregnancy before the date of the notice or the date of enrollment, the coverage period of the provider's treatment of the pregnancy will extend through the provision of 60 CDs days of postpartum care.
  - C. Terminal Illness: If an individual was determined to be terminally ill at the time of a provider's termination or the time of enrollment and the provider was treating the illness before the date of the termination or enrollment, the coverage period will extend for the remainder of the individual's life with respect to care directly related to the treatment of the terminal illness or its medical manifestations.
- III. Continuing care members will be provided an opportunity to notify CareSource of the need for transitional care.
- IV. Health care services rendered by a provider who is disenrolled from the network or a non-network provider as described in this policy will only be covered when the health care services would otherwise be covered services if provided by a network provider, and the provider agrees to comply with the following:
- A. accept payment from CareSource at the rates applicable before the start of the transitional period as payment in full
  - B. accept payment based on contracts CareSource has with the same or similar providers in the same or similar geographic area, plus applicable copayments, as payment in full for covered services
  - C. comply with CareSource's quality assurance standards and provide CareSource with necessary medical information related to the care provided

- D. comply with policies and procedures, including, but not limited to, procedures regarding referrals, obtaining prior authorization, and providing covered services pursuant to a treatment approved by CareSource
- E. notify CareSource within 45 days of the date of termination notice or enrollment date that the individual is electing continued treatment by the provider
- F. discontinue services at the end of the coverage period and assist the individual in an orderly transition to a network provider

E. Conditions of Coverage  
 NA

F. Related Policies/Rules  
 Medical Necessity Determinations

G. Review/Revision History

DATE		ACTION
<b>Date Issued</b>	11/09/2022	
<b>Date Revised</b>	12/14/2022	Extension of coverage to all three trimesters of pregnancy.
	03/01/2023	Extension of coverage to 90 days post-partum.
	10/11/2023	Updates to definitions and policy to comply with federal regulations (NSA) and 2024 EOC. Approved at Committee.
	10/23/2024	Annual review. Updated policy in compliance with NC 58-67-88. Updated references. Approved at Committee.
<b>Date Effective</b>	02/01/2025	
<b>Date Archived</b>		

H. References

1. *Continuity and Coordination of Care: A Practice Brief to Support Implementation of The WHO Framework on Integrated People-Centred Health Services*. World Health Organization; 2018. Accessed August 8, 2024. [www.who.int](http://www.who.int)
2. Continuity of Care, 42 U.S.C. § 300gg–113 (2023).
3. Continuity of Care, N.C. GEN. STAT. § 58-67-88 (2001).
4. Harris E. Review finds benefits of primary care continuity. *JAMA*. 2023;329(24):2119. doi:10.1001/jama.2023.9930
5. *North Carolina Evidence of Coverage*. CareSource; 2025. Accessed August 8, 2024. [www.caresource.com](http://www.caresource.com)
6. *The No Surprises Act's Continuity of Care, Provider Directory, and Public Disclosure Requirements*. Centers for Medicare and Medicaid Services; 2021. Accessed August 8, 2024. [www.cms.gov](http://www.cms.gov)

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