



KERN HEALTH SYSTEMS

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POLICY AND PROCEDURES					
SUBJECT: Facility Transfers				POLICY #: 3.19-P	
DEPARTMENT: Utilization Management					
Effective Date: 07/1999	Review/Revised Date: 06/13/2022	DMHC		PAC	
		DHCS		QI/UM COMMITTEE	
		BOD		FINANCE COMMITTEE	

Emily Duran
Chief Executive Officer

Date _____

Chief Operating Officer

Date _____

Chief Medical Officer

Date _____

Chief Health Services Officer

Date _____

Chief Network Administration Officer

Date _____

Director of Utilization Management

Date _____

Director of Member Services

Date _____

POLICY¹:

Kern Health Systems (KHS) members may need to be transferred from one facility to another to achieve an appropriate (higher) level of care or to place the member in a contracted facility. Regardless of the purpose for the transfer, KHS will comply with all Emergency Medical Treatment and Labor Act (EMTALA) regulations. To maximize member safety during transfers between

facilities, the treating physician must determine, with reasonable clinical confidence that the member is expected to leave the hospital and be received at the second facility with no material deterioration in his/her medical condition. The treating physician must reasonably believe that the receiving facility has the capability to manage the member's medical condition and any likely complication of that condition. Changes made to the All Plan Letter (APL) Effective 8/17/2021 in compliance with California Code of Regulations, title 28, section 1300.67.02; this Government Code, that directs or allows hospitals or other health care facilities to transfer patients to other health care facilities in response to, or otherwise as a result of, the COVID-19 pandemic. This specifically includes an order issued to allocate or preserve health care resources in the face of increased demand for health care resources related to COVID-19 during a California state of emergency. As a result of this mandate Kern Health System will be following the Addendum noted in the Procedures Section 4 Emergency Transfers until otherwise directed by California Department of Health Care Services (DHCS).

PROCEDURES:

1.0 TRANSFER PROCESS

The admitting hospital/physician must notify Kern Health Systems (KHS) of the admission of a KHS Plan member. If transfer of the member is necessary, the physician of record will direct the transfer of the KHS member from one facility to another in the following manner:

- A. Notify KHS by calling 661 664-5083 during business hours.
- B. Ascertain that all Emergency Medical Treatment and Labor Act (EMTALA) regulations have been met and the patient is medically stable prior to transfer. The physician must determine that the proposed transfer will not, within reasonable medical probability, create a material deterioration in or jeopardize the patient's medical conditions or expected chances for recovery.
- C. Maintain direct communication with the accepting physician at the other facility and relay sufficient information to direct the transfer in a manner that promotes patient safety and continuity of care. The physician must secure acceptance of the transfer by a physician at the receiving facility and arrange a tentative transfer date and time.
- D. Respond appropriately to the accepting physician's request for all pertinent medical records and copies of the results of diagnostic tests. The transferring physician must include a Transfer Summary to accompany the patient's medical records.
- E. Make arrangements for a type of transportation that meets the level of care necessary for a safe transfer of the member. Kern Health Systems Utilization Management (UM) staff is available to assist in identifying appropriate contracted transportation providers.
- F. The transferring physician will provide an explanation to the patient of the reason for the transfer prior to the tentative transfer taking place. The transferring facility must obtain written consent to transfer from the member (or a person acting on his or her behalf) prior to the transfer. If the member refuses, the facility must take all reasonable steps to secure the member's written informed refusal.
- G. The accepting physician will arrange for admission and the appropriate level of care at the receiving facility.

UM staff is available to assist the transferring physician at any time with the above activities.

2.0 TRACKING AND DOCUMENTATION

If, during concurrent inpatient review, the UM Nurse becomes aware that an unusual/adverse event had occurred during facility transfer of the member, the Nurse Case Manager will report

the event to KHS' Chief Medical Officer or designee for their disposition. The UM Nurse will also file a Quality-of-Care report outlining the event to the Quality Improvement Department.

3.0 AFTER HOURS TRANSFERS

For transfers that need to be made during times other than regular business hours, the transferring physician or facility must notify the KHS On Call Nurse # (661) 331-7656. The KHS On Call Nurse works with the transferring facility to be certain that when possible, the transportation is provided by a contracted provider and that the receiving facility is a contracted provider.

4.0 EMERGENCY TRANSFERS

If the patient's clinical condition is severe enough that any delay in transfer would adversely affect the outcome of the medical condition, the transferring physician and/or the transferring facility may proceed with the transfer without waiting to make contact with KHS. However, whenever possible, KHS contract providers should be used to provide care for the member. The transferring facility must notify KHS of the transfer immediately afterwards. All such cases will be retrospectively reviewed to be certain that the clinical condition warranted the transfer without KHS notification and approval.

ADDENDUM:

During the Public Health Emergency for COVID-19, the following will apply:

- (1) KHS shall not require prior authorization or prior notice or impose any other requirements that delay or prevent the transfer of the member.
- (2) KHS shall cover the medically necessary costs of moving the member between the transferring facility and the receiving facility.
- (3) HKS shall reimburse the receiving facility for all medically necessary services provided to the member during the first 72 hours the member is treated at the receiving facility, regardless of whether the receiving facility has a contract with the health plan.
- (4) After the first 72 hours, KHS shall continue to reimburse the receiving facility for all medically necessary services provided to the member at the receiving facility if:
 - (A) within 72 hours of receiving the member, the receiving facility notified KHS that the facility is treating the member: and
 - (B) Kern Health Systems (KHS) does not disapprove the facility's request to continue providing medically necessary care to the member. If KHS disapproves the receiving facility's request to continue providing medically necessary care to the member, the health plan shall reimburse the receiving facility for medically necessary services the receiving facility provides the member up to the time KHS effectuates the member's transfer or the member is discharged from the receiving facility.
- (5) If Kern Health Systems has a contract with the receiving facility, KHS shall reimburse the receiving facility per the terms of that contract.
- (6) If KHS does not have a contract with the receiving facility, Kern Health Systems shall reimburse the receiving facility for the reasonable and customary value of the services the member receives at the receiving facility.
- (7) "Reasonable and customary value" has the same meaning as defined in section 1300.71(a)(3)(B) of this title. (d) A member transferred pursuant to a covered public health order shall be liable for no more than the cost the member would have incurred if the member

had remained in a contracting health facility. For the purpose of this section, contracting health facility has the meaning in subdivision (f)(1) section 1371.9.

5.0 DELEGATED OVERSIGHT

KHS is responsible for ensuring that their delegates comply with all applicable state and federal laws and regulations, contract requirements, and other DHCS guidance, including applicable APLs, Policy Letters, and Dual Plan Letters. These requirements must be communicated by KHS to all delegated entities and subcontractors.

REFERENCE:

Revision 2022-09: Policy approved by the DMHC on 9/29/2022, Filing No. 20223182. **Revision 2021-09:** Updated by Director of Utilization Management to comply with DMHCAPL 21-021. **Revision 2017-02:** Review with administrative updates made by Administrative Director of Health Services. ¹ **Revision 2009-06:** Revised by UM Supervisor. **Revision 2007-04:** Policy revised as requested by Provider Relations Manager. AIS/Compliance has not reviewed for regulatory compliance. **Revision 2002-07:** Annual review. Revised per 9/19/01 DHS Comment. **Formerly:** #2.06. Changed to UM section per Medical Director request.