

Arizona Health Care Cost Containment System

Manual: Office of Managed Care Policy and Procedures	Effective Date: August 1, 1995 Revision Date: February 1, 2003
Subject: 403 Member Transition for Annual Enrollment Choice, Open Enrollment and Other Plan Changes	
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I. Purpose

This policy establishes guidelines, criteria, and timeframes for how members are to be transitioned between health plans and between AHCCCS contractors. This policy delineates the rights, obligations and responsibilities of, the member's current contractor and the requested (receiving) contractor.

The contractors and AHCCCS work together to ensure the smooth transition of members as they change from one contractor to another. While administrative and financial considerations are involved, the overriding consideration should be a smooth transition for all members and ensuring that continuity and quality of care are maintained.

This policy applies to members transitioning in the following circumstances:

1. Annual Enrollment Choice

Annual Enrollment Choice provides AHCCCS members with the opportunity to change health plans once per year, subject to the availability of other contracted health plans in their area.

Members must notify AHCCCS of their wish to change health plans during the Annual Enrollment Choice period. If the member does not participate in Annual Enrollment Choice, and their eligibility is maintained, he/she will remain with their current health plan.

2. Open Enrollment

AHCCCS may also conduct an Open Enrollment on a limited basis as deemed necessary by the AHCCCS Administration. Members must notify AHCCCS of their wish to change health plans during Open Enrollment. If the member does not participate in Open Enrollment and their eligibility is maintained, he/she will remain with their current health plan unless that health plan is no longer available in that Geographic Service Area (GSA).

3. Health Plan/Program Contractor Changes Permitted by Policy

Members who have been granted a plan change pursuant to the AHCCCS *Change of Plan Policy*.

4. Eligibility Changes

Members who have changed eligibility from Acute to the Arizona Long Term Care System (ALTCS) or from ALTCS to Acute.

Members who have become eligible and have enrolled into the Children's Rehabilitative Services (CRS) program while maintaining enrollment with an Acute or ALTCS health plan/program contractor, or members who have lost eligibility for CRS, but remained eligible for either the Acute or ALTCS program.

Each AHCCCS contractor will participate in the transition of members. Contractors must have in place the necessary policies and procedures for the acceptance and transfer of members.

Transition coordination activities must include, but are not limited to compliance with AHCCCS standards and policies found in the *AHCCCS Medical Policy Manual*, Chapter 500. The cost of reproducing and forwarding member records will be the responsibility of the Relinquishing Health Plan and its providers. This policy applies to all AHCCCS contractors.

This policy does not apply to members transitioning between IHS and a health plan/program contractor.

II. Definitions

Annual Enrollment Choice: The annual opportunity for a member to change his/her health plan. The member is given their Annual Enrollment Choice in the 10th month following their anniversary date. If an individual member makes a timely (within the period stated on the Annual Enrollment Choice letter) Annual Enrollment Choice, the change in health plans will occur on the first of the month in which their anniversary date occurs.

Anniversary Date:	The first day of the month in which a case had Acute eligibility updated or the month the member last changed health plans or had an opportunity to change, either at Annual Enrollment Choice or Open Enrollment (if applicable). Those Title XIX members who had a break of eligibility and were reenrolled within 90 days will have the break of eligibility ignored when calculating the anniversary month.
Case:	Members who share the same household identification number.
Children's Rehabilitative Services (CRS):	CRS serves individuals under 21 years of age (with some qualified exceptions) who meet the criteria established by the Arizona Department of Health Services. CRS has a contract with AHCCCS for the provision of care for specific conditions. Members may be concurrently enrolled with CRS and with a health plan/program contractor
Enrollment Transition (ETI)	The form the Relinquishing Health Plans/Program Information Form: Contractors must complete and transmit to the Receiving Health Plan/Program Contractor for those members requiring coordination of services as a result of transitioning to another health plan/program contractor. (See <i>AHCCCS Medical Policy Manual</i> , Chapter 500).
Health Plan:	An entity that has a contract with AHCCCS for the provision of acute care services. This includes the provision of services to KidsCare members.
Indian Health Service: (IHS)	Indian Health Service is a division of the U.S. Public Health Service. It administers a system of hospitals and health care centers providing health services to Native Americans and Native Alaskans.
Member Transition:	The process during which members change from one health plan to another, change from the Acute to the ALTCS program, change from the ALTCS to the Acute program, change from one Program Contractor to another, or enroll or disenroll from CRS.
Open Enrollment:	The period of time when selected enrolled members in an affected GSA or health plan may select membership with another AHCCCS health plan if one is available in their service area.

