

Title 8, California Code of Regulations §9789.22 – Effective December 1, 2008

(Only the subsections which are amended to conform to the Medicare FY 2009 update to the inpatient prospective payment system, published on August 19, 2008 in the Federal Register (Vol. 73 FR 48434) and is entitled “Medicare Program; Changes to the Hospital Inpatient Prospective Payment Systems and Fiscal Year 2009 Rates; Payments for Graduate Medical Education in Certain Emergency Situations; Changes to Disclosure of Physician Ownership in Hospitals and Physician Self-Referral Rules; Updates to the Long-Term Care Prospective Payment System; Updates to Certain IPPS-Excluded Hospitals; and Collection of Information Regarding Financial Relationships Between Hospitals Final Rules” (CMS-1390-F; CMS-1531-IFC1; CMS-1531-IFC2; CMS-1385-F4), the correction to the final rule published on October 3, 2008, in the Federal Register (Vol. 73 FR 57541), and is entitled “Medicare Program; Changes to the Hospital Inpatient Prospective Payment Systems and Fiscal Year 2009 Rates; Payments for Graduate Medical Education in Certain Emergency Situations; Changes to Disclosure of Physician Ownership in Hospitals and Physician Self-Referral Rules; Updates to the Long-Term Care Prospective Payment System; Updates to Certain IPPS-Excluded Hospitals; and Collection of Information Regarding Financial Relationships Between Hospitals; Correction” (CMS-1390-CN; CMS-1531-CN; CMS-1385-CN2), and the notice to the final rule published on October 3, 2008 in the Federal Register (Vol. 73, FR 57888), entitled, “Medicare Program; Hospital Inpatient Prospective Payment Systems and Fiscal Year 2009 Rates: Final Fiscal Year 2009 Wage Indices and Payment Rates Including Implementation of Section 124 of the Medicare Improvement for Patients and Providers Act of 2008; Notice” (CMS-1390-N,) are printed herein. The new text is underlined. It should be noted, however, in accordance with the Order of the Acting Administrative Director, other subsections which reference the Federal Register or Code of Federal Regulations are also amended (but not printed herein) to incorporate by reference the applicable Federal Register final rule (including additional notices, correction notices, and revisions) and Federal Regulations in effect as of the date this Order becomes effective, to be applied to discharges occurring on or after December 1, 2008.)

(i) Transfers

(2) Post-acute care transfers exempt from the maximum reimbursement set forth in subdivision (a).

(A) When an acute care patient is discharged to a post-acute care provider which is a rehabilitation hospital or distinct part rehabilitation unit of an acute care hospital or a long-term hospital, and the patient's discharge is assigned to one of the following qualifying DRGs: 12, 14, 24, 25, 89, 90, 113, 121, 122, 130, 131, 236, 239, 243, 263, 264, 277, 278, 296, 297, 320, 321, 429, 462, 483, or 468; payment to the transferring hospital shall be made as set forth in subdivision (i)(1) of this section.

For discharges on or after July 15, 2005: When an acute care patient is discharged to a post-acute care provider which is a rehabilitation hospital or distinct part rehabilitation unit of an acute care hospital or a long-term hospital, and the patient's discharge is assigned to one of the following qualifying DRGs: 12, 14, 24, 25, 88, 89, 90, 113, 121, 122, 127, 130, 131, 236, 239, 277, 278, 294, 296, 297, 320, 321, 395, 429, 468, 541 or 542; payment to the transferring hospital shall be made as set forth in subdivision (i)(1) of this section.

For discharges on or after December 1, 2005: When an acute care patient is discharged to a post-acute care provider which is a rehabilitation hospital or distinct part rehabilitation unit of an acute care hospital or a long-term hospital, and the patient's discharge is assigned to one of the qualifying DRGs listed in Table 5 of the Federal Register published on August 12, 2005, (Vol. 70, FR 47278) and entitled "Medicare Program; Changes to the Hospital Inpatient Prospective Payment Systems and Fiscal Year 2006 Rates" (CMS-1500-F), which is incorporated by reference and will be made available upon request to the Administrative Director, and the correction notice published on September 30, 2005 in the Federal Register (Vol. 70, FR 57161), and is entitled "Medicare Program; Changes to the Hospital Inpatient Prospective Payment Systems and Fiscal Year 2006 Rates; Correction", (CMS-1500-CN), which is incorporated by reference and will be made available upon request to the Administrative Director, payment to the transferring hospital shall be made as set forth in subdivision (i)(1) of this section.

