

The following table is part of a Commonwealth Fund blog post, Sabrina Corlette and Maanasa Kona, “The State of State Protections: Maintaining Access to Services After Transitioning from Medicaid,” *To the Point* (blog), Commonwealth Fund, Feb. 6, 2023, <https://www.commonwealthfund.org/blog/2023/state-protections-maintaining-access-after-transitioning-medicaid>.

**Table. State-by-State Continuity of Care Protections for Enrollees Transitioning from Medicaid to Commercial Plans**

State	Does the state provide continuity of care protections to enrollees switching from Medicaid to marketplace plans?	Which enrollees are eligible for protections?	What is the duration of the protections?
Alabama	No	N/A	N/A
Alaska	No	N/A	N/A
Arizona	Yes	Enrollees with a life-threatening illness	Up to 30 days after the effective date of the enrollment
		Enrollees in the third trimester of pregnancy on effective date of enrollment	Any delivery-related care up to 6 weeks after date of delivery
Arkansas	Yes	Enrollees being treated for a current episode of an acute condition	Until the current episode of treatment ends, up to 90 days
		Enrollees with an acute condition	For the duration of acute condition
		Enrollees with a serious chronic condition	Until completion of the course of treatment and until safe transfer is possible, up to 12 months from effective date of enrollment
California	Yes <sup>1</sup>	Enrollees who are pregnant	Through immediate postpartum care If enrollee is diagnosed with a maternal mental health condition, up to 12 months from the delivery or diagnosis, whichever occurs later
		Enrollees with a terminal illness	For the duration of the terminal illness
		Newborn enrollees up to age 3	Up to 12 months from the effective date of coverage
		Enrollees who have been authorized for surgery as part of a course of treatment	Within 180 days of effective date
Colorado*	No	N/A	N/A
Connecticut*	No	N/A	N/A
Delaware	Yes <sup>2,3</sup>	Enrollees undergoing treatment of a medical condition or diagnosis that is in progress or for which a preauthorization for treatment has been issued	Until completion of care, up to a maximum of 90 days
		Enrollees who have been prescribed medications by a provider	Up to 60 days for all medications prescribed by a provider Up to 90 days for medication prescribed by a provider and is related to mental health diagnoses
District of Columbia	Yes <sup>2</sup>	Enrollees in the midst of active treatment	For the remaining course of treatment, up to a maximum of 90 days No time limits for maternity care
Florida	No	N/A	N/A

State	Does the state provide continuity of care protections to enrollees switching from Medicaid to marketplace plans?	Which enrollees are eligible for protections?	What is the duration of the protections?
Georgia	No	N/A	N/A
Hawaii*	No	N/A	N/A
Idaho	No	N/A	N/A
Illinois	Yes	Enrollees with an ongoing course of treatment	Up to 90 days from the effective date of enrollment
		Enrollees in third trimester of pregnancy on effective date of enrollment	Through postpartum care related to delivery
Indiana*	No	N/A	N/A
Iowa	Yes <sup>3</sup>	Enrollees undergoing a specified course of treatment for a terminal illness or a related condition	Up to 90 days
		Enrollees in second or third trimester of pregnancy	Through postpartum care related to delivery
Kansas*	No	N/A	N/A
Kentucky*	No	N/A	N/A
Louisiana*	No	N/A	N/A
Maine*	No	N/A	N/A
Maryland	Yes	Enrollees who are pregnant	Through the initial postpartum visit
		Enrollees experiencing acute conditions, serious chronic conditions, mental health conditions and substance use disorders or any other conditions the provider and carrier agree to	For the course of treatment, up to 90 days
Massachusetts*	No	N/A	N/A
Michigan*	No	N/A	N/A
Minnesota*	No	N/A	N/A
Mississippi	No	N/A	N/A
Missouri*	No	N/A	N/A
Montana	Yes	Enrollees with a life-threatening, disabling, or degenerative condition	Up to 60 days from date of enrollment
		Enrollees with terminal illness and a life expectancy of less than 6 months	6 months but can be extended
		Enrollees in second or third trimester of pregnancy	Through completion of postpartum care
Nebraska*	No	N/A	N/A
Nevada*	No	N/A	N/A
New Hampshire*	No	N/A	N/A
New Jersey*	No	N/A	N/A
New Mexico	Yes	Enrollees with an ongoing course of treatment	Up to 30 days
		Enrollees in third trimester of pregnancy	Through completion of postpartum care related to delivery

State	Does the state provide continuity of care protections to enrollees switching from Medicaid to marketplace plans?	Which enrollees are eligible for protections?	What is the duration of the protections?
New York	Yes	Enrollees with life-threatening condition or a degenerative and disabling disease or condition	Up to 60 days
		Enrollees in second or third trimester of pregnancy	Through completion of postpartum care related to delivery
North Carolina*	No	N/A	N/A
North Dakota*	No	N/A	N/A
Ohio*	No	N/A	N/A
Oklahoma*	No	N/A	N/A
Oregon*	No	N/A	N/A
Pennsylvania	Yes	Enrollees undergoing ongoing course of treatment	Up to 60 days from the effective date of enrollment
		Enrollees in second or third trimester of pregnancy	Through completion of postpartum care related to delivery
Rhode Island*	No	N/A	N/A
South Carolina*	No	N/A	N/A
South Dakota*	No	N/A	N/A
Tennessee*	No	N/A	N/A
Texas*	No	N/A	N/A
Utah	No	N/A	N/A
Vermont	Yes	Enrollees with life-threatening, disabling, or degenerative conditions	Up to 60 days from the date of enrollment or until accepted by a contracted provider, whichever is shorter
		Enrollees in second or third trimester of pregnancy	Through completion of postpartum care
Virginia*	No	N/A	N/A
Washington*	No	N/A	N/A
West Virginia*	No	N/A	N/A
Wisconsin*	No	N/A	N/A
Wyoming	No	N/A	N/A

#### Notes

Every state has its own definition of terms like “acute,” “serious,” “chronic,” or “life-threatening.” Terms used in this table mirror the terms used by the state.

A number of states generally require plans to have transition policies in place to ensure continuity of care, but for the purposes of this study, we are only considering those states that are more prescriptive in their continuity of care requirements for new enrollees.

\* State has continuity of care protections only when a provider leaves the carrier’s network and/or for group health plan enrollees in certain circumstances.

[1] In California, protections are limited to situations where enrollees involuntarily lose access to their prior plan and exclude situations where enrollees are offered an out-of-network option.

[2] In Delaware and the District of Columbia, protections are limited to qualified health plans sold on the health insurance marketplace.

[3] In Delaware and Iowa, protections are limited to situations where enrollees involuntarily lose access to their prior plan.

Data: Authors’ analysis.