

ADMINISTRATIVE POLICY STATEMENT
Georgia Medicaid

Policy Name & Number



The ADMINISTRATIVE Policy Statement detailed above has received due consideration as defined in the ADMINISTRATIVE Policy Statement Policy and is approved.



- **Transition of Care** – The movement of patients between health care practitioners and/or settings as a condition or care needs change during the course of a chronic or acute illness.

D. Policy

- I. Services may be subject to medical necessity review.
- II. CareSource will review COC requests submitted by members or on behalf of members when the following occurs:
 - A. Upon transferring to CareSource, newly enrolled members who have established relationships with providers will be allowed care for 30 calendar days for the following:
 1. prior authorizations (pa) received from other payers for services
 2. care from a non-participating health partner who treated the member prior to

The ADMINISTRATIVE Policy Statement detailed above has received due consideration as defined in the ADMINISTRATIVE Policy Statement Policy and is approved.

