


Continuity of Care (COC)



The Consolidated Appropriations Act (CAA) includes federal requirements for health plans regarding Continuity of Care (COC). The COC mandate states that a member must be able to receive services at in-network coverage levels for specified medical and behavioral conditions when a health care provider leaves a health plan's network. As required by the CAA, the COC exception period extends for 90 days following the provider's network termination date.

Allegiance supports our clients in complying with this regulation by identifying and issuing notices to members affected by a provider termination. Members may be eligible for a COC exception if they are receiving ongoing treatment for certain conditions from a terminating network provider.

COC-qualifying conditions include:

- Pregnancy in the second or third trimester or postpartum care
- Continuation of treatment for a chronic or acute medical condition
- Active care at an inpatient facility
- A disabling, degenerative, congenital or life threatening illness
- Ongoing treatment of a terminal illness or serious medical condition
- A mental illness

Members may submit COC exception requests to Allegiance, which are evaluated by our claims department to determine if the member meets COC criteria. Allegiance Care Management will also facilitate clinical review of COC requests as appropriate, depending on the nature of the condition. If a member's request is approved, Allegiance will continue to process associated provider claims at the in-network benefit level for up to 90 days following the provider's network termination date. In certain situations, our clinicians will also assist COC-qualifying members in planning the transition of care to an in-network provider.

Additional fees apply related to COC services.