



MEDICAL ASSISTANCE BULLETIN  
COMMONWEALTH OF PENNSYLVANIA \* DEPARTMENT OF PUBLIC WELFARE

**NUMBER:** 99-03-13

**ISSUE DATE:**  
September 1, 2003

**EFFECTIVE DATE:**  
September 1, 2003

**SUBJECT:** Continuity of Care for Recipients Transferring Between and Among Fee-for-Service and Managed Care Organizations

**BY:**

A handwritten signature in cursive script that reads "Carole W. Rebert".

**Carole W. Rebert**  
**Acting Deputy Secretary**  
**Office of Medical Assistance Programs**

**PURPOSE:**

The purpose of this bulletin is to notify providers of the procedures to ensure the safe transition and continuity of care for Medical Assistance (M A) recipients who are under a clinically appropriate course of treatment for a medical and/or behavioral health condition when they transfer from the fee-for-service (FFS) program to a managed care organization (MCO), between MCOs and from an MCO to FFS. These procedures address:

1. continuity of prior authorized services for adults;
2. continuity of "clinically appropriate course of treatment" plans for children and adults;

**SCOPE:**

This bulletin applies to all providers enrolled in the M A Program and all MCOs and counties under contract with the M A Program, **and is applicable for adults age 21 years of age and older and children under the age of 21. In addition to this Bulletin, M A Bulletin 99-96-01 relating to "Continuity of Prior Authorized Services Between Fee-for-Service and Managed Care Plans and Between Managed Care Plans for Individuals Under Age 21" remains in effect for children under the age of 21 years.**

**BACKGROUND:**

The Department of Public Welfare (the Department) issued M A Bulletin 99-96-01, effective February 29, 1996, which described the procedures to avoid any disruption in or discontinuance of prior authorized services when a recipient, under the age of 21, transfers between or among the FFS program and the various state-contracted MCOs. M A Bulletin 99-96-01 does not contain provisions ensuring continuity of providers (at the recipient's/enrollee's option), nor is there a time limit on the duration of services but rather requires the continuation of prior authorized services for the amount, duration and scope of services specified by the approved prior authorization.

In order to incorporate the patient protections afforded MCO members under the Quality Health Care Accountability and Protection Act (Act 68) and the Department of Health's implementing regulations, and to ensure continuity of prior authorized **services** as they relate to adults age 21 years of age and older, the Department is issuing the procedures outlined below in Attachments A, B and C.

**For children under the age of 21 years, the provisions in M A Bulletin 99-96-01 regarding continuity of prior-authorized services, remain in effect.** Neither an MCO, an MCO Primary Care Provider (PCP) nor the Department may change, reduce or terminate previously authorized services through the approved time period.

## **DISCUSSION:**

### **Continuity of Clinically Appropriate Course of Treatment for Prior Authorized Services**

Any adult recipient/enrollee (whether currently enrolled in M A FFS or in an MCO) who transfers between or among the various service delivery systems will continue (at the recipient's/enrollee's option) to receive any prior authorized service the individual was authorized to receive or is receiving. The service must be provided, as long as it is a compensable service within the receiving delivery system, and must continue from the time of the transfer and up to sixty (60) days from the effective date of the transfer/enrollment or until the receiving delivery system conducts a concurrent clinical review to determine whether continuation of the prior authorized service is clinically appropriate.

The procedures for continuity of care (based on prior authorized services) by a non-participating provider for adults enrolled in an MCO are described in Attachments A, B, and C.

### **Continuity of Clinically Appropriate Course of Treatment for Services Not Requiring Prior Authorization**

A clinically appropriate course of treatment is defined to include, but is not limited to, a planned series of medical/surgical/dental/behavioral health interventions or procedures; a prescription for a particular medication or group of medications for a defined period of time or a prescription for the use of a particular durable medical equipment.

In order to ensure continuity of the clinically appropriate course of treatment for services not requiring prior authorization whenever a child or adult recipient/enrollee transfers between MCOs, from the FFS program to an MCO or from an MCO to the FFS program, the procedures described in Attachment D will apply.

In the case where a new (and pregnant) recipient/enrollee (who is enrolled in an MCO) is already receiving care from an out of network OB-GYN Specialist at the time of enrollment, the recipient/enrollee may **continue** (at her option) to receive an ongoing clinically appropriate course of treatment from that specialist throughout the pregnancy and postpartum care related to the delivery.

## **PROCEDURE:**

Providers of services to eligible M A recipients/enrollees are to follow the procedures outlined in M A Bulletin 99-96-01 relating to "Continuity of Prior Authorized Services Between Fee-for-Service and Managed Care Plans and Between Managed Care Plans for Individuals Under Age 21", or Attachment A through C of this Bulletin (as appropriate) to ensure continuation of prior authorized services for adults; and Attachment D to ensure continuation of a clinically appropriate course of treatment for children and adults.

## **ATTACHMENTS:**

- Attachment A – Procedure for Continuity of Prior Authorized Services for Adults – Transition from Fee-for-Service to a Managed Care Organization
- Attachment B - Procedure for Continuity of Prior Authorized Services for Adults – Transition from a Managed Care Organization to Fee-for-Service
- Attachment C – Procedure for Continuity of Prior Authorized Services for Adults – Transition from an MCO to an MCO
- Attachment D – Procedure for Continuity of Care for Course of Treatment Services Not Requiring Prior Authorization for Adults Age 21 and Older and Children Under the Age of 21

**COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:**

Bureau of Policy, Budget and Planning  
P.O. Box 8043  
Harrisburg, PA 17105

**OR**

Call the appropriate toll-free number for your provider type.

Visit the Office of Medical Assistance Programs website at [www.dpw.state.pa.us/omap](http://www.dpw.state.pa.us/omap).