

ACTIVE PATIENT DEFINITION	Category: Clinic Operations	
Origination Date: 05/05/2021	Effective Date: 05/05/2021	Next Review Date: 05/05/2024
Reviser (Title): n/a	Owner (Title): Medical Director	

PURPOSE:

The purpose of this policy is to define active status for patients of the Hemophilia Treatment Center (HTC) at Washington Center for Bleeding Disorders (WACBD).

PERSONS AFFECTED:

This policy applies to all WACBD workforce members.

POLICY:

The HTC at WACBD is a Health Resources & Services Administration (HRSA) sub-award recipient under section 501(a)(2) of the Social Security Act. Hemophilia Treatment Centers (HTC) that receive HRSA grant funding are expected to provide optimal care using a multi-disciplinary team approach that provides accessible, family-centered, continuous, coordinated, and culturally effective care for individuals with hemophilia and other bleeding or clotting disorders. The WACBD complies with all rules and regulations of Section 340b of the Public Health Service Act and as such defines an active patient as an individual who has an established healthcare relationship with an eligible provider of the HTC and is considered to maintain this status through eligible encounters.

DEFINITIONS:

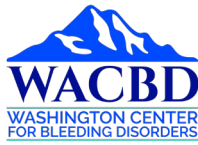
Eligible patient: An individual is a patient of a 340B covered entity only if:

- a. The covered entity has established a relationship with the individual, such that the covered entity maintains records of the individual's health care; and
- b. The individual receives health care services from a health care professional who is either employed by the covered entity or provides health care under contractual or other arrangements (e.g. referral for consultation, collaborative agreement) such that responsibility for the care provided remains with the covered entity; and
- c. The individual receives a health care service or range of services from the covered entity which is consistent with the service or range of services for which grant funding or Federally-qualified health center look-alike status has been provided to the entity.
- d. An individual will not be considered a patient of the covered entity if the only health care service received by the individual from the covered entity is the dispensing of a drug or drugs for subsequent self-administration or administration in the home setting.

Eligible provider: A licensed healthcare provider with prescribing authority (MD, DO, ARNP, NP, OA, or PA) who is employed, is under contract with, or is part of a group covered under a collaborative agreement with the HTC such that the responsibility for care is with the HTC or collaborative group.

Collaborative Agreement: The Collaborative Agreement defines the shared nature of care of hemophilia and bleeding disorder patients between WACBD and other institutions with similar medical expertise and makes patients cared for under this agreement eligible for purchase of discount pharmaceuticals under regulations

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governing the 340B program. The Agreement allows providers to share learnings, provide consultation to one another, and helps with data gathering that leads to improvement in the care of these patients, including 1) improving patient outcomes, 2) coordinating transition of the care of young adults, 3) identifying families at risk for hemophilia and other bleeding disorders, and 4) problem solving social, geographic, and financial issues that hinder access to care.

Eligible visit: A virtual or in-person encounter between patient and eligible provider to establish an assessment and plan regarding the patient's bleeding disorder. This can be in the outpatient or in-patient setting.

Eligible encounter: An encounter involving a direct two-way communication regarding the bleeding disorder between prescribing HTC staff (MD, DO, ARNP, NP, PA, OA, or RN under provider direction) and patient/patient guardian, or in an emergency/urgent situation, the HTC and an Emergency room staff or community provider.

KEY WORDS:

HTC: Hemophilia Treatment Center

EHR: Electronic Health Record where HTC records are housed

RESPONSIBILITIES:

It is the responsibility of all WACBD members to comply with this policy.

POLICY REQUIREMENTS:

1. The following must be met to establish a healthcare relationship:
 - a. Eligible HTC provider must perform a direct evaluation relative to an individual's bleeding disorder at an eligible visit.
 - b. Eligible HTC provider is responsible for creating and documenting the individual's treatment plan in the EHR and placing appropriate new prescriptions.
 - c. Provider must maintain auditable records of the eligible visit in the EHR.
2. The following must be met to maintain a healthcare relationship:
 - a. Patients must receive ongoing healthcare services from the HTC.
 - b. The HTC must maintain auditable records of the eligible encounter in the EHR.
3. A healthcare relationship must be re-established if an individual has not attended an eligible encounter within three years.

RELEVANT REFERENCES:

- Health Resources and Services Administration (HRSA) - <https://www.hrsa.gov/sites/default/files/opa/programrequirements/federalregisternotices/patientandentityeligibility102496.pdf>
- Office of Pharmacy Affairs (OPA) - <https://340bopais.hrsa.gov/?AspxAutoDetectCookieSupport=1>
- Noridian Medicare - <https://med.noridianmedicare.com/web/jeb/specialties/em/new-vs-established-patient>

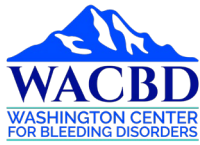
RELATED DOCUMENTS/EXTERNAL LINKS:

Federal Register / Vol. 61, No. 207 / Thursday, October 24, 1996 / Notices
New Patient vs Established Patient Visit

APPROVING COMMITTEE(S):

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Policy and Compliance Committee

REVISION HISTORY

	Final Approval by	Date	Brief description of change/revision
Revision			
Revision			

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