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CSD-CC-CM-53 IHN-CCO Transition of Care Policy - SHP		

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**APPLICATION / SCOPE**

All SHP staff working with members transitioning to IHN-CCO

**DEFINITIONS**

1. **Care Coordination:** A service that involves deliberately organizing member care activities and sharing information among all participants concerned with a member’s care to achieve safer and more effective care. This means that member’s needs and preferences are known ahead of time and communicated at the right time to the right people, and that this information is used to provide safe, appropriate, and effective care to the member.
2. **Continued Access to Care:** providing access for members without delay to specific services:
  - a. Medically necessary covered services
  - b. Prior authorized care; and
  - c. Care Coordination
3. **Intensive Care Coordination (ICC):** A process to coordinate multiple services and supports available to members who have complex medical, dental and/or behavioral health needs that may include multiple chronic conditions and/or severe and persistent behavioral health challenges. Intensive care coordination facilitates communication between member, providers and community partners through interdisciplinary care teams to address health disparities, assist in accessing appropriate preventative, remedial and supportive care and services and manage transitions and gaps in care to improve outcomes.
4. **Medically Fragile Children (MFC):** Children that have a health impairment that requires long-term, intensive, specialized services on a daily basis, who have been found eligible for MFC services by the Department of Human Services (DHS).
5. **Medical Appropriateness/Medically Necessary:** Defined as accepted health care services and supplies provided by health care entities appropriate to the evaluation and treatment of disease, condition, illness or injury and consistent with the applicable standard of care.
6. **Plan of Care:** A strategy developed by the Interdisciplinary Care Team (ICT) based on data gathered through the member assessment. The plan of care determines the needs of the member and establishes protocols to meet the unique needs of the member through a coordinated approach in a seamless continuum.
7. **Predecessor Plan:** Oregon Health Authority Fee-for-Service (OHA FFS) or CCO a member is leaving to be enrolled in IHN-CCO.
8. **Prior Authorized Care:** covered services that were authorized by the predecessor plan. This term does not, however, include health-related services approved by the predecessor plan.
9. **Transition of Care Period:** the period of time after a member becomes effective with IHN-CCO as defined in this policy during which IHN-CCO must provide Continued Access to Care.
10. **Treatment Plan:** A documented plan that describes the member’s condition and procedures that will be needed, detailing the treatment to be provided and expected outcome and expected duration of the treatment prescribed by the health care professional. This therapeutic strategy shall be designed in collaboration with the member, the member’s family, or the member’s representative.

**POLICY**

IHN-CCO staff monitor and manage Transition of Care Data to ensure IHN-CCO members have Continued Access to Care.

**PROCEDURE**

1. IHN-CCO staff monitor Transition of Care Data received from Oregon Health Authority (OHA) to ensure that members eligible for transition of care services as defined in Section 3 below have access to the following services without delay:
  - a. Medically necessary covered services;
  - b. Care that has been prior authorized by the predecessor plan (excluding health-related services);
  - c. Prescription drugs; and

- d. Care Coordination as defined in OAR 410-141-3860, OAR 410-141-3865 and OAR 410-141-3870
2. Transition of Care Data is monitored through a series of reports developed by IHN-CCO for Transition of Care member screening and referred to as the Transition of Care Reporting Package.
3. Transition of Care Data is screened to identify members who meet the eligibility requirements and may be identified as, but not limited to, members of one of the following prioritized populations:
  - a. Medically fragile children
  - b. Breast and Cervical Cancer Treatment program members
  - c. Members receiving CareAssist assistance due to HIV/AIDS
  - d. Members receiving services for end stage renal disease, prenatal or postpartum care, transplant services, radiation, or chemotherapy services; and
  - e. Any members who, in the absence of Continued Access to Care, may suffer serious detriment to their health or be at risk of hospitalization or institutionalization.
4. Transition of Care period begins at the effective date of enrollment in IHN-CCO and lasts for:
  - a. 90 days for members who are dually eligible for Medicaid and Medicare
  - b. For other members, the shorter of:
    - i. Thirty days for physical and oral health and 60 days for behavioral health; or
    - ii. Until the member's new PCP (oral or behavioral health provider, as applicable to medical care or behavioral health care services ) reviews the member's treatment plan.
5. IHN-CCO staff will follow departmental procedures to ensure that all members identified in the Transition of Care eligible population:
  - a. Are outreached for Health Risk Assessment according to MM-65 Health Risk Assessment;
  - b. Are offered Intensive Care Coordination (ICC) services as outlined in MM-13 Intensive Care Coordination/Intensive Case Management;
  - c. Have access to continued care and non-emergency medical transportation (NEMT).
  - d. Are able to continue seeing their previous provider, regardless of whether the provider participates in IHN-CCO's network until the minimum course of treatment has been completed or the treatment is no longer medically necessary as determined by a qualified provider.
  - e. The entire course of treatment is completed for the following service-specific situations:
    - i. Prenatal and postpartum care
    - ii. Transplant services through the first-year post-transplant
    - iii. Radiation or chemotherapy services for the current course of treatment
    - iv. Prescriptions with a defined minimum course of treatment that exceeds the transition of care period
6. During the Transition of Care Period, IHN-CCO will honor any written documentation of prior authorization of ongoing covered services and shall not delay service authorization if that written documentation is not available in a timely manner.
  - a. IHN-CCO will approve claims for services provided in the Transition of Care Period regardless of whether or not a written authorization has been received.
7. During the Transition of Care Period IHN-CCO will ensure that the following conditions apply:
  - a. Non-participating providers will be reimbursed consistent with OAR 410-120-1295 at no less than Medicaid fee-for-service rates.
  - b. Reimbursement for Inpatient hospitalization and post hospital extended care services are the responsibility of the predecessor plan.
8. After the Transition of Care Period, IHN-CCO will ensure care coordination and discharge planning activities as described in OAR 410-141-3860, OAR 410.141.3865 and OAR410-141-3870.
9. IHN-CCO expects to receive Transition of Care Data from the predecessor plan within seven (7) calendar days of the request. This data will be provided in a secure method of file transfer and will include at a minimum:
  - a. Current prior authorizations and pre-existing orders
  - b. Prior authorizations for any services rendered in the last 24 months
  - c. Current behavioral health services provided
  - d. List of all active prescriptions
  - e. Current ICD-10 diagnoses.
10. During the Transition of Care Period, IHN-CCO will comply with all authorization and member notice requirements in OAR 410-141-3835 and OAR 410-141-3885.
11. Protecting Health Information

- a. IHN-CCO staff follow all Samaritan Health System (SHS) and Samaritan Health Plans (SHP) HIPAA policies as they relate to procedures, access, safeguards and security of protected health information (PHI). IHN-CCO ensures through the process of coordinating care each member's privacy is protected in accordance with the privacy requirements in ORS 414.679 and 45 CFR parts 160 and 164, subparts A and E, to the extent they are applicable.

#### **REFERENCES**

1. ORS 414.679 and 45 CFR parts 160 and 164, subparts A and E
2. OARs 410-141-3850 Transition of Care;
3. OAR 410-141-3860
4. OAR 410-141-3865
5. OAR 410-141-3870
6. OAR 410-120-1295 Non-Participating Provider
7. OAR 410-141-3835
8. OAR 410-141-3885
9. 42 CFR §438.404