



New Hampshire Department of Health and Human Services

Medicaid Care Management Program

Transition of Care Policy

Effective September 1, 2019

When a Member transitions to a Medicaid Managed Care Plan (“Plan”) from New Hampshire Fee for Service Medicaid, or another NH Medicaid managed care plan, the Member may be able to continue their current course of treatment. When the Member meets at least one (1) of the conditions below, s/he may continue to get care from their current provider(s) for a limited time, even if their provider is outside the Member’s Medicaid Managed Care Plan’s network. In addition to meeting at least one (1) of the conditions below, the Member’s current provider(s) must be in good standing with the Plan and New Hampshire Medicaid to continue to provide their treatment.

<p>When one of these clinical circumstances apply the Member may continue to get care from their treating provider(s) for a limited time</p>	<p>The Member may continue to get care from their treating provider(s) during this time period</p>	<p>The Member may continue to get currently prescribed prescription drugs during this time period</p>
<p>The Member is receiving a prior authorized ongoing course of treatment from their current provider at the time of transition</p>	<p>Up to 90 calendar days from the Member’s Medicaid Managed Care Plan enrollment date or until the completion of a medical necessity review by the Plan, whichever occurs first</p>	<p>For up to 90 calendar days from the Member’s Medicaid Managed Care Plan enrollment date or until the completion of a medical necessity review by the Plan, whichever occurs first</p>
<p>The Member is receiving services from their current provider and the Member has an acute illness, a condition that is serious enough to require medical care for which a break in treatment could likely result in a reasonable possibility of death or permanent harm</p>		
<p>The Member is receiving services that need to continue because s/he has a chronic illness or condition, a disease or</p>		

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<p>condition that is life threatening, degenerative, or disabling, and requires medical care or treatment over a prolonged period of time</p>		
<p>The Member is a child with special health care needs meaning a child who has or is at increased risk of having a serious chronic physical, developmental, behavioral, or emotional condition and who also require health and related services of a type or amount beyond that usually expected for the child's age and the Member is in a course of ongoing treatment at the time of health plan transition*</p>		
<p>The Member is in their second or third trimester of pregnancy and prefer to continue to receive care through their current provider</p>	<p>Through the Member's pregnancy and up to 60 calendar days after delivery</p>	
<p>The Member desires or requires continued services with their current providers because s/he has a terminal illness, or has a medical prognosis that life expectancy is six (6) months or less</p>	<p>For the remainder of the Member's life with respect to care directly related to the treatment of the terminal illness or its medical effects</p>	

*Including children or infants in foster care; requiring care in a neonatal intensive care unit; diagnosed with neonatal abstinence syndrome (NAS); in high stress social environments/caregiver stress; receiving family centered early supports and services, or participating in Special Medical Services or Partners in Health Services with a serious emotional disturbance, intellectual developmental disability or substance use disorder diagnosis.

When the Member transfers to another provider or health plan, the Member or his or her authorized provider may request transfer of medical records to their new provider(s).

For more information, contact the Member's Medicaid Managed Care Plan.

Health Plan	Website	Telephone Number
AmeriHealth Caritas New Hampshire	www.amerhealthcaritasnh.com	Member Services: 1-833-704-1177 (TTY: 1-855-534-6730) Provider Services: 1-888-599-1479
New Hampshire Healthy Families	www.nhhealthyfamilies.com	Member Services: 1-866-769-3085 (TTY/TDD: 1-855-742-0123) Provider Services: 1-866-769-3085
Well Sense Health Plan	www.wellsense.org	Member Services: 1-877-957-1300 (TTY/TDD: 711) Provider Services: 1-877-957-1300 (Option 3)