

<b>CHELAN-DOUGLAS RSN/PIHP POLICY AND PROCEDURE MANUAL</b>		Chapter:	10.14
Title:	MANAGED CARE FINANCIAL	Page:	1 of 2
		Date Effective:	01/01/2010
Subject:	PROGRAM TRANSFER TO PRIVATE PAY	Date Revised:	
		Authorizing Signature:	

**AUTHORITY:** Guiding Principle(s): Effectively Managed  
Chelan-Douglas Contract, Basic Agreement, Continuity of Care

**SCOPE:** This policy applies to Chelan-Douglas Regional Support Network/Prepaid Inpatient Health Plan (CDRSN/PIHP) and its contractors (agencies/providers), and subcontractors (referred to as contractors or agencies or providers throughout this policy).

**PURPOSE:** To provide continuity of care for individuals who become ineligible for mental health services under the CDRSN/PIHP due to loss of Medicaid Eligibility.

**POLICY:** CDRSN/PIHP requires that contractors maintain Policies and Procedures delineating a process for providing continuity of care for enrolled consumers due to loss of Medicaid Eligibility.

**PROCEDURE:**

- (1) Contractors shall have Policies and Procedures in place to:
  - (a) Identify enrolled consumers who lose Medicaid coverage and who are no longer eligible for mental health services under the CDRSN/PIHP;
  - (b) Provide for the continuity of mental healthcare following the consumer's loss of Medicaid coverage, in a manner that is consistent with industry ethical standards.
  
- (2) For consumers identified to have lost Medicaid coverage status, the following needs to occur:
  - (a) The consumer shall be transferred to a Private Pay episode of care;
    - I. Agency will close Financial Eligibility Coverage Effective Date and Customized Plan Level End Date
    - II. Contact RSN to PEND Authorization, Add reason of why Authorization is being PENDED in the Comments text box

- III. Agency will change authorization end date to match date of transfer to Private Pay
  - IV. Agency will contact RSN to inform them end date has been changed and authorization status to be changed back to approved
  - V. Agency will do Program Transfer to Private Pay Program; or
- (b) The consumer shall be referred to another mental health provider, agency or contractor that is able to provide ongoing mental health services.
- (3) If a consumer is transferred to a private pay episode of care the contractor will:
- (a) Continue to provide uninterrupted mental health service in accordance with the established plan of care;
  - (b) Collect any required co-payments;
  - (b) Bill the consumer for services provided that are not reimbursed by Medicare
- (4) If a consumer is referred to another mental health provider, agency or contractor the referring contractor will:
- (a) Document the nature of the referral in the Avatar database using the Consumer Referral option. All required fields shall be completed and a note indicating that the referral was due to consumer lost Medicaid Eligibility will be documented in the "Referral Notes" field.
  - (b) Continue to provide uninterrupted mental health services in accordance with the established plan of care until such time as services are established with the provider, agency or contractor to whom the consumer was referred;
  - (c) Collect any required co-payments for services provided
  - (d) Bill the consumer for services provided or third-party payor.