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		Retires Policy Dated:	05-12-16
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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 electing to utilize the Tenet Call Center (the “Call Center” or “TCC”) to complete admission clinical reviews.

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.

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- 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.

IV. POLICY:

Tenet Hospitals (excluding Behavioral Health, Skilled Nursing Facilities, Long Term Acute Care and Inpatient Rehabilitation Facilities) utilize the TCC to conduct Admission reviews for various payers. 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

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INTERQUAL testing, described in 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 new Inpatient and Outpatient Observation Admissions which require clinical 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 8 hours after admission, allowing time for documentation to populate the system), the TCC staff will perform a clinical review and complete a clinical summary, which may include application of INTERQUAL based on available clinical documentation, including a treatment plan, patient clinical history and the Physician's orders (treatment).
- D.** For Outpatient Observation admissions and any review where documentation that does not support Medical Necessity, TCC staff will complete the review in the case management documentation system, communicate the clinical review to the payer, and update the status to "Concurrent Review Needed." The TCC staff will set the next review to the following day.
- E.** For Inpatient admissions the TCC staff will complete the review in the case management documentation system, communicate the clinical review to the payer, 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 documentation supports may be appropriate for Inpatient Admission, 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.

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- G. For an Inpatient Admission, if the clinical documentation does not support Inpatient medical necessity the TCC staff will:
- a. Leave the review in pending status up to 20 hours for additional information to be added.
 - b. Complete the pended reviews based on available information and timing up to 20 hours post admission. TCC staff will complete a review in the case management documentation system, communicate the review to the payer, and update the status to “Concurrent Review Needed.” The TCC staff will set the next review date for the Hospital Day 3 for all reviews where Medical Necessity is supported and Hospital Day 2 for all reviews where clinical documentation does not support.
- H. For payers requiring application of InterQual for Clinical Review:
1. For an Observation status order TCC staff will first review the case using Inpatient criteria.
 - a. 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.
 - b. For an Observation status order that does not meet Inpatient criteria, the TCC staff will review the case using 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 complete the review as not met Update UM status to “Secondary Medical Review needed” or notify the HCM by alternate means and set the next review date for the next day (Hospital Day 2).
- J.


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1. 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).
 2. The TCC staff will update the UM status to Secondary Medical Review or Pend, depending on the hospital case management documentation system.
 3. The TCC staff will set the next review date for the next day (Hospital Day 2) depending on the hospital case management documentation system.
- 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 clinical review summary or 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 Performance Excellence Regional 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. Medicare Admission Review
2. Medicaid Admission Review
3. All Tricare Reviews
4. All Behavioral Health/Psych Reviews
5. All Continued Stay INTERQUAL Reviews
6. Admission INTERQUAL reviews for commercial and/or managed case cases when authorization does not match services ordered by the physician
7. Cases where the patient's insurance is reported incorrectly on admission and later determined to be traditional Medicare, Medicaid, Self-pay or Charity

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P. Auditing and Monitoring

To ensure the quality and consistency of the clinical and/or 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 Performance Excellence Case Management.

The Performance Excellence 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 Performance Excellence Case Management team, 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 modification of compensation, including merit or discretionary compensation awards, as allowed by applicable law.

VI. REFERENCES:

- [Quality, Compliance, and Ethics Program Charter](#)

VII. ATTACHMENTS:

- Attachment A: TCC Admission Review Processes for Tenet Hospitals