



<b>DEPARTMENT:</b> Legal	<b>POLICY DESCRIPTION:</b> Discharge Planning: Patient Choice for Post-Acute Providers/Services Upon Discharge
<b>PAGE:</b> 1 of 6	<b>REPLACES POLICY DATED:</b> 3/6/98, 11/12/98, 1/1/06; 11/15/06, 3/1/07, 5/15/10, 10/1/16, 2/1/17, 4/1/20, 1/1/21
<b>EFFECTIVE DATE:</b> July 1, 2021	<b>REFERENCE NUMBER:</b> LL.016 (formerly LL.HH.016)
<b>APPROVED BY:</b> Ethics and Compliance Policy Committee	

**SCOPE:** This Policy applies to HCA Holdings, Inc. (the “**Company**”) and all of its Affiliates operating in the United States (“**HCA Healthcare Affiliates**”).

*Other capitalized terms used in this Policy and not otherwise defined have the meaning given to them below in the Definitions section.*

**POLICY:** A Hospital, as part of its effective Discharge Planning process, must focus on the patient’s goals and treatment preferences and include the patient (and/or the patient’s representative) and his or her caregivers/support persons as active partners in the discharge planning for post-discharge care. The discharge planning process and the discharge plan must be consistent with the patient’s goals for care and his or her treatment preferences, ensure an effective transition of the patient from the Hospital to post-discharge care, and reduce the factors leading to preventable hospital readmissions.

The Hospital must inform the patient (and/or the patient’s representative) of their freedom of choice in selecting their Post-Acute Provider/Service and of any Disclosable Financial Interest the Hospital has in, or with respect to, such Post-Acute Provider/Service.

The Hospital must assist the patient (and/or the patient’s representative) in selecting a Post-Acute Provider/Service by using and sharing data that includes, but is not limited to, SNF, HHA, IRF or LTCH data on quality measures and resource use measures that is relevant and applicable to the patient’s care goals and treatment preferences.

The Hospital must respect, when possible, the patient’s goals of care and treatment preferences, as well as other preferences, when expressed by the patient and/or the patient’s representative.

In the event a patient is discharged to one of the below enumerated types of Post-Acute Providers/Services, a Patient Choice Letter must be presented to the patient:

- SNF
- HHA
- Hospice
- IRF
- LTCH

In addition, per the procedure set forth in more detail below, patients discharged to a SNF, HHA, Hospice, IRF or LTCH must be provided with a list of such Post-Acute Providers/Services in the patient’s geographic area.

Discharge Planning services may only be performed by Hospital Case Management Personnel.

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The discharge or transfer of patients from a Hospital's emergency department, and for which the Hospital has obligations under the Emergency Medical Treatment and Active Labor Act ("EMTALA"), is governed by the [EMTALA policies](#) and not by LL.016.

**PROCEDURE:** The following steps shall be performed to inform the patient (and/or the patient's representative) of their freedom of choice in selecting a Post-Acute Provider/Service, and to respect, when possible, patient's goals of care and treatment preferences, as well as other preferences, when expressed by the patient and/or the patient's representative:

**Implementation:**

1. Discharge Planning services may only be performed by Hospital Case Management Personnel.

Non-Hospital Personnel may **not** perform Discharge Planning services. Excluding Non-Hospital Personnel from those who may provide Discharge Planning services will avoid the opportunity for, and appearance of, their inappropriate influence over the patient's freedom of choice in selecting a Post-Acute Provider/Service.

Please note this Policy is not intended to alter or otherwise limit employees of Hospital or any Affiliate of Hospital who access and utilize pertinent patient information to facilitate patient identification and screening activities that enhance the Discharge Planning process.

2. With respect to Non-Hospital Personnel (such as Post-Acute Provider/Service representatives) who are present in the Hospital, the following safeguards must be implemented to avoid actual or perceived inappropriate influence over patients' freedom of choice:
  - Non-Hospital Personnel shall **not** be in contact with any patient or patient family/representative regarding Post-Acute Providers/Services until the patient's choice of a Post-Acute Provider/Service has been obtained by Hospital Case Management Personnel (including, if applicable, via a signed Patient Choice Letter) to ensure the patient has exercised freedom of choice.
  - Non-Hospital Personnel should **not** wear hospital jackets or tags with the Hospital name. Rather, they should wear name tags with the name of the company or organization they represent visible.
  - In addition to the foregoing, with respect to Non-Hospital Personnel, the Hospital should ensure all applicable requirements of Policy [COG.PPA.003](#) ("Vetting Dependent Healthcare Professionals and Other Non-Employees") have been met.

