SAN FRANCISCO HEALTH PLAN			
CO-48 Repatriation			

APPROVAL/REVIEW/REVISION HISTORY

Signature	Title	Date	Action
DocuSigned by: *Nina Maruyama* 9D4617B1400D431...	CCO	8/15/2023	Biennial Review
DocuSigned by: *Eddy Ang, MD* 216F247FAA1E4AC...	CMO	8/10/2023	

SAN FRANCISCO HEALTH PLAN™

SFHP POLICY AND PROCEDURE

Repatriation

Policy and Procedure Number:	CO-48
Department:	Clinical Operations
Accountable Lead:	Clinical Operations Analyst
Lines of Business Affected:	☒Medi-Cal ☒Healthy Workers HMO ☐Healthy SF ☐City Option ☐ All lines of business and coverage programs as listed

POLICY STATEMENT

San Francisco Health Plan (SFHP) ensures members' continuity of care by repatriating eligible members to Zuckerberg San Francisco General Hospital (ZSFG), their medical home hospital, when they have been seen in another hospital Emergency Department (ED) and referred for an unplanned inpatient admission or when admitted as an inpatient at another hospital. This policy only applies to pediatric members in the SF Community Clinic Consortium (CLN) or SF Health Network (SFN), which are assigned to Zuckerberg San Francisco General for their hospital services.

Exclusions
SFHP members not actively enrolled with SFN or CLN
All SFH or CLN members with other primary coverage (CCS excluded)
Admissions that do not meet acute inpatient criteria
SFHP members requiring psychiatric services only
SFHP members 21 years of age and older

PROCEDURE

I.   Process for Emergency Department (ED) to Inpatient (IP) Transfer

A. Notification of Potential Repatriation

1. SFHP Concurrent Review (CCR) staff receives request for repatriation and first verifies repatriation eligibility. If the member is eligible and stable for transfer per transferring treating provider, SFHP coordinates potential transfer with member's in-network hospital by following the procedure below.

2. SFHP CCR staff responds and informs the requesting hospital whether ED to IP repatriation will be pursued.

3. Upon receipt of clinical information, SFHP CCR conducts medical necessity review.

4. The transferring physician determines if the member is medically stable for transfer.

5. The transferring hospital verifies that the member or authorized representative is agreeable to transfer.

6. Once the above (steps 3-5) is completed, a referral is sent to ZSFG UM department.

B. Process for Repatriation to ZSFG

1. SFHP CCR nurse notifies the Transferring Hospital that ZSFG has accepted the transfer.

2. ZSFG arranges the physician-to-physician report within 60 minutes of receipt of the referral.
   a. Following the physician discussion, if it is determined that the patient is not stable for transfer or not appropriate for transfer (e.g., discharge anticipated the following day), the Transferring Hospital admits the member, the SFHP CCR nurse authorizes the admission per CO-22 and refers the case to the CCR team for follow-up and possible repatriation on the next calendar day, if applicable.
   b. If ZSFG accepts the member, continue with the repatriation process.

3. SFHP CCR nurse is notified of the ZSFG bed number, the phone number to call report, and the name of the accepting physician, and arranges for ambulance service (BLS, ALS, or CCT) to transport from the Transferring Hospital to ZSFG. Level of transportation is determined in conjunction with the transferring clinical team.

4. SFHP CCR nurse notifies the transferring hospital with the above information so they can prepare the patient for transfer and facilitate a nurse to nurse hand off.

5. The ZSFG Transfer Center calls SFHP to confirm the arrival.

C. Refusal of ED Repatriation by Patient

SFHP still refers a member for repatriation and a bed is assigned in order to issue a Notice of Action (NOA) for refusal.

1. Document the member or authorized representative refusal to transfer.

2. Obtain and document the accepting physician's name and the bed assignment.

3. Send NOA letter to the member via the Transferring Hospital, signed by the Medical Director or physician designee.

4. If the Transferring Hospital notifies SFHP that the member still refuses repatriation despite receiving the NOA letter, SFHP reviews the admission against MCG Care Guidelines criteria, authorizes the admission if it meets acute level of care criteria, and continues to follow.

