

## TRANSITION OF CARE

### PURPOSE:

To clarify financial responsibility roles of QUEST Integration (QI) Health Plans, State of Hawaii Organ and Tissue Transplant (SHOTT) program, Community Care Services (CCS), and Med-QUEST Division (MQD) Fee-For-Service (FFS) relating to hospital (H), professional (P), and enabling services (E).

### DEFINITIONS:

**Hospital Services:** Hospital services include medically necessary services for registered bed patients that are generally and customarily provided by licensed acute care general hospitals in the service area and prescribed, directed or authorized by the attending physician or other provider.

**Professional Services:** Professional services include services provided by physicians and any other outpatient hospital services. Examples may include medical supplies, equipment and drugs; diagnostic services; and therapeutic services including chemotherapy and radiation therapy.

**Enabling Services:** Enabling services include transportation (air or ground), lodging, meals, attendant/escort care, and any other services that may be needed.

**Transfer:** A transfer to another facility (whether in state or out of state) is equivalent to a discharge from the original facility.

**Level of Care Change:** The first change in acuity level (from acute to sub-acute, waitlisted sub-acute, SNF, waitlisted SNF, ICF, waitlisted ICF).

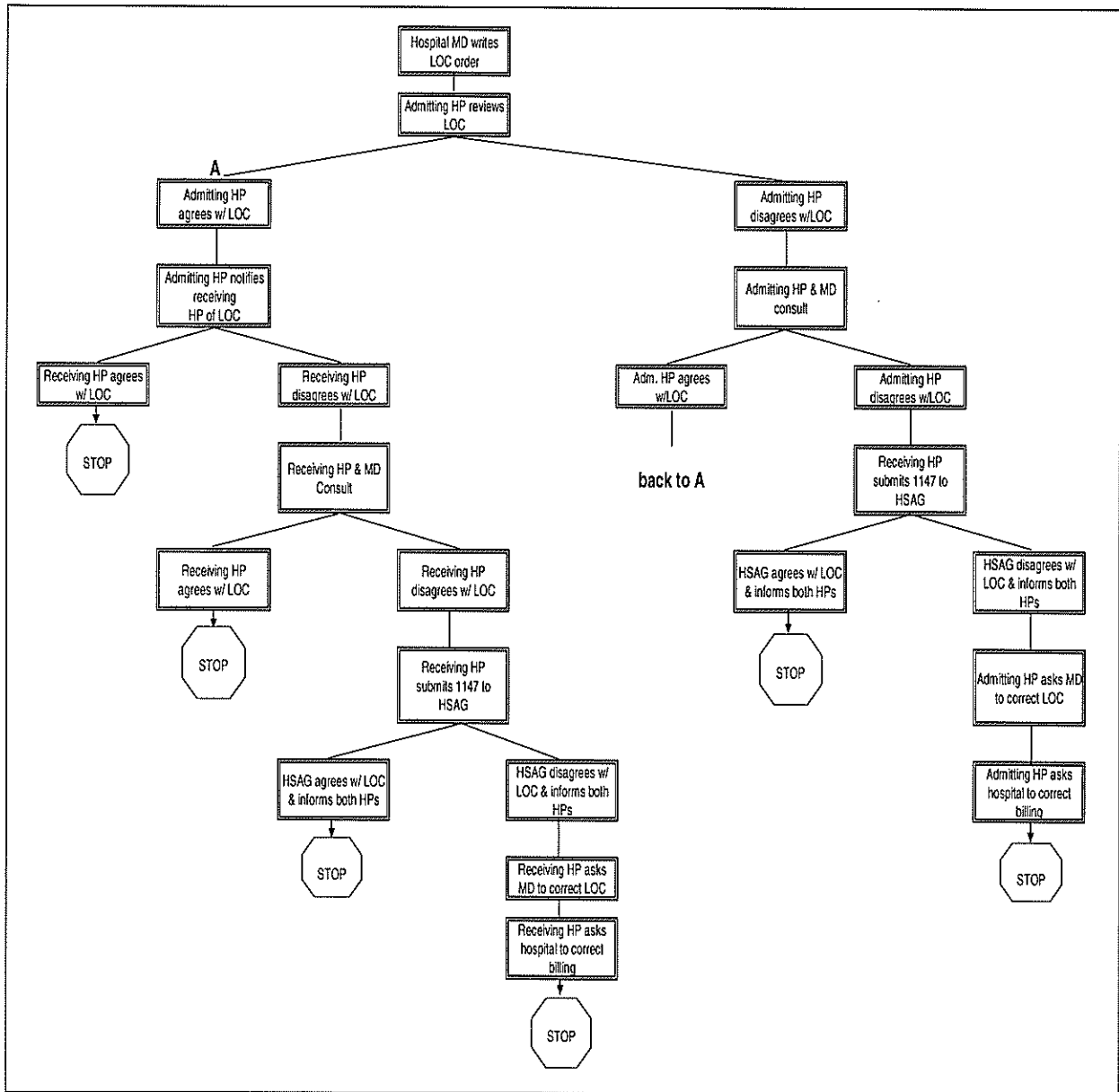
The following rules apply in determining which entity (QI health plan, SHOTT, CCS or FFS) is responsible:

- **Benefits provided under QI** include acute care hospitalization, acute waitlist, skilled nursing, intermediate care, and home and community based services. Health plans do not change in QI due to change in benefits.
- **Eligibility for long-term care services and enrollment into managed care health plans** can be retroactively applied a maximum of 3 months from the date of application.
- **For acute inpatient hospitalizations**, the admitting health plan is responsible for hospital services from admission to discharge or to change in level of care, whichever comes first.

