Transition of care and continuity of care

Frequently asked questions

This resource is designed to give behavioral health providers insight into the transition of care (TOC) and continuity of care (COC) processes for their patients with coverage through Evernorth® Behavioral Health (Evernorth).

1. What is TOC?

TOC allows a patient who is new to their plan to continue receiving care at in-network coverage levels for a defined period of time for mental health or substance use disorder services from out-of-network providers. The patient must apply for TOC at enrollment or refer to their Summary Plan Description for the time frame in which they need to request prior authorization.

2. What is COC?

COC may enable a patient to receive services at in-network coverage levels for a defined period of time for mental health or substance use disorder outpatient therapy, medication management, transcranial magnetic stimulation, applied behavior analysis, intensive outpatient program, partial hospitalization program, residential, and inpatient levels of care.

COC would be appropriate under the following scenarios:

- A patient's provider leaves their plan's network (patient must apply within 90 days of the provider termination notification date).
- A patient was notified by their employer that they may qualify for COC.
- A patient's employer changes health care plans and the immediate transfer of their care to another provider would be inappropriate or unsafe.

3. How does a patient apply for TOC/COC?

To apply for TOC/COC for inpatient and residential levels of care, please call **800.926.2273**. To apply for TOC/COC for all other levels of care, the patient or provider must send a completed TOC/COC request form to Evernorth. The form should be submitted at the time of enrollment, when there is a plan change, or when a patient's provider leaves the network. For TOC, the patient will need to refer to their Summary Plan Description for the time frame in which they need to request prior authorization. For COC, the request must be made within 90 days of the provider termination notification date or after the patient has been notified by their employer that they may qualify for COC, unless federal or state law indicates otherwise.

To be eligible for TOC/COC, the patient must already be receiving treatment for the condition indicated on the form. To receive in-network coverage for any other condition, the patient must receive care from an in-network provider. If the patient's plan includes out-of-network coverage and they choose to continue out-of-network care beyond the time frame approved by Evernorth, they must follow their plan's out-of-network provisions. This includes any prior authorization requirements.

After receiving a TOC/COC request, we will review the information provided within 10 days and/or in compliance with state mandates. We will then send a letter to the patient informing them that their request was approved or denied. A denial letter will include information about how to appeal the determination. If the request is approved for the indicated behavioral health condition, the patient will receive the in-network level of coverage for treatment for a defined period of time, as determined by Evernorth.

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Please note that the availability of TOC/COC does not guarantee that a treatment is medically necessary and does not constitute prior authorization of the behavioral health services. Depending on the request, a medical necessity determination and formal prior authorization may still be required for a service to be covered.

4. Does a separate form need to be completed for each service?

Yes. A separate TOC/COC request form must be completed for each service for which the patient or their covered dependent is seeking coverage. In-network coverage levels provided as part of TOC/COC are for the specific service only and cannot be applied to another service. To ensure timely review of the request, it is important that all questions are answered in detail prior to submitting the form. To apply for TOC/COC for inpatient and residential levels of care, please call **800.926.2273**.

5. How much time is permitted for transitioning to a new in-network provider?

If Evernorth determines that transitioning to an in-network provider is inappropriate or unsafe for the conditions that qualify, services provided by the approved out-of-network provider will be authorized for a specific period of time (usually 90 days). Or, services will be approved until care has been completed or transitioned to an in-network provider, whichever comes first.

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