Document ID:	Title: Aetna Medicaid Administrators LLC (AMA) 7000.40 - Member Transition - Louisiana	
Parent Documents: Document ID of AMA 7000.40 – Member Transition Policy		
Effective Date: See Document Information Page	**Last Review Date:** See Review and Revision History Section	**Business Process Owner (BPO):** Medical Management - Utilization Management, Regulatory Compliance
Exhibit(s): N/A		
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Effective Date: 09/14/2021
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PURPOSE

This Amendment is written to meet regulatory and legislative requirements under Louisiana law/regulation that impact AMA 7000.40 Member Transition policy. This amendment will be used in conjunction with AMA 7000.40 to comply with Louisiana requirements.

SCOPE

Applies to Department:	☐ Care Management	☐ Precertification (including NME, SCPU, Specialty Medical Precert)	☐ NME Case Management	☐ Aetna Maternity Program
	☐ SCPU Case Management	☐ 24-Hour Nurse Line	☐ DM	☐ BH
	☐ Medical Management – Concurrent Review	☐ Medical Management – Prior Authorization	■ Medical Management – Utilization Management	☐ Medical Management

Product:	☐ HMO	☐ EPO	☐ PPO	☐ MC/POS	☐ TC	☐ JV
	■ Medicaid					

These requirements apply when the Controlling State is Louisiana.

POLICY

FOCUS/DISPOSITION:
Health Plan Transition Requirements
Members Transferring or Enrolling into the Health Plan

Legislation	Policy/Procedure Language Change:
2020 Louisiana Medicaid Managed Care Organization Statement of Work, section 6.38.2	**Aetna Better Health will be responsible for the provision of medically necessary services covered under the Contract that**

The receiving MCO shall be responsible for the provision of medically necessary services covered under the Contract that are required for the member during the transition period (i.e. prenatal care, acute care, etc.). The transition period shall not exceed thirty (30) calendar days from the effective date of the member's enrollment in the receiving MCO unless the member has been identified as an individual with special health care needs (See Section 6.32 for exceptions for individuals with Special Health Care Needs.) During this transition period, the receiving MCO shall be responsible for, but not limited to, notification to the new PCP of member's selection, initiation of the request of transfer for the member's medical files, arrangement of medically necessary services (if applicable) and all other requirements for new members.	**are required for the member during the transition period (i.e. prenatal care, acute care, etc.). The transition period shall not exceed thirty (30) calendar days from the effective date of the member's enrollment in Aetna Better Health unless the member has been identified as an individual with special health care needs During this transition period, Aetna Better Health will be responsible for, but not limited to, notification to the new primary care physician (PCP) of member's selection, initiation of the request of transfer for the member's medical files, arrangement of medically necessary services (if applicable) and all other requirements for new members**.
2020 Louisiana Medicaid Managed Care Organization Statement of Work, section 6.38.4.1 **The MCO shall not require service authorization for the continuation of medically necessary covered services of a new member transitioning into the MCO, regardless of whether such services are provided by an in-network or out-of-network provider, however, the MCO may require prior authorization of services beyond thirty (30) calendar days.**	**The health plan will not require service authorization for the continuation of medically necessary covered services of a new member transitioning into the health plan, regardless of whether such services are provided by an in-network or out-of-network provider, however, the health plan may require prior authorization of services beyond thirty (30) calendar days.**
2020 Louisiana Medicaid Managed Care Organization Statement of Work, section 6.38.4.2 **During transition the MCO is prohibited from denying prior authorization solely on the basis of the provider being an out-of-network provider**	**During transition, the health plan will not deny prior authorization solely on the basis of the provider being an out-of-network provider**.
2020 Louisiana Medicaid Managed Care Organization Statement of Work, section 6.38.8.1	

For the period December 1, 2015 through February 29, 2016 the MCO shall honor all Magellan authorization decisions for outpatient services at the level of service and duration approved prior to December 1, 2015. The MCO must continue to honor existing Magellan authorizations beyond February 29, 2016 until such time as a determination for continued services is complete and the member and provider have been timely notified. These requirements apply to all prior approvals regardless of the provider's status as a contracted or non-contracted provider.	**For the period December 1, 2015 through February 29, 2016 the health plan shall honor all Magellan authorization decisions for outpatient services at the level of service and duration approved prior to December 1, 2015. The health plan must continue to honor existing Magellan authorizations beyond February 29, 2016 until such time as a determination for continued services is complete and the member and provider have been timely notified. These requirements apply to all prior approvals regardless of the provider's status as a contracted or non-contracted provider.**
2020 Louisiana Medicaid Managed Care Organization Statement of Work, section 6.38.5 **Appropriate medical records and case management files of the transitioning member shall also be transmitted. The cost, if any, of reproducing and forwarding medical records shall be the responsibility of the relinquishing Contractor.**	**Appropriate medical records and case management files of the transitioning member shall also be transmitted. The cost, if any, of reproducing and forwarding medical records shall be the responsibility of the relinquishing Contractor.**
2020 Louisiana Medicaid Managed Care Organization Statement of Work, section 6.32.1 **In the event a member entering Aetna Better Health is receiving medically necessary covered services in addition to, or other than, prenatal services the day before Aetna Better Health enrollment, Aetna Better Health will be responsible for the costs of continuation of such medically necessary services, without any form of prior approval and without regard to whether such services are being provided by contract or non-contract providers. Aetna Better Health will provide continuation of such services up to ninety (90) calendar days or until the member may be reasonably transferred without disruption, whichever is less. Aetna Better Health may require prior authorization for**	

