

# Transition of care policy

UnitedHealthcare Community Plan of Michigan

## Public availability

UnitedHealthcare Community Plan has requirements for members transitioning to our health plan.

## Applicability

The UnitedHealthcare Community Plan transition of care policy will apply when a member transitions to our health plan and needs continued access to services due to serious health issues or risk of hospitalization or institutionalization. We support our members in receiving continuation of care, so their services aren't interrupted.

This includes members at the time of enrollment who:

- Are active in treatment due to an injury or illness, including chronic conditions
- Have serious health care needs or complex medical conditions such as:
  - Active in treatment for a behavioral health
  - Adult foster care
  - Chemotherapy/radiation therapy
  - Dialysis
  - Hospice

For members enrolled in Children's Special Health Care Services (CSHCS), if the State of Michigan's CSHCS transition of care requirements conflict with our transition of care policy, the CSHCS member-specific transition of care requirements will apply first.

## Out of network

Out-of-network doctors and providers are covered by continuity of care requirements.

## Prior relationship with a provider

The member must have had a relationship with a provider to show continuity of care. For continuity of care coverage services to be considered relative to a given provider, the member must have a prior relationship with that provider and/or:

- Have been seen at least once within the last 6 months by a PCP or specialist for a non-emergency visit
- Have received services from the provider within 6 months prior to their enrollment with UnitedHealthcare Community Plan

## Requesting continuity of care coverage

For assistance with authorization requests for continuity of care requests, call **800-903-5253**.

## Processing request

UnitedHealthcare Community Plan will make a good faith effort to review the member's history, as well as any medical, dental, behavioral, social needs and concerns, as soon as possible. If there's a risk of harm to the member, or an appointment needs to be rescheduled, we will work with you to address identified needs within 3 days.

If the member is transitioning from another Medicaid health plan, UnitedHealthcare Community Plan will allow the member to receive medically necessary services from any of our network and/or out-of-network providers — if the member could potentially suffer serious health issues or need hospitalization or institutionalization.

Services are considered medically necessary if the service:

- Meets generally accepted standards of medical practice
- Is clinically appropriate in type, frequency, extent, duration and delivery setting
- Is appropriate to the health condition and expected to produce the desired outcome
- Provides unique, essential and appropriate information for diagnostic purposes
- Is not provided for the convenience or benefit of others

UnitedHealthcare Community Plan will accept a previous health plan's prior authorization, if any, for 90 days from enrollment in UnitedHealthcare Community Plan. We may conduct a medical necessity review for previously authorized services if a change in service is needed.

## Covered services

Members are eligible to receive the same level of clinical services by the same type of doctor or provider if, in the last 6 months:

- They were treated for a condition
- Their condition requires follow-up care or additional treatment
- The previous Medicaid health plan provided a prior authorization for services related to their condition

## Specialty provider no longer available

If the member's specialty provider is not in our network, they can continue to receive services from the out-of-network provider for up to 90 days. This helps ensure that the services are the same as the services received before. During this time, we will help them find an in-network provider.

## Coverage period

If a member meets transition of care criteria, these are the continuity of care coverage periods for primary care providers, specialists and other covered providers.

- UnitedHealthcare Community Plan must:
  - Maintain current providers and level of services at the time of enrollment for 90 days
  - Honor existing prior authorizations for up to 90 days for the following services:
    - Scheduled surgeries
    - Dialysis
    - Chemotherapy and radiation
    - Organ, bone marrow and hematopoietic stem cell transplants

## Transition of care team

The UnitedHealthcare Community Plan Transition of Care team is responsible for implementing our transition of care policy. Our team includes licensed clinical nurses in addition to other staff.

## Records

UnitedHealthcare Community Plan will keep a record of all authorization requests.