

POLICY AND PROCEDURE

POLICY NAME: Transitions of Care between Coordinated Care Organizations and Fee for Service	POLICY ID: OR.CM.06
BUSINESS UNIT: Trillium Community Health Plan	FUNCTIONAL AREA: Case Management
EFFECTIVE DATE: 12/1/2019	PRODUCT(S): Medicaid, OHP, Trillium
REVIEWED/REVISED DATE: 11/2019, 12/23/2020, 1/29/2021, 5/24/2021, 12/2/2021, 2/15/2022, 12/4/2023, 12/4/2024, 6/17/2025	
REGULATOR MOST RECENT APPROVAL DATE(S): 7/18/2019, 6/17/2025	

POLICY STATEMENT:

This policy provides an overview of of Transitions of Care between Coordinated Care Organizations for Medicaid members as they transition to a new CCO resulting from termination of the predecessor CCO's contract, choice or from Medicaid fee-for-service (FFS) to allow for continued access to care. This policy serves to state Trilliums' intent to participate in coordination of services for the member no matter who is providing the services

PURPOSE:

This policy applies to care of a Medicaid member who is enrolled in a CCO (the "receiving CCO") immediately after disenrollment from a "predecessor plan" which may be another CCO. This rule does not apply to a member who is ineligible for Medicaid or who has a gap in coverage following disenrollment from the predecessor plan. Trillium shall implement and maintain a Transition of Care policy that, at a minimum, meets the requirements defined in OAR 410-141-3850, 42 CFR § 438.62(b) and the applicable requirements set forth in Trilliums' CCO contract.

SCOPE:

Transitions of care for members transitioning from one Coordinated Care Organization (CCO) to another CCO. This Policy applies to the Lane/Douglas/Linn County OHP service area, and to the Multnomah/Washington/Clackamas County OHP service area.

DEFINITIONS:

Continued Access to Services: means making available to the member services, prescriptions, and prescription drug coverage consistent with the access they previously had including permitting the member to retain their current provider, even if that provider is not in the CCO network

Continuous Inpatient Stay: means an uninterrupted period of time that a patient spends as inpatient, regardless of whether there have been changes in assigned specialty or facility during the stay. This includes discharge transfer to another inpatient facility, in or out of state, such as another acute care hospital, acute care psychiatric hospital, skilled nursing facility, psychiatric residential treatment facility (PRTF) or other residential facility for inpatient care and services.

Receiving CCO" and "Receiving Contractor" each means the CCO that is receiving Members during the Open Enrollment period who were previously enrolled with another CCO

Transferring CCO: means a CCO that is transferring Members during the Open Enrollment period to another CCO because of contract termination, Member choice, or auto-assignment

Transition of Care Period: means the period of time after the effective date of enrollment with the receiving CCO, during which the receiving CCO must provide continued access to services

POLICY:

An individual becomes a member for purposes of this policy in accordance with OAR 410-141-3805 as of the date of Enrollment with Trillium. As of the date of Enrollment, Trillium shall provide all Covered Services to such member as required by the terms of the CCO Contract. The transition of care period lasts for: Ninety (90) days for members who are dually eligible for Medicaid and Medicare; or

- For other members, the shorter of:
 - Thirty (30) days for physical and oral health and
 - sixty (60) days for behavioral health; or
- Until the enrollee's new PCP (oral or behavioral health provider, as applicable to medical care or behavioral health care services) reviews the member's treatment plan; or the minimum or authorized prescribed course of treatment has been completed.

Transitions of care from one CCO to another CCO rules do not:

- Apply to a member who is ineligible for Medicaid or who has a gap in coverage following disenrollment from the predecessor plan;

A receiving CCO (Trillium Community Health Plan) is not financially responsible for a Continuous inpatient hospitalization, for which a predecessor CCO was responsible under its contract in accordance with OARs 410-141-3500, 410-141-3710, and 410-141-3805.

