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 Healthcare Corporation 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 outline a standardized, consistent process Tenet Hospitals must follow in the application of the INTERQUAL products for initial and continued stay screening to determine medical necessity. The policy also defines the training and determination of competency of Hospital Case Managers who perform INTERQUAL reviews. The goal is for Hospital Case Managers to become proficient in the accurate application of INTERQUAL criteria as a screening tool and integrate it into the Tenet Hospital’s Medical Necessity Review Process.

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

C. “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.

D. “Patient Status” means Inpatient or Outpatient.

E. “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 Benefit Policy Manual (Rev. 169, 3/1/13), Ch. 6, (20.6 B).

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

H. “Federal health care program” means any plan or program that provides health benefits, whether directly, through insurance, or otherwise, which is funded directly, in whole or in part, by the United States Government, including, but not limited to: Medicare, Medicaid/Medi-Cal, managed Medicare/Medicaid/Medi-Cal, TriCare/VA/CHAMPUS, SCHIP, Federal Employees Health Benefit Plan, Indian Health Services, Health Services for Peace Corp Volunteers, Railroad Retirement Benefits, Black Lung Program, Services Provided to Federal Prisoners, Pre-Existing Condition Insurance Plans (PCIPs) and Section 1011 Requests.

I. “Initial Review” means the first clinical review performed at the time the patient presents for admission.

J. “Follow-up Reviews” means the subsequent clinical reviews conducted at intervals throughout a patient’s stay to assist in the determination or need for continued stay at the current level of care.

K. “Episode Day or Operative/Post Op Day” in INTERQUAL refers to the established criteria for a subset; it comprises multiple levels of care, and integrates relevant complications, comorbidities, and guidelines for standard treatments.

L. For the purposes of this policy, “Physician” means a physician or other licensed independent practitioner who has been granted admitting privileges by the Tenet Hospital’s Medical Staff and is legally accountable for establishing a patient’s diagnosis.

IV. POLICY:

Tenet Hospitals licensing INTERQUAL criteria as the initial and on-going screening tool for assessing medical necessity for all payers without a preauthorization/authorization process may use INTERQUAL criteria for any patient deemed necessary by a hospital. All Tenet Hospitals must use Physician Advisors (PAs) to provide secondary review when case management-conducted reviews do not meet INTERQUAL criteria. Each Tenet Hospital’s Director of Case Management (DCM) is responsible for establishing competency in the application of INTERQUAL, the implementation of the INTERQUAL Education Plan as established by the PMI Case Management Education Team under the direction of the Vice President of Case Management, PMI, and ensuring the hospital case managers’ accurate application of INTERQUAL and the review process. All Case Management reviewers must demonstrate competency in the application of INTERQUAL within 90 days of hire and annually thereafter.
V. PROCEDURE:

A. Performing Admission/Initial Reviews

1. Case Management reviewers must conduct an admission/initial review on the day of admission as soon as adequate clinical information is available to complete an accurate review, but within 24 hours of admission.

   a. The review is conducted to establish the need for Inpatient or Outpatient Observation services. The patient’s primary diagnosis or condition being treated at the time of review will drive the reviewer’s selection of the INTERQUAL criteria subset to be utilized to perform the review.

   b. The reviewer must follow all the INTERQUAL rules, time requirements, and apply information and instructions in the Notes when using the documented symptoms and clinical findings to complete the review. Only medical information documented in the medical record may be utilized to support criteria selection, and may include medical information from other sources included in the medical record such as EMT/EMS, and physician office notes.

   c. If the patient meets criteria for Inpatient or Outpatient Observation hospital services, the reviewer approves the review for Episode Day 1 or Operative Day.

      (1) If the patient meets Inpatient or Outpatient Observation criteria and has an Inpatient order, the Case Management reviewer schedules a follow-up or continued stay review for Hospital Day 3.

      (2) If the patient meets criteria for Outpatient Observation and has an Outpatient Observation order, the reviewer must schedule the next review for Hospital Day 2.

   d. If the patient does not meet criteria for Inpatient or Outpatient Observation hospital services, the reviewer pends the review and seeks additional information from the attending or admitting Physician, but the review is to be completed no later than 24 hours after admission.

   f. If there is no additional information, or the additional information does not support criteria for Inpatient or Outpatient Observation hospital services, the reviewer completes the review and follows the secondary review process.
g. The reviewer refers cases meeting Inpatient status but not the Level of Care provided to the DCM for monitoring as well as review by the Tenet Hospital’s Utilization Management Committee for identification of over/under utilization patterns.

h. The reviewer documents the results of the review in the case management documentation system.

B. Follow-up or Continued Stay Reviews

1. Case Management reviewers must perform follow-up or continued stay reviews for Hospital Day 3, then as clinically appropriate for the patient’s condition and timely progression of care but no less frequent than every third day for all patients with an Inpatient status. If the patient is in an Outpatient Observation status, the reviewer must schedule the next review for the following day and daily thereafter.

   a. Reviews should be conducted moving through the Episode or Post Op Days in the subset initially selected, unless the patient’s clinical findings or condition change sufficiently to warrant selection of an alternate subset.

   b. If the patient does not meet continued stay criteria, the reviewer pends the review, seeks additional information from the attending Physician, and completes the review prior to close of business the same day. If there is no additional information, or the additional information does not support continuation of Inpatient or Outpatient Observation hospital services, the reviewer views the Discharge screen. If the patient is appropriate for discharge, the reviewer contacts the attending Physician for possible discharge.

   c. If the patient meets Responder criteria, the reviewer completes an INTERQUAL Discharge Screen. If the discharge screen is met, the reviewer contacts the attending Physician for possible discharge.

   d. If the Discharge Screen is met but the attending Physician does not agree with discharge, the reviewer must refer the case for secondary review. If the secondary review determines continued stay medical necessity is not met, initiate Hospital Requested Review (HRR) if indicated. (See COMP-RCC 4.25 Hospital Coverage Notices for Medicare Inpatients (Including Important Message From Medicare).)
e. If the discharge screen is not met, the reviewer sets a review for the next day and addresses the patient’s plan of care and barriers to safe discharge.

f. The reviewer documents the results of the review in the case management documentation system.

