



STATE OF MICHIGAN
DEPARTMENT OF COMMUNITY HEALTH
LANSING

JENNIFER M. GRANHOLM
GOVERNOR

JANET OLSZEWSKI
DIRECTOR

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Dear Hospital Provider and Medicaid Health Plan Provider:

The purpose of this letter is to provide clarification of the 15-day readmission policy for beneficiaries enrolled in Medicaid Health Plans (MHPs). In April 2005, the Michigan Department of Community Health (MDCH) issued letter L-05-12 to hospitals and MHPs. The letter contained a 15-day readmission grid that clarified circumstances under which admissions should be separate or combined for payment purposes. The letter also included proposed guidelines for discharge planning elements developed by a workgroup composed of representatives from hospitals, MHPs and MDCH. The letter can be found on our website at www.michigan.gov/mdch >>Providers>>Information for Medicaid Providers>>Provider Specific Information>>Hospital-Inpatient.

The Department has reconvened the workgroup to examine two issues that continue to be problematic for hospitals and MHPs regarding 15-day readmissions: documentation available at discharge and readmission to a second hospital.

Accurate and complete documentation and discharge planning is vital to successfully implementing the readmission grid which enables the hospital and MHP to agree on whether a readmission should be separate or combined for payment purposes. In order to facilitate this process, the workgroup has collaborated with the health plan and hospital associations to develop proposed discharge documentation and planning guidelines. The proposed guidelines are enclosed and are available on the MDCH web site.

Hospitals and MHPs are encouraged to work together to develop discharge documentation and planning processes that are mutually agreeable. If a hospital system utilizes discharge documentation and planning processes that provide all necessary information, MHPs should not require the hospital system to replace the existing processes with a specific documentation template developed by the MHP.

Alternatively, if a hospital system's discharge documentation and planning processes do not provide all necessary information, the hospital system should revise their existing documentation processes to include the necessary information. If the hospital system does not have a discharge documentation and planning process, the MHP and hospital should work together to develop mutually agreeable documentation processes.

The workgroup also discussed readmission within 15 days to a second hospital for related conditions and requested clarification from MDCH regarding the policy as stated in the Medicaid Provider Manual. MDCH clarified that the intent of the policy is to issue the correct payment to the second hospital for services delivered by the second hospital and to reduce the amount paid to the first hospital by the amount paid to the second hospital. The net amount paid to the first hospital is never less than \$0.00. The policy clarification examples are enclosed. These examples are available on the MDCH web site. Providers should be certain to follow specific instructions in Section 5.10 of the Billing and Reimbursement Chapter for Institutional Providers in the Medicaid Provider Manual.

The enclosed discharge documentation and planning guidelines, and policy examples regarding second hospitals, provide further clarification of the policy specified in the provider manual. The guidelines do not replace or revise the guidelines established in letter L-05-12 or the existing 15-day readmission policy.

If you have questions regarding this policy clarification, please contact your contract manager (MHPs) or the provider hotline at 1-800-292-2550 (hospitals).

Thank you for your continued participation in the Michigan Medicaid program and your commitment to providing quality care to Michigan's most vulnerable citizens.

Sincerely,

A handwritten signature in black ink that reads "Paul Reinhart". The signature is written in a cursive, slightly slanted style.

Paul Reinhart, Director
Medical Services Administration

Enclosures

HOSPITAL AND MEDICAID HEALTH PLAN WORKGROUP DISCHARGE DOCUMENTATION BEST PRACTICES

Discharge documentation plays a key role in determining reimbursement for re-admissions. Therefore, Medicaid Health Plans (MHPs) and hospitals are encouraged to mutually agree upon collaborative discharge documentation and planning processes. Important aspects of these processes include, but are not limited to, what documentation must be available upon discharge, how to contact MHP and hospital staff, and for which patients a **formal collaborative** process should be done.

Many hospital systems have documentation and discharge planning processes. However, if the existing process does not contain all the necessary information needed for 15-day readmission determinations or the hospital system does not have a formal documentation and discharge planning process, the joint hospital-health plan work group has developed the following comprehensive discharge documentation list as a tool for gathering the necessary documentation.

NOTE: Not all information is relevant to all admissions. Hospitals and MHPs should work together to identify the key documentation required.

