

# NEW HAMPSHIRE DEPARTMENT OF HEALTH AND HUMAN SERVICES

## MEDICAID CARE MANAGEMENT PROGRAM

### TRANSITION OF CARE POLICY

The Transition of Care Policy is described in the Agreement between the New Hampshire Department of Health and Human Services (DHHS) and each Managed Care Organization (MCO) consistent with requirements of 42 CFR 438.42, as follows:<sup>1</sup>

#### General Provisions

- Medicaid State Plan Services in place at the time a member transitions to an MCO will be honored for sixty (60) calendar days or until completion of a medical necessity review, whichever comes first.<sup>2</sup>
- Consistent with federal and state law, the member's new provider(s) shall be able to obtain copies of the member's medical records, as appropriate [42 CFR 438.62(b)(1)(iv)].

#### PCP, Specialty Care, and Other Care Transitions

- *Relative to continuity of care for pregnant women:*<sup>3</sup>
  - If, at the time of entering the MCO as a new member, the member is transferring from another MCO within the state system [excluding transitions from the New Hampshire Health Protection Program (NHHP) (sometimes called the Premium Assistance Program (PAP)], is in her first trimester of pregnancy and is receiving, medically necessary covered prenatal care services, as defined within this Agreement as covered services, before enrollment the MCO shall be responsible for the costs of continuation of medically necessary prenatal care services, including prenatal care, delivery, and postpartum care.
  - If the member is receiving services from an out-of-network provider prior to enrollment in the MCO, the MCO shall be responsible for the costs of continuation of medically necessary covered prenatal services until such time as the MCO can reasonably transfer the member to a network provider without impeding service delivery that might be harmful to the member's health.

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<sup>1</sup> This policy is based on the Medicaid Care Management Agreement (Exhibit A, Amendment #16 available at [http://sos.nh.gov/nhsos\\_content.aspx?id=8589977631](http://sos.nh.gov/nhsos_content.aspx?id=8589977631)), and is subject to change. In the event of discrepancies between this policy and the Agreement, language in the Agreement/Amendment prevails.

<sup>2</sup> Ibid., Section 23.1.13.

<sup>3</sup> Ibid., Section 10.4.



- In the event a member entering the MCO, either as a new member or transferring from another MCO, is in her second or third trimester of pregnancy and is receiving medically necessary covered prenatal care services at the time of enrollment, the MCO shall be responsible for providing continued access to the prenatal care provider, whether an out-of-network or in network provider, through the postpartum period.
- Postpartum care includes the first postpartum visit, any additional visits necessary to manage any complications related to delivery, and completion of the medical record.
- ***Relative to provider terminations:***
  - The MCO shall notify DHHS and affected current members in writing of a provider termination. The notice shall be provided by the earlier of:<sup>4</sup>
    - Fifteen (15) calendar days after the receipt or issuance of the termination notice; or
    - Fifteen (15) calendar days prior to the effective date of the termination.

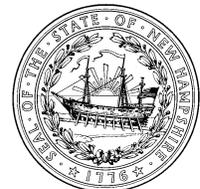
Within three (3) calendar days following the effective date of the termination the MCO shall have a Transition Plan in place for all affected members. Affected members include all members assigned to a PCP and/or all members who have been receiving ongoing care from the terminated provider.

- If a member is in a prior authorized ongoing course of treatment with a participating provider who becomes unavailable to continue to provide services, the MCO shall notify the member in writing within seven (7) calendar days from the date the MCO becomes aware of such unavailability and develop a Transition Plan for the affected members.<sup>5</sup>
- ***Relative to prescription drug transitions:***
  - At the time a member with currently prescribed medications transitions to an MCO, upon the MCO's receipt of (written or verbal) notification validating such prescribed medications from a treating provider, or a request or verification from a pharmacy that has previously dispensed the medication, or via direct data from DHHS, the MCO shall continue to cover such medications through the earlier of

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<sup>4</sup> Ibid., 21.2.21.

<sup>5</sup> Ibid., Section 21.2.22.



sixty (60) calendar days from the member's enrollment date, or until completion of a medical necessity review.<sup>6</sup>

- The MCO shall also, in the member handbook, provide information to members regarding prior authorization in the event the member chooses to transfer to another MCO.<sup>7</sup>

- ***Relative to transitional care after discharge:***

- The MCO shall have in its network the capacity to ensure that waiting times for appointments do not exceed the following:<sup>8</sup>
  - Transitional healthcare by a provider shall be available from a primary or specialty provider for clinical assessment and care planning within seven (7) calendar days of discharge from inpatient or institutional care for physical or behavioral health disorders or discharge from a substance use disorder treatment program.
  - Transitional home care shall be available with a home care nurse or a licensed counselor within two (2) calendar days of discharge from inpatient or institutional care for physical or behavioral health disorders or discharge from a substance use disorder treatment program, if ordered by the member's primary care or specialty care provider or as part of the discharge plan.
- For members receiving covered services, transitional care shall be readily available and delivered, after discharge from a nursing facility, inpatient or institutional care, in accordance with the member's discharge plan or as ordered by the member's primary care or specialty care provider. Transfers and discharges shall be done in accordance with RSA 151:21 and RSA 151:26.<sup>9</sup>
- The entity responsible for coverage of the member at the time of admission as an inpatient (i.e., either DHHS or another MCO) shall be fully responsible for all inpatient care services and all related services authorized while the member was an inpatient until the day of discharge from the hospital.<sup>10</sup>

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<sup>6</sup> Ibid., Section 14.1.8.

<sup>7</sup> Ibid., Section 14.1.8.

<sup>8</sup> Ibid., Section 20.4.4.2.1 through 20.4.4.2.2.

<sup>9</sup> Ibid., Section 20.4.4.2.8.

<sup>10</sup> Ibid., Section 31.2.18.



- ***Relative to New Hampshire Hospital transitions after discharge:***
  - It is the policy of the State to decrease discharges from inpatient care at New Hampshire Hospital to homeless shelters and to ensure the inclusion of an appropriate living situation as an integral part of all discharge planning from New Hampshire Hospital.<sup>11</sup>
  - The MCO shall ensure an appointment with a community mental health program or other appropriate mental health clinician for the member is scheduled prior to discharge. Such appointment shall occur within seven (7) calendar days after discharge.<sup>12</sup>
  - Persons discharged from psychiatric hospitalization and new to a CMHC must have an intake appointment within seven (7) days.<sup>13</sup>
- ***Relative to prior authorizations and transitions of care:***
  - When a member receiving State Plan Home Health Services chooses to change to another MCO:
    - The new MCO shall be responsible for the member's [inpatient hospital admission] claims as of the effective date of the member's enrollment in the new MCO except as specified in the Agreement;<sup>14</sup> and
    - Upon receipt of prior authorization information from DHHS, the new MCO shall honor prior authorizations in place by the former MCO for fifteen (15) calendar days or until the expiration of previously issued prior authorizations, whichever comes first.

Adopted: June \_\_, 2018

**Revision History**

<b>Activity Date</b>	<b>Version</b>	<b>Description of Activity</b>	<b>Author</b>	<b>Approved By</b>
6/7/2018	06072018v1	First draft	S. Iacopino	
6/22/2018	06142018vF	Final	S. Iacopino	D. Scheetz

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<sup>11</sup> Ibid., Section 12.5.2 (in part).  
<sup>12</sup> Ibid., Section 12.5.3.4.  
<sup>13</sup> Ibid., Section 12.5.3.4.1.  
<sup>14</sup> Ibid., Section 23.1.15.

