Subject: **Clinical Practice**	Procedure: **Provider to Provider Transfers**	
Last Updated: **03/27/2025**	Owner: **Managed Care Operations (MCO)**	Pages: **3**

I. PURPOSE:

To define and describe operational guidelines for transfers of care between providers.

II. DEFINITIONS:

None.

III. PROCEDURE:

A. When a person served requests a transfer of care to a new provider under the same level of care and a satisfactory solution with the current provider cannot be reached, the primary case holder will assist the person with a transfer.

B. Coordination with Current Provider

1. When a person served notifies their primary case holder of their desire to change providers, the primary case holder explores the reason(s) for the requested change and attempts to resolve any identified issues.

2. If the identified issues cannot be resolved, the primary case holder links the person to a new provider and helps schedule the person's initial appointment with the new provider.

3. The primary case holder communicates with the new provider, as needed, for optimal continuity of care.

4. The original provider opens a program admission to the new provider in the FOCUS Electronic Medical Record (EMR).

5. The original provider sends an Adverse Benefit Determination (ABD) notice to the person served and/or their legal guardian.

6. Once the person has attended their initial appointment with the new provider, the original provider closes their program admission and makes the new provider the primary within the admission layer.

7. The original provider early terminates their agency's authorizations in the FOCUS EMR.

8. The new provider requests their authorization in the FOCUS EMR.

9. Admission layers and authorizations for secondary providers will not be impacted.

C. Coordination with New Provider

1. When a person served contacts a new provider and reports their intention to change providers, the new provider assists the person in scheduling their initial appointment.

2. The new provider contacts the original provider to notify them of the upcoming transfer.

3. As needed, the two providers communicate for optimal continuity of care.

4. The original provider opens a program admission to the new provider in the FOCUS EMR.

5. The original provider sends an ABD notice to the person served and/or their legal guardian.

6. Once the person has attended their initial appointment with the new provider, the original provider closes their program admission and makes the new provider the primary within the admission layer.

7. The original provider early terminates their agency's authorizations in the FOCUS EMR.

8. The new provider requests their authorizations in the FOCUS EMR.

9. Admission layers and authorizations for secondary providers will not be impacted.

D. Coordination with Managed Care Operations (MCO)

1. When a person served calls the MCCMH Customer Service (CS) line to discuss a transfer of care, the CS team explains the above process to the person.

2. If the person served indicates they are not able to discuss their situation with their current provider AND they do not want to initiate service with a new provider independently, their call will be directed to MCO for assistance.

3. The CS team triages the call and transfers it to MCO.

4. MCO gathers information on why the person wants to change providers.

5. The MCO team member attempts to problem solve the situation with the person.
    a. If the person agrees to work with their current provider, MCO assists in contacting their provider to address the issue.

    b. If the person still desires a new provider, MCO completes a brief screening to capture the transfer rationale.

6. MCO schedules an appointment with the new provider of the person's choosing.

7. MCO sends an email to the current primary case holder notifying them of the upcoming transfer.

8. As needed, the primary case holder communicates with the new provider to ensure continuity of care.

9. MCO opens a program admission to the new provider in the FOCUS EMR.

10. The original provider sends an Adverse Benefit Determination (ABD) notice to the person served and/or their legal guardian.

11. Once the person has attended their first appointment with the new provider, the original provider closes their program admission and makes the new provider the primary within the admission layer.

12. The original provider early terminates their agency's authorizations in the FOCUS EMR.

13. The new provider requests their authorizations in the FOCUS EMR.

14. Admission layers and authorizations for secondary providers will not be impacted.

IV. REFERENCES:

None.

V. RELATED POLICIES

A. MCCMH MCO Policy 4-020, "Medicaid and Non-Medicaid Notice of Adverse Benefit Determination"

B. MCCMH MCO Policy 12-001, "Access, Eligibility, Admission, Discharge"

VI. EXHIBITS:

None.

Annual Review Attestation / Revision History:

Revision #:	Revision/Review Date:	Revision Summary:	Reviewer/Reviser:
1	11/02/2021	Creation of Procedure	MCCMH MCO Division
2	01/07/2022	Implementation of Procedure	MCCMH MCO Division
3	03/27/2025	Update to Procedure	MCCMH MCO Division