MHP and hospital discharge planners are encouraged to work collaboratively to include elements or areas in which the discharge plan is likely to fail and make sure there is an intervention to address that likelihood. If it is not possible for the MHP and hospital to coordinate the discharge plan (weekend/ after hours), it is recommended that the hospital and the MHP discuss the discharge plan on the next business day. Attached also is a list of common medical conditions for which collaborative discharge documentation on each admission may be most useful.

Member Information

Name:

Medicaid ID:

Date of birth:

Admission date:

Discharge date:

Date hospital notified MHP of discharge date:

Phone number member may be reached after discharge:

Contact person: Relationship: Phone number of contact person:

Member current address:

Member address upon discharge if not same as current:

Contacts

Hospital name:

MHP name:

Name and contact number for Hospital Discharge Planner:

Name and contact number for MHP Discharge Planner:

Appropriate authorizations have been obtained: yes no

Health Plan Case Management (to be completed by MHP and sent to hospital)

Currently in MHP case management: yes no

If no, does hospital recommend placement in MHP case management: yes no

Name of PCP:

PCP Phone Number:

Has hospital or MHP contacted PCP to notify of admission: yes no

List of relevant prescriptions member has been prescribed:

Name AND PHONE of authorized specialists:

Has hospital or MHP contacted relevant specialist(s) to notify of admission: yes no

Other services in place at time of hospitalization (e.g. home health, therapies, etc.):

Was this admission within 15 days of previous admission to the same hospital: yes no

If different hospital, hospital name of previous admission:

Does patient have a history of 1 or more 15-day re-admissions in past six months: yes no unknown

Patients Leaving Against Medical Advice

NOTE TO HOSPITALS: PLEASE CONTACT MHP TO NOTIFY OF AMA DISCHARGE ASAP

Date member left AMA:

If potential for AMA was identified, actions hospital took:

Did hospital give member prescriptions and/or medications before AMA:

yes no member left before opportunity to provide

Home care assessment ordered by attending physician:

yes no member left before opportunity to provide

Did hospital or member set follow up appointment before AMA:

yes no member left before opportunity to provide

Name of physician with whom follow up appointment is scheduled/ to be scheduled:

Date and time of appointment, if known:

Primary Language

Member or caregivers received instructions in language of choice: yes no

Attempts to get member connected with providers that speak language of choice: yes no

Interpreter involved as necessary: not necessary yes no

Social Support Referral

Name of Social Worker (if different than above):

Member's Social Support System: not an issue drug/alcohol issue mental health issue Referral:

Member's Home/Living Environment: not an issue homeless structural issues Referral:

If member discharged to shelter, confirmation that shelter can accommodate physical and medical needs (e.g. barriers, allow continued IV therapies, etc.): yes no

Alternatives/Plan:

Note why an Alternative Living Arrangement may not be possible:

Referral to CSHCS, if appropriate:

Community Resources:

Follow Up Appointments

Appointment to be made by: Member Family Member Plan Customer Services Hospital prior to discharge

Name of person/relationship of party responsible for follow up:

Name of physician with whom follow up appointment is scheduled/ to be scheduled:

Date and time of appointment, if known: OR Referred to MHP for appointment assistance

If appointment not set at discharge, member should have follow-up appointment within:

1 or 2 days 3 -5 days one week two weeks other

Transportation Arrangement: OR Referred to MHP for transportation assistance

Documentation of Member's understanding of follow up appointments:

Pharmacy

Member has drugs that require PA: yes no

All Drugs requiring PA have been sent to pharmacy/pharmacy benefit manager according to Plan policy: yes no

If not, responsible party for obtaining authorization: Hospital Physician Plan / Plan's PBM Member

Member has meds or prescriptions: yes no

Plan called to verify that the Member has medications: yes no

Home Health Care/Infusions/DME

Services/Equipment Required: Date Ordered: OR Not ordered because:

Name of Agency/Company:

Infusion – Access Type and Drug Ordered:

Plan followed up to check that services/equipment were delivered: yes no

Plan confirmed that Member has understanding of Services/Equipment: yes no

SNF

Facility Name:

Estimated Length of Stay (example: greater than 45 days):

DCH long-term care involved in discharge plan: not applicable yes no, because

Services to be provided by SNF:

Date transfer occurred:

Sub Acute Care

Facility Name:

Estimated Length of Stay (example: greater than 45 days):

