



Department of Medicaid

John R. Kasich, Governor
Barbara R. Sears, Director

Managed Care Plan Policy Guidance Letter No. 05-18-08 (Revised)

TO: Contracted Medicaid Managed Care Plans
Contracted MyCare Ohio Plans

FROM: Roxanne Richardson, Chief
Policy and Program Development Section, Office of Managed Care

DATE: August 31, 2018 – Revised March 5, 2019

SUBJECT: 42 CFR 438.62 Continued Services to Enrollees Requirements for Managed Care Plans

**This guidance letter is being updated to provide clarification on ODM's expectations regarding the sharing of prior authorization data for members that are switching plans.*

Effective January 1, 2019, Medicaid Managed Care (MMC) and MyCare Ohio plans shall comply with the transition of care requirements listed in 42 CFR 438.62 and outlined in the provider agreements for all new members, regardless of if the individual is transitioning from fee-for-service (FFS) or another MMC or MyCare Ohio plan.

Upon notification from ODM¹ that an individual will be switching to a different MMC or MyCare Ohio plan, the disenrolling plan shall provide specific information related to the disenrolling member to the enrolling plan. Data should be shared between plans using files uploaded to secure file transfer protocol (FTP) sites. Disenrolling plans are responsible for sending the following information to the enrolling plan within the timeframes specified below:

1. Prior Authorization (PA) information, *excluding pharmacy authorizations*², shall be sent as expeditiously as the situation warrants, but no later than the 20th calendar day³ of the month following disenrollment. The following data shall be included in the prior authorization flat file:
 - a. **Member Demographics** - Name, DOB, Medicaid ID

¹ ODM will provide supplemental .xlsx files monthly to the member's disenrolling and enrolling plan. These reports will be run on the first Monday following a Business Intelligence Analytic Report (BIAR) update, but no later than the 8th of the month. ODM will drop off the files to each plan's secure FTP site and send notification via email when the files are ready to be picked up.

² *Per the Provider Agreement, Medicaid Managed Care plans shall cover prescribed drugs without prior authorization for either the first 90 days of membership, or until a provider submits a prior authorization and the MCP completes a medical necessity review, whichever date is sooner, regardless of whether the prescribed drugs were prior authorized and/or pre-certified by the previous plan.*

³ If necessary, the enrolling plan shall lift claim edits for an additional period of time in order to properly load member information and reduce inappropriate claim denials for member services.

- b. **Provider Information** – Name, Address, Phone, Fax, Medicaid ID, National Provider Identifier (NPI), Billing Tax Identification Number (TIN), Comprehensive Primary Care (CPC) Provider
- c. **Services Requested** – Current Procedural Terminology (CPT) Codes, Modifiers, Units and Authorized Date Span (6-12 months) for both open spans and approved services not yet initiated

If the disenrolling plan does not have any PA data to share for a transitioning member, the data files shall reflect or identify that no records are included for that member.

2. The care management information listed below shall be sent by the disenrolling plan, if applicable, and only if it is specifically requested by the enrolling plan. If requested, the information shall be sent using existing plan processes and timelines⁴.
 - a. **Current Care Management Status** – engaged, in-active, outreach and coordination
 - b. **Current Risk Level** – Intensive, high, medium, low and monitoring
 - c. **Date of Last Assessment and Assessment Results**
 - d. **Current Care Plan**

MMC and MyCare Ohio plans shall ensure that all PA data and care management data shared between plans complies with HIPAA regulations and 42 CFR Part 2. Data containing SUD information shall not be shared if written consent cannot be obtained from the member. The following are ways in which MMC and MyCare Ohio plans can obtain authorization to release Part 2 information:

- If possible, the disenrolling plan shall try and obtain written consent from the member prior to disenrollment so that all data can be shared with the new plan.
- If the enrolling plan learns through claims submission or other means that a member is utilizing SUD services, they can obtain written consent from the member and then request that data from the prior plan.
- SUD providers should work with the plans and the member to get written consent to share SUD information.

The Ohio Department of Medicaid will continue to provide historical utilization data to the enrolling plan using existing processes and timeframes.

⁴ MMC and MyCare Ohio plans can use existing file sharing formats (e.g. PDF, word or excel documents) to share care management data, and therefore plans should be aware that the type, amount or level of information shared may not be consistent between plans.