- **Retroactive eligibility**, the MQD will retroactively enroll a member into their former health plan when there is a break in coverage of up to 180-days.
- **For professional services**, the health plan into which a member is enrolled on the date(s) the service was rendered is responsible, even if the member is in an acute inpatient hospital and enrollment is retroactively applied.
- **For enabling services**, the health plan into which a member is enrolled on the date(s) the service was rendered is responsible, including transportation, meals, lodging, and attendant care.
- **For members sent out-of-state/inter-island by the original health plan**, the original health plan is responsible for hospitalization from admission to change in level of care. The original health plan is also responsible for the transportation to get the member and attendant, if applicable, to the out-of-state/off-island services. If round trip tickets were purchased, the original health plan may bill the new responsible party for the return trip of the member and the member's attendant, if applicable. Otherwise, the health plan into which the member is enrolled becomes responsible for enabling services, including transportation, meals, and lodging. As round trip air fare is less costly than one-way fare, the health plans involved may share the cost of a round trip fare, rather than purchase one-way fares.
- **State of Hawaii Organ and Tissue Transplant (SHOTT) Program** covers members approved as candidates by MQD for solid organ or stem cell/bone marrow transplant. The member will be dis-enrolled from QI on the date of MQD approval and covered under the SHOTT program until at least one year post transplant. All kidney transplants for individuals with Medicaid secondary will remain in their QI health plan and not be admitted into the SHOTT program.
- **Community Care Services (CCS) Program** covers members approved by the MQD to meet eligibility criteria for intensive behavioral health services. Upon enrollment, the CCS program covers all behavioral health services, except in cases regarding transition of care, unless otherwise determined by MQD.

**LEVEL OF CARE RULES:**

A level of care change is defined for the purposes of this memo as **the first change in acuity level of care** (acute to sub-acute, waitlisted sub-acute, SNF, waitlisted SNF, ICF, waitlisted ICF). See attached flow chart for details.



Hospital, P = Professional services, E = Enabling services, LOC = Level of care, OOS = Out of state

Insurance Coverage Scenario	QUEST Integration (QI) Responsibility	State of Hawaii Organ and Tissue Transplant (SHOT) Responsibility	Community Care Services (CCS) Responsibility	Fee-for-Service (FFS) Responsibility	Comments
<b>ACUTE INPATIENT</b>					
1. QI health plan from admission to discharge.	Covers H, P, and E from admission to discharge.				
2. FFS admission to discharge.				Covers H, P, and E from admission to discharge.	
3. One QI health plan on admission switches to another QI health plan after admission.	Admitting QI health plan covers H until LOC change and covers P and E once enrolled in the receiving QI health plan. Receiving QI health plan picks up H after LOC change and covers P and E once enrolled into the receiving health plan.				If the LOC remains acute for the entire hospitalization, the admitting QI health plan is responsible for H from admission to discharge.
4. QI health plan on admission. Break in coverage. Member reenrolled in QI health plan when regains eligibility.	Covers H, P, and E until eligibility ends. Restarts H, P, and E with new eligibility segment.				If there is a break in QI health plan coverage and the member becomes eligible again, the member will be reenrolled in their QI

Insurance Coverage Scenario	QUEST Integration (QI) Responsibility	State of Hawaii Organ and Tissue Transplant (SHOTT) Responsibility	Community Care Services (CCS) Responsibility	Fee-for-Service (FFS) Responsibility	Comments
<b>NEWBORNS</b>					
5. FFS on admission. Change to QI health plan during admission.	Covers P and E once enrolled in the QI health plan. Covers H after LOC change.			Covers H until LOC change. Covers P and E until enrolled in a QI health plan.	If the LOC remains acute for the entire hospitalization, FFS is responsible for H from admission to discharge.
6. Mom has QI health plan as primary insurance.	QI health plan covers both maternity and newborn.				Newborn is enrolled in mom's QI health plan for at least first 30 days following the birth.
7. Mom has QI health plan as secondary insurance and enrolls newborn in commercial plan within 30 days.	QI health plan covers secondary after primary insurance covers both maternity and newborn.				Newborn is enrolled in mom's QI health plan for at least first 30 days following the birth.
8. Mom has QI health plan as secondary insurance and does not add	QI health plan covers secondary after primary insurance covers maternity. QI health				Newborn is enrolled in mom's QI health plan for at least first 30 days following the birth.

