

# POLICY

## Transition of Care

This Policy is Applicable to the following Spectrum Health sites: Priority Health

Applicability Limited to: Medicaid

Reference #:

Version #: 1

Effective Date: 06/01/2021

Functional Area: Medical Management, Pharmacy

Priority Health  
Department Area: Medicaid Operations

### 1. Purpose

To define how and when Priority Health Choice will provide continued coverage of services when an enrollee is newly eligible with the Medicaid plan.

### 2. Definitions

**Fee For Service (FFS) Medicaid** - a Medicaid plan provided by the State of Michigan (SOM)

**Medicaid Health Plan (MHP)** - an organization that provides managed care Medicaid health benefits and additional services through contracts with the State Medicaid agency.

### 3. Policy

Per the requirements outlined in Appendix 19 of the contract between PH Choice and the Michigan Department of Health and Human Services (MDHHS) contract and the Code of Federal Regulations, Priority Health Choice will provide continued coverage of service to enrollees who are newly eligible. The applicability of this policy is as follows:

The Transition of Care policy applies to enrollees:

- Who are in the first 90 days of eligibility with Priority Health Choice; *and*
- Who are transitioning from FFS Medicaid to an MHP entity or transitioning from one MHP entity to another; *and*
- Whose health would be jeopardized if health care services ceased or were disrupted during a transition and in the absence of continued access to necessary services, the enrollee would suffer serious detriment to their health or be at risk of hospitalization or institutionalization; *and*
- Who are requesting temporary continued coverage of:
  - An out-of-network provider; or
  - A medication

This policy is not applicable:

- If the request is for coverage of services, providers, or medications that the enrollee is not established with upon enrollment into our health plan.
- If the enrollee has primary coverage with another plan.
- To medications and services excluded per the Medicaid Certificate of Coverage (COC).

Entities will reference associated Documentation contained within this document as applicable  
Printouts of this document may be out of date and should be considered uncontrolled.

**4. Revisions**

Spectrum Health reserves the right to alter, amend, modify or eliminate this policy at any time without prior written notice.

**5. References**

Code of Federal Regulations

- 42 CFR 438.62
- 42 CFR 457.1216

State of Michigan Contract – Appendix 19 Transition of Care

Certificate of Coverage (COC)

**6. Keywords**

Medicaid, Transition, Care, Management, CM, TOC, Pharmacy, medication, drug, OON, out of network provider, out-of-network