

**530 MEMBER TRANSFERS BETWEEN FACILITIES**

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

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**I. PURPOSE**

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

**II. DEFINITIONS**

<b>POST STABILIZATION CARE SERVICES</b>	Medically necessary services, related to an emergency medical condition provided after the member's condition is sufficiently stabilized in order to maintain, improve or resolve the member's condition so that the member could alternatively be safely discharged or transferred to another location [42 CFR 438.114(a)].
<b>PRIMARY HOSPITAL</b>	Hospitals that are licensed institutions with at least six beds whose primary function is to provide diagnostic and therapeutic patient services for medical conditions by an organized physician staff, and have continuous nursing services under the supervision of registered nurses.
<b>SECONDARY HOSPITAL</b>	Hospitals capable of providing the majority of hospital based services, both general medical and surgical, often OB and other services, but limited with regards to specialist access.
<b>TERTIARY HOSPITAL</b>	Hospitals with access to a broad range of specialists and equipment necessary and usually receiving their patients from a large catchment area and referral base.

**III. POLICY****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,

- Contractors 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).