

The Effect of a New Reimbursement Policy for Discharge Planning Service

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Abstract : Background and Aim: National Health Insurance (NHI) Administration released a new reimbursement policy for hospital patients who received a superior discharge plan on April 1, 2016. Each case could be claimed 1,500 points for fee-of service with related documents. The policy is considered a solution to help reducing the crowding in the emergency department, the length of stay of hospital, unplanned readmission rate and unplanned ER visit. This study aim is to explore the effect of the new reimbursement policy for discharge planning service in a medical center. Methods: The discharge team explained to general wards the new policy and encouraged early assessment, communication and connecting to community care for patients. They stated the benefit from the policy and asked documenting for reimbursement claiming from April to May 2016. The imbursement fee of NHI declaration from June 2015 to October 2017 was collected. The indicators included hospital occupancy rate, hospital bed turnover rate, long-term hospitalization rate, and patients' satisfaction were analyzed after the policy implemented. Results: The results showed that the amount of service declaration was increasing from 2 cases in February 2016 to 110 cases in October 2017, the application rate was increasing from 0.029% to 1.576% of all inpatient cases, and the average payment from NHI was around 148,500 NT dollars per month in 2017. There are no significant differences in the indicators among hospital occupancy rate, hospital bed turnover rate, long-term hospitalization rate, and patients' satisfaction. Conclusion: To provide a good discharge plan require a specialized case manager, the new reimbursement policy is too complicated and the total fee-of-service hospital could claim is too limited to hiring one. The results suggest more strategies combine with the new reimbursement policy will be needed.

Keywords : discharge planning, reimbursement, unplanned ER visit, readmission rate

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