

Transition of Care Policy

Puerto Rico Health Insurance Administration's (Administración de Seguros de Salud de Puerto Rico, hereinafter referred to as "ASES"), goal is to maintain continuity of care for enrollees especially during transitions between health plans or health systems as it is critical to improving enrollees' quality of care and quality of life and their outcomes. This will ensure a seamless transition that is safe, timely, and orderly, and that will maintain effective coordination between responsible entities. Contractors shall develop written policies and procedures to be submitted to ASES and updated annually. The transition of care (TOC) policy shall include, at a minimum, the requirements in 42 CFR § 438.62(b)(1) and 42 CFR § 438.208(b)(2)(ii). The Contractor transition of new and existing enrollees shall minimize disruption to enrollees' established relationships with providers and existing care treatment plan and ensure medically necessary covered services are provided in a timely manner.

The Contractor policy will identify enrolling or disenrolling enrollees who are transitioning from or to another health plan and support with all medically necessary services, authorization, referrals, care management, and/or assistance in accessing services. This will prevent medical errors, identify issues for early intervention, prevent unnecessary hospitalizations and readmissions, support enrollees' preferences and choices, and avoid duplication of processes and efforts to utilize resources more effectively. The Contractor TOC policy will describe all types of TOC that are relative to the contracts, benefits, and services enrollees are receiving, including:

1. Existing enrollees transitioning from one Contractor to another Contractor.
2. Existing enrollees transitioning from one provider to another provider.
3. Enrollees moving from one setting or level of care to another.
4. Law enforcement-involved enrollees.
5. Enrollees in foster care / or Virtual Region under protection of ADFAN (Administración de Familias y Niños)
6. Veterans Enrollees
7. New or existing pregnant enrollees.

TOC Policies for Enrollees Enrolled in Care Management

The goal of Care Management is to ensure delivery of quality healthcare, to meet the needs/preferences of the enrollees, and to support the most efficient use of services through Care Management activities, including enrollees with complex medical and/or behavioral health needs. The Contractor TOC policy shall describe procedures for facilitating coordination of enrollee's services to include the following:

1. Between settings of care, including appropriate discharge planning for short-term and long-term hospital and institutional stays.

2. Services provided by other Contractors.
3. Services the enrollee receives from community and social support providers.

Health Information Transfer Process Across Contractors

The Contractor shall transfer the information necessary to ensure continuity of care, including appropriate TOC data files and enrollee-specific, socio-clinical information. The health plan shall facilitate the transfer of enrollee's claims/encounter history and prior authorization (PA) data between health plans and to other authorized Department Business Associates following the data transfer protocols established by ASES and in accordance with related contract and privacy and security requirements.

Process for New Enrollees from Another Contractor

1. Enrollees are permitted to retain their current provider(s) for up to ninety (90) calendar days from the effective date of enrollment in the receiving Contractor, if that provider is not a network provider.
2. Enrollees are referred to appropriate providers of services that are in the network.
3. The Contractor that previously served the enrollee must provide full historical utilization data timely. Utilization data consists of claims, medical records, case management notes, data collected from social determinants surveys, and any other data relevant to the health of the enrollee.
4. If the enrollee is assigned to a new provider, the new provider(s) must be able obtain copies of the enrollee's medical records from the newly assigned Contractor.
5. Enrollees are ensured continued access to any necessary procedures to prevent serious detriment to the enrollee's health and/or reduce the risk of hospitalization or institutionalization.
6. The transferring Contractor shall cooperate with the receiving Contractor to ensure a seamless transition that is safe, timely, and orderly.
7. The enrollee transition file should be a warm handoff between the transferring Contractor and the receiving Contractor. The file should include at a minimum: list of current providers, current authorized services, current medications, active diagnoses, known allergies, existing or prescheduled appointments, pending surgeries, including Non-Emergency Medical Transportation, as known, any urgent or special considerations about enrollee's living situation, caregiving supports, communication preferences or other enrollee-specific dynamics that impact the enrollee's care and may not be readily identified in other transferred documents, additional information as needed to ensure continuity of care, claims, PA, and pharmacy lock-in data.
 - A. For enrollees identified who are moving from one clinical setting to another, the transferring Contractor shall:
 - i. Contact the enrollee's primary care provider and all other medical providers.
 - ii. Facilitate clinical handoffs.

