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MEMORANDUM

ACS/QUEST/QExA MEMO NOS.

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ADM-1009
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TO: Acute Care Hospitals
QUEST Health Plans
QExA Health Plans

FROM: Kenneth S. Fink, MD, MGA, MPH
Med-QUEST Division Administrator



SUBJECT: TRANSITION OF CARE – CLARIFICATION ON FINANCIAL
RESPONSIBILITY ROLES

The Med-QUEST Division (MQD) is providing the following table to clarify financial responsibilities of MQD programs [QUEST, QUEST Expanded Access (QExA) and fee-for-service (FFS)] concerning transition of care relating to hospital, professional, and enabling services.

If you have any question(s), please contact Patti Bazin at 692-8083 or via e-mail at pbazin@medicaid.dhs.state.hi.us.

Attachment

TRANSITION OF CARE

PURPOSE:

To clarify financial responsibility roles of QUEST Health Plans, QUEST Expanded Access (QExA) Health Plans, and (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.

Fee for Service (FFS) Window: The period of time after which a client is accepted into QUEST and before he/she is enrolled in a QUEST health plan is the FFS window. Also, any client who has less than one-month eligibility will be in FFS.

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

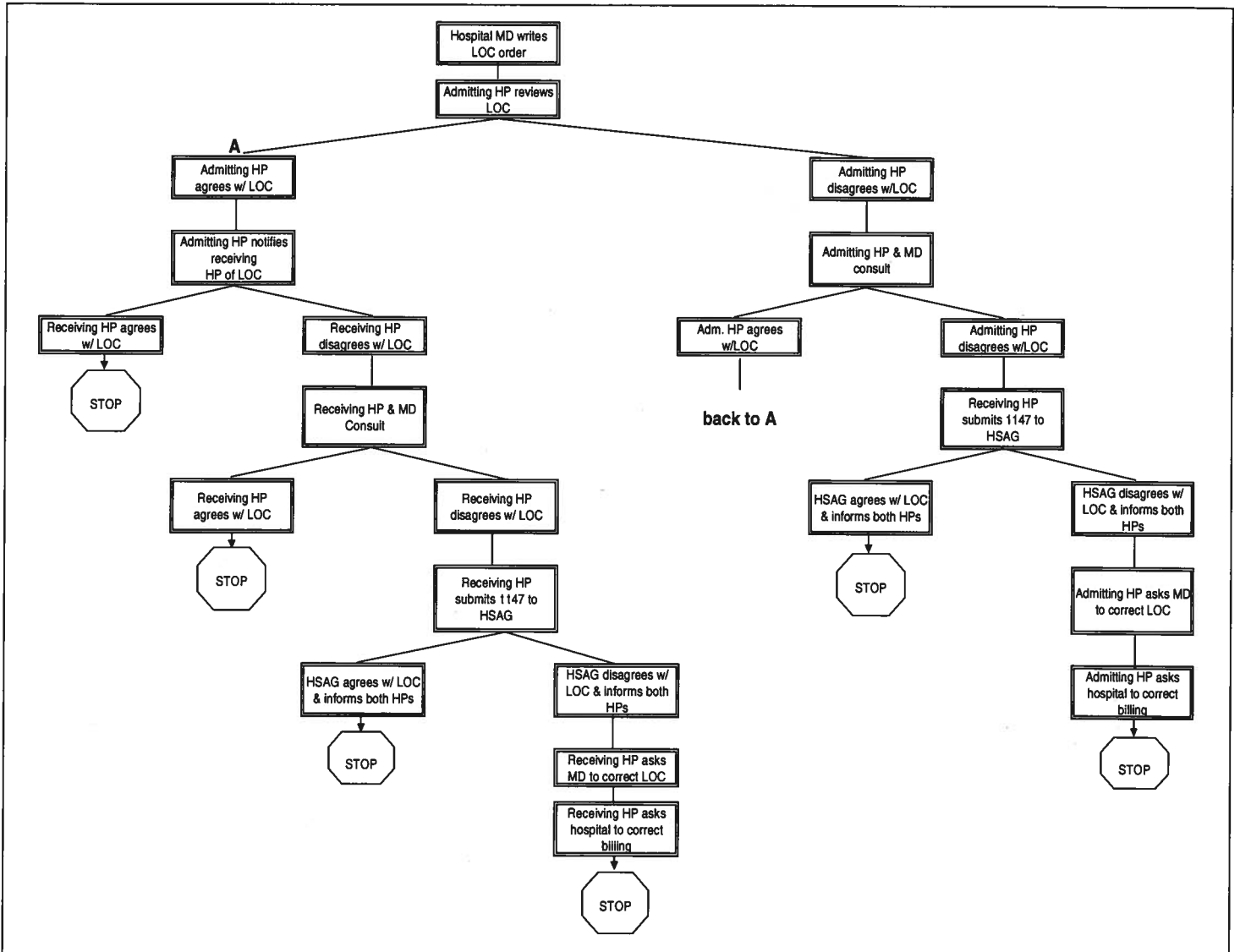
Level of Care Change: The first change from acute to less than acute level of care (sub-acute, waitlisted sub-acute, SNF, waitlisted SNF, ICF, waitlisted ICF).

