

ADMINISTRATIVE POLICY AND PROCEDURES
MedStar Family Choice

Subject: **Continuity of Care** **Effective Date:** **01/01/99**

Section: **Care Management** **Revision Date(s):** **09/01/00, 08/01/01,**
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Purpose: **To define the procedure for handling and documenting all continuity of care authorizations.**

Scope: **MedStar Family Choice**

Policy: **MedStar Family Choice values the concept of continuity of care for members engaged in an active course of treatment. An active course of treatment involves regular visits with the practitioner to monitor the status of an illness or disorder, provide direct treatment, prescribe medications or other treatment, or modify a treatment protocol. Discontinuing an active course of treatment could cause a recurrence or worsening of the condition under treatment and interfere with anticipated outcomes.**

Policy Exception:

MSFC does not have to provide continued access in the following circumstances.

- A. When a member requires only routine monitoring for a chronic condition.**
- B. When MSFC has discontinued a contract based on a professional review action.**
- C. When a practitioner is unwilling to continue to treat the member or accept MSFC's payment or other terms.**
- D. If no practitioner contracts have been discontinued.**

Procedure:

1. Office Visit

- A. Case management staff will authorize one visit for continuity. Subsequent visits/requests for further out of network visits will be pended to the Physician Advisor with clinical information to warrant the extension. Continuation of treatment through the lesser of the current period of active treatment or for up to 90 calendar days for members undergoing active treatment for a chronic or acute medical condition is permitted.
- B. If an OB Practitioner contracts discontinued, MSFC will authorize continuation of care through the postpartum period for members in their second or third trimester of pregnancy.
- C. Pregnant women who have established prenatal care prior to enrollment to MedStar Family Choice at an out of network OB office are permitted to continue with care through their current pregnancy, delivery and post partum care.
- D. Members receiving chemotherapy or radiation oncology are permitted to continue care through completion of the course of treatment.
- E. The out of network provider must agree to the following:
 - 1. To continue the member's treatment for an appropriate period of time (based on transition plan goals).
 - 2. To share information regarding the treatment plan with MSFC.
 - 3. To continue to follow MSFC's UM policies and procedures.
 - 4. To accept MSFC payment terms.

2. Urgent/Emergent Hospital Admissions

Hospital admissions to out of network hospitals will be reviewed and approved according to medical necessity.

3. DME, Home Health, Infusion Care

Case Management staff will approve continued care for 30 days and redirect to an in network provider.

4. Pre-certified elective surgeries and transplants

These will be reviewed on an individual basis. All clinical information will be requested and sent to the Physician Advisor for review.

5. Documentation

Approvals are documented in CCMS and the appropriate "Leakage Reason" is selected for any out of network authorization.