

Inpatient Acute Rehabilitation Hospitals, Sub-Acute and Skilled Nursing Care Facilities

Screening and Admission

Contracted acute rehabilitation hospitals, sub-acute and skilled nursing facilities (referred to herein as “facility”) will:

- Maintain appropriate staffing levels to carry out pre-admission screening, admitting, and patient discharges 7 days per week.
- Conduct pre-admission screening assessments and provide same-day admitting decisions for Harvard Pilgrim Health Care members referred to the facility before 5:00 p.m. weekdays. Admission decisions will be based on goals and treatment plans that have been agreed upon by Harvard Pilgrim Health Care and facility staff.
 - Assessments and admitting decisions for members referred after (4 or 5 p.m.) weekdays, or on weekends or holidays, are required by 12:00 noon on the next business day.
 - Assessments and admitting decisions for members who are at home at the time of the referral are required within 24 hours of referral.
 - When members are referred from a hospital emergency room or Harvard Pilgrim Health Care provider office, the turn-around time from referral to start of pre-admission screening examination will be no more than two (2) hours, provided that the referral is made by or before 5:00 p.m. After 5:00 p.m., the turn-around time from referral to start of pre-admission screening examination will be no more than four (4) hours.
- Provide services that are appropriate and consistent with the Harvard Pilgrim Health Care member’s benefit plan.
 - Harvard Pilgrim Health Care coverage for inpatient care in an acute rehabilitation hospital or sub-acute/skilled nursing facility (SNF) services will not exceed the member’s benefit limit.
- Admit members with “Medicaid pending” status without delay, provided that the member meets facility admission criteria, and an application has been filed with the Medicaid office.
- Admit members with pending guardianship proceedings without delay, provided that the member meets facility admission criteria, and the admitting MD approves.

If a Harvard Pilgrim Health Care member is admitted to the facility by 2:00 p.m., facility staff must complete and document an initial evaluation by all involved disciplines on the same day of admission.

If the member requires rehabilitation therapy (i.e., physical, occupational therapy, and/or speech/language therapy), a rehabilitation treatment plan with member-specific goals must be completed on the day of admission.

If the member is admitted after 2 p.m., facility staff will complete the rehabilitation evaluation and treatment plan by the end of the following day (*including weekends in acute rehabilitation hospitals*). Under extraordinary circumstances (e.g., multiple admissions arriving before 2:00 p.m.), Harvard Pilgrim Health Care may allow exceptions to this requirement.

Inpatient Stay

Facility staff must establish a clinically appropriate multi-disciplinary treatment plan for the member. The plan of care must:

- Be directed by a physician
- Include measurable functional goals based upon the member’s diagnosis, co-morbidities, and pre-morbid level of function

- Include an estimate of the time it will take for the member to attain those goals
- Meet Harvard Pilgrim Health Care-approved Level of Care (LOC) criteria
 - In SNF and sub-acute facilities, plans of care must meet *Harvard Pilgrim Health Care's SNF and Sub-Acute Level of Care Guidelines*.
 - In acute rehabilitation hospitals, plans of care must meet *Harvard Pilgrim Health Care's Rehabilitation Level of Care Guidelines*.

Rehabilitation therapies (i.e., physical therapy, occupational, and speech/language therapy) must be available, as appropriate, for evaluations and treatment at least 6 days per week.

At minimum, available services must include physical therapy and at least one other discipline.

Facility staff and attending clinicians will document each discipline's interventions, and the results of those interventions, in the medical record on a daily basis, or as appropriate, in accordance with facility requirements.

Facility agrees that covered services excluded from Harvard Pilgrim Health Care's inpatient per diem rate (except excluded pharmaceuticals) must be provided by a Harvard Pilgrim Health Care approved provider.

Prior authorization is required for certain non-emergent services not included in Harvard Pilgrim Health Care's inpatient per diem rates (e.g., specialized DME).

Facility agrees to allow designated Harvard Pilgrim Health Care staff (or their designees) unrestricted on-site access to all the following:

- Harvard Pilgrim Health Care members and their medical records, including rehabilitation therapy notes.
- The facility's care-related policies and procedures.
- Facility staff responsible for Harvard Pilgrim Health Care members' care.
 - When appropriate, Harvard Pilgrim Health Care staff (or their designees) should be allowed to attend care team meetings.

Facility staff are responsible for notifying the Primary Care Physician (PCP) of the member's admission and maintaining a policy that ensures appropriate communication to the PCP. If the attending physician at the facility is not a Harvard Pilgrim Health Care clinician, facility staff are responsible for facilitating communication between the attending, and the PCP.