The following rules apply in determining which entity (FFS, QUEST health plan, or QExA health plan) is responsible:

- **Eligibility for long-term care services and enrollment into managed care health plans** can be retroactively applied a maximum of 90 days from the date of application.
- **The FFS window applies only for QUEST**, not QExA. However, if a client deemed aged, blind, or disabled has less than one-month eligibility, he/she will be in FFS.
- **For QExA health plans, there is not a FFS window.** A QExA health plan is responsible for the client as soon as the client becomes eligible, which becomes the first day of enrollment in that health plan.
- **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.
- **For professional services**, the health plan into which a client is enrolled on the date(s) the service was rendered is responsible, even if the client is in an acute inpatient hospital and enrollment is retroactively applied.
- **For enabling services**, the health plan into which a client is enrolled on the date(s) the service was rendered is responsible, including transportation, meals, lodging, and attendant care.
- **For clients sent out-of-state 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 client and attendant, if applicable, to the out-of-state services. If round trip tickets were purchased, the original health plan may bill the new responsible party for the return trip of the client and the client's attendant, if applicable. Otherwise, the health plan into which the client 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 clients approved as candidates by MQD for liver, lung, heart, small bowel, and kidney transplants (if Medicare does not cover the kidney transplant). The client will be disenrolled from QUEST, QExA, and FFS on the date of MQD approval and covered under the SHOTT program until at least one year post transplant.

LEVEL OF CARE RULES:

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



H=hospital, P=professional services, E=enabling services, LOC=level of care, OOS=out of state

Insurance Coverage Scenario	QUEST Responsibility	QExA Responsibility	FFS Responsibility	Comments
Acute Inpatient				
1) QUEST health plan from admission to discharge.	Covers H, P, and E from admission to discharge.			
2) QExA health plan from admission to discharge.		Covers H, P, and E from admission to discharge.		
3) FFS admission to discharge.			Covers H, P, and E from admission to discharge.	
4) One QUEST health plan on admission switches to another QUEST health plan after admission.	Admitting QUEST health plan covers H until LOC change and covers P and E once enrolled in the receiving QUEST health plan. Receiving QUEST 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 QUEST health plan is responsible for H from admission to discharge.
5) One QExA health plan on admission switches to another QExA health plan after admission.		Admitting QExA health plan covers H until LOC change and covers P and E until enrolled in the receiving QExA health plan. Receiving QExA 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 QExA health plan is responsible for H from admission to discharge.
6) QUEST health plan on admission. Break in coverage. FFS window to discharge.	Covers H, P, and E until eligibility ends.		Covers H, P, and E during FFS window.	If there is a break in QUEST health plan coverage and the client becomes eligible again, the client will enter the FFS window. If the LOC remains acute, FFS will be responsible from the

