CORPORATE POLICY

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	Effective Date: 04/02/24
Policy Title: Managing Post-Hospitalization Services and Promoting Patient Choice	Previous Versions: 04/07/22; 05/18/17; 05/12/16; 03/19/15; 01/30 /14; 02/07/13; 04/24/06; 03/03/06; 09/09/97
	Approved By: Executive Leadership Team
	Approval Date: 03/04/24

I. Scope:

This policy applies to Tenet Healthcare Corporation and its subsidiaries and affiliates other than Conifer Holdings Inc. and its direct and indirect subsidiaries (each, an “Affiliate”), any other entity or organization in which Tenet or an Affiliate owns a direct or indirect equity interest of greater than 50%, and any entity in which an Affiliate either manages or controls the day-to-day operations of the entity (each, a “Tenet Entity”) (collectively, “Tenet”).

II. Purpose:

To outline the process for managing post-hospitalization needs and promoting patient choice for Home Health (HH), Long Term Acute Care (LTAC), Inpatient Rehabilitation Facility (IRF) or Skilled Nursing Facility (SNF) services.

III. Definitions:

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.

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.

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

Observation Services or **Observation:** Means assessment, short-term treatment, reassessment, and stabilization before decision to admit to Inpatient or discharge.

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.

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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 a telephone/verbal order as allowed by the Tenet Hospital's Medical Staff Bylaws, Rules, Regulations or Policies.

IV. Policy:

Patients who require Home Health (HH), Long Term Acute Care (LTAC), Inpatient Rehab Facility (IRF) or Skilled Nursing Facility (SNF) services arranged as part of their inpatient or outpatient observation transition plan as indicated by the assessment/reassessment or ordered by the Physician, will be notified of the availability of those services in the geographic area where the patient resides or in the area requested by the patient. HH, or SNF representatives shall be entitled to patient information only pursuant to applicable patient authorization and in accordance with the Standards for Privacy of Individually Identifiable Health Information, 45 C.F.R. Parts 160 and 164, and with the Tenet Hospital's Facility Access Policy. To the extent that the Centers for Medicare and Medicaid Services has issued a blanket waiver of any of the requirements of this policy during times of national emergency (e.g., COVID-19 pandemic), the requirements of this policy are waived during the effective period of the waiver.

V. Procedure:

A. Patient Choice Notification Form for Medicare Beneficiaries

The Patient Choice Notification Form is required to be utilized for traditional Medicare and Medicare Advantage beneficiaries ("Medicare Beneficiaries"). The form may be amended by the Tenet Hospital to include the hospital logo and name. Tenet Hospitals must implement this form as written without any additional content changes, unless granted approval by the Corporate Case Management Department before making the change.

B. Home Health, and Skilled Nursing Services List

1. The Case Management Department must maintain a list of local community HH, LTAC, IRF and SNF providers. The list of these providers should include entities that request to be part of the hospital's post-acute provider list. If the Tenet Hospital owns a HHA, LTAC, IRF or SNF, the list should be identified as such. If a Tenet Hospital is contracted with a Post-Acute Referral system (*e.g.,* CarePort or About Health these listings fulfill the

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requirement, as long as they include all of the post-acute providers requesting to be on the list.

2. If a post-acute provider is not included on the post-acute referral system or hospital list, the request will be made to the post-acute referral system provider to verify that the post-acute provider is currently licensed, appropriately certified and add the provider to the list.

3. A verified post-acute provider will remain on the hospital provider list unless one of the following events occur:

   a. The hospital becomes aware that the post-acute provider is no longer certified, or its license has been suspended or revoked.

   b. The post-acute provider does not comply with the hospital's policies and procedures including, but not limited to, the hospital's Facility Access Policy; or

   c. Hospital Director of Case Management determines that it is in the best interest of the hospital's patients for quality-of-care reasons to remove the provider from the hospital post-acute provider list.

C. Patient Choice Process

1. RN Case Manager (RNCM) and/or Social Work Case Manager (SWCM) will complete an assessment/reassessment of the patient's post-acute needs to evaluate whether the HH, LTAC, IRF or SNF services are appropriate to meet the patient's needs. \ . The RNCM/SWCM will discuss the plan of care with the physician and will explain the nature of the post-acute services planned or ordered by the patient's physician with the patient and/or patient representative. The RNCM, SWCM or Discharge Planner (DCP) will present the Patient Choice Notification Form, to Medicare Beneficiaries, with a list of the providers, to the patient and/or the patient's representative. For Medicare Beneficiaries, once the Patient Choice Notification Form is completed, it will become part of the patient's hospital medical record.

2. Hospital Case Management (RNCM, SWCM, DCP) will determine if the patient has previously received HH, LTAC, IRF or SNF services, or if the patient has a preference of provider, which will be accommodated, if possible.

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a. If the patient has previously received HH, LTAC, IRF or SNF services from a post-acute provider, HCM will determine whether the patient wishes to continue receiving services from the provider and if the provider is able to continue to meet the patient's care needs.

b. In the event that a patient cannot return for services with the HH, LTAC, IRF or SNF provider, the patient and/or patient representative is responsible for notifying the provider that the patient will not be continuing services.

Physicians must not refer patients to a provider in which they have a financial arrangement or ownership interest if that referral interest violates state and/or federal law. If HCM is aware of such a financial arrangement or ownership interest, the Director of Case Management, Physician Advisor, and/or a member of the hospital administrative team will inform the Physician of this policy.

3. Many third-party payers have a network of preferred providers. HCM will make every effort to work with the network of preferred providers. If the patient chooses to use a non-network provider, they may incur out of pocket expenses. Patient is responsible to contact the insurance provider. HCM may contact their insurance provider on the patient's behalf to request authorization to use a non-network provider when a network provider is not available.

4. Hospitals may participate in Continuing Care Networks (CCNs) or Accountable Care Organizations (ACOs) that have a network of quality scored post-acute care providers. Referrals will not be made to any entity known by Hospital Case Management not to be appropriately licensed and/or certified to provide the care the patient needs.

5. If the patient and/or patient representative requests an entity that does not provide the needed services, HCM will discuss with the patient the options regarding care.

D. In cases where no preference is expressed, HCM will assist the patient and/or patient representative to arrange the required services to meet the patient's care needs within available resources and benefits.

VI. 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

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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.

VII. References:

42 CFR § 482.43 – Discharge Planning

42 U.S.C. §1395 x (M) Home Health Services Definition

42 U.S.C. §1395 x (ee)(2)(D) Discharge Planning Process Definition

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