Plan Change:	The process where a member changes health plans whether during Annual Enrollment Choice, Open Enrollment or pursuant to the AHCCCS <i>Change of Plan Policy</i> .
Program Contractor:	An entity that has a contract with AHCCCS for the provision of long term, acute, behavioral health, and case management services.
Receiving Health Plan/ Program Contractor:	The health plan in which the member will become enrolled as a result of Annual Enrollment Choice, Open Enrollment, a plan change or a change in eligibility.
Regional Behavioral Health Authority (RBHA):	The Regional Behavioral Health Authority is an organization under contract with the Arizona Department of Health Services to coordinate the delivery of behavioral health services in a geographically specific service area of the state.
Relinquishing Health Plan/ Program Contractor	The health plan/program contractor in which the member is currently enrolled. This is the health plan/program contractor that the member will be leaving as a result of Annual Enrollment Choice, Open Enrollment, a plan change or a change in eligibility.
Transition Coordinator:	A designated health plan/program contractor health care professional who is responsible for the oversight of transition activities.
Transition Plan:	A documented plan (policy) which details the health plan's/program contractor's protocols, standards and procedures for performing transition activities for members joining and leaving the health plan/program contractor. The health plan's/program contractor's transition plan must be approved in writing by AHCCCSA prior to implementation.

III. Policy

A. HEALTH PLAN/PROGRAM CONTRACTOR RESPONSIBILITIES DURING ANNUAL ENROLLMENT CHOICE, OPEN ENROLLMENT AND OTHER HEALTH PLAN/PROGRAM CONTRACTOR CHANGES

1. Relinquishing and Receiving Health Plans/Program Contractors must comply with all transition policies specified in the *AHCCCS Medical Policy Manual*, Chapter 500.
2. Relinquishing Health Plans/Program Contractors which fail to notify Receiving Health Plans/Program Contractors about members that meet the AHCCCS transition notification requirements, as indicated in the *AHCCCS Medical Policy Manual*, Chapter 500, may be responsible for the cost of the member's care for medically necessary services for up to 30 days after the transition. The scope and responsibility for such cases will be reviewed and determined by the AHCCCS Administration. In cases where AHCCCS determines that the Relinquishing Health Plan/ Program Contractor has a period of responsibility following the transition date, AHCCCS will require the Receiving Health Plan/Program Contractor to provide AHCCCS with information about all costs incurred by the member during the period determined by AHCCCS. Failure to provide the information to AHCCCS as specified by AHCCCS and by the date specified by AHCCCS will negate the Receiving Health Plan/Program Contractor's claim to reimbursement in that case.
3. Each contractor must develop and submit a Transition Plan and designate a Transition Coordinator who meets the requirements addressed in this policy. Contractors are also encouraged to designate an information system staff member or representative to work with Transition Coordinators to assist with the technical requirements necessary for member transition.
4. Health plan representatives must be accessible for members participating in Annual Enrollment Choice or Open Enrollment. These representatives must have the authority to respond to member and provider concerns and facilitate problem resolution.

B. RELINQUISHING HEALTH PLAN/PROGRAM CONTRACTOR RESPONSIBILITIES

1. Relinquishing Health Plans/Program Contractors must complete and transmit an Enrollment Transition Information (ETI) form for each member with special circumstances, as described in the *AHCCCS Medical Policy Manual*, Chapter 500, and must comply with the notification requirements specified in this policy. If there is no pertinent information to transmit concerning a member who is transitioning, no action is required.
2. Relinquishing Health Plans/Program Contractors which fail to notify Receiving Health Plans/Program Contractors of members that meet the AHCCCS transition notification requirements as indicated in the *AHCCCS Medical Policy Manual*, Chapter 500, may be responsible for the cost of the member's care for medically necessary services for up to 30 days after the transition. The scope and responsibility for such cases will be reviewed and determined by AHCCCS Administration.
3. Relinquishing Health Plans/Program Contractors with transitioning members who are hospitalized at the time of transition must notify the hospital prior to transitioning the member and must comply with the requirements of the *AHCCCS Medical Policy Manual*, Chapter 500. For those hospitalized transitioning members in Intensive Care Units, Critical Care Units, and Neonatal Intensive Care Units, close consultation between attending physicians, current Primary Care Provider (PCP), and the member's Receiving Health Plan/Program Contractor and PCP is required.
4. The Relinquishing Health Plan/Program Contractor is responsible for ensuring that a transitioning member's medical records are copied and mailed when requested by the Receiving Health Plan's/Program Contractor's Transition Coordinator, the member's new PCP, or his/her designated office staff. In cases where additional information is medically necessary but is exceptionally lengthy, the Relinquishing Health Plan/Program Contractor is responsible for the cost of copying and postage. Under no circumstances is the member required to pay fees or costs associated with the copying and/or transfer of medical records to the Receiving Health Plan/Program Contractor.
5. For members changing health plans/program contractors or changing to or from ALTCS, all AHCCCS health plans/program contractors must cover and deliver medically necessary services to their assigned members through the date of transition. Under no circumstances may a health plan/program contractor cancel, postpone, or deny a service based on the fact that a member will be transitioning to another health plan/program contractor.