II. Process for IP to IP Transfer

A. Identification of Potential Repatriation-Eligible Member Admitted Inpatient

   1. SFHP CCR team receives notification of members currently admitted to out of medical group hospital. CCR team first verifies repatriation eligibility and requests clinical information.

B. Process for Repatriation to ZSFG

   1. ZSFG notifies SFHP whether the patient is accepted for transfer and whether a bed is available.
      a. If ZSFG cannot accept the transfer, CCR nurse:
          i. Documents that the transfer was not accepted and the reason.
          ii. Contacts Transferring Hospital and authorizes per CO-22.
      b. CCR Nurse follows-up the next calendar day for possible repatriation, if applicable. If ZSFG can accept the transfer, the CCR Nurse continues with repatriation process.

   2. SFHP CCR nurse notifies the Transferring Hospital that ZSFG has accepted the transfer that a bed will be available, that the member will be repatriated to ZSFG and provides the name/contact information of the accepting physician.

   3. ZSFG arranges the physician-to-physician report.
      a. Following the physician-to-physician discussion, if it is determined that the patient is not stable for transfer or not appropriate for transfer (e.g., discharge anticipated the following day), the Transferring Hospital retains the member, the SFHP CCR nurse authorizes the admission per CO-22 and follows-up the next calendar day for possible repatriation if applicable.
      b. If ZSFG accepts the member, continue with the repatriation process.

   4. SFHP CCR nurse is notified of the ZSFG bed number, the phone number to call report, and the name of the accepting physician, and arranges for ambulance service (BLS, ACLS, or CCT) to transport from the Transferring Hospital to

ZSFG. Level of transportation is determined in conjunction with the transferring clinical team.

C. Refusal of IP Repatriation by Member– SFHP must still send a referral

1. Document the member or authorized representative refusal to transfer.

2. Obtain and document the accepting physician's name and the bed assignment.

3. Send Notice of Action (NOA) letter to the member via the Transferring Hospital, signed by the medical director or physician designee, and document this.

4. If the Transferring Hospital notifies SFHP that the member still refuses repatriation despite receiving the NOA letter, SFHP reviews the admission against MCG care guidelines, authorizes the admission if it meets acute level of care criteria, and continues to follow via concurrent review.

Monitoring

Reports are generated monthly for use by the SFHP CO management and repatriation support teams. These reports are used to identify trends and opportunities for process improvement, and to ensure policy objectives are achieved.

DEFINITIONS

ALS (Advanced Life Support) Transport: ALS transport is for patients who may require cardiac monitoring, advanced airway management, or IV and drug administration. Paramedic accompanied transport.

BLS (Basic Life Support) Transport: BLS transport is for patients requiring non-emergency transportation and is equipped for general first-aid and oxygen administration. EMT (Emergency Medical Technician) accompanied transport.

CCT (Critical Care) Transport: CCT transport is typically for ICU (Intensive Care Unit) level patients, or those the MD feels are at high risk for deterioration during transfer. They can transport patients on cardiac drips and ventilators. Primarily Registered Nurse accompanied transport, although can be provide by EMT-Paramedic Intermediate with additional specialty training.

Repatriation: Transfer of a member from a hospital outside of the assigned medical group to the member's assigned hospital.

AFFECTED DEPARTMENTS/PARTIES

None

RELATED POLICIES AND PROCEDURES AND OTHER RELATED DOCUMENTS

1. CO-22: Authorization Request
2. MEM-01: Other Health Coverage

REVISION HISTORY

Original Date of Issue: March 27, 2013

Revision Date(s): April 1, 2015; September 30, 2015; July 16, 2018; September 17, 2020; July 22, 2021, July 20, 2023

REFERENCES

None