

402 MEMBER TRANSITION FOR ANNUAL ENROLLMENT CHOICE AND ELIGIBILITY CHANGES

EFFECTIVE DATE: October 1, 2019

REFERENCES: A.A.C. R9-22-101

This policy applies to the Division's Administrative Services Subcontractors (AdSS). This policy establishes guidelines, criteria, and timeframes for how members are to be transitioned between AdSSs and how AdSSs are notified for Annual Enrollment Choice (AEC) and eligibility changes. This policy explains the rights, obligations, and responsibilities of the member's current (relinquishing) AdSS and the requested (receiving) AdSS. The AdSS and the Division work together to ensure the smooth transition of members as they change from one AdSS to another. Maintenance of continuity and the quality of care are the overriding considerations for member transitions (the process during which members change from one AdSS to another).

This policy does not include requirements for the following member transitions:

- A. Transitions due to AdSS Award, AdSS Termination, or material change to the AdSS's network
- B. Transitions due to member request for AdSS change outside of AdSS choice offered upon initial enrollment and the Annual Enrollment Choice (AEC) period
- C. Member transition between ALTCS/Elderly and Physically Disabled (EPD) and Division contractors. Members may be transitioned between an ALTCS/EPD contractor and Division. Transfers between an ALTCS/EPD contractor and the Division are the result of a change in Division eligibility, as determined by the Division.

Definitions

- A. Annual Enrollment Choice (AEC) - the opportunity for a member to change the model and AdSS during the Division's open enrollment period.
- B. Enrollment Transition Information (ETI) - member-specific information the relinquishing AdSS must complete and transmit to the receiving AdSS for those members requiring coordination of services as a result of transitioning to another contractor (see Division Medical Manual Chapter 500).
- C. Health Care Professional - physician, podiatrist, optometrist, chiropractor, psychologist, dentist, physician assistant, physical or occupational therapist, therapist assistant, speech language pathologist, audiologist, registered or practical nurse (including nurse practitioner, clinical nurse specialist, certified registered nurse anesthetist and certified nurse midwife), licensed social worker, registered respiratory therapist, licensed marriage and family therapist and licensed professional counselor.
- D. Geographic Service Area (GSA) - an area designated by the Division within which a contractor of record provides, directly or through subcontract, covered health care

service to a member enrolled with that contractor of record, as defined in A.A.C. R9-22-101.

- E. Potential Plan Listing (PPL) - a file which provides the Division with the basic demographic information of all members who may be joining or leaving.
- F. Receiving AdSS - contractor with which the member will become enrolled as a result of AEC, open enrollment, a contractor change or a change in eligibility.
- G. Relinquishing AdSS - contractor from which the member will be leaving as a result of AEC, open enrollment, a contractor change or a change in eligibility.

Policy

A. Transitions

1. AEC

- a. Members residing in a county with choice of model and AdSS may change enrollment once a year.
 - i. The Division provides notice to members regarding annual enrollment 60 days before the member's AEC date.
 - ii. The member may choose a new model and AdSS by contacting the Division to complete the enrollment process.
 - iii. Members who notify the Division of their choice of model and AdSS prior to AEC will transition to the requested model or AdSS (receiving AdSS) on the first day of the new enrollment period. Members will receive services from their requested AdSS (receiving AdSS) on the first day of the new enrollment period.
- b. If the member does not participate in the AEC, no change of model and AdSS will be made.
- c. Members must maintain eligibility as a condition of enrollment in the Division and ALTCS.
 - i. If a member loses eligibility after making an AEC and regains eligibility within 90 days, the member's AEC will be honored.
 - ii. If the member regains eligibility after 90 days, members who make a choice of model and AdSS will be enrolled with the model and AdSS of choice, if a choice is not made, the member will be auto-assigned to an available AdSS.
 - iii. The Division sends a choice notice to the member, after the member is auto-assigned, allowing the member 90 days to choose an available AdSS.

2. Eligibility Changes

Member transitions due to eligibility changes include, but are not limited to, Acute Care to the Division.

Members who become eligible for the Division will be transitioned as outlined in this policy, and Division Medical Manual Chapter 500.

B. Division Enrollment Notification to AdSS

1. Final notification data containing the member's choice of AdSS is provided via the 834 file.
2. Enrollment notification data is provided daily and monthly as follows:
 - i. Daily Enrollment Notification (834 File) is completed by the Division between 8:00 p.m. and 11:59 p.m. each night for that day's activity.
 - ii. Monthly Enrollment Notification (834 File) occurs three days before the first of the next month for each Division AdSS.

C. AdSS Transition Policy

The AdSS must develop and implement policies and procedures for the acceptance and transfer of members in accordance with contract and Division policy.

D. Transition Coordinator

The AdSS must identify a representative to serve as Transition Coordinator. The Transition Coordinator must be a health care professional or an individual who possesses the appropriate education and experience and is supported by a health care professional to effectively coordinate and oversee all transition issues, responsibilities, and activities.

