

Continuity of Care Requirements for Connecticut Insurance Coverage

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Issue

Summarize Connecticut's continuity of care requirements for insurance coverage and indicate when they were enacted.

Summary

Connecticut enacted continuity of care requirements in 2016 ([PA 16-205](#)). The requirements took effect on January 1, 2017.

Among other things, [PA 16-205](#) established requirements for health carriers' (e.g., insurers and HMOs) provider networks to ensure they are adequate. The law requires carriers to (1) make a good faith effort to give written notice to the patients of a participating provider who leaves the network and (2) provide for the continuity of care for patients in an active course of treatment with the provider to allow them to transition to different participating providers (CGS [§ 38a-472f\(g\)](#)).

Under the law, an "active course of treatment" is (1) medically necessary care provided during the second or third trimester of pregnancy or (2) medically necessary, ongoing treatment for a condition that is life-threatening; is serious; or will worsen or interfere with anticipated outcomes if discontinued, according to the treating provider. A "serious condition" is one that requires complex, ongoing care such as chemotherapy, radiation therapy, or postoperative visits.

Written Notice When a Provider Leaves a Network

The law requires that a health carrier and participating provider provide each other at least 60 days' notice before a carrier removes the provider from the network or the provider leaves the network.

It requires a participating provider removed from or leaving the network to give the carrier a list of his or her patients covered under a network plan of the carrier. The carrier must make a good faith effort, within 30 days after providing or receiving a notice of termination, to give written notice of the provider's departure from the network to each covered patient being treated on a regular basis. The carrier also must give the covered individual a list of the same type of available participating providers in the same geographic area and the procedures for requesting continuity of care.

Continuity of Care

A carrier's continuity of care procedures must provide that:

1. a covered individual or his or her authorized representative may request continuity of care;
2. a continuity of care request for a covered individual undergoing an active course of treatment is reviewed by the carrier's medical director after consulting with the treating provider, as long as the treating provider is not leaving the network for cause; and
3. the continuity of care period for an individual in the second or third trimester of pregnancy extends through the postpartum period.

The continuity of care period for someone undergoing an active course of treatment must last until the earliest of the following:

1. the end of the course of treatment;
2. 90 days after the treating provider leaves the network, unless the medical director decides a longer period is needed;
3. the date the individual's care is transitioned to another participating provider;
4. the date benefit limitations under the plan are met or exceeded; or
5. the date the carrier determines the care is no longer medically necessary.

A carrier can grant a continuity of care period only if the treating provider leaving the network agrees in writing to (1) accept the same payment and terms as when he or she was participating in the network and (2) not seek any payment from a covered individual for any amount he or she would not have been responsible for if the provider was still in the network.

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