	DEPARTMENT: Utilization Management
LOCAL HEALTH PLAN UnitedHealthcare Community Plan	LINES OF BUSINESS: Hawaii Medicaid
TITLE: Transitions Into and Out of the Plan	Number: UM -1001
EFFECTIVE DATE: 07/01/2021	Page 1 of 6
REVIEWED: 05/25/2021	AUTHORIZED BY: Denise Leonardi, MD

I. **SCOPE:** This policy applies to UnitedHealthcare Community Plan (UHCCP) clinical and support staff who support Medicaid members who transition into, or out of, UHCCP’s QUEST Integration plan.


II. **PURPOSE:**
This policy outlines the process UHCCP staff will use to facilitate appropriate care for members transitioning into and out of the plan, as required by the Hawaii Department of Human Services (DHS).

III. **DEFINITIONS:**
Refer to UnitedHealthcare Clinical Services Medical Management Approved Definitions – UCSMM 01.11 Document Oversight and Adherence.

IV. **POLICY:**
It is the policy of UHCCP to facilitate appropriate care for members transitioning into and out of the plan within the timeframes established by DHS, and to cooperate with state officials and other health plans regarding the sharing of members’ medical records and other vital information.

V. **PROCEDURE:**
A. Transitioning to UHCCP QUEST Integration
In the event a member entering UHCCP is receiving medically necessary covered services in addition to or other than prenatal services the day before enrollment into the Health Plan, UHCCP shall be responsible for the costs of continuation of such medically necessary services, without any form of prior approval and without regard to whether such services are being provided by contract or non-contract providers. UHCCP shall be responsible for medically necessary services provided during prior period coverage and retroactive enrollment.

- The UHCCP will ensure that during transition of care, their new members
- Have access to services consistent with the access they previously had, and are permitted to retain their current provider for a period of time if that provider is not in the provider network;
 - Member is referred to appropriate providers of service that are in the provider network;
 - A member’s previous provider(s) shall fully and timely comply with requests for historical utilization data from a member’s new provider(s) in compliance with Federal and State law.

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- The member’s new provider(s) shall be able to obtain copies of the member’s medical records consistent with Federal and State law, as appropriate.
- Receive all medically necessary emergency services
- Receive all prior authorized LTSS, including both HCBS and institutional services
- Adhere to a member’s prescribed prior authorization for medically necessary services, including prescription drugs, or courses of treatment
- Provide for the cost of care associated with a member transitioning to or from an institutional facility in accordance with the requirements as below.

The UHCCP shall provide continuation of services for individuals with SHCN, and LTSS for at least ninety (90) days or until the member has received an assessment by their Health Coordinator.


The UHCCP shall provide continuation of other services for all other members for at least forty-five (45) days or until the member’s medical needs have been assessed or reassessed by the PCP who has authorized a course of treatment.

The UHCCP shall reimburse PCP services that the member may access during the forty-five (45) days prior to transition to their new PCP even if the former PCP is not in the network of UHCCP.

In the event the member entering UHCCP is in her second or third trimester of pregnancy and is receiving medically necessary covered prenatal services the day before enrollment, UHCCP shall be responsible for providing continued access to the prenatal care provider (whether contract or non-contract) through the postpartum period.

UHCCP will be responsible for all inpatient services, as well as any transportation, meals and lodging for one (1) attendant, if applicable, for all members who are enrolled in its health plan on the date of admission to an acute care hospital subject to applicable benefit limits.

In the event a member transfers into UHCCP, another Medicaid program (i.e., SHOTT), the FFS program, or is otherwise disenrolled during an acute hospital stay, the plan in which the member was enrolled on admission, will remain responsible for acute inpatient services until change in level of care (subsequent to health plan change) or discharge, whichever comes first.

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UHCCP is not responsible for providing acute inpatient services to members who are hospitalized at the time of enrollment when the member was previously in another QI health plan or FFS program. However, UHCCP is responsible for providing acute waitlisted services upon enrollment.

UHCCP, other Medicaid program (i.e., SHOTT), or the FFS program into which the hospitalized member has been enrolled will be responsible for professional fees, outpatient prescription drugs, and transportation, meals and lodging for the one (1) attendant, if applicable, from the date of enrollment into UHCCP.

B. Transitioning from UHCCP QUEST Integration


If the member moves to a different service area in the middle of the month and enrolls in a different Health Plan, UHCCP shall remain responsible for the care and the cost of the inpatient services provided to the member, if hospitalized at the time of transition, until discharge or level of care changes, whichever occurs first. Otherwise, the new health plan will be responsible for all services to the member as of the member's date of enrollment.

