COLORADO
Department of Health Care Policy & Financing

303 E. 17th Avenue
Denver, CO 80203

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Transition of Care Enrollment Policy

Per 42 CFR 438.62, the Department of Health Care Policy and Financing (Department) must have in effect a transition of care policy to ensure members with special health care needs have continued access to services during a transition from fee-for-service (FFS) or from one Managed Care Entity (MCE) to another MCE. MCE includes all of the following federal authorities: Prepaid Inpatient Health Plan, Managed Care Organization, and Primary Care Case Management Entity.

Members, who in the absence of continued services, would suffer serious detriment to their health, or be at risk of hospitalization or institutionalization, including all members known as pregnant for up to sixty days post-partum, are considered as having special health care needs. The Department must require its MCEs to implement a transition of care policy that is consistent with federal regulations and that, at least, meets the requirements stipulated below.

When a member leaves an MCE or FFS
It is the Department's policy that when a member who would suffer serious detriment to their health or be at risk of hospitalization or institutionalization leaves an MCE or FFS, the MCE, respectively, must:

- Identify the member(s) and notify the receiving MCE about the incoming member(s).
- Coordinate care and share care coordination information upon request.
- Make referrals to appropriate network and out-of-network providers if necessary.
- Assist in transferring appropriate clinical information (including, but not limited to, medical records, care plans and care coordination records) between the old and new providers. These records shall be transferred within 7 business days in a manner consistent with federal and state laws.

When a member leaves an MCE during treatment
It is the Department's policy that when a member is receiving treatment in a residential setting, the outgoing MCE shall transfer the case to the receiving MCE at the time the member's attribution changed.

It is the Department's policy that when a member is receiving treatment in an inpatient/hospital setting, the outgoing MCE shall maintain responsibility until the member is discharged from this setting regardless of when attribution changed.

For the Receiving MCE
It is the Department's policy that when a member with special health care needs joins a new MCE, the receiving MCE must:

- Coordinate care and develop a new care plan as appropriate.
- Honor current courses of treatment, as authorized, without additional authorization at a rate negotiated in good faith for a minimum of sixty (60) days, even if the

provider does not participate in the MCE's network. If necessary, this includes single-case agreements or paying out-of-network providers for any ongoing course of treatment. MCEs may require a continued stay authorization, to determine that a previous course of treatment remains medically necessary after an initial authorization expires.