

530 - MEMBER TRANSFERS BETWEEN FACILITIES

EFFECTIVE DATES: 10/01/94, 10/01/17, 10/01/18, 10/01/23

APPROVAL DATES: 10/01/01, 05/01/04, 04/01/05, 11/01/07, 11/01/11, 08/24/17, 06/12/18, 05/19/23

I. PURPOSE

This Policy applies to ACC, ACC-RBHA, ALTCS E/PD, DCS/CHP (CHP), and DES/DDD (DDD) Contractors; Fee-For-Service (FFS) Providers as specified within this Policy. This Policy establishes requirements regarding member transfers between facilities.

II. DEFINITIONS

Refer to the [AHCCCS Contract and Policy Dictionary](#) for the terms found in this Policy including:

CONTRACTOR	FEE-FOR-SERVICE (FFS)	MEMBER
POST-STABILIZATION CARE	PRIMARY HOSPITAL	SECONDARY HOSPITAL
TERTIARY HOSPITAL	TRANSPORTATION	

III. POLICY

The Contractor and Fee-For Service (FFS) provider coordination activity and data sharing is required when a member transitions between facilities and levels of care. The methodology for data sharing shall be determined based on the capability of each entity.

A. TRANSFERS BETWEEN FACILITIES

1. Transfers initiated by the Contractor or FFS provider between inpatient hospital facilities following emergency hospitalization may be made when the following criteria are met:
 - a. The attending emergency physician, or the attending provider treating the member, determines that the member is sufficiently stabilized for transfer and will remain stable for the period of time required for the distance to be traveled. Such determination is binding on the Contractor responsible for coverage and payment, the Contractor shall comply with Medicaid Managed Care guidelines regarding the coordination of post stabilization care [42 CFR 438.114, 42 CFR 422.113],
 - b. The receiving physician agrees to the member transfer,
 - c. Transportation orders are prepared specifying the type of transport, training level of the transport crew and level of life support, and
 - d. A transfer summary accompanies the member.

2. Transfer to a lower level of care facility (e.g., tertiary to secondary or primary, or secondary to primary hospital, or transfer to a skilled nursing facility) may be made when the following criteria are met:
 - a. The member's condition does not require the full capabilities of the transferring facility, or
 - b. The member's condition has stabilized or reached a plateau and will not benefit further from intensive intervention in the transferring facility,
 - c. The receiving physician agrees to the member transfer,
 - d. Transportation orders are prepared specifying the type of transport, training level of the transport crew and level of life support, and
 - e. A transfer summary accompanies the member.

3. Transfers to a higher level of care facility (e.g., Primary to Secondary or Tertiary, or Secondary to Tertiary Hospital) may be made when the following criteria are met:
 - a. The transferring hospital cannot provide the level of care needed to manage the member beyond stabilization required to transport, or cannot provide the required diagnostic evaluation and consultation services needed,
 - b. The receiving physician agrees to the member transfer,
 - c. Transport orders are prepared which specify the type of transport, the training level of the transport crew and the level of life support, and
 - d. A transfer summary accompanies the member.

4. For transfers initiated by the Contractor, the attending emergency physician, or the attending provider treating the member and the Contractor Medical Director or designee is responsible for determining whether a particular case meets criteria established in this Policy. In the event of a request for a decision by AHCCCS on the transfer of a particular member, AHCCCS will apply the criteria listed in this Policy and A.R.S. §36-2909(B).