continuation of the services beyond thirty (30) calendar days, however, Aetna Better Health is prohibited from denying authorization solely on the basis that the provider is a non-contract provider.	
2020 Louisiana Medicaid Managed Care Organization Statement of Work, section 7.11.8.5 **The MCO shall track all members transitioned due to a subcontract's suspension, limitation, termination, or material change to ensure behavioral health service continuity and provide member information as requested by LDH (e.g., name, Title XIX or Title XXI status, date of birth, services member is receiving or will be receiving, name of new provider, date of first appointment, and activities to reengage persons who miss their first appointment with the new provider).**	**The health plan shall track all members transitioned due to a subcontract's suspension, limitation, termination, or material change to ensure behavioral health service continuity and provide member information as requested by LDH (e.g., name, Title XIX or Title XXI status, date of birth, services member is receiving or will be receiving, name of new provider, date of first appointment, and activities to reengage persons who miss their first appointment with the new provider).**
2020 Louisiana Medicaid Managed Care Organization Statement of Work, section 6.38.6.1 **Members with significant conditions or treatments such as enteral feedings, oxygen, wound care, and ventilators, medical supplies, transportation on a scheduled basis, chemotherapy and/or radiation therapy or who are hospitalized at the time of transition;** **6.38.6.2** **Members who have received prior authorization for services such as scheduled surgeries, post-surgical follow up visits, therapies to be provided after transition or out-of-area specialty services;** **6.38.6.3** **Members who have conditions requiring ongoing monitoring or screening such as elevated blood lead levels and members who were in the NICU after birth;**	**Members with significant conditions or treatments such as enteral feedings, oxygen, wound care, and ventilators, medical supplies, transportation on a scheduled basis, chemotherapy and/or radiation therapy or who are hospitalized at the time of transition;** **Members who have received prior authorization for services such as scheduled surgeries, post-surgical follow up visits, therapies to be provided after transition or out-of-area specialty services;** **Members who have conditions requiring ongoing monitoring or screening such as elevated blood lead levels and members who were in the NICU after birth;**

6.38.6.4 **Members with significant medical conditions such as a high-risk pregnancy or pregnancy within the last 30 days, the need for organ or tissue transplantation, chronic illness resulting in hospitalization;**	**Members with significant medical conditions such as a high-risk pregnancy or pregnancy within the last 30 days, the need for organ or tissue transplantation, chronic illness resulting in hospitalization;**
2020 Louisiana Medicaid Managed Care Organization Statement of Work, section 6.32.2 **In the event a member entering the MCO is in her first trimester of pregnancy and is receiving medically necessary covered prenatal care services the day before MCO enrollment, the MCO shall be responsible for the costs of continuation of such medically necessary prenatal care services, including prenatal care, delivery, and post-natal, without any form of prior approval and without regard to whether such services are being provided by a contract or non-contract provider until such time as the MCO can reasonably transfer the member to a contract provider without impeding service delivery that might be harmful to the member's health.**	**In the event a member entering the health plan is in her first trimester of pregnancy and is receiving medically necessary covered prenatal care services the day before the health plan enrollment, the health plan shall be responsible for the costs of continuation of such medically necessary prenatal care services, including prenatal care, delivery, and post-natal, without any form of prior approval and without regard to whether such services are being provided by a contract or non-contract provider until such time as the health plan can reasonably transfer the member to a contract provider without impeding service delivery that might be harmful to the member's health.**
2020 Louisiana Medicaid Managed Care Organization Statement of Work, section 6.32.3 **In the event a member entering the MCO is in her second or third trimester of pregnancy and is receiving medically-necessary covered prenatal care services the day before enrollment, the MCO shall be responsible for providing continued access to the prenatal care provider (whether contract or non-contract provider) for sixty (60) days post-partum, provided the member is still eligible for Medicaid, or referral to a safety net provider if the member's eligibility terminates before the end of the post-partum period.**	**In the event a member entering the health plan is in her second or third trimester of pregnancy and is receiving medically-necessary covered prenatal care services the day before enrollment, the health plan shall be responsible for providing continued access to the prenatal care provider (whether contract or non-contract provider) for sixty (60) days post-partum, provided the member is still eligible for Medicaid, or referral to a safety net provider if the member's eligibility terminates before the end of the post-partum period.**