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To ensure the safeguards set forth herein are met, Hospitals may adopt additional Hospital-specific policies, procedures, practices or certifications (for example, identifying a Hospital employee who is responsible for monitoring the documentation of patient freedom of choice, creating patient certifications related to freedom of choice, and/or developing annual (or periodic) in-service training to highlight the Hospital's dedication to patient freedom of choice).

3. The Hospital, as part of the discharge planning process, must inform the patient (or the patient's representative) of their freedom to choose among Post-Acute Providers/Services, as soon as possible after a decision has been made to send a patient to any Post-Acute Provider/Service. The Hospital must respect, when possible, the patient's goals of care and treatment preferences, as well as other preferences, when expressed by the patient (and/or the patient's representative). The Hospital must not specify or otherwise limit the qualified Post-Acute Providers/Services that are available to the patient.
4. Only Hospital Case Management Personnel may discuss with the patient (and/or the patient's representative) their right to choose a Post-Acute Provider/Service.
5. Hospital Case Management Personnel must also assist the patient (and/or the patient's representative) in selecting a Post-Acute Provider/Service by using and sharing data that includes, but is not limited to, SNF, HHA, IRF, or LTCH data on quality measures and data on resource use measures. The Hospital Case Management Personnel must ensure that the data on quality measures and data on resource use measures is relevant and applicable to the patient's goals and treatment preferences, when expressed by the patient (and/or the patient's representative).
6. If the Hospital has established a post-acute provider network, Hospital Case Management Personnel may educate the patient on the potential benefit of receiving care from a Post-Acute Provider/Service participating in the Hospital's post-acute network. Hospital Case Management Personnel should document all these discussions with the patient in the patient's medical record.
7. In the event a patient is discharged to one of the below enumerated types of Post-Acute Providers/Services, a Patient Choice Letter must be presented to the patient:
  - SNF
  - HHA
  - Hospice
  - IRF
  - LTCH

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A Patient Choice Letter containing the patient's (or patient's representative's) signature indicating his/her choice of a Post-Acute Provider/Service must be retained in the patient's medical record. Attached is the required *Patient Choice Letter* for Hospital Case Management Personnel to use for the documentation of patient choice of a Post-Acute Provider/Service. This form should not be modified.

If the patient chooses specifically to make no choice of a Post-Acute Provider/Service, then the Hospital must notify the patient of the default Post-Acute Provider/Service.

If the patient comes to the Hospital from a Post-Acute Provider/Service and requests to return to that same Post-Acute Provider/Service upon discharge from the Hospital, the patient (or the patient's representative) is not required to provide written notice of this choice. Documentation that the patient (or the patient's representative) has requested to return to the Post-Acute Provider/Service of origin should be maintained in the patient's medical record.

8. For discharges requiring SNFs, Hospices, IRFs, or LTCHs, the Hospital must also provide each patient with a list of all such SNFs (the "SNF List"), Hospices (the "Hospice List"), IRFs (the "IRF List") or LTCHs (the "LTCH List"), as the case may be, that:
  - (i) are available to the patient,
  - (ii) participate in the Medicare program, and
  - (iii) serve the geographic area requested by the patient.

The SNF List, the Hospice List, the IRF List, and the LTCH List each must be updated at least annually.

For patients enrolled in a managed care organization ("MCO"), the Hospital must make the patient aware of the need to verify with the MCO which SNFs, Hospices, IRFs or LTCHs (as applicable) are in the MCO's network. If the Hospital has information on which SNFs, Hospices, IRFs or LTCHs (as applicable) are in the network of the patient's MCO, it must share this information with the patient (or the patient's representative).

The Hospital must document in the patient's medical record that the SNF List, the Hospice List, the IRF List or the LTCH List, as the case may be, was presented to the patient (or the patient's representative).

9. For discharges requiring HHAs, the Hospital must also provide each patient with a list of all such HHAs (the "HHA List") that:
  - (i) are available to the patient,
  - (ii) participate in the Medicare program,

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- (iii) serve the geographic area (as defined by the HHA) in which the patient resides, and
- (iv) have requested that they be listed by the Hospital as available.

