CMS Revises Discharge Planning Requirements for Facilities Participating in Medicare and Medicaid

The Centers for Medicare & Medicaid Services (CMS) has issued a final rule that revises the discharge planning requirements that hospitals, including long-term care hospitals, critical access hospitals, psychiatric hospitals, children's hospitals, and cancer hospitals, as well as inpatient rehabilitation facilities and home health agencies must meet to participate in Medicare and Medicaid programs.

Specifically, the final rule, “Revisions to Discharge Planning Requirements [CMS-3317-F],” requires hospitals to provide acute care patients access to information about post-acute care providers’ performance on quality measures and resource use measures, including those related to the facility’s number of pressure ulcers, proportion of falls leading to injury, and number of readmissions. It also mandates the seamless exchange of patient information between health care settings and the right for patients to access their medical records in electronic format.

The rule also implements requirements from the Improving Medicare Post-Acute Care Transformation Act of 2014 (IMPACT Act) that includes how facilities will account for and document a patient’s goals of care and treatment preferences. In addition, the rule requires that facilities and home health agencies send specific medical information when a patient is transferred to another facility, along with an evaluation of the patient’s need for post-hospital services.

More information is available on the Federal Register website.