The role of the Transition Coordinator includes:

1. Ensuring the transition activities are accomplished in accordance with Division and AdSS policies and procedures
2. Acting as an advocate for members leaving and joining the AdSS
3. Facilitating communication between AdSSs and the Division
4. Assisting Primary Care Providers (PCPs), internal AdSS departments, and other contracted providers with the coordination of care for transitioning members
5. Ensuring continuity of care is maintained during transitions
6. Participating in Division transition meetings.

E. Relinquishing AdSS Responsibilities

The relinquishing AdSS must complete and transmit ETI to the appropriate parties no later than 10 business days of receipt of the Division notification described above for each member who has special circumstances. The AdSS must comply with the notification requirements specified in Division policy for all member transitions.

Special circumstances include, but are not limited to, medical conditions or circumstances such as pregnancy, major organ or tissue transplantation services which are in process, Serious Mental Illness, chronic illness which has placed the member in a high-risk category, and other conditions, circumstances, and all members eligible for the Division.

The relinquishing AdSS must:

1. Coordinate care for members with special health care needs with the receiving AdSS to ensure that services are not interrupted.
2. Be responsible for timely notification to the receiving AdSS of pertinent information related to any special needs of transitioning members.
3. Notify the receiving AdSS.

Relinquishing AdSSs, who fail to notify receiving AdSSs about members that meet the Division transition notification requirements specified in Division Medical Policy Manual Chapter 500, will be responsible for the cost of medically necessary services received by the member for the first 30 days. The scope and responsibility for such cases will be reviewed and determined by the Division.

If the Division determines that the relinquishing AdSS is responsible for payment of services following the transition date, the Division will require the receiving AdSS to provide the Division with information about all costs incurred by the member during the period determined by the Division. Failure to timely provide the requested information to the Division will void the receiving AdSS's claim to reimbursement in that case.

4. Notify the hospital before transitioning a member who is hospitalized on the date of transition and comply with the requirements of the Division Medical Policy Manual Chapter 500.
5. Be responsible for ensuring that a transitioning member's medical records are copied and transmitted when requested by the member's new PCP or designated office staff.

In cases where additional information is medically necessary but is exceptionally lengthy, the relinquishing AdSS is responsible for the cost of copying and postage.

The member is never required to pay fees or costs associated with the copying and/or transfer of medical records to the receiving AdSS.

6. Ensure coverage and provision of medically necessary services to their

assigned members through the date of transition.

An AdSS must never cancel, postpone, or deny a service based on the fact that a member will be transitioning to another AdSS.

7. Be responsible for ensuring that all staff involved with the coordination and/or authorization of services between members and providers are aware of the relinquishing AdSS's duties and obligations to deliver medically necessary services to transitioning members through the date of transition.
8. Remain responsible for adjudicating all pending member grievances and appeals that are filed before the member's transition.

F. Receiving AdSS Responsibilities

Receiving AdSSs which fail to timely act upon ETI or fail to timely coordinate or provide the necessary covered services to transitioning members after being properly notified will be subject to sanctions as outlined in contract and AdSS Operations Manual Policy 408.

The receiving AdSS must perform the following:

1. Coordinate care for members with special health care needs with the relinquishing AdSS so that services are not interrupted, and provide the new member with AdSS and service information, emergency numbers and instructions about how to obtain services.
2. Do not delay the timely process of a transition because of missing or incomplete information.

If notification of a transition is received before a relinquishing AdSS's ETI, the receiving AdSS must begin care coordination efforts immediately upon notification.
3. Extend previously approved prior authorizations for a minimum period of 30 days from the date of the member's transition unless a different time period is mutually agreed to by the member or member's representative.
4. Provide at a minimum a 90-day transition period, for children who have an established relationship with a PCP that does not participate in the AdSS's provider network, during which the child may continue to seek care from their established PCP while the child and child's parents and/or guardian, the AdSS, and/or Support Coordinator finds an alternative PCP within the AdSS's provider network.
5. Allow members who are in active treatment (including but not limited to chemotherapy, pregnancy, drug regime or a scheduled procedure) with a non-participating/non-contracted provider to continue receiving treatment from the non-participating/non-contracted provider through the duration of their prescribed treatment.

6. Provide new members with member information within timeframes outlined in AdSS Operations Manual Policy 404.
7. Ensure that transitioning members are assigned to a PCP and can obtain routine, urgent, and emergent medical care in accordance with Division standards.
8. Be responsible for the payment of obstetrical and delivery services when a pregnant woman who is considered high-risk, is in her third trimester, or is anticipated to deliver within 30 days of transition, elects to remain with her current physician through delivery. If the member's current physician and/or facility selected as her delivery site are not within the receiving AdSS's provider network, the receiving AdSS must negotiate for continued care with the member's provider of choice for payment of obstetrical services even if delivery is scheduled to occur outside of the receiving AdSS's contracted network.