POLICY
Transition of Care

This Policy is Applicable to the following Corewell Health sites: Priority Health

Applicability Limited to: **Priority Health** Medicaid

Reference #: 28223

Version #: 3

Effective Date: 08/20/2026

Functional Area: Health Plan, Medicaid

Priority Health Department Area: Medicaid Operations

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1. Purpose

To define how and when Priority Health Choice will provide continued coverage of services when an enrollee is newly eligible with the Medicaid plan.

2. Definitions

Fee For Service (FFS) Medicaid - a Medicaid plan provided by the State of Michigan (**SOM)**
Medicaid Health Plan (MHP) - an organization that provides managed care Medicaid health benefits and additional services through contracts with the State Medicaid agency.

3. Policy

4. Per the requirements outlined in the Transition of Care appendix of the CHCP contract between Priority Health Choice, Inc. and the Michigan Department of Health and Human Services (MDHHS), and the requirements of the Code of Federal Regulations, Priority Health Choice, Inc. will provide continued coverage of certain qualifying covered services to enrollees who are newly eligible with the plan. The applicability of this policy is as follows:

4.1. The Transition of Care policy applies to enrollees:

4.1.1. Who are in the first 90 days of eligibility with Priority Health Choice, Inc.; *and*

4.1.2. Who are transitioning from the Michigan Fee For Service Medicaid plan to a Michigan Medicaid Health Plan (MHP) entity or transitioning from one Michigan MHP entity to another; *and*

4.1.3. Whose health would be jeopardized if health care services ceased or were disrupted during a transition and in the absence of continued access to necessary services, the enrollee would suffer serious detriment to their health or be at risk of hospitalization or institutionalization; *and*

4.1.4. Who are requesting temporary continued coverage of:

4.1.4.1. An out-of-network provider; *or*

4.1.4.2. A medication

4.2. This policy is not applicable:

4.2.1. If the request is for coverage of services, providers, or medications that the enrollee is not established with upon enrollment into Priority Health Choice, Inc.
4.2.2. If the enrollee has primary coverage with another health plan.
4.2.3. To medications and services excluded per the Medicaid Certificate of Coverage (COC).

5. Revisions

Priority Health reserves the right to alter, amend, modify or eliminate this document at any time without prior written notice.

6. References

42 CFR 438.62
42 CFR 457.1216
State of Michigan Comprehensive Health Care Program (CHCP) Contract, Appendix 14: Transition of Care Policy
Priority Health Choice Certificate of Coverage (COC)
Medicaid Transition of Care Pharmacy Procedure

7. Policy Development and Approval

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8. Keywords

transitions of care, transition, Medicaid