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## Continuity of Care

### Summary of Current Policy

- An adult recipient continues to receive prior authorized and compensable services, which will be covered by their new HealthChoices Managed Care Organization (MCO).
  - From the time of transfer up to 60 days of the effective date of transfer/enrollment, or until concurrent clinical review determines if continuation of the prior authorized services is clinically appropriate
- A pregnant recipient may continue to receive treatment through post-partum period from an out-of-network specialist.

### No Changes to Current Policy or Medical Assistance Bulletins (MAB)

- Refer to MAB 99-03-13 – *Continuity of Care for Recipients Transferring Between and Among Fee-for-Service and Managed Care Organizations* – Effective 9/1/2003
  - [http://www.dhs.state.pa.us/cs/groups/webcontent/documents/bulletin\\_admin/d\\_004020.pdf](http://www.dhs.state.pa.us/cs/groups/webcontent/documents/bulletin_admin/d_004020.pdf)
- Refer to MAB 99-96-01 – *Continuity of Prior Authorized Services Between Fee-For-Service and Managed Care Plans for Individuals Under Age 21* – Effective 2/29/1996
  - [http://www.dhs.state.pa.us/cs/groups/webcontent/documents/bulletin\\_admin/d\\_004866.pdf](http://www.dhs.state.pa.us/cs/groups/webcontent/documents/bulletin_admin/d_004866.pdf)

### PCO to MCO Transition Process

1. Prior authorization data for services extending past transition will be gathered from each PCO.
2. The prior authorization data will be forwarded to the appropriate physical health and behavioral health MCO.
3. Providers should contact the applicable PCO and/or MCO to coordinate prior authorized services.