The HHA List must be updated at least annually.

For patients enrolled in a managed care organization (“MCO”), the Hospital must make the patient aware of the need to verify with the MCO which HHAs are in the MCO’s network. If the Hospital has information on which HHAs are in the network of the patient’s MCO, it must share this information with the patient (or the patient’s representative).

The Hospital must document in the patient’s medical record that the HHA List was presented to the patient (or the patient’s representative).

10. In addition, Hospital Case Management Personnel must identify any Disclosable Financial Interest the Hospital has in, or with respect to, a Post-Acute Provider/Service through designation on the Patient Choice Letter.

**DEFINITIONS:**

**Affiliate:** means any person or entity Controlling, Controlled by or under common Control with another person or entity.

**Control:** means the direct or indirect power to govern the management and policies of an entity; or the power or authority through a management agreement or otherwise to approve an entity’s transactions (includes Controlled, Controlling).

**Dependent Healthcare Professionals (or DHPs):** as defined in HCA Healthcare Policy COG.PPA.003 (Vetting Dependent Healthcare Professionals and Other Non-Employees), includes individuals not employed by the Hospital who are permitted both by law and by the facility to provide patient care services under an approved scope of practice. These individuals may be employed by a contractor, a temporary staffing agency, a privileged practitioner or practitioner group or be directly contracted by a patient for a specific service.

**Discharge Planning:** means a process that involves determining the appropriate post-hospital destination for a patient (consistent with the patient’s care goals and treatment preferences, as well as other preferences, when expressed by the patient and/or patient’s representative), identifying what the patient requires for a smooth and safe transition from the hospital to his or her discharge destination, and beginning the process of meeting the patient’s identified post-discharge needs.

**Disclosable Financial Interest:** means the Hospital’s direct or indirect ownership interest in, or Control of, a SNF, HHA, Hospice, LTCH, or ICF or a SNF’sn HHA’s, Hospice’s, LTCH’s, or IRF’s direct or indirect ownership interest in, or Control of, the Hospital.

**HHA:** means home health agency.

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**Hospital:** includes (1) short-term acute-care hospitals, inclusive of any distinct rehabilitation or psychiatric hospital units, (2) LTCHs, (3) IRFs, (4) inpatient psychiatric hospitals, and/or (5) children’s hospitals.

**Hospital Case Management Personnel:** means: (1) employees of the Hospital or any Affiliate of the Hospital, including, but not limited to, case managers, social workers, or nurses involved in Discharge Planning, or (2) independent contractors engaged by, on behalf of, and at the direction of, the Hospital or any Affiliate for Discharge Planning purposes.

**IRF:** means inpatient rehabilitation hospital, facility or unit.

**LTCH:** means long-term care hospital.

**Non-Hospital Personnel:** means independent third party individuals or entities that are **not** Hospital Case Management Personnel, including, but not limited to, representatives of physicians, payors or insurance plans, Post-Acute Providers/Services, other acute care providers or vendors, DHPs, or external navigators.

**Patient Choice Letter:** means a form letter (attached and incorporated into this Policy) for Hospital Case Management Personnel to use for the documentation of patient choice of Post-Acute Providers/Services, which shall be maintained in the patient's medical record.

**Post-Acute Provider/Service:** means any and all providers or suppliers of post-acute services, including, but not limited to, post-acute services to inpatients who are: (1) discharged home with an order for post-discharge services, e.g., HHA or other care providers; (2) discharged to a non-acute care setting, e.g., SNF; (3) transferred to another acute care setting, e.g., IRF or LTCH; or (4) discharged to hospice care.

**SNF:** means skilled nursing facility.

**REFERENCES:**

1. 42 U.S.C. § 1395x(ee)(2)-(3)
2. 42 U.S.C. § 1395III(i)
3. 42 C.F.R. § 482.43
4. HCA Healthcare Policy [LL.EM.001](#)
5. HCA Healthcare Policy [LL.MBP.001](#) *et seq.*
6. HCA Healthcare Policy [COG.PPA.003](#)
7. HCA Healthcare [EMTALA policies](#)
8. [Attachment A](#): Patient Choice Letter