

ILLINOIS DEPARTMENT ON AGING (IDoA)
DIVISION OF HOME AND COMMUNITY SERVICES

Title: Transitioning MCO participants to CCUs for services	CREATED: By: J. Jimenez	
	ELECTRONIC FILE NAME: MCO to CCU transitions 01.01.18	
	EFFECTIVE DATE: January 1, 2018	
OPERATIONS POLICY: IDoA will implement policy and procedure for the transition of MCO participants from an MCO to a CCU for services.	Last Revisions: 03.01.15	By: J. Reif
	Approved By: J. Jimenez	Date: 01.01.18
Search Word(s): Transfers Managed Care Organization MCO Termination	Pertains to: <input checked="" type="checkbox"/> CCU <input checked="" type="checkbox"/> In-Home Service <input checked="" type="checkbox"/> Adult Day Service <input checked="" type="checkbox"/> Emergency Home Response Service <input checked="" type="checkbox"/> Other: Managed Care Organizations (MCOs)	
REQUIREMENT: Each Care Coordination Unit and MCO will follow IDoA's policy and procedure for transitioning MCO participants from an MCO to a CCU for services.	RULE REFERENCE:	
	OTHER REFERENCE(S):	
	Rescinds Previous IDoA Policy:	
	<input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes
Title: Transitioning MCO participants to a CCU for services		Date: 03.1.15 & 5.1.13

PURPOSE:

The purpose of this policy is to notify Care Coordination Units (CCUs) and Managed Care Organizations (MCOs) of the procedures for transitioning participants who have disenrolled from an MCO back to CCUs for Community Care Program (CCP) services.

POLICY:

MCOs shall utilize the following procedures when an MCO participant, age 60 or older, is disenrolled from the MCO and requires home and community-based waiver services or other community supports (i.e., home delivered meals, respite, transportation).

PROCEDURE:

The MCO, CCU and provider(s) shall work together to ensure that no disruption in services occur during the transition period. Effective communication is essential between all agencies as our focus is the participant. Transfers from MCOs back to CCP can only occur at the end of the month. Once a participant enrolls in an MCO they are enrolled for the whole month. They cannot enroll or disenroll mid-month.

The following will be the procedure utilized by the MCOs and CCUs when transferring participants to the CCU for services.

MCO responsibilities:

- 1) Identify participants age 60 years of age and older that require continued home and community-based waiver services (In-Home Services, Adult Day Services, Emergency Home Response Services, etc.) or other community supports (i.e., home delivered meals, respite, transportation) that should be transferred to the Illinois Department on Aging (IDoA) when they are being disenrolled from the MCO. Only participants covered under the Aging waiver should be sent to Aging.

NOTE: MCO participants who are transferring to another MCO, should **not** be transferred back to the CCU. The current MCO is responsible for transitioning these participant's care plans to the new MCO and for notifying the providers of the name and date of transfer for the new MCO. This policy does not apply to MCO to MCO transfer participants.

- 2) MCOs shall complete the "MCO Participant Transfer form" [IL-402-1151 (Rev. 01/18)] on any client identified in #1 above. This form shall be sent, in a password protected email using the Department established password, to the IDoA's BEAM unit at Aging.Advisor@illinois.gov within 5 calendar days of the disenrollment date from the MCO. The Department's Benefits, Eligibility, Assistance and Monitoring (BEAM) unit will follow up with the MCO if these forms are not received within the required timeframes and will notify Healthcare and Family Services (HFS) of continual non-compliance.
- 3) MCOs should only check the "No New Service Plan Developed Since Transfer to MCO" box if the participant's current care plan is the same as the care plan the CCU had developed in CCP. This would mean that the service providers and the service hours were the same as the last entry in the Department's electronic Community Care Program Information System (eCCPIS).
- 4) The MCO shall ensure that the data on the form, especially related to the care plan, is completed accurately and the form contains information on all service providers, including Emergency Home Response Service providers. MCOs must ensure that the Total Monthly Hours box for each service is accurate.
- 5) The MCO should include any additional case notes or documentation, including a Memorandum of Understanding (MOU) if applicable, to help facilitate communication regarding the participant's current situation. This information should be included in the same attachment as the MCO Participant Transfer form to ensure the information stays together.
- 6) **The MCO must notify all CCP providers that the participant will be transitioning back to CCP services and that the provider should begin billing IDoA.**