The facility will ensure and provide (as appropriate) 24-hour availability of the following services:

- STAT radiology testing and interpretation service by a radiologist (within 4 hours of ordering)
- STAT laboratory testing and results service (within 4 hours of ordering)
- Pharmaceutical support with STAT delivery (within 4 hours of ordering)

The facility agrees that non-urgent specialty consults must be authorized by the member's primary care provider (PCP) or an on-site (at the facility's) Harvard Pilgrim Health Care attending physician.

Emergency consults may be obtained through the facility's standard referral process. Facility agrees to notify the member's PCP within 24 hours of the request.

Facility agrees to notify the Harvard Pilgrim Health Care care manager or designee within one business day of a member's admission to the acute care hospital, and "hold" (for at least 24 hours) the bed of any member who is transferred from the facility for acute hospital care (including emergency room visits).

- Within 24 hours, the member will be permitted to return to his/her facility's bed without delay, provided that he/she is medically stable and continues to meet Harvard Pilgrim Health Care and facility LOC criteria.
- Facility agrees to notify the Harvard Pilgrim Health Care care manager or designee prior to the member's readmission to the facility.

Facility agrees to provide medical record services including transcribing dictated discharge summaries for members discharged from the facility, and upon discharge, to transmit a discharge summary (Patient Discharge Referral form) within forty-eight hours of the member's discharge to all the following:

- Harvard Pilgrim Health Care care manager or designee
- Member's primary care physician
- Home health agency (if member is referred for home health care)

The discharge summary, at minimum, must include the following:

- Dose and frequency of member's current medication
- Future referrals to specialists
- Ongoing treatment and/or services to be provided

Facility agrees to provide a copy of a member's medical record within twenty-four (24) hours of request by a Harvard Pilgrim Health Care care manager or physician.

Additional Requirements for Acute Rehabilitation Hospitals

Within two days of the member's admission, the acute rehabilitation hospital will hold an interdisciplinary team conference to:

- Establish member-specific long- and short-term goals
- Establish and/or evaluate goals for discharge
- Identify barriers to discharge
- Establish plans to assure continuity and coordination of member's care after discharge from the acute rehabilitation hospital

The acute rehabilitation hospital will hold regular interdisciplinary team conferences (frequency to be determined by the attending physician and disciplines involved in the member's care) for each Harvard Pilgrim Health Care member in the facility, and document patient-specific observations and plans discussed at conferences in the individual member's medical record within twenty-four (24) hours of the team conference.

Upon request, the acute rehabilitation hospital staff will fax patient updates (based on team conference discussions) to the Harvard Pilgrim Health Care care manager or designee.

The acute rehabilitation hospital will provide comprehensive discharge planning, including the patient and family/caregivers (as appropriate), beginning at the time of admission. (Discharge planners must collaborate with Harvard Pilgrim Health Care care manager or designee to assure continuity and coordination of member's care.) Discharge plans must include the following:

- Financial assessment and planning, including Medicaid eligibility assessment and application as appropriate
- Assessment of the need for community resources (including transportation)
- Scheduling of pre-discharge home assessment, if indicated
- Plan nurse care management collaboration with hospital as appropriate

If deemed necessary by the Harvard Pilgrim Health Care care manager, acute rehabilitation hospital staff (with the member's agreement/input) will:

- Conduct a home visit early in the member's stay with the goal of obtaining a complete home evaluation and improving the discharge planning process

- Contact the member's family or significant others within forty-eight hours of admission to arrange a family meeting within one week of admission; Harvard Pilgrim Health Care clinicians and nurse care managers will be allowed to participate in the family meeting

Additional Requirements for Acute Rehabilitation Hospitals

Facility Case Manager Designee

Facility agrees to designate a case manager who is responsible for collaborating with Harvard Pilgrim Health Care nurse care managers (or their designees) to coordinate patient care services and implement clinically appropriate plans of care.

- All level of care (LOC) determinations for each Harvard Pilgrim Health Care member must be approved by a Harvard Pilgrim Health Care care manager or designee.

The facility case manager will document significant changes in the member's treatment plan and/or condition, and communicate with the Harvard Pilgrim Health Care care manager as follows:

- At least once per week (in most cases), or as agreed upon by the Harvard Pilgrim Health Care care manager/designee
- At least every other day when the member's expected length of stay is less than seven days

The facility case manager is responsible for all the following:

- Nursing assessment or assessment by other licensed professional staff when nursing assessment is not available
- Creation, documentation, and implementation of a discharge plan beginning at the time of admission. At minimum, the discharge plan will include:
 - Financial planning
 - Medicaid eligibility assessment, and application if appropriate
 - Assessment of the need for community resources (including transportation needs)
 - Scheduling of home visit, if indicated
- Evaluation and revision of the goals of the admission and discharge plan in conjunction with Plan attending MD/NP
- Functional Status Review upon admission, discharge, and when established goals of the stay have not been met
- Obtaining Harvard Pilgrim Health Care authorization when required for any services not covered under Harvard Pilgrim Health Care's per-diem rate
- Facilitating delivery of Harvard Pilgrim Health Care letters to members (upon requested) on behalf of Harvard Pilgrim Health Care

Communication of Patient Care Issues

Facility staff also agree to allow Harvard Pilgrim Health Care clinicians and nurse care managers to participate in family meetings as appropriate, and document in the member's medical records as needed to ensure communication about patient care issues.

