Bureau of Managed Care

Managed Care Organizations

Policy / Procedures

<u>General Contract Monitoring</u>

Participant Transfer: Guidance for MCOs When Aging Clients Return to Fee-for-Service

MCO Participant Transfer forms are sent from MCOs directly to BEAM when an MCO participant has terminated the MCO and will be transitioning back to Community Care Program (CCP) services. This form may also be utilized when the MCO is requesting termination of waiver services. MCO Participant Transfer forms should be complete and include all the necessary information including any current service providers as well as the hours of service authorized. BEAM should only receive forms for those members sixty (60) years of age or older who have an <u>open</u> Aging waiver. Waiver information can be found on the Participant Search Screen (PSS) under OBRA Waivers. If the end date is blank, the waiver is open. Do not send an MCO Participant Transfer form to BEAM on members transferring from one MCO directly into a different MCO with no break in service. Those transfers go directly to the receiving MCO, and it is not necessary to notify BEAM of this transfer because the member is not returning to FFS.

Common errors MCOs make in completing the MCO Participant Transfer form:

- **CCU Name.** This should be the information of the CCU on record in our Electronic Community Care Program System (eCCPIS). This information can be found using the PSS. Under the eCCPIS Client Record Segment, click "Details" and look for the latest Type Action code 01 (initial) or 10 (redetermination) CAT. This will be the CCU on record.

- **MCO Disenrollment Date.** This should be completed only if the member has terminated the MCO. This should be left blank if the member will remain with the MCO, but no longer requires waiver services. When a member disenrolls from the MCO you are required to list all current provider(s) and service hours authorized in the "Services Currently Authorized" section of the MCO Participant Transfer form. The CCU will need this information to ensure prompt payment to providers currently authorized.

- **CCU is Asked to Terminate Services Due To.** This section should not be completed for members who have terminated the MCO. It should be completed if the member will remain SP1 but no longer wishes to receive waiver services. You should check the corresponding box with the reason for termination. You also must make sure that you notify the providers that services need to be terminated per the client's wishes. You do not have to wait for the CCU to terminate the record in the system to notify the providers to stop servicing the client.

- **Services Currently Authorized.** You should only mark the box "NO NEW SERVICE PLAN DEVELOPED SINCE TRANSFER TO MCO" if the member was receiving waiver services prior to transferring to MCO and was not with your MCO long enough for your Care

Coordinator to develop a new Plan of Care before transferring back to CCP. Otherwise, you should list all current service provider(s) and hours currently authorized.

- **Other Authorized Non-Waiver & Community-Based Services.** This section should be completed if the member has been receiving non-waiver services such as home delivered meals, respite, transportation, etc. and should include the services authorized and provider name and contact information.

- **Check Box.** If there are any MOUs, case notes, pending incidents, etc. that the CCU would need to be aware of, check the box at the bottom of the form and attach those documents as well. The Care Coordinator should always sign and date the form.

Policy History

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Date	**Action**	**Policy Originator**
February 2019	Contract Clarification	Lauren Tomko

Policy Revisions	**Revision Approved**
[revision date]	[name of person who approved revision]