

	MEDICAL ASSISTANCE BULLETIN COMMONWEALTH OF PENNSYLVANIA * DEPARTMENT OF PUBLIC WELFARE	
	SUBJECT Continuity of Prior Authorized Services Between Fee-For-Service and Managed Care Plans for Individuals Under Age 21	BY  Darlene C. Collins, M.Ed., M.P.H. Deputy Secretary for Medical Assistance Programs
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PURPOSE:

The purpose of this bulletin is to notify providers of the procedures developed to ensure continuity of prior-authorized services whenever a recipient transfers between managed care plans, from a managed care plan to the fee-for-service program, or from the fee-for-service program to managed care.

SCOPE:

This bulletin applies to all providers enrolled in the Medical Assistance Program, including HealthPASS and all managed care plans.

BACKGROUND/DISCUSSION:

On a case-by-case basis, both the fee-for-service program and managed care plans have worked to assure continuity of prior-authorized services for eligible Medical Assistance recipients who move between state-contracted managed care plans or between a managed care plan and fee-for-service. In order to assure uniformity and consistency of approach, the Department has developed a set of procedures designed to avoid a disruption in the delivery of such services to these recipients.

PROCEDURE:

These procedures will be formally implemented in the fee-for-service program effective immediately upon publication of this bulletin. All managed care plans must have these procedures in place by no later than March 1, 1996.

Attached are the procedures which address a:

- Recipient moving from fee-for-service to managed care.
- Recipient moving from managed care to fee-for-service.
- Recipient moving between managed care plans.

COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:

The appropriate toll-free inquiry line for your provider type.

Visit the Office of Medical Assistance Programs website at www.dpw.state.pa.us/omap.