Quality Management Reports

Facility agrees to inform Harvard Pilgrim Health Care of any changes that may affect Harvard Pilgrim Health Care members or staff, including changes in the following:

- Clinical leadership
- Clinical programs
- Care management

- Nurse practitioner personnel
- Facility ownership/management
- Vendor relationships

Facility Quality Concerns

Quality Concerns Designee

Facility agrees to designate a single contact person for quality concerns; the contact person must have the authority to assure that a response will be provided and, if needed, corrective action will be implemented.

Quality Concerns Documentation/Investigation

Facility staff will document all Harvard Pilgrim Health Care member complaints, initiate investigation within 48 hours of the initial complaint, and document follow-up actions and resolution of the matter.

Clinical Incident Reporting

Within 24 hours, facility will report all clinical incidents that adversely impact Harvard Pilgrim Health Care members to Harvard Pilgrim Health Care.

- Acute rehabilitation hospitals will document follow-up actions and resolution of the matter within fourteen (14) days.
- SNF and sub-acute facilities will document follow-up actions and resolution of the matter within 30 days.

Upon request, the facility agrees to provide Harvard Pilgrim Health Care with:

- Access to medical records for random chart audits conducted by Harvard Pilgrim Health Care staff.
- Quarterly reports listing all Harvard Pilgrim Health Care members who have been the subject of a quality review during the quarter. The listing must include the following information about each identified member:
 - Name and medical record number
 - Age
 - Primary admitting diagnosis and co-morbidities
 - Date of admission
 - Date of discharge (omit if Member not discharged)
 - Reason for, and outcome of, the QA review
- Quarterly reports summarizing data about HPHC members who have been the subject of a quality review during the quarter. Report must include the following information:
 - Number and percentage of Plan members subject to QA reviews
 - Number and percentage of members grouped according to reason for QA review
 - Number and percentage of members grouped according to outcome of QA review
 - Number and percentage of cases that remain under QA review (i.e., issue not resolved)
 - Identification of systemic quality issues that have been noted by the SNF during the quarter for which quality improvement projects have been initiated/planned
 - Follow-up information on outstanding quality issues identified in prior quarterly reports

In addition, the acute rehabilitation hospital must also provide the following information upon request:

- Quarterly reports listing Plan members who have been admitted during the quarter. Listing must include the following information about each identified member:
 - Name and medical record number
 - Age
 - Primary admitting diagnosis and co-morbidities

- Date of admission
- Date of discharge (omit if patient not discharged)
- Length of stay
- Care path outcomes
- Variance between actual length of stay and Plan targeted length of stay on admission
- Outcome/patient disposition (e.g., admitted to acute care hospital, home)
- FIM or other appropriate assessment score on admission and discharge
- Quarterly reports, summarizing aggregate data about Plan members who have been admitted to the hospital, must include the following:
 - Number of admissions
 - Number of discharges
 - Number and percentage of patients by discharge disposition
 - Average length of stay overall and for major diagnostic groupings
 - Functional change from admission to discharge using FIM or a similar instrument
 - Average daily charges per patient and total charges per case for major diagnostic groups (break out ancillary and room and board charges)
 - Number and percentage of Plan patients with an unplanned readmission to an acute hospital

Facility Provider Requirements

Harvard Pilgrim requires that facility providers allow Harvard Pilgrim to use practitioner performance data (such as quality, cost, resource use, or utilization information) as is required by the National Committee for Quality Assurance (NCQA).

Role of acute rehabilitation hospital staff; attending and covering physicians; caring for plan members

The acute rehabilitation hospital staff-attending physician will:

- Assess newly admitted Plan members within twenty-four hours
- Obtain authorization from member's PCP for all consultant services required during inpatient stay
- See unstable patients as requested by the hospital staff or Plan PCP
- Review and write orders for narcotics as requested by the hospital staff
- Review and write Do Not Resuscitate (DNR) orders as requested by Plan attending on new admissions
- On weekends, review new patients admitted to the hospital according to hospital admitting policy as requested by the Plan attending
- Communicate member's status to his/her PCP prior to discharge
- Actively participate in the interdisciplinary team conference

PUBLICATION HISTORY

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