I. SCOPE:

This policy applies to (1) Tenet Healthcare Corporation and its wholly-owned subsidiaries and Affiliates (each, an “Affiliate”); (2) any other entity or organization in which Tenet or an Affiliate owns a direct or indirect equity interest greater than 50%; and (3) any hospital or healthcare facility in which an Affiliate either manages or controls the day-to-day operations of the facility (each, a “Tenet Hospital”) (collectively, “Tenet”).

II. PURPOSE:

The purpose of this policy is to establish that all Tenet Hospitals appropriately use discharge/transfer screens as defined in the hospital’s Utilization Management Plan (“UM Plan”) (see Regulatory Compliance Policy COMP-RCC 4.52 Utilization Management Plan) to assist the physician with discharge/transfer planning to assure clinically appropriate disposition of the patient. The circumstances surrounding the discharge/transfer of an inpatient may affect the payment due to the hospital from Medicare for the care rendered on a fee-for-service basis. It is essential that the Tenet Hospital follow the procedures set forth below, so that Medicare claims for inpatient services comply with the requirements established by the Centers for Medicare & Medicaid Services (CMS). This issue also may arise for Medicaid programs that make payment on the basis of DRGs.

The care for a patient in a facility typically ends with the discharge, transfer, or death of the patient. The decision to and timing of discharge/transfer is the responsibility of the attending physician and is based solely on the physician’s assessment of the patient’s medical condition/medical needs.

Tenet is committed to assuring that discharge/transfer decisions are properly carried out and that Medicare claims accurately reflect the discharge/transfer status of the Medicare patient. Furthermore, although this policy clarifies Medicare billing requirements concerning the discharge/transfer of Medicare patients, all discharge/transfer decisions must be consistent with state and federal laws, including but not limited to, the Emergency Medical Treatment and Labor Act (EMTALA).

III. DEFINITIONS:

A. A “discharge” occurs when a Medicare beneficiary (1) leaves a Medicare Inpatient Prospective Payment System (IPPS) acute care hospital after receiving complete acute care treatment or (2) expires in the hospital.

B. An “acute care transfer” occurs when a Medicare beneficiary in an IPPS hospital is (1) transferred to another acute care IPPS hospital or unit for related care or (2) discharged but then readmitted the same day to another IPPS hospital (unless the readmission is unrelated to the initial discharge). Patients who leave
the hospital against medical advice (AMA) are treated as transfers if the patient is subsequently readmitted to another IPPS hospital on the same day.

C. A “post-acute care transfer” is a discharge that is treated as a transfer for Medicare payment purposes. This occurs when a beneficiary whose inpatient hospital stay is classified under one of the DRGs listed below, and discharge occurs under one of the following circumstances: (1) to a hospital or distinct part hospital unit excluded from IPPS (this includes: inpatient rehabilitation facilities, long term care hospitals, psychiatric hospitals, cancer hospitals and children’s hospitals); (2) to a skilled nursing facility; or (3) to home under a written plan of care for the provision of home health services from a home health agency and those services begin within 3 days after the date of discharge. The qualifying DRGs are 14, 113, 209, 210, 211, 236, 263, 264, 429, and 483.

IV. POLICY:

To assure proper payment under the Medicare DRG payment system, the discharge/transfer status of patients must accurately reflect the level of post-discharge care to be received by the patient. The Tenet Hospital leadership (e.g., Chief Executive Officer, Chief Operating Officer, Chief Nursing Officer and Chief Financial Officer) is responsible to assure the coordination of all system processes (including various Tenet standards, department policies, procedures and practices) necessary to effectuate compliance with laws and regulations and timely and appropriate responses to inquiries from all external review sources, including the Medicare Administrative Contractors.

V. PROCEDURE:

A. Hospital Implementation

1. The attending physician is responsible for ordering:
   a. the discharge/transfer of a patient from the facility; and
   b. any subsequent care.

2. The individual responsible for discharge planning (i.e., case manager, discharge planner, social worker) is responsible for completing the “Post Discharge - Services Ordered/Final Discharge Disposition” form, which shall reflect the discharge/transfer status of the patient. (See Attachment A for the Tenet Hospital form.)
   a. Case Management staff must use the case management documentation system to document the required elements on the
Final Discharge Disposition form and place the documentation into the patient medical record.

