



NETWORK *Notification*

Notice Date: February 17, 2026
To: Georgia Medicaid Providers
From: CareSource
Subject: 30-Day Readmission Policy

Summary

The purpose of this policy is to improve the quality of acute care and transitional care rendered to CareSource members on initial admission paid using the Diagnosis Related Group (DRG) methodology. This includes improving communication between the patient, caregivers, and clinicians, providing patient education needed to maintain care at home to prevent readmission, performing pre-discharge assessments to ensure the patient is ready to be discharged, and providing effective post-discharge coordination of care.

Policy

- This policy defines the payment rules for hospitals and acute care facilities reimbursed for inpatient services.
- Prior authorization of the initial or subsequent inpatient stays or admission to observation status is not a guarantee of payment and is subject to administrative review.
- All readmissions with a same or related problem within 30 days will be denied if the initial discharge is considered the same admission and will be reimbursed as one claim, except for psychiatric services limited to short-term acute care.
- Readmissions greater than 30 days following a previous hospital discharge are treated as separate stays for payment purposes but are subject to administrative review. Justification is required for hospitalization of eligible members. Documentation may be requested in a prepayment or post-payment review. Lack of appropriate justification for the readmission for a separate claim may result in denial, reduction, or recoupment of reimbursement.

Note: A related condition can be a complication resulting from the first diagnosed condition (e.g., retained placenta following a delivery).

Definitions

- **Readmission:** A subsequent inpatient admission to any acute care facility occurring within 30 days of the discharge date for the same or related problem, excluding psychiatric services.
- **Same day:** Midnight to midnight of a single day.
- **Same or a related problem:** A problem or diagnosis that is the same or similar to the one documented on the initial admission.

Importance

- CareSource reserves the right to monitor claim submissions and implement post-payment claim adjustments.
- Medical records for both admissions must be included upon request for claim review.

- Failure by the acute care facility or inpatient hospital to provide complete medical records when requested will result in an automatic denial of the claim.
- Medical records for both admissions must be submitted with the claim if both admissions originated from the same facility or Tax Identification Number (TIN).
- Failure by the acute care facility or inpatient hospital to provide complete medical records will result in an automatic denial of the claim.
- If the included documentation determines the readmission to be inappropriate, the claim will be denied.
- If the readmission is determined to be preventable at the time of documentation review, CareSource will deny the claim, and the provider may resubmit a corrected claim for the entire length of stay.

Questions?

You're welcome to contact your dedicated provider representative by calling Provider Services at **1-855-202-1058**, available Monday through Friday from 7 a.m. to 7 p.m. Eastern Time (ET). You may also contact your representative at GAProviderRelations@CareSource.com.

GA-MED-P-5076003

DCH Approved: 2/17/2026