

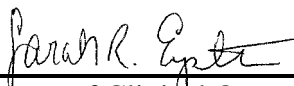




HealthChoices Policy and Procedures

Name of Policy:	Authorization for Members Receiving Outpatient Services Upon the Member's HealthChoices Enrollment
Policy Number:	CM-TR-002
Applies to:	<input type="checkbox"/> All counties <input type="checkbox"/> Bedford – Somerset <input type="checkbox"/> Blair <input checked="" type="checkbox"/> Capital Area <input type="checkbox"/> Franklin – Fulton <input type="checkbox"/> Lycoming – Clinton
Department Responsible:	Clinical Care Management
Purpose:	To establish policies and procedures that allow for continuity of care for Members that are in ambulatory treatment at the time of their enrollment in CBHNP's HealthChoices Program. This policy applies to Members in a fee-for-service environment.
Effective Date:	10/01/01
Revision:	04/15/02; 05/01/05

Required Signatures:	
	 <hr/> Chief Executive Officer
	 <hr/> Medical Director
	 <hr/> Director of Clinical Operations

Definitions: None

Policy: CBHNP will provide for continuity of care for all Members involved in ambulatory care.

To facilitate a smooth and professional transition environment and to allow for the continuation of treatment once the Member is enrolled, there is a priority on contracting with providers who are treating Medicaid consumers. CBHNP will not unreasonably and

arbitrarily require that any Member discontinue successful treatment with a provider.

- Procedure:**
1. Participating Providers
 - 1.1. For Members whose treatment has been prior authorized, and/or whose treatment is not scheduled to conclude before their enrollment date, but whose provider is a Member of the network, CBHNP will collect and evaluate information related to the Member's treatment and then authorize continued treatment as appropriate.
 2. Non-participating Providers
 - 2.1. If the treating provider does not have the appropriate license or Medical Assistance approval to qualify as a participating provider, CBHNP will prioritize Members in their care to move them to a network Provider qualified to provide treatment services. This transfer of care will be assessed by the Clinical Care Manager and clinical supervisors for potential impact to the Member. If a transfer would have a significant negative impact on the Member, CBHNP will follow its Policy and Procedure for *Service Access for Out-of-Network Treatment* (CM-TR-004).
 - 2.2. If the treating provider is not a member of the network, but is qualified to apply to the network, CBHNP will collect and evaluate information related to the Member's treatment and then authorize a transition period of three months to determine if the Member's treatment needs are best met in the current environment or if the Member needs to be transitioned to a new provider. During this time CBHNP will also pursue enrollment of the qualified provider in the network.
 - 2.3. A Member's services will not be discontinued with the current provider until the new provider has made face-to-face contact with the Member. CBHNP allows three clinical sessions between the Member and the provider to permit therapeutic closure of the relationship.
 - 2.4. The transfer of appropriate clinical information from the non-network provider will be completed within thirty (30) days of the decision to transition the Member to a network provider.
 - 2.5. If the provider chooses to become enrolled in the network and meets all credentialing requirements services will continue with the provider as long as the treatment is medically necessary.
 - 2.6. Proper and timely notices regarding providers should be given to the Member at all times. If the current provider

is unable to continue as the Member's provider, CBHNP's Clinical Care Management staff will notify the Member by telephone, or by letter if the individual is unavailable by telephone, within seven days. The Member will be given a list of alternate providers and their telephone numbers to choose from. If the Member needs further assistance, CBHNP Clinical Care Management staff will assist in making the appointment. The date of effective change will be after the Member has had a face-to-face contact with the new provider.

- 2.7. Proper termination between the Member and the provider is vital; therefore, there must also be proper and timely notice to the provider. Notification of termination to the provider shall occur within seven days of the Member's first contact with a new provider. CBHNP Member Services staff or Clinical Care Management staff will notify the terminated provider on behalf of the Member.

Related Policies: None

Related Reports or Attachments: None