

# Ensuring Continuity of Care for Medicaid Beneficiaries: Protections for Pregnant Women and Newborns

NC Medicaid

## Transition of Care Safeguards for Pregnant Beneficiaries and Newborns

Medicaid Beneficiaries enrolling in NC Medicaid Managed Care are covered by Transition of Care protections that help ensure continuity of care as Beneficiaries transition between Standard Plans and current Medicaid services. Consistent with [federal](#) and [state](#) statutory protections, NC Medicaid has established safeguards specific to pregnant women and newborns receiving care, particularly from out-of-network (OON) providers. These protections are also reflected in the [NC DHHS Transition of Care Policy](#).

### PREGNANCY AND NEWBORN TRANSITION OF CARE PROTECTIONS

#### Transition of Care Protections for Pregnant Women Receiving Care from OON Providers

If a Beneficiary has entered her second trimester of pregnancy and the provider was treating the Beneficiary before the Beneficiary's enrollment into a Standard Plan, the Department requires the Standard Plan to honor a transitional period established in N.C.Gen.Stat. §58-67-88, which extends through 60 days of postpartum care regardless of the amount of time following launch of managed care. During this transitional period, a Standard Plan must treat the Beneficiary's OON provider the same as in-network providers for both rate reimbursement and prior authorization (PA) requirements.

Further, a Standard Plan is required to allow a pregnant Beneficiary to continue receiving services from their behavioral health treatment provider without any form of prior authorization, until the birth of the child, the end of pregnancy or loss of eligibility whichever comes first.

#### Managed Care Eligibility for Newborn Policy: Parity for OON Providers

As established in the [NC Medicaid Fact Sheet, "Managed Care Eligibility for Newborns: What Providers Need to Know"](#), Standard Plans will treat all out-of-network providers the same as in-network providers for purposes of prior authorization and will pay OON providers the Medicaid fee-for-service rate for services rendered through the earlier of: 1. 90 days from the newborn's birth date or 2. The date the Standard Plan is engaged and has transitioned the child to

an in-network primary care provider (PCP) or other provider.

These protections apply to Beneficiaries transitioning into the Standard Plan option on July 1, 2021 and to any subsequent transitions between Standard Plans.

#### Tribal Option Beneficiary Impact

Pregnant Beneficiaries and newborns participating in the Eastern Band of Cherokee Indians (EBCI) Tribal Option will continue to receive services from Medicaid enrolled providers as they do today.

### STANDARD PLANS WILL EXTEND GOOD FAITH CONTRACTING PERIOD

Standard Plans will extend their current good faith contracting timeframe for 90 days after July 1, 2021, in order to provide sufficient opportunity for contracting with all provider groups. During this time, if a provider and a Standard Plan are in good faith contract discussions as defined by the Standard Plan's published Good Faith Contracting Policy, the provider, including PCPs, will be treated the same as in-network providers. This means OON PCPs will be reimbursed at 100% Medicaid fee-for-service rate and will not be required to submit a PA prior to providing primary care services.

#### Tribal Option Beneficiary Impact

Members enrolled in the EBCI Tribal Option are not impacted by the Standard Plans' Extension of Good Faith Contracting Period outlined above and will continue to receive services from Medicaid enrolled providers as they do today.

