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LOCAL HEALTH PLAN: Louisiana	LINE OF BUSINESS: Medicaid
TITLE: Transition of Care Coordination	NUMBER: LA 009.1
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I. PURPOSE:

The purpose of this policy is to ensure United Healthcare Community & State (UHC C&S) LA Health Plan staff have a process for facilitating members transitioning to/from the Health Plan.

II. SCOPE/POLICY

UHC C&S LA Health Plan staff shall facilitate the members transition to/from UHC C&S LA Health Plan by sharing pertinent information related to prior authorized, case management (CM), and pharmacy services to ensure that members do not experience a delay of medically necessary services during the transition of care period in accordance with 45 CFR Parts 160 and 164 (HIPAA) and 42 CFR Part 2.


III. PROCEDURE

Transition of care activities shall ensure that the member's providers and appropriate personnel are informed of the member's treatment needs in relation to a change in coverage experienced when a member transition to/from UHC C&S LA Health Plan. UHC C&S LA Health Plan Transition Coordinators shall ensure that communication with providers occurs to identify and overcome barriers to primary and preventive care that a Managed Care Organization (MCO) member may encounter when transitioning between health plans.

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 into UHC C&S LA Health Plan. During this transition period, UHC C&S LA Health Plan is responsible for, but not limited to, notification to the new Primary Care Provider (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.

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 UHC C&S LA Health Plan. However, the relinquishing MCO is responsible for the member's hospitalization until the member is discharged. UHC C&S LA Health Plan is responsible for all other care.

Upon notification of the member's transferring into UHC C&S LA Health Plan, UHC C&S LA Health Plan 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 UHC C&S LA Health Plan access (immediately upon request) to all medical information necessary

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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 UHC C&S LA Health Plan 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 UHC C&S LA Health Plan PCP's request.

Like all MCO's, UHC C&S LA Health Plan shall not require service authorization for the continuation of medically necessary covered services of a new member transitioning into UHC C&S LA Health Plan, regardless of whether such services are provided by an in-network or out-of-network provider, however, UHC C&S LA Health Plan may require prior authorization of services beyond thirty (30) calendar days.

During transition, UHC C&S LA Health Plan is prohibited from denying prior authorization solely based on the provider being an out of network provider. 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. Members who transition from one MCO to another are considered newly enrolled with the receiving MCO.

Special consideration shall be given to, but not limited to, the following:


- 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;
- 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;

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When relinquishing members, UHC C&S LA Health Plan is responsible for timely notification to the receiving MCO regarding pertinent information related to any special needs of transitioning members. UHC C&S LA Health Plan, when receiving a transitioning member with special needs, is responsible to coordinate care with the relinquishing Contractor so services are not interrupted, and for providing the new member with MCO and service information, emergency numbers and instructions on how to obtain services.

IV. Members Transitioning INTO UHC C&S LA Health Plan


- Compliance Officer receives a report of transitioned members
- Compliance Officer forwards report of transitioned members to UHC C&S LA Health Plan Transition Coordinator.
- Transition Coordinator will complete the following:
 - Group according to MCOs
 - Send to relinquishing plans for request of notification of any open medical/behavioral health/pharmacy service authorizations and/or case management episodes.
- Members with open authorizations: The Transition Coordinator is to confirm with the relinquishing MCO, the services, treatments and/or therapies that were authorized, including time frame (i.e., Inpatient, DME, PT, HH, etc.,).
- Authorizations for carved out services: The Transition Coordinator will notify the corresponding department and/or FFS Medicaid, who will in turn reach out to the provider on how to proceed.
- The list of members transferring INTO UHC C&S LA Health Plan will be electronically “bumped” against an Open Authorization Report (if possible).
 - If unable to perform electronically, the Transition Coordinator will manually research current medical management operating system, to determine if an open authorization and/or case management (CM) services exist.
- The Transition Coordinator will request a clinical review to determine if more information is needed from relinquishing MCO as needed.
- The Transition Coordinator will group all members according to needed services and send a transition form with the summary if applicable to the respective departments internally to notify them of the needs of that member.
 - UHC C&S LA Health Plan staff will reach out to the member and healthcare provider to ensure member’s needs are met and all services are received without delay.

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NOTE: On all members transferring into UHC C&S LA Health Plan with an open authorization, UHC C&S LA Health Plan will be responsible for the professional fees effective the date of transfer.

Members transitioning OUT OF UHC C&S LA Health Plan, TO ANOTHER MCO.

- A monthly report will be generated on all members transitioning out of UHC C&S LA Health Plan to another MCO. This report can be compared to the completed report of transitioned members to confirm if member was receiving CM, has any open authorizations, and/or placed in pharmacy lock-in.
- For members transferring out of UHC C&S LA Health Plan, to another MCO with an open authorization, the authorization should remain open until all hospital fees are paid.
- For members transferring to another MCO with open authorizations, CM and/or pharmacy services, the Transition Coordinator will provide the following to the receiving MCO:
 - Member's Name:
 - Member's DOB:
 - Member's Medicaid ID number:
 - Current clinical information listing the recipient's condition at the beginning of any current authorizations:
 - Current level of services authorized:
 - Current number of hours authorized:
 - Current time period of authorization (begin and end dates):
 - Name and phone number of prescribing physicians:
 - Name and phone number of current physician (if different than prescribing physician)
 - Date physician last evaluated the recipient:
 - Clinical information from the last period of service, listing the recipient's diagnoses and condition (If applicable):
 - Pharmacy Profile (if applicable):
- For members transferring with open authorizations and CM services that UHC C&S LA Health Plan is unable to share in accordance with 45 CFR Parts 160 and 164 (HIPAA) and 42 CFR Part 2, the UHC C&S LA Health Plan Transition Coordinator will make an outreach call to the servicing provider notifying that the member has transitioned to another MCO.
- The UHC C&S LA Health Plan Transition Coordinator will document the outcome of the call in the current medical management operating systems.

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- Information should be provided within two business days after receiving notice of transfer.

V. REFERENCES:

- 42 CFR §438.208.
- United Healthcare C&S Louisiana Emergency Contract 2020

VI. APPROVED BY:




~~March 07, 2022~~

Julie Morial, MD
Chief Medical Officer
Louisiana Community and State

Date

VII. REVIEW HISTORY:

Effective Date	Key update from Previous Version	Reason for Revision
	11/20/2014; 1/13/2015, 11/11/2017 04/30/2018; Previous Review Dates Prior to new policy template.	Removed from the header for spacing purposes.
10/22/2017	Added Pharmacy sharing of information; System changes to ICUE	Addition; System change
1/7/2021	Updated contract language and wording for clarity. Logo added.	Annual Review. Health Plan rebranded
2/4/2022	Updated language to align with Emergency	Annual Review

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	contract. Changed wording for better clarity. Updated formatting.		
10/28/2022		Readiness Review.	