

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

1. A recipient/enrollee enrolling in a new Managed Care Organization (MCO) from either Fee-for-Service (FFS) or another MCO or from an MCO to FFS may be receiving a course of treatment, which did not require formal prior authorization under the previous delivery system. The new delivery system must ensure continuation of a clinically appropriate course of treatment without interruption, at the recipients/enrollees option.

To ensure continuation of services, it will be necessary for the new provider to discuss the recipient's course of treatment both with the recipient/enrollee and his/her previous provider.

REMINDER TO PHYSICAL HEALTH MCO PROVIDERS: Under the Department of Public Welfare's (Department's) place of service review process for short procedure unit and ambulatory surgery center services, the approval for the course of treatment is provided to the requesting provider. This information must be conveyed to the new provider of service by the provider who originated the request for approval.

2. Under managed care, new enrollees receiving a course of treatment from a non-participating network provider:
 - A. May (at the enrollee's option) continue the course of treatment, from the non-participating provider for up to sixty (60) days from the effective date of enrollment in the managed care plan.
 - B. May have this course of treatment extended beyond the sixty (60) day period if, under consultation with the MCO and the health care provider, the treatment is determined to be clinically appropriate.

In the case where a new (and pregnant) 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. In the event that a recipient /enrollee is receiving a course of treatment which is compensable under the new delivery system, and would be subject to review and prior authorization under a procedure approved by the Department, the FFS or managed care delivery system must ensure an uninterrupted continuation in the course of treatment for children under the age of 21. For adults age 21 and older, this continuation of service must occur without interruption for a transitional period of up to sixty (60) days from the effective date of enrollment in the MCO,

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at which time the receiving delivery system may conduct a concurrent clinical review to determine whether the continuation of the service is clinically appropriate. The MCO, in consultation with the recipient/enrollee and the health care provider, may:

A. Extend this transitional period if determined to be clinically appropriate;

OR

B. If, as a result of the concurrent clinical review of services for an adult, the receiving network issues a denial by authorizing an alternative course of treatment (after the transitional period), the network must provide proper notification of the denial to the recipient/enrollee, and the recipient/enrollee must be afforded the opportunity to exercise his/her full grievance and/or 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.

4. Any health care service provided through the continuity of care transitional period shall be covered by the MCO and provided by the non-participating provider under the same terms and conditions as applicable for participating health care providers.

An MCO shall not be required to provide health care services that are not otherwise covered under the terms and conditions of the plan.