
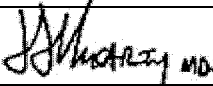
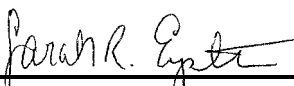




HealthChoices Policy and Procedures

Name of Policy:	Authorization for Members Receiving Inpatient Services Upon the Member's HealthChoices Enrollment
Policy Number:	CM-TR-003
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 who are in inpatient or residential treatment at the time of their enrollment in HealthChoices.
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. Within two weeks of notification of Member's enrollment date, CBHNP will begin working with the behavioral health inpatient/residential providers to participate as a team member in review of existing cases. At that time, an evaluation team of experienced Care Managers, under the direction of the CBHNP Medical Director and Clinical Director, will contact the attending clinician for each hospitalized patient.
 2. After introducing and explaining CBHNP's role, the Care Manager for selected hospitalized patients will request information from the attending clinician regarding the patient's current status, treatment plan and projected discharge date. This information is only available with a signed Release of Information form from the Member. There are the two categories that this review will identify:
 - 2.1. If discharge is projected before the date of Member enrollment, no transition will be necessary. CBHNP's Care Managers will document the anticipated discharge date and arrange with the treating physician for appropriate outpatient follow-up with a CBHNP network provider after discharge.
 - 2.2. For cases where the Member is anticipated to remain hospitalized after their effective date of enrollment, CBHNP will commence care management activities immediately upon the Member's effective date of care. CBHNP will work in conjunction with the current behavioral health care provider to facilitate a smooth transition, so that the Member's care is not adversely affected.
 3. If a non-network provider is treating the Member, CBHNP will recommend transfer to a network facility or treatment program. However, if the current provider is eligible for credentialed status within the network, CBHNP's Provider Relations Department will also work to assist enrollment of the provider.
 4. If the current provider is not eligible for network credentialed status and transfer would cause the Member's condition to deteriorate, CBHNP will continue with the current provider on an "in-network provisional status" through the appropriate transfer or discharge date of the Member.

Related Policies: None
Related Reports or Attachments: None

