Emergency Dialysis and Hospital Readmission Policy Meeting

12/6/2018

Facilitator - Kimberley Smith, Compliance & Stakeholder Relations Unit Manager
Presenter – Jessica Pekala, Policy Specialist
Presenter – Raine Henry, Policy Specialist

COLORADO
Department of Health Care Policy & Financing

Our Mission

Improving health care access and outcomes for the **people** we serve while demonstrating sound stewardship of financial **resources**

Ground Rules

- Participants are asked to:
  - Mind E-manners
  - Identify Yourself
  - Listen for Understanding & Share the Air
  - Stay Scope Focused

Emergency Medicaid Services & End-Stage Renal Disease

Kimberley Smith – Compliance & Stakeholder Relations Unit Manager
Jessica Pekala – Policy Specialist

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Background

- Recipients of Emergency Medicaid are eligible to receive services when necessary for the treatment of an emergency medical condition

- 42 U.S.C. § 1396b(v)(3) Emergency Medical Condition

  - A medical condition (including emergency labor and delivery) manifesting itself by acute symptoms of sufficient severity (including severe pain) such that the absence of immediate medical attention could reasonably be expected to result in

    - Placing the patient's health in serious jeopardy,
    - Serious impairment to bodily functions, or
    - Serious dysfunction of any bodily organ or part

Background

- Those with End-Stage Renal Disease (ESRD) receiving inpatient emergency-only care:
  - ➢ visit the Emergency Department every 7 to 10 days;
  - ➢ experience more severe complications; and
  - ➢ are costlier to the health care system
- The risk of death for these patients is 14x higher

Policy Change

- Patients with ESRD experience serious: (1) health complications and severe, acute symptoms; (2) impairment to bodily functions; and (3) dysfunction or complete failure of the kidneys

- Therefore, the Department is including ESRD as an emergency medical condition **effective February 1, 2019**

Policy Change

- **Who**
  - ➢ Patients with ESRD, who qualify for Emergency Medicaid

- **What**
  - ➢ Coverage is limited to care and services necessary to treat the emergency medical condition - ESRD
  - ➢ Treating providers have discretion in determining what services are necessary in the treatment of an emergency
  - ➢ Organ transplants are not covered [42 U.S.C. § 1396b(v)(2)(c)]

- **Where**
  - ➢ Independent Free-Standing Dialysis Centers
  - ➢ Outpatient Hospital and In-home Dialysis – Not covered

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Inpatient Hospital Readmission Policy

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Background

- Current hospital readmission policy states:
  - ➢ If a member is discharged from a hospital and readmitted to the same hospital **within 48 hours** for symptoms related to, or for evaluation and management of, the prior stay's medical condition, the hospital must bill these tandem admissions as a single hospital stay
- Policy is documented in Billing Manual
- Providers determine which conditions are related to the prior stay's medical condition
  - ➢ Providers indicate unrelated admission using code B4

Policy Change

- Proposed hospital readmission policy:

  - If a member is discharged from a hospital and readmitted to the same hospital **within 15 days** for symptoms related to, or for evaluation and management of, the prior stay's medical condition, the hospital must bill these tandem admissions as a single hospital stay

- Policy will be documented in State Plan and Volume 8 Rule

- There will be a defined list of conditions and/or situations that the Dept. acknowledges should be exempt from this policy

Questions for this group

- What conditions should be considered for exemption from this policy? For example:

  - Chemotherapy
  - Immunotherapy
  - Admissions for psychiatric or substance use disorder

- What considerations should we take into account when determining whether to implement a 15 day vs. 30 day policy? For example:

  - Medicare policy is 30 days; would aligning make change easier to operationalize?

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Thank You

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