ADMINISTRATIVE POLICY STATEMENT
TrueCare

Policy Name & Number	Date Effective
Continuity of Care-TrueCare-AD-1300	07/01/2025
Policy Type	
ADMINISTRATIVE	

Administrative Policy Statements 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 or Certificate of Coverage documents, Medical Policy Statements, Provider Manuals, Member Handbooks, and/or other plan policies and procedures.

Administrative Policy Statements do not ensure an authorization or payment of services. Please refer to the plan contract (often referred to as the Evidence of Coverage or Certificate of Coverage) for the service(s) referenced in the Administrative Policy Statement. Except as otherwise required by law, if there is a conflict between the Administrative Policy Statement and the plan contract, then the plan contract 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 TrueCare'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 (PA) was received from another payer. Existing members may also utilize COC when a participating provider or acute care hospital terminates an agreement with TrueCare. COC promotes safety and effective healthcare to transitioning members.

C. Definitions
- **Chronic Condition** – A medical or behavioral health condition (BH) due to a disease, illness, or other medical problem complex in nature and persisting without cure, worsening over an extended period, or requiring ongoing treatment to maintain remission or prevent deterioration.
- **Course of Treatment** – A prescribed order for a specific individual with a specific condition 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.
- **Non-Participating Provider** – A provider who has not entered into a contractual arrangement with TrueCare, also referred to as an out-of-network provider.
- **Primary Care Provider (PCP)** – A network physician, network physician group, advanced practice nurse, or advanced practice nurse group trained in family medicine (general practice), internal medicine, or pediatrics who are responsible for providing and/or coordinating all covered services for network benefits.
- **Terminal Illness** – Medical prognosis of life expectancy that is 6 months or less.

D. Policy
I. The transitional period may be extended by TrueCare if the extension is determined to be clinically appropriate. TrueCare will consult with the member and the health care provider in making the determination. TrueCare will review COC requests submitted by members or on behalf of members in the following circumstances:
   A. Termination of Providers
      1. When a health partner is terminated from the TrueCare network and the termination was not related to fraud or a quality of care issue, a member can continue an ongoing course of treatment from the provider for up to 60 calendar days (CDs) from the date of the letter sent by TrueCare notifying of the termination or from the date of termination, whichever is greater. Ongoing course of treatment includes
         a. Members treated for conditions requiring follow-up care or additional treatment during the previous 12 months or prior authorized services.

b. Adult members with a previously scheduled appointment from the provider, unless the appointment is for a well adult check-up.
c. Any MississippiCAN EPSDT-eligible or CHIP member with a previously scheduled appointment, including well child care appointments.
d. A pregnant member receiving care from the provider through the completion of postpartum care.

2. Members transitioning to another provider when a provider currently treating a chronic or acute medical or BH condition or prenatal services has terminated participation with TrueCare will receive continuation of coverage for such provider for up to 90 CDs or until the member may be reasonably transferred to another provider without disruption of care, whichever is less.

B. Newly Enrolled Members

1. Members receiving medically necessary services or other prenatal services the day before enrollment can continue such services without PA and with a non-network provider for 90 CDs or until the member is reasonably transferred to a network provider without disruption of services, whichever is less. TrueCare may require PA for continuation of services beyond 30 CDs.
2. TrueCare will honor PAs from previous contractors for 90 days or until the member or provider is contacted by TrueCare regarding the PA. If TrueCare does not contact the member or provider, the existing PA will be honored until expiration.
3. For members in the 2nd or 3rd trimester of pregnancy, TrueCare will allow continued access to the member's prenatal care provider and any provider currently treating the member's chronic, acute medical or BH condition through the postpartum period.

II. TrueCare will send written notice of provider terminations from the network to members who receive primary care from a provider, are treated on a regular basis by a provider or are affected by loss of the provider for other reasons by the later of 30 CDs prior to the effective date of the termination or 15 CDs after receipt or issuance of the termination notice. The written notice will include information about selecting a new provider, how to continue using services during a transition period and a date after which members receiving an ongoing course of treatment cannot use the terminated provider.

III. When members disenroll from or change to another plan, TrueCare will transfer the member's care management history, 6 months of claims history and pertinent information related to special needs to the Division of Medicaid. When receiving a transitioning member, TrueCare will coordinate care with the contractor from which the member is disenrolling, complete and track active referrals and provide service information, emergency numbers and instructions on how to obtain services.

IV. Additional Coverages for Continuity of Care
To coordinate care and facilitate transition, COC services may be subject to a medical necessity review, including the following:

A. Extended or skilled care when an adult extension member is currently receiving care in a nursing facility on the effective date of enrollment. TrueCare will cover

the nursing facility care at the same facility until a medical necessity review is completed and, if applicable, a transition to an alternative location has been documented in the member's care plan.

B. Home health services, private duty nursing and durable medical equipment will be covered at the same level with the same provider as previously covered until TrueCare conducts a medical necessity review and renders an authorization decision.
C. Follow up care for members receiving a transplant provided on or after the member's transition to TrueCare that is billed outside global charges will be covered by TrueCare.
D. Members who are inpatients in a facility at the time of transition will be covered by TrueCare, including all professional services, until the member is discharged from the facility for the current admission. An inpatient admission within 14 CDs of discharge for the same diagnosis is considered a current admission.

E. Conditions of Coverage

For a provider to be eligible for payment for services provided to a member after the provider is terminated from the network, the provider must agree to meet the same terms and conditions as participating providers.

F. Related Policies/Rules

Medical Necessity Determinations

G. Review/Revision History

	DATE	ACTION
Date Issued	02/26/2025	New policy
Date Revised		
Date Effective	07/01/2025	
Date Archived		

H. References

1. Continued Services to Enrollees, 42 C.F.R. § 438.62 (2024).
2. *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 September 24, 2024. www.who.int
3. Contractual Agreement between the Division of Medicaid in the Office of the Governor and TrueCare for Administration of Mississippi Medicaid Services, Office of the Governor, Division of Medicaid; 2023. Accessed September 24, 2024. www.medicaid.ms.gov
4. Harris E. Review finds benefits of primary care continuity. *JAMA*. 2023;329(24):2119. doi:10.1001/jama.2023.993
5. Special Rules for Ambulance Services, Emergency and Urgently Needed Services, and Maintenance and Post-Stabilization Care Services, 42 C.F.R. § 422.113 (2024).
6. State Plans for Medical Assistance, 42 U.S.C. § 1396a(e)(5) (2024).

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