C. The Secondary Review Process

1. At Tenet Hospitals, the PA performs the secondary review.

   a. The PA determines medical necessity by applying complex medical judgment based on review of the medical record, discussions with the Hospital Case Manager (HCM) and attending Physician, predictability of an adverse outcome, clinical knowledge and published literature.

   b. When a review does not meet INTERQUAL criteria and is referred to the PA for secondary review and the **PA determines the patient meets medical necessity for hospital services:**

      (1) The (HCM) documents the PA’s decision in the case management documentation system and files the documented determination in the medical record according to the Hospital’s Health Information Management (HIM) process.

      (2) The HCM schedules the next review.

      (3) Continued stay reviews are required on Hospital Day 3, and then as clinically appropriate for the patient’s condition and timely provision of care but no less frequent than every third day for all patients with an Inpatient status. If the patient is in an Outpatient Observation status the reviewer must schedule the next review for the following day and daily thereafter.

   c. When a review does not meet INTERQUAL criteria and is referred to the PA for secondary review and the **PA determines the patient does not meet medical necessity for hospital services:**

      (1) The HCM documents the PA decision in the case management documentation system and files the PA’s documented determination in the medical record according to the Hospital’s HIM process.
(2) The HCM or PA notifies the attending Physician of the PA’s determination.

(3) If the attending Physician does not agree with the PA’s determination, the Case Manager will follow regulatory compliance policy COMP-RCC 4.25 Hospital Coverage Notices for Medicare Inpatients (Including Important Messages from Medicare), if appropriate.

D. Corrections Allowed in INTERQUAL Reviews

1. Only one Admission/Initial Review must be completed on a case.

2. When an error is made, such as selection of inappropriate subset, wrong patient, or wrong data, the HCM will place a detailed note, including the date and time of the incorrect review, in the case management documentation system and perform a corrected review.

3. The HCM who identified the error must notify the DCM, who will educate and monitor the individual who made the error.

E. INTERQUAL Training and Determining Competency

1. The Senior Director of Case Management Education will develop an annual plan for INTERQUAL education in collaboration with the PMI Case Management, Clinical Operations and Ethics and Compliance Departments.

   a. The plan encompasses educational programs that include all changes to the INTERQUAL products, integration of INTERQUAL reviews into Tenet’s Medical Necessity Determination Process, updates and lessons learned from the INTERQUAL accuracy reviews, and all process and policy changes related to INTERQUAL.

   b. The plan includes both didactic learning and group discussion with clinical case studies presented that require the application of INTERQUAL criteria.

2. Tenet Hospital DCMs must participate in the planning for annual INTERQUAL training, assuring staff attendance and completion of the competency requirements.
3. All Hospital Case Management staff who perform INTERQUAL reviews:
   a. Must complete onsite INTERQUAL training or .edu modules for the type of reviews performed annually. Case management staff on Family or Medical Leave or otherwise inactive at the time of annual training will complete the training upon their return to active case management duties within 30 days of their return to an active status;
   b. Must complete exams for modules with a minimum passing score of 85%;
      (1) Will complete INTERQUAL modules and review with DCM or designee as appropriate;
      (2) May retake the exam once before remedial education is required.
   c. Will participate in all onsite case reviews, and educational offerings concerning INTERQUAL

4. All new HCMs, Supervisors, and DCMs will be provided education, learning materials, and hands-on training by the DCM or appropriately trained staff within 30 days of hire. Additionally, they are required to complete the .edu course and competency exam within 90 days of hire, attaining a score of 85% or greater. Education may be provided through one or more of the following: One-on-one mentoring, scheduled regional competency courses, hospital-developed training tools, or the INTERQUAL .edu learning module.

5. All HCMs must score an 85% or greater on the .edu competency exam within the first 90 days of employment. New Hospital Case Managers must score at least an 85% within the first 90 days and must attain a score of 85% on annual competency testing. Each DCM or designee must review the score attained on the competency exam for all new employees.

6. DCMs (including Directors of Clinical Quality Improvement responsible for a Case Management Department) are responsible for making the required assignments in .edu and adhering to the timeframes outlined above.

7. The HCM may receive additional education or training, as appropriate, by his/her immediate supervisor or other appropriately-trained staff. The HCM may then repeat the course in .edu and re-take the exam.
8. In the event a HCM does not pass the competency exam after a second try, the HCM must immediately notify his/her supervisor, who will create an appropriate education plan.

9. The competency assessment may be taken a third and final time. In the event a HCM does not pass the competency assessment following three attempts, the DCM or Supervisor must assure the HCM is no longer performing INTERQUAL reviews. In addition, the DCM or Supervisor must take additional steps concerning the HCM’s employment as necessary. (See Human Resources policy HR.ERW.12 Employee Performance Management).

F. Responsible Person

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

G. Auditing and Monitoring

Audit Services will audit adherence to this policy during the full scope audit process.

H. 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:

- Regulatory Compliance policy COMP-RCC 4.25 Hospital Coverage Notices for Medicare Inpatients (Including Important Message from Medicare)

- Human Resources policy HR.ERW.12 Employee Performance Management