



Transfers

Policy

In cases where a patient is transferred during an inpatient stay to the home or another facility, Oscar reimburses both the transferor and the transferee, subject to reimbursement adjustments.

Reimbursement Guidelines

For inpatient stays reimbursed using a DRG base rate, Oscar reimburses the transferor the lesser of an adjusted per diem rate and the standard DRG rate. The per diem rate is calculated depending on the DRG assigned for stay for the transferring facility and the type of facility or service to which the patient is transferred. The transfer information is determined from the patient discharge status code.

Transfers to Acute Care Facilities

The adjusted per diem rate is calculated by dividing the standard rate by the geometric mean length of stay for the assigned DRG. The date of admission is counted as two days and each subsequent day counts as a single day for calculating the adjusted per diem payment. This payment is used for all DRGs where the patient is transferred to a short term general hospital for inpatient care or a Critical Access Hospital.

The receiving provider is paid at the standard rate.

Transfers to Post-Acute Care Facilities or Services

The adjusted per diem rate is calculated by dividing the standard rate by the geometric mean length of stay for the assigned DRG. The date of admission is counted as two days and each subsequent day counts as a single day for calculating the adjusted per diem payment. This payment applies to DRGs designated by CMS as post-acute DRGs when a patient is transferred to a skilled nursing facility, home care of organized home health service organization, an inpatient rehabilitation facility, a long term care hospital, a psychiatric hospital or psychiatric distinct unit of a hospital, or another type of institution not otherwise referenced in this document for inpatient care.

Transfers to post-acute care facilities or services with an assigned DRG designated as a special pay DRG by CMS are subject to a blended transfer rate. This per diem rate is calculated using 50% of the standard DRG rate plus 50% of the adjusted per diem rate outlined above.

The receiving provider is paid at the standard rate.

Transfers from Stand-Alone Emergency Facilities

In the event a member is transferred from a stand-alone emergency facility to an inpatient admission, the payment to the stand-alone facility is subject to reimbursement adjustments. For transfers within the same system, the outpatient visit is not separately reimbursable and is considered to be included in the payment for the inpatient



admission. For transfers between unaffiliated facilities, the outpatient visit is subject to a 50% reduction in allowed amount. For the purposes of this policy, stand-alone emergency facilities are facilities that have limited or no inpatient beds, cannot provide trauma or intensive care treatment, and have limited surgical capabilities.

Coding

Categories identified above include, but are not limited to, the below codes.

Patient Discharge Status Code	Description
02	Discharged/transferred to other short term general hospital for inpatient care.
66	Discharged/transferred to a Critical Access Hospital.
03	Discharged/transferred to skilled nursing facility (SNF).
05	Discharged/transferred to another type of institution.
06	Discharged/transferred to home care of organized home health service organization.
62	Discharged/transferred to an inpatient rehabilitation facility.
63	Discharged/transferred to a long term care hospitals.
65	Discharged/Transferred to a psychiatric hospital or psychiatric distinct unit of a hospital.

Publication History

Date	Action/Description
7/21/2016	Original Documentation
7/27/2016	Approval and inclusion in Oscar Provider Manual
8/27/2018	Policy Updated