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	Approval Signature:			

## TMMP 57 - TRANSITIONAL CARE

### Policy

Health Plan members may be entitled to an in-network level of benefit from a non-network provider during a defined transitional period, which may occur during member enrollment or provider disaffiliation with a health plan. The intent of providing a Transition of Care benefit is to allow a member who is engaged in the course of care with a network provider to continue to receive applicable in-network level of benefits under defined circumstances. There are specific instances, qualifications, timeframes and other requirements, which are applicable in order for the member to have access to, and receive Transition of Care benefits. These may be defined by applicable federal, state, and / or the member's certification or evidence of coverage.

As a delegated entity, Triad shall abide by applicable policies and processes as communicated and required by each health plan to assist in the provision of applicable Transition of Care benefits.

### Table of Revisions

<b>Revision Date</b>	<b>Modified By</b>	<b>Description</b>
08/07/2008	Level 1, 2, 3	Policy review.
06/17/2008	Level 5	Policy review.
11/27/2007	Level 2, 3, 4, 5 Approvals.	Text revised to assign policy number and reformat header of policy approved by MQIC on 7/13/2007.