For discharges on or after December 1, 2006: When an acute care patient is discharged to a post-acute care provider which is a rehabilitation hospital or distinct part rehabilitation unit of an acute care hospital or a long-term hospital, and the patient's discharge is assigned to one of the qualifying DRGs listed in Table 5 of the addendum to the notice published on October 11, 2006, (Vol. 71, FR 59886) and entitled "Medicare Program; Hospital Inpatient Prospective Payment Systems and Fiscal Year 2007 Rates: Final Fiscal Year 2007 Wage Indices and Payment Rates After Application of Revised Occupational Mix Adjustment to Wage Index" (CMS-1488-N), which is incorporated by reference and will be made available upon request to the Administrative Director, payment to the transferring hospital shall be made as set forth in subdivision (i)(1) of this section.

For discharges on or after March 1, 2007: When an acute care patient is discharged to a post-acute care provider which is a rehabilitation hospital or distinct part rehabilitation unit of an acute care hospital or a long-term hospital, and the patient's discharge is assigned to one of the qualifying DRGs listed in Table 5 of the addendum to the notice published on October 11, 2006 (Vol. 71, FR 59886), and entitled "Medicare Program; Hospital Inpatient Prospective Payment Systems and Fiscal Year 2007 Rates: Final Fiscal Year 2007 Wage Indices and Payment Rates After Application of Revised Occupational Mix Adjustment to Wage Index" (CMS-1488-N), which is incorporated by reference and will be made available upon request to the Administrative Director, and Correction of Notice published on January 5, 2007 (Vol. 72, No. 3, FR 569), and entitled, "Medicare Programs; Changes to the Hospital Inpatient Prospective Payment Systems and Fiscal Year 2007 Rates; Final Fiscal Year 2007 Wage Indices and Payment Rates After

Application of Revised Occupational Mix Adjustment to the Wage Index; Corrections” (CMS-1488-CN2), which is incorporated by reference and will be made available upon request to the Administrative Director, payment to the transferring hospital shall be made as set forth in subdivision (i)(1) of this section.

For discharges on or after January 1, 2008: When an acute care patient is discharged to a post-acute care provider which is a rehabilitation hospital or distinct part rehabilitation unit of an acute care hospital or a long-term hospital, and the patient's discharge is assigned to one of the qualifying DRGs listed in Table 5 of the addendum to the final rule published in the Federal Register on August 22, 2007, (Vol. 72, FR 47130) and entitled “Medicare Program; Changes to the Hospital Inpatient Prospective Payment Systems and Fiscal Year 2008 Rates; Final Rule” (CMS-1533-FC) which is incorporated by reference and will be made available upon request to the Administrative Director, and correction published in the Federal Register on October 10, 2007, (Vol. 72, FR 57634) and entitled “Medicare Program; Changes to the Hospital Inpatient Prospective Payment Systems and Fiscal Year 2008 Rates; Correction” (CMS-1533-CN2), which is incorporated by reference and will be made available upon request to the Administrative Director, payment to the transferring hospital shall be made as set forth in subdivision (i)(1) of this section.

For discharges on or after December 1, 2008: When an acute care patient is discharged to a post-acute care provider which is a rehabilitation hospital or distinct part rehabilitation unit of an acute care hospital or a long-term hospital, and the patient's discharge is assigned to one of the qualifying DRGs listed in Table 5 of the addendum to the final rule published in the Federal Register on August 19, 2008, (Vol. 73 FR 48434) and is entitled “Medicare Program; Changes to the Hospital Inpatient Prospective Payment Systems and Fiscal Year 2009 Rates; Payments for Graduate Medical Education in Certain Emergency Situations; Changes to Disclosure of Physician Ownership in Hospitals and Physician Self-Referral Rules; Updates to the Long-Term Care Prospective Payment System; Updates to Certain IPPS-Excluded Hospitals; and Collection of Information Regarding Financial Relationships Between Hospitals Final Rules” (CMS-1390-F; CMS-1531-IFC1; CMS-1531-IFC2; CMS-1385-F4), which is incorporated by reference and will be made available upon request to the Administrative Director, payment to the transferring hospital shall be made as set forth in subdivision (i)(1) of this section.