Additionally, health plans/program contractors are responsible for ensuring that all staff involved with the coordination and/or authorization of services between members and providers are aware of the health plan's duties and obligations to deliver medically necessary services to transitioning members through the date of transition.

6. The Relinquishing Health Plan/Program Contractor will remain responsible for adjudicating any pending member grievances which were filed prior to the member's transition.
7. If an ALTCS member is no longer ALTCS eligible but is eligible for acute care the Relinquishing Program Contractor is responsible for obtaining the member's choice of acute care health plan and notifying AHCCCS, as a part of the ALTCS disenrollment process, when the member is transitioning from ALTCS to Acute.
8. If a member enrolled in a health plan/program contractor becomes eligible and enrolls in CRS, the member's health plan/program contractor and CRSA, or its subcontractor, must cooperate in the coordination of care for the member.
9. If a member enrolled in CRS is no longer eligible for CRS, but remains eligible for the Acute or ALTCS program, CRSA, or its subcontractor, is responsible for contacting the member's health plan/program contractor to coordinate care for the transitioning member's CRS condition.

C. RECEIVING HEALTH PLAN/PROGRAM CONTRACTOR RESPONSIBILITIES

Receiving Health Plans/Program Contractors that fail to act upon enrollment transition information communicated by the Relinquishing Health Plan/Program Contractor for members that meet the AHCCCS notification requirements, or fail to coordinate or provide the necessary covered services to transitioning members after being properly notified in a timely manner, will be subject to possible sanctions.

1. Within 10 working days of the effective date of transition, the Receiving Health Plan/Program Contractor must provide new members with a member information as specified in the *AHCCCS Member Information Policy*.
2. Receiving Health Plans/Program Contractors are responsible for ensuring that:

- a) Transitioning members are assigned to a PCP in accordance with AHCCCS requirements
 - b) Transitioning members can obtain routine, urgent, and emergent medical care in accordance with AHCCCS standards.
3. When a pregnant woman who is considered high-risk and is in her third trimester or a member who is anticipated to deliver within 30 days of transition, elects to remain with her current physician through delivery, the Receiving Health Plan/Program Contractor is responsible for the payment of obstetrical and delivery services. If the member's current physician and/or facility selected as her delivery site are not within the Receiving Health Plan's/Program Contractor's provider network, the Receiving Health Plan/Program Contractor 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 Health Plan's/Program Contractor's contracted network.
4. For members receiving behavioral health services through an ADHS contractor, the Receiving Health Plan/Program Contractor is responsible for notification about the enrollment changes (if known), coordination of behavioral health services, and case management with the member's assigned Regional Behavioral Health Authority.
5. The Receiving Health Plan/Program Contractor is responsible for maintaining ongoing communication with the Transition Coordinator of the Relinquishing Health Plan/Program Contractor and ensuring all appropriate documents (i.e., medical records if requested, treatment plans, etc.) are received in a timely manner or as specified by both health plans/program contractors.

D. MEMBER RESPONSIBILITIES DURING ANNUAL ENROLLMENT CHOICE

1. Members are encouraged to thoroughly review all AHCCCS and health plan Annual Enrollment Choice material, call the prospective health plans, and ask questions prior to making a decision.