Terminating a service authorization is not sufficient notification to CCP providers. The MCO should ensure that the proper communication occurs with all the CCP providers so that providers are aware the participant is transferring back to IDoA and that services should continue during the transition. (Also, as stated in #1 (NOTE:) above, if the participant is transferring to another MCO the name of the new MCO and the effective date of the transfer must be provided to the provider agency at the time of disenrollment.)

- 7) If the MCO authorized a provider that is not a certified CCP provider, or authorized a provider that is not authorized to provide services for the participant's area, the MCO will be responsible for reimbursement to the providers even if the participant has been disenrolled from the MCO until the CCU can transfer the participant to an authorized certified provider.

CCUs responsibilities:

- 1) CCUs will be notified of disenrollment's from the MCO by BEAM via the weekly extract file. BEAM will also forward the MCO Participant Transfer form to the CCU upon receipt. Disenrolling from the MCO **does not mean** that the participant is terminating waiver services. It means that the participant is returning to traditional CCP services and that the CCU will resume responsibility for case management functions.
- 2) MCOs are required to send the MCO Participant Transfer form to BEAM within 5 calendar days of the member's disenrollment date from an MCO. If the MCO fails to submit the MCO Participant Transfer form in a timely manner the CCU shall try to determine who the providers are by contacting the MCO directly, or by contacting the participant, in-home workers, past provider agencies (if the participant was a CCP participant prior to entering the MCO) etc. The CCU should notify BEAM for assistance in obtaining the form if the MCO is unresponsive to the CCUs requests and the information cannot be obtained through any other means.
- 3) CCUs should use the MCO Participant Transfer form to authorize services in eCCPIS to ensure that no disruption in payments occur for the CCP providers from the time they leave the MCO until the CCU can complete the new assessment.
 - a. If the MCO authorized a provider that is not a certified CCP provider, or authorized a provider that is not authorized to provide services for the participant's area, the MCO will be responsible for reimbursement to the providers even if the participant has been disenrolled from the MCO until the CCU can transfer the participant to an authorized certified provider. When these cases are identified, the CCU should make every effort to conduct the reassessment as soon as possible.
- 4) The CCU shall transfer the participant from the MCO program back to CCP using a Type Action/Action Reason (TA/AR) 10/012 Case Authorization Transaction (CAT), with a billing code of 000 in Program Type 11. The Eligibility Determination Date (EDD) of the 10/012 CAT will be the day after the disenrollment date from the MCO (this date will always be the 1st day of the month). The CCU shall terminate

the MCO service and authorize all CCP providers utilizing the information on the MCO Participant Transfer Form.

