Chapter 4 Care Management

Care Management Services and Continuity of Care requirements

Section A Care Management Services

Section B Continuation of Care

Chapter 4: Care Management

Section A: Care Management Services

Most SelectCare/LaborCare payers elect to purchase provider network access only, with no additional medical management. All other services are payer-initiated on a case-by-case basis.

Chapter 4: Care Management

Section B: Continuity of Care

If applicable under payer's benefit plan, upon termination of the contract between you and SelectCare/LaborCare, some covered persons may be eligible for continuity of care if they meet certain medical or cultural requirements.

Minnesota Requirements (see Minnesota Statutes §62Q.56, Subd. 1): The state of Minnesota permits us to request your assistance in identifying patients who may be eligible for continuity of care. At the time of termination, SelectCare/LaborCare may request you provide us with a list of your SelectCare/LaborCare patients in order to determine if they meet any of the following eligibility criteria:

Medical Conditions: the patient is engaged in a current course of treatment for one or more of the following conditions:

- an acute condition;
- a life-threatening mental or physical illness;
- pregnancy beyond the first trimester;
- a physical or mental disability defined as an inability to engage in one or more major life activities, provided that the disability has lasted or can be expected to last for at least one year, or can be expected to result in death; or
- a disabling or chronic condition that is in an acute phase.

Cultural Scenarios: the patient has a cultural need as defined below:

- received culturally appropriate services from you; or
- does not speak English.

SelectCare/LaborCare will review all requests for continuity of care. If authorized, the covered person may be approved to continue services with you for up to 120 days (or the rest of the covered person's life if a physician certifies life expectancy is 180 days or less). You must accept as payment in full the rates agreed to while the contract was in effect. You must also follow any applicable payer prior authorization requirements and provide all necessary medical information needed to perform medical necessity reviews during this time period.

Wisconsin Requirements (see Wisconsin Statutes §609.24)**:** For covered persons under a Wisconsin benefit plan, you must continue to provide services for the following time periods:

- For primary care physicians, until the end of the current plan year for covered persons with no open enrollment period; or until the end of the plan year for which it was represented that the primary care physician was, or would be, a participating provider for covered persons with an open enrollment period;
- For non-primary care physicians, up to 90 days; or

- For covered persons for whom the course of treatment is maternity care and the covered person is in the second or third trimester of pregnancy, until the completion of postpartum care for the covered person and infant.