(B) When an acute care patient is discharged to a post-acute care provider and the patient's discharge is assigned to one of the following qualifying DRGs 209, 210 or 211, the payment to the transferring hospital is 50% of the amount paid under subdivision (a) of this section, plus 50% of the per diem, set forth in subdivision (i)(1) for each day, up to the full DRG amount.

For discharges on or after December 1, 2005: When an acute care patient is discharged to a post-acute care provider and the patient's discharge is assigned to one of the following qualifying DRGs 7, 8, 210, 211, 233, 234, 471, 497, 498, 544, 545, 549, or 550, the payment to the transferring hospital is 50% of the amount paid under subdivision (a) of

this section, plus 50% of the per diem, set forth in subdivision (i)(1) for each day, up to the full DRG amount.

For discharges on or after December 1, 2006: When an acute care patient is discharged to a post-acute care provider and the patient's discharge is assigned to one of the following qualifying DRGs 7, 8, 210, 211, 233, 234, 471, 497, 498, 545, 549, or 550, the payment to the transferring hospital is 50% of the amount paid under subdivision (a) of this section, plus 50% of the per diem, set forth in subdivision (i)(1) for each day, up to the full DRG amount.

For discharges on or after March 1, 2007: When an acute care patient is discharged to a post-acute care provider and the patient's discharge is assigned to one of the following qualifying DRGs 7, 8, 210, 211, 233, 234, 471, 497, 498, 544, 545, 549, or 550, the payment to the transferring hospital is 50% of the amount paid under subdivision (a) of this section, plus 50% of the per diem, set forth in subdivision (i)(1) for each day, up to the full DRG amount.

For discharges on or after January 1, 2008: When an acute care patient is discharged to a post-acute care provider and the patient's discharge is assigned to one of the qualifying DRGs designated with a "yes" in the "FY08 Final Rule Special Pay DRG" column in Table 5 of the addendum to the final rule published in the Federal Register on August 22, 2007, (Vol. 72, FR 47130) and entitled "Medicare Program; Changes to the Hospital Inpatient Prospective Payment Systems and Fiscal Year 2008 Rates; Final Rule" (CMS-1533-FC), which is incorporated by reference and will be made available upon request to the Administrative Director, and correction published in the Federal Register on October 10, 2007, (Vol. 72, FR 57634) and entitled "Medicare Program; Changes to the Hospital Inpatient Prospective Payment Systems and Fiscal Year 2008 Rates; Correction" (CMS-1533-CN2), which is incorporated by reference and will be made available upon request to the Administrative Director, the payment to the transferring hospital is 50% of the amount paid under subdivision (a) of this section, plus 50% of the per diem, set forth in subdivision (i)(1) for each day, up to the full DRG amount.

For discharges on or after December 1, 2008: When an acute care patient is discharged to a post-acute care provider and the patient's discharge is assigned to one of the qualifying DRGs designated with a "yes" in the "FY09 Final Rule Special Pay DRG" column in Table 5 of the addendum to the final rule published in the Federal Register on August 19, 2008, (Vol. 73 FR 48434) and is entitled "Medicare Program; Changes to the Hospital Inpatient Prospective Payment Systems and Fiscal Year 2009 Rates; Payments for Graduate Medical Education in Certain Emergency Situations; Changes to Disclosure of Physician Ownership in Hospitals and Physician Self-Referral Rules; Updates to the Long-Term Care Prospective Payment System; Updates to Certain IPPS-Excluded Hospitals; and Collection of Information Regarding Financial Relationships Between Hospitals Final Rules" (CMS-1390-F; CMS-1531-IFC1; CMS-1531-IFC2; CMS-1385-F4), which is incorporated by reference and will be made available upon request to the Administrative Director, the payment to the transferring hospital is 50% of the amount

paid under subdivision (a) of this section, plus 50% of the per diem, set forth in subdivision (i)(1) for each day, up to the full DRG amount.