

Table 7-B: Health Plan Transition Requirements at Enrollment

Transition Requirements¹	A&D waiver Enrollees	NF Enrollees ICF/ID Enrollees	Other Enrollees²
Physician	90 day transition	90 day transition	90 day transition
DME	Must honor PA's when item has not been delivered and must review ongoing PA's for medical necessity	Must honor PA's when item has not been delivered and must review ongoing PA's for medical necessity	Must honor PA's when item has not been delivered and must review ongoing PA's for medical necessity
Scheduled Surgeries	Must honor specified provider	Must honor specified provider	Must honor specified provider
Chemotherapy/ Radiation	Treatment initiated prior to enrollment must be authorized through the course of treatment with the specified provider	Treatment initiated prior to enrollment must be authorized through the course of treatment with the specified provider	Treatment initiated prior to enrollment must be authorized through the course of treatment with the specified provider
Organ, Bone Marrow, Hematopoietic Stem Cell Transplant	Must honor specified provider	Must honor specified provider	Must honor specified provider
Dialysis Treatment	90 days with same provider and level of service; and Comprehensive Plan of Care documents successful transition planning for new provider.	90 days with same provider and level of service; and Comprehensive Plan of Care documents successful transition planning for new provider.	90 days with same provider and level of service; and Comprehensive Plan of Care documents successful transition planning for new provider.
Vision and Dental	Must honor PA's when item has not been delivered	Must honor PA's when item has not been delivered	Must honor PA's when item has not been delivered
Medicaid Home Health	Maintain existing service for 90 days and then review for medical necessity after an in-person assessment that includes provider observation.	N/A	Maintain existing service for 90 days and then review for medical necessity after an in-person assessment that includes provider observation

³Requirements for all Medicare and Medicaid pharmacy transition will adhere to Medicare Part D pharmacy transition requirements.

²Individuals who do not fall into any of the other categories depicted on this table.

A&D Waiver Services	Maintain service at current level and with current providers at current Medicaid reimbursement rates for 90 days. Plan initiated change in service provider can only occur after an in-home assessment and plan for the transition to a new provider.	N/A	N/A
Behavioral Health Services	Maintain current provider, level of services documented in the BH plan of care at the time of enrollment for 90 days. Medicaid rate applies during transition.	Maintain current provider, level of services documented in the BH plan of care at the time of enrollment for 90 days. Medicaid rate applies during transition.	Maintain current provider, level of services documented in the BH plan of care at the time of enrollment for 90 days. Medicaid rate applies during transition.
DD Targeted Service Coordination Services	N/A	N/A	Maintain current provider, level of services documented in most current Medicaid approved DD service plan at time of enrollment.