

FACT SHEET

How Continuity of Care Works



Continuity of Care gives UnitedHealthcare members in active treatment or with certain illnesses the option to continue receiving care with in-network benefits for a period of time if their health care professional were to leave UnitedHealthcare's network.

The purpose of the program is to put patients' health needs first and minimize any disruption in their ongoing care.

Who Qualifies?

A few examples of patients who may qualify include:

- Women who are pregnant (second or third trimester) through six weeks postdelivery.
- Patients with newly diagnosed or relapsed cancer, or those currently in active cancer treatment.
- Transplant candidates or transplant recipients in need of ongoing care due to complications associated with a transplant.



When Can Individuals Apply?

Members, with their care provider, can apply for Continuity of Care at any time, and up to 30 days after a care provider stops participating in UnitedHealthcare's network. Members do not need to wait for a hospital or care provider to go out of network before applying for coverage.



How Long Does It Take?

If a member's health condition qualifies for Continuity of Care, our team of clinicians can approve a request in 10-15 days, but often sooner depending on the urgency of the request.



How Do Individuals Apply?

UnitedHealthcare members should call the number on their health plan ID card to see if they might qualify for Continuity of Care and we will work with the member to get them a copy of the form to fill out.



Questions?

UnitedHealthcare members should call the number on their health plan ID card with questions about Continuity of Care and to learn more about qualifying conditions.