3. If a patient’s medical record does not contain appropriate documentation to accurately determine the discharge/transfer status, a claim for the stay must not be submitted to Medicare for payment until this issue is resolved.

4. The Tenet Hospital must have a UM Plan that assures compliance with all federal and state laws and regulations and with Tenet policies. The UM Plan must be approved by the Tenet Hospital’s Medical Executive Committee and Governing Board and must be reviewed and revised as necessary, but no less frequently than annually (see Regulatory Compliance policy COMP-RCC 4.52 Utilization Management Plan).

5. The Tenet Hospital’s UM Plan must define criteria for discharge/transfer screens designed to evaluate a patient’s clinical stability and readiness for discharge/transfer.

6. The Tenet Hospital Case Management staff must document and track the disposition of all inpatients.

7. The Tenet Hospital must maintain and periodically, but no less frequently than annually, update a list of institutions and agencies at which patients receive care subsequent to their release from the Tenet Hospital (e.g., long-term acute care facilities, cancer or children’s hospitals, or an inpatient psychiatric or rehabilitation facility or unit) and relevant information about these facilities, such as their Medicare certification status (e.g., whether a hospital is PPS-exempt or non-acute; whether a SNF is Medicare-certified). If a hospital is contracted with Allscripts or Curaspan, these listings fulfill the requirement, as long as they include all of those providers requesting to be on the list.

8. When post discharge services are ordered, the patient must receive the Tenet Hospital’s Patient Choice Form in accordance with Tenet Case Management policy PMI.CMT.102 Requirements for Patient Choice for Post-Hospitalization Services.

9. When the Tenet Hospital becomes aware that a patient’s care will not, or will no longer, be covered by Medicare (e.g., where the patient may be moved to a portion of the facility that is not Medicare-certified), notice of non-coverage must be issued immediately to the beneficiary, physician, and the facility’s business office in accordance with the procedures established by the Case Management/Utilization Management Plan.
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10. The Tenet Hospital must refer for physician/administrative review any patient with discharge/transfer orders not meeting the minimum discharge/transfer criteria as defined by the Tenet Hospital’s UM Plan.

11. The Tenet Hospital must assure that the coding of all discharges/transfers is consistent with all applicable federal and state laws and regulations. Approximately fourteen days following submission of claims coded with a post-acute care discharge status code, Conifer shall research the claims to determine whether the post-acute care was received by the patient. If Conifer determines the post-acute care discharge status code is incorrect, Conifer shall notify the Hospital Health Information Management (HIM) Department via the Post Discharge Services Change Form (Attachment B). The Hospital HIM Director is responsible for recoding the discharge status. This critical claim change will result in a claim resubmission. (See Conifer job aid NIC.01.12P Medicare Discharge Status Conflicts.)

C. Auditing and Monitoring

Audit Services will audit adherence to this policy as part of the full scope audit process.

D. Responsible Person

The Tenet Hospital’s Director of Case Management is responsible for ensuring that all individuals adhere to the requirements of this policy, that these procedures are implemented and followed at the Tenet Hospital, and that instances of noncompliance with this policy are reported to the Compliance Officer.

E. Enforcement

All employees whose responsibilities are affected by this policy are expected to be familiar with the basic procedures and responsibilities created by this policy. Failure to comply with this policy will be subject to appropriate performance management pursuant to all applicable policies and procedures, up to and including termination. Such performance management may also include modification of compensation, including any merit or discretionary compensation awards, as allowed by applicable law.
VI. REFERENCES:

- 42 CFR § 412.4

- MLN Matters SE0459 April 9, 2013

- CMS: Acute Inpatient PPS Files for download – Table 5 of each year’s final rule contains the transfer DRGs in effect for each federal fiscal year

- CMS: Effects of Implementing Post Acute Transfer Policy

- Tenet Quality, Compliance and Ethics Program Charter

- Regulatory Compliance Policy COMP-RCC 4.25 Hospital-Issued Notices of Non-coverage for Medicare Inpatients

- Regulatory Compliance Policy COMP-RCC 4.52 Utilization Management Plan

- Case Management policy PMI.CMT.102 Requirements for Patient Choice for Post-Hospitalization Services

VII. ATTACHMENTS:

- Attachment A: Final Discharge Disposition/Post Discharge Services Ordered Form

- Attachment B: Post Discharge Services Change Form