Insurance Coverage Scenario	QUEST Responsibility	QExA Responsibility	FFS Responsibility	Comments
				date QUEST health plan eligibility ends.
7) QUEST health plan on admission. Change to QExA health plan after admission.	Covers H until LOC change. Covers P and E until enrolled in a QExA health plan.	Covers P and E once enrolled in the QExA health plan. Covers H after LOC change.		If the LOC remains acute for the entire hospitalization, the admitting QUEST health plan is responsible for H from admission to discharge.
8) FFS on admission. Change to QUEST health plan during admission.	Covers P and E once enrolled in the QUEST health plan. Covers H after LOC change.		Covers H until LOC change. Covers P and E until enrolled in a QUEST health plan.	The FFS window applies to QUEST. If the LOC remains acute for the entire hospitalization, FFS is responsible for H from admission to discharge.
9) FFS on admission. Change to QUEST health plan during admission. Client on SNF/ICF waitlist for 60 days. Change to QExA health plan at 61st day.	Covers P and E once enrolled in the QUEST health plan. Covers H from LOC change through the 60 th day of an SNF/ICF waitlist.	Covers H, P, and E once enrolled in the QExA health plan on the 61 st day of waitlist.	Covers H until LOC change. Covers P and E until enrolled in a QUEST health plan.	The FFS window applies to QUEST.
10) FFS on admission. Waitlisted SNF level of care while on FFS. Change to QUEST health plan.	Covers P and E once enrolled in the QUEST health plan.		Covers H to discharge. Covers P and E until enrolled in a QUEST health plan.	
11) FFS on admission. Change to QUEST health plan during admission. Patient goes through ADRC. Change to QExA health plan as per ADRC determination (1st day of the second month following receipt of completed ADRC packet).	Covers P and E once enrolled in the QUEST health plan. Covers H after LOC change if this occurs during QUEST health plan.	Covers P and E once enrolled in the QExA health plan (on the 1 st day of the second month following receipt of completed ADRC packet). Covers H after LOC change if this occurs during QExA health plan.	Covers H until LOC change. Covers P and E until enrolled in a QUEST health plan.	The FFS window applies to QUEST. If the LOC change occurs during FFS prior to change to a QUEST health plan or a QExA health plan, FFS would be responsible for H until discharge.

Insurance Coverage Scenario	QUEST Responsibility	QExA Responsibility	FFS Responsibility	Comments
12) FFS on admission. Retroactive change to QExA health plan during admission.		Covers H, P, and E from admission to discharge.		There is no FFS window in QExA.
13) QExA health plan on admission. Eligibility lapses. FFS window. QUEST health plan before discharge and still QUEST health plan on discharge.	Covers P and E once enrolled in the QUEST health plan. Covers H after LOC change.	Covers H, P, and E until eligibility ends.	Covers H, P, and E during FFS window prior to enrollment in a QUEST health plan. Continues to cover H until LOC change.	If the LOC remains acute for the entire hospitalization, QExA health plan is only responsible for H until the day eligibility ends. FFS is responsible for H from the date QExA health plan enrollment ends until discharge.
Transfer from acute to acute hospital in state				
14) QUEST health plan on admission to first facility. QExA health plan before transfer/discharge to the second facility.	Covers H during first hospitalization until transfer/discharge to second facility. Covers P and E until enrolled in a QExA health plan.	Covers P and E once enrolled in the QExA health plan during the first hospitalization. Responsible for transfer/transportation to the second facility. Covers H, P, and E at second hospital.		Transfer = discharge.
15) QUEST health plan on admission to first facility. Break in eligibility. FFS window before transfer and during stay at second facility.	Covers H during first hospitalization until eligibility ends. Covers P and E until eligibility ends.		Covers H, P, and E during FFS window. Responsible for transfer/transportation to the second facility. Covers H, P, and E at second hospital.	
Out of state (OOS) services				
16) QUEST health plan authorizes OOS hospital services. Changes to QExA health plan during OOS hospital stay.	Covers H until LOC change at OOS hospital. Covers P and E until enrolled in a QExA health plan.	Covers P and E once enrolled in the QExA health plan. Covers H after LOC change at OOS hospital.		If the QUEST health plan has round trip ticket(s), the QUEST health plan may bill the QExA health plan for the return ticket(s).

