

STATE OF HAWAII
DEPARTMENT OF HUMAN SERVICES

Med-QUEST Division
Health Care Services Branch
Contract Monitoring and Compliance Section
P.O. Box 700190
Kapolei, Hawaii 96709-0190

December 29, 2021

MEMORANDUM


MEMO NO.

QI-2141 [Replaces QI-1714]

FFS 21-17 [Replaces FFS 17-06, CTR-1702]

CCS-2111 [Replaces CCS-1702]

TO: Acute Care Hospitals
QUEST Integration (QI) Health Plans
Behavioral Health Services
Koan Risk Solutions

FROM: Judy Mohr Peterson, PhD 
Med-QUEST Division Administrator

SUBJECT: TRANSITION OF CARE – CLARIFICATION OF FINANCIAL RESPONSIBILITY ROLES

The purpose of this memorandum is to notify the health plans that this memo replaces QI-1714, FFS 17-06, CTR-1702 and CCS-1702 which was previously issued on July 25, 2017. The following content are unchanged and will continue to apply under the QI contract RFP-MQD-2021-008.

The following attachment clarifies the financial responsibilities of the Department of Human Services, Med-QUEST Division (MQD) programs [QUEST Integration (QI) health plans, State of Hawaii Organ and Tissue Transplant Program (SHOTT), Community Care Services (CCS), and Fee-for-Service (FFS)] concerning transition of care relating to hospital, professional, and enabling services.

If you have any questions, please contact Jon Fujii at jfujii@dhs.hawaii.gov.

Attachment

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.

