

Continuity of Care Notifications: How They Work

Beginning January 2022, the Consolidated Appropriations Act requires group health plans to notify participants when a provider or facility providing them care terminates its network contract. The notification will inform the participant he or she may qualify for continued care with that provider or facility for up to 90 days at the in-network benefit level. Examples of medical conditions that may qualify a participant for continuity of care include, but are not limited to:

- An individual undergoing a course of treatment for a serious and complex condition
- An individual undergoing inpatient or institutional care
- An individual with scheduled non-elective surgical care, including necessary post-operative care
- An individual who is pregnant and being treated
- An individual who is terminally ill and is receiving treatment for such illness by a provider or facility

Here's how the continuity of care process works:

1. UMR mails a provider termination notice to a participant either before or after a provider or facility he or she is receiving care from terminates its network contract. Notification is based on continuous review of participant claims until 30 days after a termination, if it's a future date; and 30 days from the date of receipt of a claim if the termination date already occurred. The notice provides the provider's name and termination date, along with conditions for continuity of care and how to request it.
2. A participant wishing to request continuity of care contacts NRECA's Member Contact Center at 866.673.2299 or contacenter@nreca.coop to obtain a continuity of care request form.
3. The participant returns the request form to UMR's continuity of care team for review and determination.
4. Results of UMR's review are documented in the claim processing system indicating the provider requested, the diagnosis and the determination—either approved, denied or pending.
5. The participant is sent either an approval letter (with the date through which continuity of care is approved) or denial letter. In the case of missing information, the request is pending, and the participant is sent an incomplete status letter requesting missing or incomplete data.