DCH long-term care involved in discharge plan: not applicable yes no, because

Services to be provided by subacute facility: NOTE: "Subacute care" refers to a level of care not recognized by Michigan Medicaid; MHP and facility must arrange appropriate reimbursement
Date transfer occurred:

Acute Rehab

Appropriate approval by Plan obtained: not applicable yes no, because
Name of Facility:
Estimated Length of Stay (example: greater than 45 days):
Services to be provided at Facility:
Date transfer occurred:

Hospice

Patient expected to live six months or less: yes no
Candidate for Hospice: yes no
Evaluation for Hospice: yes, date: no, because
Document if member refused:
Type of Hospice setting:
Name of Provider:

Mental Health

Was member's mental health the underlying cause of admission (e.g. suicide attempt, overdose, manic episode causing physical symptoms, etc.) : yes no
If yes, was member evaluated by mental health professional during hospital stay: yes no
If yes, was on-going mental health issue identified: yes no
If yes, was CMHSP or plan mental health professional contacted: yes, date: no, because
Plan approved: yes no
Responsibility for appointment schedule and confirmation Plan CMH Program
If CMH responsibility, did plan confirm appointment: yes no
Name AND PHONE of Provider or Agency:

Substance Abuse

Was member's substance abuse the underlying cause of admission (e.g. alcohol poisoning, drug overdose, drug induced heart attack, etc.) : yes no

OR

Was member's screen upon admission positive for alcohol, opiates, or other drugs: yes no

If yes to **either** question, was member evaluated by substance abuse professional during hospital stay: yes no

If yes, was on-going substance abuse issue identified: yes no
If yes, was CMHSP Substance Abuse Coordinate Agency contacted: yes, date: no, because
Plan approved: yes no
Responsibility for appointment schedule and confirmation SACA Program MHP Hospital discharge planner
If CMH responsibility, did plan confirm appointment: yes no
Name AND PHONE Substance Abuse Coordinating Agency:

Other Concerns

Reason to question the member's ability to make informed decisions about health care: yes no
Reason to question the member's ability to follow the discharge plan communicated: yes no
Concerns documented about neglect or abuse: yes no
If yes to either question above, please document actions taken by hospital to follow up: yes no

Diabetic

Hemoglobin A1c Result to Plan yes no, because
Glucometer in home: confirmed member already has hospital ordered, date
Plan Follow-up: yes, date no, because
Strips in home: confirmed member already has hospital ordered, date
Plan Follow-up: yes, date no, because
Plan referred to Diabetic Education: yes, Name of Program or Provider no, because
Plan Evaluated for Disease Management: yes, date no, because

Asthma

Member currently on or prescribed steroid or leukotriene yes, name of drug no, because
Member received appropriate referral to Clinic or Provider: yes, name of clinic no, because
Plan Approved: yes, date no, because
Plan referred to Asthma education: yes, Name of Program or Provider no, because
Plan Evaluated for Disease Management: yes, date no, because

Cardiac

Member is on a Beta Blocker on discharge if an MI: yes, name of drug no, because
CHF patients evaluated for appropriate home health services: yes, date no, because
Plan Evaluated for Disease Management: yes, date no, because

Additional Testing Performed as In-Patient

Tests were documented: yes no, because
Abnormal results were addressed: yes, date no, because
Member had a Follow-up Plan for Abnormal Results / Obtain Results with PCP: yes no

SUGGESTED Medicaid Condition List

Collaborative discharge planning is crucial for the hospital and health plan determination whether the admissions should be separate or combined for payment purposes. The following medical conditions are the most common conditions involved in readmission within 15 days. Therefore, hospitals and MHPs are encouraged to utilize a **formal, collaborative** discharge documentation process for these conditions. This list is suggestive only; it is not an exclusive list.

Medical Condition
Patients with History of Chronic Readmissions
Patients in Medicaid Health Plan Pain Management
Congestive Heart Failure
Pneumonia
Respiratory/Chest
Diabetes Mellitus
Disorders of Fluid, Electrolyte and Acid-Base Balance
Ischemic Heart Disease
Ischemic Heart Disease
Extrinsic Asthma
Disease of Pancreas
Cellulitis and Abscesses
Altered Consciousness / Convulsions
Cardiac Device, Implant, or Graft
Liver Disease
Sickle Cell Anemia