Administrative Policy Statement
OHIO MEDICAID

Original Issue Date	Next Annual Review	Effective Date
11/30/2018	1/1/2020	1/1/2019
Policy Name		**Policy Number**
30 Day Readmission		AD-0703
Policy Type		
Medical	**ADMINISTRATIVE**	Pharmacy	Reimbursement

Administrative Policy Statements prepared by CSMG Co. and its affiliates (including CareSource) are derived from literature based on and supported by clinical guidelines, nationally recognized utilization and technology assessment guidelines, other medical management industry standards, and published MCO clinical policy guidelines. Medically necessary services include, but are not limited to, those health care services or supplies that are proper and necessary for the diagnosis or treatment of disease, illness, or injury and without which the patient can be expected to suffer prolonged, increased or new morbidity, impairment of function, dysfunction of a body organ or part, or significant pain and discomfort. These services meet the standards of good medical practice in the local area, are the lowest cost alternative, and are not provided mainly for the convenience of the member or provider. Medically necessary services also include those services defined in any Evidence of Coverage documents, Medical Policy Statements, Provider Manuals, Member Handbooks, and/or other policies and procedures.

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A. Subject

30 Day Readmission

B. Background

Following a hospitalization, when readmitted this is costly and most often times is a preventable event. It has been estimated that readmissions within 30 days of discharge can cost health plans more than $1 billion dollars on an annual basis. Readmissions can result from many situations but most often times are due to lack of transitional care or discharge planning. Readmissions can be a major source of stress to the patient, family and caregivers. However, there are some readmissions that are unavoidable due to the inevitable progression of the disease state or due to chronic conditions.

The purpose of this policy is to improve the quality of inpatient and transitional care that is being rendered to the members of CareSource. This includes but is not limited to the following: 1. improved communication between the patient, caregivers and clinicians, 2. provide the patient with the education needed to maintain their care at home to prevent a readmission, 3. perform pre discharge assessment to ensure patient is ready to be discharged, and 4. effective post discharge coordination of care.

C. Definitions

- Readmission: a subsequent inpatient admission to any acute care facility which occurs within 30 days of the discharge date; excluding planned admissions.
- Planned Readmission: a non-acute admission for a scheduled procedure for limited types of care to include: obstetrical delivery, transplant surgery and maintenance chemotherapy/radiotherapy/immunotherapy.
- Potentially Preventable Readmission (PPR): a readmission within a specific time frame that is clinically related and may have been prevented had appropriate care been provided during the initial hospital stay and discharge process.

D. Policy

I. This is an administrative policy that defines payment rules for hospitals and acute care facilities that are reimbursed for inpatient services within the defined criteria:
   A. Greater than 24 hours and less than 30 days after previous discharge date
   B. Applies to all diagnoses, unless indicated below as an exclusion

II. Under the following circumstances a readmission will be considered preventable or inappropriate:
   A. The readmission was medically unnecessary;
   B. The readmission is the result from a prior discharge from the same hospital when there was a failure to provide the member with proper and adequate post discharge planning instructions;
   C. The readmission is the result of poor coordination between the inpatient and outpatient team in regards to coordinating post discharge care for the member;

III. The following readmission criteria listed below are excluded from the 30-day readmission reimbursement guidelines:

A. If the member is being transferred from an out-of-network to an in-network facility or if the member is being transferred to a facility that provides care that was not available at the initial facility;
B. If the readmission is part of planned repetitive treatments or staged treatments, such as chemotherapy or staged surgical procedures;
C. Readmissions where the discharge status of the first discharge was “left against medical advice (AMA)”;
D. Obstetrical readmissions;
E. Readmissions that are greater than 31 days from the date of discharge from the initial admission;
F. Readmission for patients who are under the age of 12 months at the time of service.

IV. Post Payment Review
A. CareSource reserves the right to monitor and review claim submissions to minimize the need for post-payment claim adjustments as well as review payments retrospectively.
1. If a claim is reviewed and determined to be an inappropriate, unnecessary, or preventable readmission, the hospital must be able to provide documentation to CareSource upon request. The documentation will be reviewed to determine if the admission was a preventable readmission based on the criteria listed above.
2. If the readmission is determined at the time of documentation review to be a preventable readmission, all appeals timeframes are expired and/or appeals exhausted, claim will be returned to claims for post-payment adjustment.

E. Conditions of Coverage

HCPCS
CPT

AUTHORIZATION PERIOD

F. Related Policies/Rules

G. Review/Revision History

DATES		ACTION
Date Issued	**11/30/2018**	
Date Revised		
Date Effective	**1/1/2019**	

H. References

1. CMS Hospital-Wide 30-Day Risk-Standardized Readmission Measure, retrieved on November 21st, 2018 from CMS.gov
2. Ohio Administrative Code 5160-2-14v1, http://codes.ohio.gov/oac/5160-2-14v1

This guideline contains custom content that has been modified from the standard care guidelines and has not been reviewed or approved by MCG Health, LLC.

The Administrative Policy Statement detailed above has received due consideration as defined in the Administrative Policy Statement Policy and is approved.

Independent medical review – 2/2015