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 of 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 define the process for Tenet Hospitals utilizing the Tenet Call Center (the “Call Center” or “TCC”) to ensure that Tenet Hospital patients are placed in the appropriate Patient Status in accordance with an Admitting or Attending Physician’s Order.

III. DEFINITIONS:

A. “Case management” means a collaborative process of assessment, planning, facilitation, care coordination, and advocacy for options and services to meet an individual’s health needs through communication and available resources to promote quality, cost-effective outcomes.

B. The “case management documentation system” means the case management documentation system that Tenet Hospitals and the TCC use to document all utilization management and transition planning assessments and processes including, but not limited to, INTERQUAL reviews, clinical reviews, secondary physician reviews, transition planning evaluations and plans, referrals for post-acute services and case management tasks and interventions.

C. “Authorization/Preauthorization” means a process by which the hospital contacts the payer to seek preauthorization/precertification/authorization for the patient status and treatment ordered by the Admitting Physician.

D. “Inpatient” means any person who has been admitted to a Tenet Hospital for bed occupancy for purposes of receiving Inpatient hospital services.

E. “Outpatient” means a person who has not been admitted to a Tenet Hospital as an Inpatient but is registered on the Tenet Hospital records as an Outpatient and receives services from the Tenet Hospital. The duration of services and time of day are not determinative of Outpatient Status. Observation Services are considered an Outpatient level of care.

F. “Patient Status” means Inpatient or Outpatient.

G. “Level of Care” means the level of Inpatient or Outpatient Services a patient receives. Level of Care may include Observation Services, Telemetry, Acute, Step-Down Unit and other Levels of Care designated by the Tenet Hospital.
Observation is not a Patient Status. Observation is a Level of Outpatient Care. See Medicare Claims Processing Manual, Trans. 1760 (June 23, 2009).

H. “Observation Services” or “Observation” means assessment, short-term treatment, reassessment, and stabilization before decision to admit to inpatient or discharge.

I. “INTERQUAL” means the McKesson product housed in Tenet’s case management documentation system. INTERQUAL is utilized to provide objective feedback to physicians and hospitals on the Patient Status and Level of Care that may be appropriate for hospital patients. INTERQUAL is not a government product and serves only as a guideline to prompt feedback and discussion. The Physician Order must determine Patient Status and Level of Care.

J. “Admitting or Attending Physician” means, in the context of this policy, a physician or any licensed independent practitioner who is legally accountable for establishing the patient’s diagnosis and has been granted admitting privileges by the Tenet Hospital’s Medical Staff. Emergency Department physicians may be considered Admitting or Attending Physicians when they have been granted admitting privileges by the Medical Staff.

K. “Physician Order” means an order from the Physician admitting the patient to the Tenet Hospital or the Physician responsible for the patient’s general medical management during the admission. The order may be electronic, in writing or be a telephone/verbal order as allowed by the Tenet Hospital’s Medical Staff Bylaws.

L. “Qualifying Admission” means an Inpatient or Outpatient Observation patient whose payer does not have an authorization/pre-authorization process.

IV. POLICY:

All Tenet Hospitals (excluding Behavioral Health, Skilled Nursing Facilities, Long Term Acute Care and Inpatient Rehabilitation Facilities) are expected to utilize the TCC to conduct all Admission/Initial INTERQUAL reviews for all payers that do not have an authorization/preauthorization process. To ensure admission reviews completed by TCC staff support placing patients in the appropriate patient status while avoiding unnecessary delays in patient placement, both the Tenet Hospital and TCC must communicate effectively and timely. The Tenet Hospital must communicate information used for the clinical review completely and timely and support the communication to and with the Admitting or Attending Physician. TCC must conduct the admission review accurately and timely, communicating results and asking for clarity or additional information with minimal disruption to patient flow.
V. PROCEDURE:

A. The TCC staff must be a Nurse (RN or LVN) who has successfully completed the INTERQUAL education requirements, including successful completion of INTERQUAL testing, described in PMI.CMT.101 INTERQUAL Application and Training. Support staff may be used for clerical duties such as faxing records.

B. Patient Identification and TCC Notification Process

TCC will continuously (24/7) monitor work/census lists in the Tenet case management documentation system/other approved Tenet Information Technology (IT) system and identify all traditional Medicare, Medicaid, Self-pay, and Charity for all Inpatient and Outpatient Observation Admissions which require an INTERQUAL review on an admission, including:

1. Emergency Department admissions
2. Direct admissions
3. Surgical admissions

See Attachment A for the TCC admission review process work flow.

C. Upon identification of a qualifying admission (no sooner than 6 hours after admission, allowing time for documentation to populate the system), the TCC staff will perform an INTERQUAL inpatient admission review based on available clinical documentation, including a treatment plan, patient clinical history and the Physician’s orders (treatment).

D. If Outpatient Observation criteria are met, the TCC staff will complete the review in the case management documentation system and update the status to “Concurrent Review Needed.” The TCC staff will set the next review.

E. If Inpatient Criteria are met, the TCC staff will complete the review in the case management documentation system and update the status to “Concurrent Review Needed.” The TCC staff will set the next review date for Hospital Day 3.

