Issue Brief

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CMS Issues Final Rule Regarding Requirements for Discharge Planning

The Centers for Medicare & Medicaid Services issued a final rule regarding "Revisions to Requirements for Discharge Planning for Hospitals, Critical Access Hospitals and Home Health Agencies, to Promote Innovation, Flexibility and Improvement in Patient Care."

"This final rule empowers patients to be active participants in the discharge planning process and complements efforts around interoperability that focus on the seamless exchange of patient information between health care settings by revising the discharge planning requirements that hospitals (including short-term acute care hospitals, long-term care hospitals, rehabilitation hospitals, psychiatric hospitals, children's hospitals and cancer hospitals), critical access hospitals, and home health agencies must meet in order to participate in the Medicare and Medicaid programs. This final rule also implements discharge planning requirements, which will give patients and their families access to information that will help them make informed decisions about their post-acute care, while addressing their goals of care and treatment preferences, which may ultimately reduce their chances of being rehospitalized. It also updates one provision regarding patient rights in hospitals, intended to promote innovation and flexibility and to improve patient care."

The final rule is effective 60 days after publication. Publication of the 201-page rule is scheduled for Monday, Sept. 30. A copy of the document currently is available at https://s3.amazonaws.com/public-inspection.federalregiser.gov/2019-20732.pdf.

Final changes to hospital, CAH and HHA requirements

Under the final rule, hospitals, CAHs and HHAs would be required to:

- Adopt new discharge planning requirements, as mandated by the Medicare Post-Acute Care Transformation Act ***(IMPACT Act)*** for hospitals, HHAs and CAHs that requires facilities to assist patients, their families or the patient's representative in selecting a post-acute care services provider or supplier by using and sharing PAC data on quality measures and resource use measures. This data must be relevant and applicable to the patient's goals of care and treatment preferences.
- Adopt new discharge planning process requirements for CAHs and

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HHAs (such requirements did not exist before). Revised language that now requires a hospital (or CAH) to discharge the patient, and also transfer or refer the patient where applicable, along with his or her necessary medical information (current course of illness and treatment, post-discharge goals of care, and treatment preferences), at the time of discharge, to not only the appropriate post-acute care service providers and suppliers, facilities and agencies, but also to other outpatient service providers and practitioners responsible for the patient's follow-up or ancillary care.

- Adopt revised compliance language for HHAs that now requires these facilities to send all necessary medical information (current course of illness and treatment, post-discharge goals of care, and treatment preferences), to the receiving facility or health care practitioner to ensure the safe and effective transition of care, and that the HHA must comply with requests made by the receiving facility or health care practitioner for additional clinical information necessary for treatment of the patient.
- Adopt a new requirement that sends necessary medical information to the receiving facility or appropriate PAC provider (including the practitioner responsible for the patient's follow-up care) after a patient is discharged from the hospital or transferred to another PAC provider, or for HHAs, another HHA.
- Ensure hospitals support patients' rights to access their medical records in the form and format requested by the patient, if it is readily producible in such form and format (*including in an electronic form or format when such medical records are maintained electronically*).

COMMENT

CMS estimates that the recurring costs of this final rule will cost affected entities approximately $215 million a year. CMS says that virtually all of these costs will impact HHAs.

Analysis provided for MHA by Larry Goldberg, Goldberg Consulting