

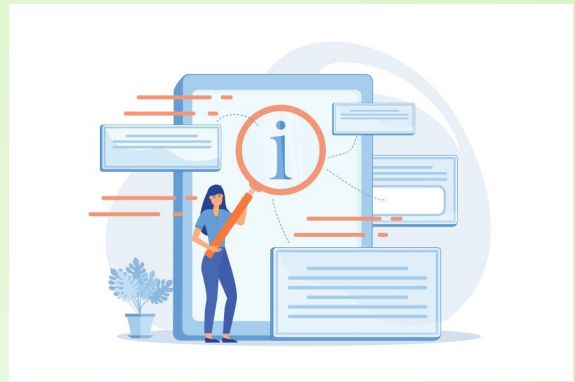
IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT202496 JUNE 27, 2024

Guidance provided regarding continuity of care for members transitioning between IHCP programs

The Indiana Family and Social Services Administration (FSSA) Office of Medicaid Policy and Planning (OMPP) is committed to providing continuity of care for members as they transition between various Indiana Health Coverage Programs (IHCP) programs. Critical continuity-of-care periods include, but are not limited to:

- Transitions for members receiving human immunodeficiency virus (HIV), Hepatitis C and/or behavioral health services, especially for those members who have received prior authorization (PA) from their previous managed care entity (MCE) or through the fee-for-service (FFS) PA contractor
- A member's transition into the Indiana PathWays for Aging (PathWays) program from no coverage, commercial coverage, Traditional Medicaid or another managed care program
- A member's transition between MCEs, particularly during an inpatient stay or skilled nursing facility (SNF) stay
- A member's transition between IHCP programs
- A member exiting the PathWays program to receive excluded services
- A member's transition to a new primary medical provider
- A member's transition to private insurance or Marketplace coverage
- A member's transition to no coverage



These continuity-of-care periods do not apply to SNFs. If the member chooses to stay in the SNF, the MCE will continue to provide care for the duration of the program. This applies only for members who continue to meet SNF level of care (LOC).

The MCE shall provide continuity of care for the authorization of services as well as choice of providers for 90 days. For a member who meets Home- and Community-Based Services (HCBS) LOC and has an existing care plan approved by the Indiana Family and Social Services Administration (FSSA) or another MCE, that care plan will be honored for 90 days from the date of enrollment. When receiving members from another MCE, FFS or commercial coverage, the MCE will honor the previous care authorizations for one of the following durations, whichever comes first:

- Ninety calendar days from the member's date of enrollment with the MCE
- The remainder of the prior authorized dates or service
- Until the approved units of service are exhausted
- If the MCE has identified outstanding PA decisions at the time of the member's enrollment in a plan to transition to a state-approved service

See additional information in *IHCP Bulletin* [BT202434](#).

The date of member enrollment, for purposes of the PA, begins on the date the MCE receives the member's fully eligible file from the state.

Additionally, when a member transitions to another source of coverage, the MCE shall be responsible for efficiently providing the receiving entity with information on any current service authorizations, utilization data and other applicable clinical information, such as prevention and wellness programs and case management or care management notes. This process shall be overseen by the transition coordinator.

Service authorizations for members transitioning to PathWays

For continuity of care, all services authorized prior to the transition to PathWays will be adhered to by the MCE after the transition to PathWays to prevent any delay in care for IHCP members.

Beginning July 1, 2024, Aged and Disabled (A&D) Waiver providers that have notice of action (NOA) authorizations for services will see these authorizations in the PathWays MCE portals:

- [Anthem](#) at providers.anthem.com
- [Humana](#) at humana.com
- [UnitedHealthcare](#) at uhcprovider.com

NOA will be known as "service authorization" in the PathWays program. Regardless of their MCE contracting status, all providers that have registered for access will be able to use the MCE provider portal.

Please note that providers may see an end-date of June 30, 2024, for current members in the IHCP Provider Healthcare Portal for the end of an eligibility period. On July 1, 2024, the MCE provider portal will show an extension for these members. Continuity of care for all current service plans and NOAs will continue for 90 days after July 1, 2024.

Providers will receive service authorizations from the MCEs and will be able to request any changes through the member's service coordinator. Their information will be shown in the member's profile on the MCE's portal.

Beginning July 1, 2024, providers will be able to view the PA and full-service plan in the member's respective MCE portal. Providers that are currently providing services for members under FFS and have members transitioning to PathWays may see an end date of PA that reflects the change in payer from FFS to the MCE. This does not mean there is a premature end to an authorization that has already been approved, and providers should continue to provide services as reflected in their authorization. Requests by a provider or member that indicate a need for additional services should be discussed with the MCE service coordinator beginning July 1, 2024. Providers must use the most recent state PA form to submit PA requests to the MCE.

QUESTIONS?

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