

ATTACHMENT C
Procedure for Continuity of
Prior Authorized Services for Adults
TRANSITION FROM AN MCO TO AN MCO

*****REMINDER: Providers must check the Eligibility Verification System (EVS) prior to providing any service to an eligible Medical Assistance (M A) recipient/enrollee and must listen to the entire EVS message in order to obtain the correct eligibility information necessary for payment.**

1. If a provider learns, through EVS or otherwise, that a recipient/enrollee who was enrolled in an MCO and successfully received a prior authorization for services from MCO A with “from” and “to” dates, disenrolls from MCO A and successfully enrolls in MCO B, the provider must call MCO B and inform them of existing MCO A prior authorization for services.
2. When MCO B receives the phone call, MCO B will instruct the provider to submit a copy of MCO A’s prior authorization (or PCP’s referral form). MCO B must either:
 - A) Approve the service and honor the amount, duration/frequency and scope of services (for up to sixty (60) days) at the recipient/enrollee’s option as specified by the approved prior authorization;

OR

- B) Approve the amount, duration/frequency and scope of services (at the recipient/enrollee’s option) pending a **concurrent clinical review** of the continued need for MCO A’s prior authorized services. **Under no circumstances may MCO B withhold authorization to continue the services, reduce, delay or interrupt the receipt of the services prior to the MCO’s concurrent clinical review.**

If, as a result of the concurrent clinical review the MCO authorizes an alternative course of treatment, a reduction, or termination of the Department’s approved prior authorization, the MCO must provide proper written notification of the changes to the recipient/enrollee and the prescribing provider and honor the recipient’s/enrollee’s right to exercise his/her full grievance and fair hearing rights.

If the recipient/enrollee has been receiving the services that are being reduced, changed, or denied and they file a grievance or request for a fair hearing that is hand delivered or postmarked within ten days of the date of the written notice of decision, the services will continue until the grievance or fair hearing decision is made.

ATTACHMENT C
Procedure for Continuity of
Prior Authorized Services for Adults
TRANSITION FROM AN MCO TO AN MCO

3. A. If the MCO A provider is not a participating provider in MCO B, MCO B may recruit the provider as a participating provider or arrange for the service to be delivered by a participating provider, if the enrollee consents to the change. Should the enrollee wish to continue to receive services from their non-participating provider, they shall be granted approval of a transitional period of up to sixty (60) days from the effective date of enrollment with MCO B. The MCO, in consultation with the recipient/enrollee and the health care provider, may extend this transitional period if determined to be clinically appropriate.
 - In the case where a new (and pregnant) recipient/enrollee is already receiving care from an out of network OB-GYN Specialist at the time of enrollment, the member may continue to receive services from that specialist throughout the pregnancy and postpartum care related to the delivery.
3. B. If the MCO A provider does not wish to enroll in MCO B and a transfer to a MCO B provider is clinically contraindicated for any reason including a beneficial therapeutic relationship, or in the case where the enrollee does not wish to change providers at this time, MCO B shall approve the service out-of-network, come to mutually acceptable terms on an appropriate rate and advise the provider of procedures for billing.
3. C. The provider delivers the service to the recipient and does not invoice MCO A, but invoices MCO B according to their billing procedures. Any health care service provided by non-participating providers under continuity of prior authorized services provisions shall be covered by the MCO under the same terms and conditions as applicable for participating health care providers. An MCO may require a non-participating health care provider whose health care services are covered under this section to meet the same terms and conditions as a participating health care provider. MCOs shall not be required to provide health care services that are not otherwise covered under the terms and conditions of the plan.
4. If either the MCO B provider or the MCO B approved non-participating provider (the MCO A provider) proposes to continue the prior authorized service, a request must be submitted to MCO B in sufficient time prior to the end of the previously approved time period to allow MCO B adequate time to reassess the need for service and make a determination of medical necessity ten days before the end of the previously approved period. If MCO B decides to deny the request either in full or by authorizing a change in amount or duration of services, or alternative services, MCO B must notify the recipient/enrollee and the prescribing provider in writing at least ten days in advance of the effective date of the

ATTACHMENT C
Procedure for Continuity of
Prior Authorized Services for Adults
TRANSITION FROM AN MCO TO AN MCO

proposed change in authorization. In such cases, the recipient/enrollee is entitled to exercise his/her full range of grievance and fair hearing options.