Members must maintain eligibility to stay enrolled with AHCCCS. If a Title XIX member loses eligibility after making an Annual Enrollment Choice and regains eligibility prior to the 90-day reenrollment period the member's Annual Enrollment Choice will be honored. If the member regains eligibility after the 90 day re-enrollment period, he/she will lose their Annual Enrollment Choice. If a Title XIX member regains eligibility after the 90 day period and did not make a pre-enrollment choice, he/she will be auto-assigned to an available health plan. If a Title XXI member loses eligibility after making an Annual Enrollment Choice and regains eligibility within the 90 day period the Annual

Enrollment Choice will not be honored. The member must make another enrollment choice.

2. Members who change health plans during their Annual Enrollment Choice will not receive services from their new health plan (Receiving Health Plan) until the first day of the month in which their anniversary date occurs. Members will continue to receive their medical care from their current AHCCCS health plan (Relinquishing Health Plan) through the end of the month previous to the anniversary date. If a member does not make a choice before the last day of the month the member will not receive services from their new health plan (Receiving Health Plan) until the first day of the month following their anniversary month. Members will continue to receive their medical care from their current AHCCCS health plan (Relinquishing Health Plan) through the end of the month of the anniversary date.
3. Members who elect to change their health plan during their Annual Enrollment Choice must notify AHCCCS of their choice. If members are satisfied with their current health plan and do not wish to change, no action on the part of the member is required unless their health plan is no longer available in the member's GSA. Members will receive instruction on how to change health plans or remain with their current health plan in the Annual Enrollment Choice packet.

E. TRANSITION PLAN

1. Health plans/program contractors must submit a Transition Plan to AHCCCS within the time lines set by AHCCCS. The Transition Coordinators will be notified, in writing, of the date the Transition Plan is due to AHCCCS. The Transition Plan must be approved by AHCCCS prior to implementation. The scope of the Transition Plan must address the transition of new and existing members. Health plans/program contractors should refer to the authority references listed on page 11 of this policy when developing their Transition Plans.
2. At a minimum, Transition Plans must address the following areas:
 - a) Transition notification requirements as indicated in the *AHCCCS Medical Policy Manual*
 - b) Timely notification to Receiving Health Plans/Program Contractors of transitioning members no later than 10 business days from the date of the potential transition listing (for Annual Enrollment Choice and Open Enrollment) or the daily roster (for all other health plan/program contractor changes)

- c) PCP assignment procedures
- d) Case management assignment for Program Contractors
- e) General communication and coordination of member transition activities
- f) Procedures for transfer of medical records and coordination of services between PCPs
- g) Procedures for recording the number of behavioral health and nursing facility services for transitioning members.

F. TRANSITION COORDINATOR

Health plans/program contractors must identify a representative to serve as Transition Coordinator. The individual appointed to this position must be a health care professional who possesses the appropriate education and experience to effectively coordinate and oversee all transition issues, responsibilities, and activities. The role of the Transition Coordinator includes:

- a) Coordinating plan change transition activities
- b) Ensuring that transition activities are accomplished in accordance with AHCCCS and health plan/program contractor policies and procedures
- c) Acting as an advocate for members leaving and joining the health plan/program contractor
- d) Facilitating communication between health plans/program contractors and AHCCCS
- e) Assisting PCPs, internal health plan/program contractor departments, and other contracted providers with the coordination of care for transitioning members
- f) Ensuring that continuity and quality of care for transitioning members is maintained during health plan/program contractor transitions
- g) Participating in AHCCCS/Health Plan Transition Coordinators' planning meetings
- h) Assisting AHCCCS Administration with developing transition policy, procedures, and standards.

G. POTENTIAL TRANSITION LISTING

To assist with the identification of members who have made an Annual Enrollment Choice and will be transitioning between health plans as a result of the Annual Enrollment Choice, AHCCCS will provide health plans with a Potential Transition Listing. This listing will be transmitted to the health plan via the File Transfer Protocol (FTP) server approximately two weeks before the member's enrollment effective date.

The Potential Transition Listing will include the following member information:

- a) AHCCCS ID Number
- b) Name and Address
- c) Date of Birth
- d) Rate Code
- e) Relinquishing Health Plan
- f) Receiving Health Plan
- g) New PCP choice by name (if identified by the member at the time of Annual Enrollment Choice).

IV. References

- 1) AHCCCS Administrative Code R9-22-1701; R9-22-509; R9-31-509
- 2) Acute Care Contract, Sec. D
- 3) ALTCS Contract, Sec. D
- 4) *AHCCCS Medical Policy Manual*, Chapter 500