- 5) MCOs may exceed the established Service Cost Maximums (SCM) for a participant's DON score while they are enrolled with the MCO. MCOs are required to notify participants during the care planning process that their services must fall with the SCM if they return to CCP. If the MCO exceeds the SCMs this may result in a decrease of services for the participant. Upon transferring back to CCP, the CCU will honor the care plan authorized by the MCO until the CCU can complete a reassessment and establish their own plan of care. The CCU must ensure that the participant's DON score and SCM in eCCPIS is sufficient to accommodate the current service plan being provided by the provider agency(s). If the service plans created by the MCO exceeds the CCP SCM the CCU should increase the DON score in eCCPIS to allow full authorization of the MCO service plan during the transition period. CCUs should use the effective date of the transfer (which should always be the first date of the month following disenrollment) as the provider authorization start date(s). CCUs must make sure to authorize the appropriate CCP provider contract number for each service type and authorize the appropriate hours based off the MCO service plan. This will ensure that the provider continues to be able to bill for services at the MCO authorized amount during the transition period. Since these participants exceed the allowable services for their DON score, **the CCU should make their reassessment a priority and have a new assessment completed as soon as possible, but no later than the required 30 days after disenrollment from the MCO.**
- 6) This CAT shall be entered within 15 calendar days from the date the MCO Participant Transfer form is received at the CCU to prevent billing delays for the provider.
- 7) The CCU shall notify the CCP provider(s) within **three (3) calendar days** of receipt of MCO Participant Transfer form to inform them that the participant has been transferred back to CCP services and that all provider communication should be forwarded to the CCU effective the date of transfer (first day of the month). Notification should follow the standard practice established between the CCU and the provider (i.e., phone call, email, fax, IDoA's Referral Form). The CCU shall document that notification was made.
- 8) If the MCO Participant Transfer form indicates that "No New Service Plan Developed Since Transfer" has occurred the CCU is **only required** to contact the participant by phone to notify them that the CCU is once again their case management entity and to ensure no additional needs are required.
- 9) If the "No New Service Plan Developed Since Transfer" box on the form is not checked then the CCU **is required** to complete a face-to-face reassessment including completion of the complete Comprehensive Care Coordination (CCC) tool on the participant within thirty (30) calendar days of the effective date of the transfer (the first of the month following disenrollment). The CCU should ensure that the DON is scored appropriately, that services are authorized according to CCP guidelines, and that participant choice of providers is honored. The CCU should not continue the care plans created by the MCO if they are not appropriate or if they exceed the participant's service cost maximum. The CCU should create new care plans that appropriately reflect the participant's needs.

- 10) After completion of the CCC assessment, the CCU should enter another reassessment (Type Action 10) CAT with the appropriate action reason code, dates, and billing code as they would for any reassessment. The CCU should ensure that all information on the CAT is updated and correct.
- 11) If the MCO Participant Transfer Form indicates that the participant is receiving only non-waiver home and community services (i.e., Home Delivered Meals, Respite, Transportation), the CCU should complete a Comprehensive Care Coordination face-to-face assessment, if appropriate following the guidelines in the CCC Non-CCP Monitoring policy dated March 12, 2008, entitled: "Billing for Comprehensive Care Coordination Demonstration Project (CCCDP) Intensive Casework, Intensive Monitoring and Non-CCP Monitoring."

CCP Service Providers Responsibilities:

- 1) Providers must ensure that there is no disruption in services to the participant during the transition from MCO services to CCP services. Providers should continue to serve participants based on the authorized hours and service plans provided by the MCO agencies until the CCU completes a new Client Agreement and Plan of Care Notification Form and provides it to your agency. Providers should bill the MCO for services prior to the effective date of the transfer.
- 2) Providers need to submit bills as soon as possible after provision of services and pay close attention to their rejected billings. This will help alert providers that a participant has transferred to CCP or an MCO. Providers should utilize the PSS system to help monitor participant transfers between CCUs and MCOs. Effective date of any transfer will always be the 1st day of the month. Participants enrolling in Provider agencies should bill for services through IDoA's electronic Community Care Program Information System (eCCPIS) for all services provided after the effective date of the transfer. All service deviations and participant issues should also be forwarded to the CCU after this date.
- 3) Providers should work together with the CCUs to ensure that transfers back to CCP occur in a timely manner.
- 4) MCO participants are still CCP participants and must follow the same CCP rules. If a provider agency is not a certified CCP provider for a geographic area, the provider agency should NOT accept referrals from the MCO for areas they are not authorized to serve through the CCP. If a provider agency chooses to accept the referral, the provider will need to seek reimbursement from the MCO, even if the participant has been disenrolled from the MCO, until the CCU can transfer the participant to an authorized certified provider. Providers should refuse referrals from MCOs that fall outside of their certified CCP service areas.