Insurance Coverage Scenario	QUEST Responsibility	QExA Responsibility	FFS Responsibility	Comments
<p>17) QUEST health plan authorizes OOS services. QUEST health plan during initial hospitalization through discharge from the hospital. Transfer to QExA health plan after discharge from the hospital while OOS (outpatient services, additional hospitalization).</p>	<p>Covers H, P, and E for initial hospitalization.</p>	<p>Covers H, P, and E for additional hospitalizations. Covers P and E for outpatient services.</p>		<p>If QUEST health plan has round trip ticket(s), QUEST health plan may bill the QExA health plan for the return ticket(s).</p>
<p>18) FFS authorizes OOS services. QUEST health plan before discharge.</p>	<p>Covers P and E once enrolled in the QUEST health plan. Covers H after LOC change.</p>		<p>Covers H until LOC change. Covers P and E until enrolled in a QUEST health plan.</p>	<p>If FFS has round trip ticket(s), FFS may bill the QUEST health plan for the return ticket(s).</p>
<p>19) FFS authorizes OOS services. QExA health plan before discharge.</p>		<p>Covers H, P, and E once enrolled in the QExA health plan.</p>		<p>There is no FFS window in QExA. If FFS has round trip ticket(s) purchased prior to QExA implementation, FFS may bill QExA health plan for cost of return ticket(s).</p>
Outpatient hospital, rehab and other services in state				
<p>20) QUEST health plan authorizes outpatient services. QExA health plan at the time of services.</p>		<p>QExA health plan honors QUEST health plan's authorization for thirty (30) days or until an assessment is completed. Covers H, P, and E once enrolled in the QExA health plan.</p>		
<p>21) QExA health plan authorizes services. Break in coverage. FFS at time of services.</p>			<p>FFS honors QExA health plan's authorization. Covers H, P, and E once enrolled in FFS.</p>	

Insurance Coverage Scenario	QUEST Responsibility	QExA Responsibility	FFS Responsibility	Comments
22) Dental Services authorized by Cyrca. Client QUEST health plan, QExA health plan, or FFS at the time of the services.	Covers H and P for hospital and anesthesia.	Covers H and P for hospital and anesthesia.	Covers H and P for hospital and anesthesia.	Dental services covered by Cyrca Dental. Anesthesiologist and hospital covered by the health plan effective at the time of procedure. Enabling services covered by Cyrca Dental.
SHOTT				
23) QUEST health plan, QExA health plan, or FFS on admission. SHOTT before discharge and transplant.	Covers H, P and E until enrolled into SHOTT	Covers H, P and E until enrolled into SHOTT.	Covers H, P and E until enrolled into SHOTT.	SHOTT covers H, P, E once enrolled into the SHOTT program.
24) SHOTT on admission. Eligibility for SHOTT terminates during admission and enrolled in QUEST health plan, QExA health plan, or FFS.	Covers P and E once enrolled in the QUEST health plan. Picks up H after LOC change.	Covers P and E once enrolled in the QExA health plan. Picks up H after LOC change.	Covers P and E once enrolled in FFS. Picks up H after LOC change.	SHOTT covers H from admission to LOC change. Client is disenrolled from SHOTT and enrolled into QUEST health plan, QExA health plan, or FFS on the 1 st of the following month.