| MEDICAID POLICY STATEMENT | | |
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| **Original Effective Date** | **Next Annual Review Date** | **Last Review / Revision Date** |
| **08/10/2016** | **08/10/2017** | **08/10/2016** |
| **Policy Name** | | **Policy Number** |
| **Continuity of Care** | | **Rx-0010** |
| **Policy Type** | | |
| ☒ **Medical** | ☐ **Administrative** | ☐ **Payment** |

Medicaid Policy Statements prepared by CSMG Co. and its affiliates (including CareSource) apply to Medicaid health benefit plans administered by CSMG and its affiliates and are derived from literature based on and supported by applicable federal or state coverage mandates, clinical guidelines, nationally recognized utilization and technology assessment guidelines, other medical management industry standards, and published MCO clinical policy guidelines. Medically necessary services include, but are not limited to, those health care services or supplies that are proper and necessary for the diagnosis or treatment of disease, illness, or injury and without which the patient can be expected to suffer prolonged, increased or new morbidity, impairment of function, dysfunction of a body organ or part, or significant pain and discomfort. These services meet the standards of good medical practice in the local area, are the lowest cost alternative, and are not provided mainly for the convenience of the member or provider. Medically necessary services also include those services defined in any federal or state coverage mandate, Evidence of Coverage documents, Medical Policy Statements, Provider Manuals, Member Handbooks, and/or other policies and procedures.

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## A. SUBJECT

Continuity of Care

## B. BACKGROUND

Continuity of Care, for the purposes of this policy, is the attentiveness to the delivery of quality care over time and during certain network transitions, typically outside the direct control of a member. The goal is in the delivery of consistent healthcare services through proper coordination combined with information sharing among providers to enhance a patient focused (centered?) approach.

### DEFINITIONS

- Network Provider: A health partner who has entered into a contractual arrangement with the Plan or another organization that has an agreement with The Plan to provide certain Covered Services or certain administration functions for The Plan.
- Non-Participating Provider: A provider who has not entered into a contractual arrangement with the plan. Also known as an out-of-network provider.
- Postpartum Period: The postpartum period, also known as the puerperium, begins with the delivery of the baby and placenta and largely is considered complete six to eight weeks after delivery when the organ systems have generally returned to the pre-pregnancy state.
- Terminal Illness: is a disease that cannot be cured or treated with the expectation of imminent death within 1 year or less.

## C. POLICY

I. A health plan practice known as Continuity of Care (COC) provides newly enrolled members meeting specific criteria continued care with a former, non-participating provider, including acute hospitals, during transition to a participating provider. COC also may apply to existing members who are impacted when a participating provider (practitioners and general acute care Hospitals) terminate their agreement with CareSource. In order to ensure care is not disrupted or interrupted, the COC process becomes a "bridge of coverage" allowing members to transition from their old plan to CareSource or from a terminated provider to a CareSource participating provider. Qualification requires the following:

- You must have been receiving covered services from the non-participating provider at the time of the change in health plans
  **OR**
- You must have been receiving covered services from the terminated provider on the effective date of contract termination

A. CareSource will coordinate COC for members with existing and uncompleted care treatment plans that include scheduled services with non-participating providers or who transition to or from another health plan including members with special health care needs.

B. Prior Authorization is not required for the following:
   1. Emergency services
   2. Urgent care
   3. Crisis Stabilization for Behavioral Health Care
   4. Family planning services
   5. Preventive services
   6. Communicable disease services, including STI and HIV testing
   7. Out-of-area renal dialysis services
   8. Other services as specified in the CMS

C. COC services will be provided for the following when meeting the criteria under Section I. above:
   1. Pregnancy
      1.1 Pregnancy must be diagnosed and documented by the previous provider prior to the provider agreement termination.
      1.2 Pregnancy must be diagnosed and documented by the non-participating provider prior to the CareSource effective date of the newly enrolled member.
      1.3 COC will be provided for newly enrolled members who are pregnant and/or have already begun prenatal care with a non-participating provider at their effective date through the postpartum period continuing up to 8 weeks until after delivery.
      1.4 COC will be provided for members with a history of high risk pregnancy who wish to see the non-participating provider that previously treated them for high risk pregnancy.
   2. Post-operative care
   3. Acute and Long Term Acute Hospitalization
   4. Dialysis
   5. Chemotherapy and radiation therapy
   6. Rehabilitation Therapy (Physical Therapy, Speech Therapy, Occupational Therapy)
   7. Inpatient and Outpatient Behavior Health Care
   8. Inpatient Substance Abuse Treatment
   9. Skilled Nursing Facility Care
   10. Terminal illness or Hospice

10.1 Completion of coverage will be provided for the duration of the terminal illness, not exceeding 1 year
11. Post emergency care
12. Home health services
13. Orthodontic or dental care

**CONDITIONS OF COVERAGE**

**HCPCS**
**CPT**

**AUTHORIZATION PERIOD**

**D. RELATED POLICIES/RULES**
**ADD Pharmacy policy links**

**E. REVIEW/REVISION HISTORY**

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| Date Issued: | 08/10/2016 |
| Date Reviewed: | 08/10/2016 |
| Date Revised: | |

**F. REFERENCES**


1. Gulliford, M., Naithani, S., & Morgan, M. (2006). What is "continuity of care"? *Journal of health services research & policy. 11*(4), 248–50. Retrieved from http://www.ncbi.nlm.nih.gov/pubmed/17018200
2. Haggerty, J. L., Reid, R. J., Freeman, G. K., Starfield, B. H., Adair, C. E., & McKendry, R. (2003). Continuity of care: A multidisciplinary review. , *327*(7425), . Retrieved from http://www.ncbi.nlm.nih.gov/pmc/articles/PMC274066
3. Berens, P., Obstetrics, Md. of, & Gynecology. *Overview of postpartum care*. Retrieved July 7, 2016, from https://www.uptodate.com/contents/overview-of-postpartum-care?source=search_result&search=postpartum+period&selectedTitle=1%7E150


**The Medical Policy Statement detailed above has received due consideration as defined in the Medical Policy Statement Policy and is approved.**