



**Institutional Handbook of Operating Procedures
Policy 09.01.18**

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| Section: Clinical Policies | Responsible Vice President: EVP and CEO Health System |
| Subject: Admission, Discharge, and Transfer | Responsible Entity: Care Management |

I. Title

Letter of Financial Responsibility for Continued Care for Non-Medicare and Non-Medicaid Patients

II. Policy

In accordance with UTMB’s Utilization Management (UM) Plan, a procedure will be established to review all patients for the medical necessity for admissions, continued stay, and the appropriateness of the setting in which the patient receives their healthcare. In those circumstances where it is deemed the patient can receive the necessary care in a more appropriate setting, appropriate arrangements will be made. If a patient declines to participate with the transitional plan of care, UTMB will provide the patient with a letter of financial responsibility for continued care at UTMB (for all Medicare patients, refer to the procedures in IHOP Policy 09.01.18 for Hospital Issued Notice of Non-coverage). This policy specifically excludes Medicare and Medicaid patients.

III. Procedures

Initial Patient Notification of Impending Discharge:

All patients, and/or their medical decision maker, will be kept up to date on transitional care planning and specifically, a target discharge date. All discharge options will be explained to the patient and/or their medical decision maker to jointly achieve patient goals. In those circumstances where post-acute care options exist and are appropriate for the patient, the patient and/or medical decision maker will be informed of these options. If the patient and/or medical decision maker refuse to transition their care to the most appropriate setting, the Nurse Case Manager (NCM) or Social Worker (SW) will inform the faculty. The NCM or SW will document the discharge options in the medical record, to include the reason for the patient and/or medical decision maker’s refusal to allow appropriate referrals. All efforts will be made to address the concerns of the patient. If after addressing the concerns the patient and/or medical decision maker still decline to transition to the most appropriate setting, a letter of financial responsibility will be provided to the patient.

Delivery of Letter of Financial Responsibility:

If the patient elects to remain in the hospital despite transition of care recommendations, and with the faculty’s consent, the letter of Financial Responsibility will be provided to the patient and/or medical decision maker for signature. The NCM or SW will explain the letter to the patient and/or medical decision maker to clearly identify the available options, and indicate that they may be billed for continued stay if they delay the transition of their care. A copy of this signed letter will be uploaded to EPIC and Revenue Cycle will be notified to make appropriate adjustments to billing.

IV. Relevant System Policies and Procedures

University of Texas Medical Branch, Utilization Management Plan, updated annual and available upon request through the Department of Care Management

V. Related UTMB Policies and Procedures

[IHOP – 09.01.13 – Discharge Planning](#)

VI. Additional References

[IHOP – 09.01.18 - Letter of Financial Responsibility for Continued Care for Non-Medicare and Non-Medicaid Patients Template](#)

VII. Dates Approved or Amended

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| <i>Originated: 04/10/2017</i> | |
| <i>Reviewed with Changes</i> | <i>Reviewed without Changes</i> |
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VIII. Contact Information

Department of Care Management
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