**EXHIBIT G: TRANSITION REQUIREMENTS**

The receiving Contractor is responsible for allowing transitioning members, for October 1, 2024 enrollment, access to providers as specified **in the table below.** At the Contractor’s discretion, additional transition time may be allowed as appropriate. Although AHCCCS recognizes the importance of a smooth transition and preserving the existing relationships between providers and members, in order for the member to continue receiving services from a provider, the provider must agree to serve the member and may participate as an in-network provider or sign a single case agreement.

| **ALTCS EPD YH24-0001 TRANSITION REQUIREMENTS** | | | |
| --- | --- | --- | --- |
| **Service Type** | **Provider Type** | **adult** | **child** |
| **SED** | **Specialist** | When individuals are determined to have an SED designation and transition to a new Contractor for their care, members in active treatment (including by not limited to chemotherapy, pregnancy, drug regime or scheduled procedure) with a provider shall be allowed to continue receiving treatment from the provider through the duration of their prescribed treatment (“Course of Care”) regardless of whether or not the specialist participates in the Contractor’s provider network. | When individuals are determined to have an SED designation and transition to a new Contractor for their care, members in active treatment (including by not limited to chemotherapy, pregnancy, drug regime or scheduled procedure) with a provider shall be allowed to continue receiving treatment from the provider through the duration of their prescribed treatment (“Course of Care”) regardless of whether or not the specialist participates in the Contractor’s provider network. Treatment may begin no later than 16 years of age in accordance with AMPM Policy 280. |
| **SMI** | **Specialist** | When individuals are determined to have an SMI designation and transition to a new Contractor for their care, members in active treatment (including by not limited to chemotherapy, pregnancy, drug regime or scheduled procedure) with a provider shall be allowed to continue receiving treatment from the provider through the duration of their prescribed treatment (“Course of Care”) regardless of whether or not the specialist participates in the Contractor’s provider network. | When individuals are determined to have an SMI designation and transition to a new Contractor for their care, members in active treatment (including by not limited to chemotherapy, pregnancy, drug regime or scheduled procedure) with a provider shall be allowed to continue receiving treatment from the provider through the duration of their prescribed treatment (“Course of Care”) regardless of whether or not the specialist participates in the Contractor’s provider network. |
| **Out of Home Placements** |  | The Contractor shall attempt to establish a contract with the non-contracted setting in the instance members are currently residing in the facility. In the event the receiving Contractor is not willing or able to secure a contract, the receiving Contractor shall give at least seven days advance written notice advising the member that they shall move to a facility contracting with the receiving Contractor. If a member’s condition does not permit transfer to another facility, the Contractor shall compensate the registered non-contracting provider at the AHCCCS FFS rate or at a rate negotiated with the provider, until the member can be transferred. | The Contractor shall attempt to establish a contract with the non-contracted setting in the instance members are currently residing in the facility. In the event the receiving Contractor is not willing or able to secure a contract, the receiving Contractor shall give at least seven days advance written notice advising the member that they shall move to a facility contracting with the receiving Contractor. If a member’s condition does not permit transfer to another facility, the Contractor shall compensate the registered non-contracting provider at the AHCCCS FFS rate or at a rate negotiated with the provider, until the member can be transferred. |
| **Hospitalized at Time of Transition** |  | The Contractor shall make provisions for the transition of care for members who are hospitalized on the day of an enrollment change. The provisions shall include processes for the following: 1. Notification to the receiving Contractor prior to the date of the transition, for continued authorization of treatment and service coordination. 2. Notification to the hospital and attending physician of the transition by the relinquishing Contractor. The relinquishing Contractor shall notify the hospital and attending physician of the pending transition prior to the date of the transition and instruct the providers to contact the receiving Contractor for authorization of continued services. If the relinquishing Contractor fails to provide notification to the receiving Contractor, hospital, and the attending physician, relative to the transitioning member, the relinquishing Contractor shall be responsible for coverage of services rendered to the hospitalized member for up to 30 days. This includes, but is not limited to, elective surgeries for which the relinquishing Contractor issued prior authorization. | The Contractor shall make provisions for the transition of care for members who are hospitalized on the day of an enrollment change. The provisions shall include processes for the following: 1. Notification to the receiving Contractor Program prior to the date of the transition, for continued authorization of treatment and service coordination. 2. Notification to the hospital and attending physician of the transition by the relinquishing Contractor. The relinquishing Contractor shall notify the hospital and attending physician of the pending transition prior to the date of the transition and instruct the providers to contact the receiving Contractor for authorization of continued services. If the relinquishing Contractor fails to provide notification to the receiving Contractor, hospital, and the attending physician, relative to the transitioning member, the relinquishing Contractor shall be responsible for coverage of services rendered to the hospitalized member for up to 30 days. This includes, but is not limited to, elective surgeries for which the relinquishing Contractor issued prior authorization. |