Trillium shall implement and maintain a transition of care policy that, at a minimum, meets the requirements defined in OAR 410-141-3850 and 42 CFR § 438.62(b). A receiving CCO (Trillium) must provide continued access to services to, at minimum, the following members

- Medically fragile children;
- Breast and Cervical Cancer Treatment program members.
- Members receiving CareAssist assistance due to HIV/AIDS;
- Members receiving services for end stage renal disease, prenatal or postpartum care, transplant services (including pre-transplant and post-transplant services), radiation, or chemotherapy services; and
- Any members who, in the absence of continued access to services, may suffer serious detriment to their health or be at risk of hospitalization or institutionalization, as outlined in 42 CFR 438.62(b).

During the Transition of Care Period the receiving CCO(Trillium) shall ensure that any member identified above is:

- provided with Continued Access to Services and has support necessary to access those services such as Non-Emergency Medical Transportation (NEMT);
- permitted to continue receiving services from the member's previous provider, regardless of whether the provider participates in the receiving CCO's network;
- referred to appropriate providers of services that are in the network at the duration of the Transition of Care period;

The receiving CCO (Trillium) is responsible for continuing the entire course of treatment with the recipient's previous provider as described in the following service-specific transition of care period situations:

- Prenatal and postpartum care;
- Transplant services through the first-year post-transplant
- Radiation or chemotherapy services for the current course of treatment; or
- Prescriptions with a defined minimum course of treatment that exceeds the transition of care period

For member's who are allowed to continue using their previous provider, Trillium shall reimburse non-participating providers consistent with OAR 410-120-1295 at no less than Medicaid fee-for-service rates;

After the Transition of Care Period ends, the receiving CCO (Trillium) remains responsible for care coordination and discharge planning activities as described in OARs 410.141.3860 and OAR 410.141.3870.

PROCEDURE:

The Predecessor Plan shall fully and timely comply with request for historical utilization data and clinical records within seven calendar days of the request from the receiving CCO.

- CCOs shall not delay the provision of services if historical utilization data and clinical records is not available in a timely manner;
- In such instances, the CCO is required to approve claims for which it has received no historical utilization data and clinical records during the transition of care time period, as if the covered services were prior authorized. CCOs shall have a process for the electronic exchange of, at a minimum, the data classes and elements included in the content standard adopted at 45 CFR 170.213. Such information must be incorporated into the CCO's records about the current member. With the approval and at the direction of a current or former enrollee or the enrollee's personal representative, the CCO must:
 - Receive all such data for a current member from any other payer that has provided coverage to the enrollee within the preceding 5 years;
 - At any time, the member is currently enrolled in CCO and up to 5 years after disenrollment, send all such data to any other payer that currently covers the enrollee or a payer the enrollee of the enrollee's personal representative specifically requests receive data;
 - And send data received from another payer in the electronic form and format it was received
- The receiving CCO shall follow all service authorization protocols outlined in OAR 410-141-3835 and give the member written notice of any decision to deny a service authorization request or to authorize a service in an amount, duration, or scope that is less than requested or when reducing a previously authorized service authorization. The notice shall meet the requirements of 42 CFR §438.404 and OAR 410-141-3885
 - Trillium shall provide written notification to the affected Member when Trillium denies a Service Authorization Request or approves a Service Authorization Request but such approval is for an

amount, duration or scope that is less than requested. Such written notification must be made in accordance the requirements of Ex. I of Trilliums Contract.

For additional information pertaining to Denial Notices please refer to OR.UM.121. Denial Notices and CC.BH.UM.08 for BH Adverse Determination (Denial) Process and Notification

REFERENCES:	
CFR 42	438.62(b) 438.404
Oregon Administrative Rules (OAR)	410-141-3500 410-141-3835 410-141-3850 410-141-3860 410-141-3870 410-141-3885
2025 CCO Contracts	

ATTACHMENTS:

ROLES & RESPONSIBILITIES:

REGULATORY REPORTING REQUIREMENTS:

REVISION LOG

REVISION TYPE	REVISION SUMMARY	DATE APPROVED & PUBLISHED
Annual Review	Updated based on CCO contract and OAR language	12/04/2024
AD Hoc Review	Multiple changes throughout due to updated care coordination (CC) rules. This policy was used as support for CC deliverable. CC policies need to be submitted by January 31st each contract year per 2025 CCO contract Exh B part 2(8)(a)(2)	6/17/2025

POLICY AND PROCEDURE APPROVAL

The electronic approval retained in RSA Archer, the Company's P&P management software, is considered equivalent to a signature