2020 Louisiana Medicaid Managed Care Organization Statement of Work, section 6.34 **In the event a Medicaid or CHIP eligible entering the MCO is receiving medically necessary covered services, the day before MCO enrollment, the MCO shall provide continuation/coordination of such services up to ninety (90) calendar days or until the member may be reasonably transferred without disruption, whichever is less. The MCO may require prior authorization for continuation of the services beyond thirty (30) calendar days; however the MCO is prohibited from denying authorization solely on the basis that the provider is non-contract provider.**	**In the event a Medicaid or CHIP eligible entering the health plan is receiving medically necessary covered services, the day before health plan enrollment, the health plan shall provide continuation/coordination of such services up to ninety (90) calendar days or until the member may be reasonably transferred without disruption, whichever is less. The health plan may require prior authorization for continuation of the services beyond thirty (30) calendar days; however the health plan is prohibited from denying authorization solely on the basis that the provider is non-contract provider.**
2020 Louisiana Medicaid Managed Care Organization Statement of Work, section 6.38.3 **If a member is to be transferred between MCOs but is hospitalized at the time, the transfer shall be effective for the date of enrollment into the receiving MCO. However, the relinquishing MCO is responsible for the member's hospitalization until the member is discharged. The receiving MCO is responsible for all other care**	**If a member is to be transferred between the health plans but is hospitalized at the time, the transfer shall be effective for the date of enrollment into the receiving health plan. However, the relinquishing health plan is responsible for the member's hospitalization until the member is discharged. The receiving health plan is responsible for all other care**
2020 Louisiana Medicaid Managed Care Organization Statement of Work, section 6.38.3.1 **In the event that the relinquishing MCO's contract is terminated prior to the member's discharge, responsibility for the remainder of the hospitalization charges shall revert to the receiving MCO, effective at 12:01am on the day after the prior MCO's contract ends.**	**In the event that the relinquishing the health plan's contract is terminated prior to the member's discharge, responsibility for the remainder of the hospitalization charges shall revert to the receiving health plan, effective at 12:01am on the day after the prior health plan's contract ends.**

New Members into the Health Plan and Members Transferring out of the Health Plan

Legislation	Policy/Procedure Language Change:
2020 Louisiana Medicaid Managed Care Organization Statement of Work, Section 6.38.5 **Appropriate medical records and case management files of the transitioning member shall also be transmitted. The cost, if any, of reproducing and forwarding medical records shall be the responsibility of the relinquishing Contractor.**	**Appropriate medical records and case management files of the transitioning member will be transmitted. The cost, if any, of reproducing and forwarding medical records will be the responsibility of the relinquishing Contractor.**

Continuity of Care Requirements

Continued Access to Practitioners/Providers

Legislation	Policy/Procedure Language Change:
2020 Louisiana Medicaid Managed Care Organization Statement of Work, Section 7.11.8.5 **The MCO shall track all members transitioned due to a subcontract's suspension, limitation, termination, or material change to ensure behavioral health service continuity and provide member information as requested by LDH (e.g., name, Title XIX or Title XXI status, date of birth, services member is receiving or will be receiving, name of new provider, date of first appointment, and activities to reengage persons who miss their first appointment with the new provider).**	**Aetna Better Health tracks all members transitioned due to a subcontract's suspension, limitation, termination, or material change to ensure behavioral health service continuity and provide member information as requested by LDH (e.g., name, Title XIX or Title XXI status, date of birth, services member is receiving or will be receiving, name of new provider, date of first appointment, and activities to re-engage persons who miss their first appointment with the new provider).**

Transfer of Medical Records

Legislation	Policy/Procedure Language Change:
2020 Louisiana Medicaid Managed Care Organization Statement of Work, Section 6.38.4 **Upon notification of the member's transfer, the receiving MCO shall request copies of the member's medical record, unless the member has arranged for the transfer. The previous provider shall transfer a copy of the member's complete medical record and allow the receiving MCO access (immediately upon request) to**	**A copy of the member's medical record and supporting documentation will be forwarded by the relinquishing managed care organization's primary care physician within ten (10) business days of the Aetna Better Health's primary care physician's request.**

all medical information necessary for the care of that member. Transfer of records shall not interfere or cause delay in the provision of services to the member. The cost of reproducing and forwarding medical records to the receiving MCO shall be the responsibility of the relinquishing MCO. A copy of the member's medical record and supporting documentation shall be forwarded by the relinquishing MCO's PCP within ten (10) business days of the receiving MCO's PCP's request.	

PROCEDURE
N/A

REVIEW AND REVISION HISTORY
03/2016
09/2016
09/2017
08/2018
07/2019
05/2020
07/2020
09/2021 Revised
09/2022 Revised

REVIEW AND APPROVALS

Richard C. Born Chief Executive Officer	Date
Madelyn M. Meyn, MD Chief Medical Officer	Date

Jared J. Wakeman, MD
Behavioral Health
Medical Director

Date

EXHIBIT(S): N/A