| **Pharmacy** |  | The receiving Contractor shall extend previously approved prior authorizations for a period of 90 days from the date of the member’s transition unless a different time period is mutually agreed to by the member or member’s representative. | The receiving Contractor shall extend previously approved prior authorizations for a period of 90 days from the date of the member’s transition unless a different time period is mutually agreed to by the member or member’s representative. |
| **BH Services** | **Specialist** | The Contractor shall allow members receiving behavioral health treatment and services (including Peer and Family support), at the time of transition that is provided by a specialist and identified in the member’s service plan to be rendered by the specific provider regardless of whether or not the specialist participates in the Contractor’s provider network. If the provider remains outside the Contractor’s network, the specialist may continue providing the service for the duration of the treatment or six months; whichever occurs first. Cases with extenuating circumstances will be resolved on a case by case basis. | The Contractor shall allow members receiving behavioral health treatment and services (including Peer and Family support), at the time of transition that is provided by a specialist and identified in the member’s service plan to be rendered by the specific provider regardless of whether or not the specialist participates in the Contractor’s provider network. If the provider remains outside the Contractor’s network, the specialist may continue providing the service for the duration of the treatment or six months; whichever occurs first. Cases with extenuating circumstances will be resolved on a case by case basis. |
| **CRS Services** | **Specialist** | The Contractor shall allow members receiving an active course of treatment, identified in the service plan for a serious and chronic physical, developmental, or behavioral health condition to receive the services from their established provider for the duration of their treatment or six months; whichever occurs first, regardless of whether or not the specialist participates in the Contractor’s provider network. Cases with extenuating circumstances will be resolved on a case by case basis. | The Contractor shall allow members receiving an active course of treatment, identified in the service plan for a serious and chronic physical, developmental ,or behavioral health condition to receive the services from their established provider for the duration of their treatment or six months; whichever occurs first, regardless of whether or not the specialist participates in the Contractor’s provider network. Cases with extenuating circumstances will be resolved on a case by case basis. |
| **CRS Services** | **MSIC** | Transitioning members may continue to utilize their previous MSIC when the receiving Contractor has not been successful in contracting with the MSIC. | Transitioning members may continue to utilize their previous MSIC when the receiving Contractor has not been successful in contracting with the MSIC. |
| **Services Requiring Ongoing Care not Generally Provided by a Primary Care Provider** | **Specialist** | The Contractor shall allow members receiving an active course of treatment, identified in the service plan, to treat a serious and chronic physical, developmental, or behavioral health condition to receive the services from their established provider for the duration of their treatment, or six months; whichever occurs first, regardless of whether or not the specialist participates in the Contractor’s provider network. Cases with extenuating circumstances will be resolved on a case by case basis. | The Contractor shall allow children receiving an active course of treatment, identified in the service plan, to treat a serious and chronic physical, developmental, or behavioral health condition to receive the services from their established provider for the duration of their treatment, or six months; whichever occurs first, regardless of whether or not the specialist participates in the Contractor’s provider network. Cases with extenuating circumstances will be resolved on a case by case basis. |
| **Services Provided by any Provider who Meets the Definition of a Primary Care Provider** | **PCP** | The Contractor shall provide, at a minimum, a 90-day transition period for members who have an established relationship with a PCP who does not participate in the Contractor’s provider network, during which the member may continue to seek care from their established PCP while the member, Contractor, and/or Contractor care manager finds an alternative PCP within the Contractor’s provider network. Refer to SMI and SED requirements above. | The Contractor shall provide, at a minimum, a 90-day transition period, for children who have an established relationship with a PCP who does not participate in the Contractor’s provider network, during which the child may continue to seek care from their established PCP while the child and child’s parents and/or guardian, the Contractor, and/or Contractor care manager finds an alternative PCP within the Contractor’s provider network. Refer to SMI and SED requirements above. |
| **Obstetrics** | **OB/GYN Specialist** | The Contractor shall ensure pregnant women in the third trimester or members anticipated to deliver within 30 days of transition are authorized to receive services from their OB provider and deliver at the chosen delivery site regardless of whether or not the specialist and/or hospital participates in the Contractor’s provider network to ensure continuity of care. | The Contractor shall ensure pregnant women in the third trimester or members anticipated to deliver within 30 days of transition are authorized to receive services from their OB provider and deliver at the chosen delivery site regardless of whether or not the specialist and/or hospital participates in the Contractor’s provider network to ensure continuity of care. |