- iii. Obtain a copy of the discharge plan and verify the care manager of the enrollee.
 - iv. Receive and review the discharge plan with the enrollee and the facility.
 - v. Ensure a follow-up outpatient and/or home visit is scheduled within a clinically appropriate time window.
 - vi. Conduct medication management, including reconciliation and support medication.
 - vii. Ensure adherence through enrollee education.
 - viii. Ensure a care manager is assigned to manage the transition.
 - ix. Ensure the assigned care manager rapidly follows up with the enrollee following discharge.
 - x. Develop a protocol to determine the appropriate timing and format of such outreach.
8. The health plan shall ensure a comprehensive assessment is completed and current for all enrollees upon completion of transitional care management, including re-assessment for enrollees already assigned to care management and the Health Risk Assessment were also evaluate social determinants on current living situation of the patient.
- A. If the enrollee is hospitalized at the time of enrollment with the receiving Contractor, the transferring Contractor shall be responsible for inpatient facility payment until the enrollee is discharged.
 - B. For treatment (other than prenatal services to a pregnant enrollee in the second or third trimester) of a medical or behavioral health condition or diagnoses that is in progress or for which a PA for treatment has been issued, the transferring Contractor must cover the service from the treating provider for the lesser of ninety (90) calendar days after the enrollee's enrollment date or until the treating provider releases the enrollee from care. The receiving Contractor shall assist the enrollee in transitioning to a participating provider. If the enrollee is a pregnant woman in her second or third trimester, the transferring Contractor shall cover prenatal services from the treating provider through 60 calendar days post-partum and shall assist the enrollee in transitioning providers.
9. The Contractor shall transfer the information necessary to ensure continuity of care, including appropriate TOC data files and enrollee-specific, socio-clinical information.
- A. The receiving Contractor shall have access to admission, discharge, and transfer (ADT) data source that correctly identifies when enrollees are admitted, discharged or transferred to/from an emergency department (ED) or hospital in real time or near real time.
 - B. A systematic, clinically appropriate process with designated staffing for responding to certain high-risk ADT alerts, including:
 - i. Real-time (minutes/hours) response to notifications of ED visits (for example, contacting the ED to arrange rapid follow-up).
 - ii. Same-day or next-day outreach for designated high-risk subsets of the population, such as children with special healthcare needs admitted to the hospital.

- iii. Additional outreach within several days after the alert to address outpatient needs or prevent future problems for other patients who have been discharged from a hospital or ED (e.g., to assist with scheduling appropriate follow-up visits or medication reconciliations post-discharge).
 - a. Establish a follow-up protocol to communicate with the receiving Contractor after the enrollee's transition to confirm receipt of the transferred information and to troubleshoot dynamics that may have resulted from the transition.

Repayment: The Transferring Contractor shall Manage TOCs between Payment Delivery Systems.

1. Contractors must reimburse out-of-network providers for enrollees transitioning to a different Contractor or FFS program.
2. Contractors must request approval from ASES prior to transferring an enrollee with a special healthcare need within the 90-day transition period.
3. Contractors may subcontract or enter into a single-case agreement in order to meet the healthcare and support needs of their enrollee.
4. **Diagnosis-Related Group (DRG) Claims:** In instances in which an enrollee's enrollment changes (enrollee changes between plans) and there is no lapse in Medicaid coverage during a DRG-based inpatient stay, the Contractor assigned to the enrollee on the "transferring" date of service is responsible for the entire DRG payment. That Contractor is also responsible for the entire outlier payment. DRG and outlier payment calculations cannot be split and must consider the total number of days during the entire length of stay based on the DRG and the outlier payment methodology rules respectively for determining actual days to be paid.
5. **Per Diem Inpatient Claims:** In instances where an enrollee's enrollment changes during a per diem-based stay, the transferring Contractor is responsible only for the dates of service in which the enrollee is enrolled with their plan. The provider should split the claim and bill the respective dates of service to the respective plans responsible for the dates of service in which the enrollee was enrolled with their plan.