



Member transition of care policy

Public availability

UnitedHealthcare Community Plan has rules for members transitioning to our Health Plan.

Applicability

UnitedHealthcare Community Plan's transition of care policy will be used when you transition to our health plan and may need continued access to services due to serious health issues. We will help you get continuation of care, so your services aren't interrupted.

This includes services you may be getting at the time of enrollment like:

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

Children's Special Health Care Services (CSHCS)

If you or your child are enrolled in CSHCS, the State of Michigan's CSHCS transition of care requirements will be used first if they are different than our rules.

Out of network

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

Prior relationship with a provider

As a new UnitedHealthcare Community Plan member, you must have had a relationship with a provider to show continuity of care. For continuity of care services to be considered you 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 had services from a provider within 6 months prior to your enrollment with UnitedHealthcare Community Plan.

Requesting continuity of care coverage

If you need help getting continuation of care you can call Member Services at **1-800-903-5253**, TTY 711.

Specialty Provider no longer available

If your specialty provider is not in our network, you can keep on getting services from the out-of-network provider for up to 90 days. This assures that your services are the same as the services received before. During this time, we will help you find an in-network provider.

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Processing request

UnitedHealthcare Community Plan will try to review your information and concerns as soon as possible about:

- Appointment needs
- Behavioral health needs
- Dental needs
- Medical needs
- Social needs

If there's a chance of harm to you, we will work with you to address identified needs within three days.

We will let you get services from any of our providers even if they are out-of-network if you:

- Could suffer serious health issues
- Need to be in the hospital or an institution

Services are considered medically necessary if the service:

- Meets known standards of medical practice
- Is clinically appropriate in:
 - Type
 - Frequency
 - Extent
 - Duration and
 - Delivery setting
- Is appropriate to the health condition and is expected to produce the desired outcome
- Provides unique, essential, and appropriate information for diagnostic purposes; and
- Is not provided for the convenience or benefit of others

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

Covered services

You are eligible to get the same level of clinical services by the same type of doctor or provider if, in the last six months:

- You were treated for a condition.
- Your condition requires follow-up care or more treatment.
- The previous Medicaid health plan provided a prior authorization for your services related to your condition.

Coverage period

If you meet transition of care criteria, these are the continuity of care coverage periods for primary care providers, specialists, and other covered providers:

- Keep current providers and level of services at the time of enrollment for 90 days.
- Allow 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

UnitedHealthcare Community Plan's 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.