If the member moves to a different service area and remains with the same health plan, the health plan will remain responsible for the care and cost of the services provided to the member.

UHCCP will be responsible for the transportation costs to return the individual and their one (1) attendant, if applicable, to the island of residence upon discharge from an off island or out of state facility when services were approved by UHCCP or from an out of state or off island facility when the services were emergent or post stabilization services. Transportation costs for the return of the member to the island of residence will be UHCCP's responsibility even if the member is being or has been disenrolled from the UHCCP during the out of state or off island stay.

UHCCP shall cooperate with the member and the new Health Plan when notified in transitioning the care of a member who is enrolling in a new Health Plan.


UHCCP shall submit transition of care information to DHS utilizing a format specified by DHS for transition to the new Health Plan within five (5) business days of the former Health Plan being notified of the transition.

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UHCCP shall assure that DHS or the new Health Plan has access to the member's medical records and any other vital information UHCCP has to facilitate transition of care.

UHCCP will:

1. Cooperate with state officials and the member's primary care physician to transition records and confirm the member's needs are met through the transition process. The member's care or health coordinator will be the point of contact for matters related to the transition.
2. Provide, upon notice and verification of the new health plan, that a transfer is to be performed with up-to date medical records within the timeframes and formats required.
3. As requested by the receiving health plan, provide additional clarification and/or communication on complex care or high risk members through a case conference with the members care or health coordinator or an agreed upon method of data exchange.
4. Proactively work with the identified members and receiving health plan to facilitate a seamless transition for the Member and continuity of their care and services.
5. Work with Secretary of DHHS for any additional procedures to ensure continued access to services are done to prevent serious detriment to the enrollee's health or reduce the risk of hospitalization or institutionalization.
6. Ensure the transition of care policy be publicly available and provide instructions to members on how to access continued services upon transition.
7. Per 42 CFR §438.62, UHCCP has an electronic data exchange process to ensure continued access to services during a transition from one Health Plan to another when an Member, in the absence of continued services, would suffer serious detriment to their health or be at risk of hospitalization or institutionalization. As specified in 42 CFR §438.62(b)(1)(vi), UHCCP implemented, by the compliance date identified in the CMS Interoperability and Patient Access final rule, a process for the electronic payer-to-payer data exchange of, at a minimum, the data classes and elements included in the United

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States Core Data for Interoperability content standard adopted at 45 CFR §170.213, including the following requirements:

- a) UHCCP has mechanisms to both send and receive data from other Health Plans, including DHS; Information received by the Health Plan shall be incorporated into the Health Plan’s records about the current Member;
- b) With the approval and at the direction of a current or former Member or the Member’s personal representative, UHCCP shall receive all such data for a current Member from any other payer that has provided coverage to the Member within the preceding five (5) years, including non-Medicaid Plans and out-of-state Health Plans;
- c) At any time the Member is currently enrolled in UHCCP, and up to five (5) years after dis-enrollment, send all such data to any other payer that currently covers the Member or a payer the Member or the Member’s personal representative specifically requests receive the data;
- d) Send data received from another payer in the electronic form and format it was received;
- e) UHCCP shall develop this functionality in a manner that additionally facilitates data exchange with the CCS Plan for CCS beneficiaries;
- f) As feasible, UHCCP shall also develop this functionality in a manner that would facilitate data exchange to support healthcare coordination in the future with non-Health Plans including, but not limited to, DOH for beneficiaries receiving direct services from various DOH programs; Providers, care teams, and hospitals; and health homes, when implemented; and
- g) To support enhanced functionality, UHCCP is encouraged to develop this functionality to enable closed-loop, bi-directional referrals of services from the Health Plan to the Provider, and between Providers in the community.

VI. ATTACHMENTS:


None

VII. RELATED POLICIES:

None

VIII. REFERENCE:

- QI-RFP–MQD–2021-008 4.6 Coverage Provisions for Transportation Services, 9.3 Health Plan Continuity of Care, 10.2 B Health Plan Responsibilities
- 42 CFR §438.62 Continued Services to Recipients

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IX. APPROVED BY:



Date: 07/01/2021

Health Plan Authorization

X. REVIEW HISTORY

Effective Date	Key update from Previous Version	Reason for Revision
07/01/2021		HI QUEST Integration Readiness Review 2021