<b>Insurance Coverage Scenario</b>	<b>QUEST Integration (QI) Responsibility</b>	<b>State of Hawaii Organ and Tissue Transplant (SHOTT) Responsibility</b>	<b>Community Care Services (CCS) Responsibility</b>	<b>Fee-for-Service (FFS) Responsibility</b>	<b>Comments</b>
newborn to primary insurance policy.	plan covers newborn primary.				
9. Mom has commercial only and does not add newborn to commercial plan within 30 days.	QI health plan does not cover maternity. QI health plan covers newborn primary.				If mom's commercial health plans has a QI contract, then newborn is enrolled in mom's QI health plan for at least first 30 days following the birth. If not, then newborn is auto-assigned into QI health plan.
10. Mom has commercial only and adds newborn to commercial plan within 30 days. Mom also enrolls newborn in QI.	QI health plan does not cover maternity. QI health plan covers secondary after primary insurance covers newborn.				If mom's commercial health plans has a QI contract, then newborn is enrolled in mom's QI health plan for at least first 30 days following the birth. If not, then newborn is auto-assigned into QI health plan.

**TRANSFER FROM ACUTE TO ACUTE HOSPITAL IN-STATE**

11. QI health plan on admission to both first and second facility.	Covers H, P, and E from admission to discharge at both facilities.				Transfer = discharge
12. QI health plan on admission to first facility. Change to another QI health plan before transfer/discharge to the second facility.	First QI health plan covers H during first hospitalization until transfer. Covers P and E until change to second QI health plan. Second QI health plan covers P and E during first hospitalization. Second QI health plan covers H, P, and E for the second hospital.				Transfer = discharge
<b>OUT OF STATE SERVICES</b>					
13. QI health plan authorizes OOS hospital services.	Covers H, P, and E from admission to discharge at both Hawaii and OOS facilities.				
14. QI health plan on admission to first facility. Change to another QI health plan before transfer/discharge	First QI health plan covers H during first hospitalization until transfer. Covers P and E until change to second QI health plan.				Second QI health plan covers costs for transfer to OOS facility.

to the OOS facility.	Second QI health plan covers P and E for first hospitalization. Second QI health plan covers H, P, and E for second hospital.				If the first QI health plan has round trip ticket(s), they may bill the second QI health plan for the return ticket(s).
15. QI health plan on admission to first facility. Change to another QI health plan after transfer/discharge to the OOS facility.	First QI health plan covers H, P, and E during first hospitalization. Covers H until decrease in level of care at OOS facility. Second QI health plan covers P and E for OOS facility until change in level of care. At change in level of care, second QI health plan covers H.				
<b>OUTPATIENT HOSPITAL, REHAB AND OTHER SERVICES IN THE STATE</b>					
16. First QI health plan authorizes outpatient services. Second QI health plan at the time of services.	Second QI health plan honors first QI health plan's authorization for 45 days or until PCP sees member. Covers H, P, and E				



17. Dental Services authorized by HDS. Member QI health plan or FFS at the time of the service.	once enrolled in the second QI health plan.	Covers H and P for hospital and anesthesia.	Covers H and P for hospital and anesthesia.	Dental services covered by Hawaii Dental Services (HDS), Anesthesiologist and hospital covered by the health plan at the time of procedure. Enabling services covered by HDS.
<b>SHOTT</b>				
18. QI health plan or FFS on admission SHOTT before discharge and transplant.	Covers H, P and E until enrolled into SHOTT.	Covers H, P, E once enrolled into the SHOTT program	Covers H, P and E until enrolled into SHOTT.	
19. SHOTT on admission. Member's SHOTT eligibility terminates during admission and enrolled in QI health plan or FFS.	Covers P and E once enrolled in the QI health plan. Picks up H after LOC change.	Covers H from admission to LOC change.	Covers P and E once enrolled in FFS. Picks up H after LOC change.	Member is dis-enrolled from SHOTT and enrolled into QI health plan or FFS on the 1 <sup>st</sup> of the following month.
20. Dental services provided to		Covers anesthesiologist and hospital services		

SHOTT eligible members.		associated with dental services. Covers H, P, and E.		
<b>CCS</b>				
<b>ACUTE BEHAVIORAL HEALTH INPATIENT</b>				
21. CCS from admission to discharge.			Covers H, P and E from admission to discharge.	
22. QI health plan on admission. Member is enrolled in CCS during that admission.	Admitting QI health plan covers H until LOC changes and covers P and E up until enrolled in CCS.		CCS picks up H after LOC change and covers P and E from enrollment into CCS.	If the LOC remains acute for the entire hospitalization, the admitting QI health plan is responsible for H from admission to discharge.
<b>BEHAVIORAL HEALTH OUTPATIENT HOSPITAL, REHAB AND OTHER SERVICES IN THE STATE</b>				
23. QI health plan authorized outpatient services. CCS covers at the time of services.			CCS honors the QI health plan's authorization for 45 days or until PCP sees member. Covers H, P, and E as soon as member is enrolled.	