F. If the patient was ordered Outpatient Observation but meets inpatient criteria, TCC will task the Hospital Case Manager (HCM) in the case management documentation system or notify the HCM by alternate means. The HCM will contact the Physician to discuss whether an Inpatient Admission may be appropriate.

G. For an Inpatient Admission, if the INTERQUAL review does not meet Inpatient criteria, TCC staff will:
a. Pend the review and wait up to 20 hours for additional clinical information.

b. If the task is not complete or if the Tenet Hospital is unable to provide additional clinical information to support the ordered status, the TCC staff will complete the pended reviews based on available information and timing up to 20 hours post admission. If a review does not meet the criteria for the ordered status, the TCC staff will complete as “Not Met” and refer the case to Executive Health Resources for Secondary Medical Review.

c. If Inpatient criteria are met, the TCC staff will complete a review in the case management documentation system and update the status to “Concurrent Review Needed.” The TCC staff will set the next review date for the Hospital Day 3.

d. If Inpatient criteria are not met, the TCC staff will apply Observation criteria.

   (1) If Observation criteria are met, the TCC staff will complete the review as “met” for Observation and update the UM status to “Concurrent Review Needed.” The TCC staff will set the next review date.

   (2) If Observation criteria are not met, the TCC staff will go Step I., below.

H. For an Observation status order, the TCC staff will first review the case against Inpatient criteria. If the case meets Inpatient criteria, the TCC staff will Task the HCM in the case management documentation system or notify the HCM by alternate means. The HCM will contact the physician to discuss whether Inpatient status may be appropriate.

I. For an Observation status order that does not meet Inpatient criteria, the TCC staff will review the case against Observation criteria.

   1. If the case meets Observation criteria, the TCC staff will complete the review as met for Observation and update the UM status to “Concurrent Review Needed.” The TCC staff will set the next review date for the next day (Hospital Day 2).

   2. If Observation criteria are not met, the TCC staff will go to Step J., next.
J. If the final INTERQUAL review does not meet criteria for Observation status when completed, the TCC staff will enter the review as “not met” in the case management documentation system.

1. The TCC staff will Task, or provide electronic notification, to Executive Health Resources (EHR), for Secondary Medical Review with “review required” via the case management documentation system with Task Note/Referral indicating review type, physician-ordered status and level of care for all cases other than Self-pay and Charity.

2. For Self-pay or Charity cases, the TCC staff will Task or notify the HCM by alternate means of the need for Secondary Medical Review by a hospital/contracted Physician Advisor (PA).

3. The TCC staff will update the UM status to Secondary Medical Review or Pend, depending on the hospital case management documentation system.

4. The TCC staff will set the next review date for the next day (Hospital Day 2) depending on the hospital case management documentation system.

K. EHR will document the Secondary Medical Review determination in the case management documentation system or communicate telephonically to the HCM staff. The TCC staff will Task or notify the HCM, by alternate means, of the EHR Secondary Medical Review determinations. TCC hands off “not met” Self-Pay or Charity cases to HCM for completion of the INTERQUAL review.

L. The Secondary Medical Review determination interventions are displayed in Attachment A.

M. TCC leadership will provide the Hospital DCM with quarterly reports including volume reviewed and results.

N. The Tenet Hospital DCM will direct all questions regarding the accuracy of the TCC staff INTERQUAL review(s) to TCC management. TCC management will be responsible for investigating the issue and responding to the Hospital DCM. If TCC and Hospital are unable to resolve a disputed case, it will be referred to the PMI Senior Director of Case Management for review and resolution.

O. Exclusions

Each Tenet Hospital will continue to perform reviews on the following (unless otherwise contracted with the TCC):

1. Medicaid Admission Review for states whose Medicaid plan has an authorization process
2. All Tricare Reviews

3. All Behavioral Health/Psych Reviews

4. All Continued Stay INTERQUAL Reviews

5. Admission INTERQUAL reviews for commercial and/or managed case cases when authorization does not match services ordered by the physician

6. Cases where the patient’s insurance is reported incorrectly on admission and later determined to be traditional Medicare, Medicaid, Self-pay or Charity

P. Auditing and Monitoring

To ensure the quality and consistency of the INTERQUAL reviews, TCC evaluates the TCC clinician’s application of (1) medical necessity Screening Criteria documentation and (2) inter-rater reliability audits as part of the TCC employee’s annual appraisal process.

The Tenet Hospital DCM has general oversight for the Tenet Hospital’s utilization of the TCC for the Admission Review process and will report deviation from this policy to the Home Office PMI Case Management Senior Leadership.

Communication between Tenet Hospital Leadership, Home Office PMI Case Management Senior Leadership and the TCC occurs regularly. This communication can be in the form of conference calls, web-ex meetings, or informal calls between facilities.

The Home Office PMI Case Management team provides ongoing monitoring of all TCC processes related to Tenet Hospitals.

Q. Responsible Person

The Tenet Hospital’s Director of Case Management, with the PMI Case Management Senior Leadership, 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 policy non-compliance are reported to the Compliance Officer.

R. 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 result in performance management, up to and including termination. Such performance management may also include
VI. REFERENCES:

- Quality, Compliance, and Ethics Program Charter

VII. ATTACHMENTS:

- Attachment A: TCC Admission Review Processes for Tenet Hospitals