Blue Cross Complete of Michigan's **Transition of Care Requirements**

#	Topic	Requirements
1	Public availability	Blue Cross Complete has requirements for transition of care. The requirements apply to our care management policies and quality strategy. This information can be found on our website and in the member handbook.
2	Applicability	The transition of care policy applies if a member is transitioning and needs continued access to services due to serious health issues or risk of hospitalization or institutionalization. We support continued care for members so their services aren't interrupted. This includes members at the time of enrollment who: • Have serious health care needs or complex medical conditions • Are receiving ongoing services such as dialysis, home health, chemotherapy and radiation therapy If Children's Special Health Care Services transition requirements conflict with these transition of care requirements, CSHCS transition MDHHS contract requirements will apply first.
3	Out of network	A member's primary care provider, specialists, clinics and dentists are covered by continuity of care requirements.

4	Prior relationship with a provider	The member must have a relationship with a provider to show continuity of care. A relationship exists when: **Specialists:** The member has seen the specialist at least once in the last six months of enrolling in a health plan for a non-emergency visit. **Primary care provider:** The member has seen the primary care provider at least once in the last six months before enrolling in a health plan for a non-emergency visit. **Other providers:** The member has received services from other providers within six months of enrolling in Blue Cross Complete. We'll review and coordinate those services if the member will suffer serious health issues or need hospitalization or institutionalization. If we can't determine if a relationship exists, we may ask for documentation from the provider and member. This could be a medical record of the visit or proof of payment.
5	Requesting continuity of care coverage	The member, his or her representative, or the member's provider may ask for continuity of care. The request should be made by contacting Blue Cross Complete's Member Services department or Rapid Response and Outreach. Requests can be made verbally or in writing. The provider name, contact person, phone number, service type and appointment date, if applicable, should be shared with Blue Cross Complete.
6	Processing request	We'll make a good faith effort to review the member's history and medical, dental, behavioral, social needs and concerns within three business days. If there's a risk of harm to the member, or the appointment needs to be rescheduled, we'll monitor progress and care plan updates. We'll allow a member transitioning from another Medicaid health plan to receive services from network and out-of-network providers if the member could suffer serious health issues or need hospitalization or institutionalization. For transition of care, medical necessity is met 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 is 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

6	Processing request, *continued*	Blue Cross Complete must accept the previous health plan's prior authorization, if any, for 90 days from enrollment in Blue Cross Complete. The prior authorization request should be submitted by the member through Rapid Response and Outreach, or by the provider through Utilization Management. We may conduct a medical necessity review for previously authorized services if a change in service is needed.
7	Covered services	The member is eligible for the same level of clinical services by the same type of provider if, in the last six months: • The member was treated for a condition. • The condition requires follow-up care or additional treatment. • The previous Medicaid health plan provided a prior authorization for the services.
8	Specialty provider no longer available	If the member's specialty provider is not in our network, the member can continue to receive services from the out-of-network provider for up to 90 days. This makes sure that access to services is the same as the services received before. During this time, we'll help the member find a provider. We can extend this time period if we choose.
9	Prescriptions	Blue Cross Complete must provide a transition supply of prescriptions without prior authorization if: • The member is taking a drug that isn't covered. • Blue Cross Complete doesn't cover the amount ordered by the prescriber. • The drug requires prior authorization. • The member is taking a drug that's part of a step therapy restriction.
10	Coverage period	These are the continuity of care coverage periods for primary care providers, specialists and other covered providers: • We must maintain current providers and level of services at the time of enrollment for 90 days. • We must 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

11	Transition of care team	Our Transition of Care team is responsible for the transition of care policy. The team includes licensed clinical nurses in addition to other staff.
12	Location of the transition of care plan	The transition of care plan is on our website. The plan is explained in the member handbook, provider manual and our newsletters.
13	Records	We must keep a record of authorization requests, including standard or expedited authorization requests, and any extensions granted. We must also keep the following: • Member identifying information (Medicaid ID) • Request type (standard or expedited) • Date of original request • Extension request • Service code • Diagnosis codes • Decision made • Date of decision • Date member notice was sent, and if denied, the reason for denial

Nondiscrimination Notice and Language Services

Discrimination is against the law

Blue Cross Complete of Michigan complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. Blue Cross Complete of Michigan does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

Blue Cross Complete of Michigan:

- Provides free (no cost) aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Information in other formats (large print, audio, accessible electronic formats)
- Provides free (no cost) language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact Blue Cross Complete of Michigan Customer Service, 24 hours a day, 7 days a week at **1-800-228-8554 (TDD/TTY: 1-888-987-5832).**

If you believe that Blue Cross Complete of Michigan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with:

- **Blue Cross Complete of Michigan Member Grievances**
  P.O. Box 41789
  North Charleston, SC 29423
  1-800-228-8554
  (**TDD/TTY: 1-888-987-5832**)
- If you need help filing a grievance, Blue Cross Complete of Michigan Customer Service is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, through the Office for Civil Rights Complaint Portal available at **ocrportal.hhs.gov/ocr/portal/lobby.jsf**, by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019
(TDD/TTY: 1-800-537-7697)

Complaint forms are available at: **hhs.gov/ocr/office/file/index.html**.

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Multi-language interpreter services

English: ATTENTION: If you speak English, language assistance services, at no cost, are available to you. Call **1-800-228-8554 (TTY: 1-888-987-5832)**.

Spanish: ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-800-228-8554 (TTY: 1-888-987-5832)**.

Arabic:
ملحوظة: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم **1-800-228-8554** **(TTY: 1-888-987-5832)**.

Chinese Mandarin: 注意：如果您说中文普通话/国语，我们可为您提供免费语言援助服务。请致电：**1-800-228-8554 (TTY: 1-888-987-5832)**。

Chinese Cantonese: 注意：如果您使用粵語，您可以免費獲得語言援助服務。請致電 **1-800-228-8554 (TTY: 1-888-987-5832)**。

Syriac:
ܙܘܗܪܐ: ܐܢ ܐܢܬ ܟܐ ܡܗܡܙܡܝܬ ܠܫܢܐ ܐܬܘܪܝܐ، ܟܐ ܡܫܟܚܬ ܕܩܒܠܬ ܚܠܝܦܘܬܐ ܕܗܝܪܬܐ ܒܠܫܢܐ ܡܓܢܐܝܬ. ܩܪܝ ܥܠ ܡܢܝܢܐ **1-800-228-8554** **(TTY: 1-888-987-5832)**

Vietnamese: CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số **1-800-228-8554 (TTY: 1-888-987-5832)**.

Albanian: VINI RE: Nëse flisni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në **1-800-228-8554 (TTY: 1-888-987-5832)**.

Korean: 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. **1-800-228-8554 (TTY: 1-888-987-5832)** 번으로 전화해 주십시오.

Bengali: লক্ষ্য করুনঃ যদি আপনি বাংলায় কথা বলেন, তাহলে নিঃখরচায় ভাষা সহায়তা পেতে পারেন। **1-800-228-8554 (TTY: 1-888-987-5832)** নম্বরে ফোন করুন।

Polish: UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer **1-800-228-8554 (TTY: 1-888-987-5832)**.

German: ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: **1-800-228-8554 (TTY: 1-888-987-5832)**.

Italian: ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero **1-800-228-8554 (TTY: 1-888-987-5832)**.

Japanese: 注意事項：日本語を話される場合、無料の通訳サービスをご利用いただけます。**1-800-228-8554 (TTY: 1-888-987-5832)** まで、お電話にてご連絡ください。

Russian: ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните **1-800-228-8554 (TTY: 1-888-987-5832)**.

Serbo-Croatian: PAŽNJA: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite **1-800-228-8554 (TTY: 1-888-987-5832)**.

Tagalog: PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa **1-800-228-8554 (TTY: 1-888-987-5832)**.

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