ADMINISTRATIVE POLICY AND PROCEDURE			
Policy #:	**181.DC**		
Subject:	**30-day Readmission**		
Section:	**Clinical Operations**		
Initial Effective Date:	**06/01/2024**		
Revision Effective Date(s):	**07/24**		
Review Effective Date(s):			
Responsible Parties:	**Manager, Utilization Management** **Claims Manager, Payment Integrity Vendor(s)**		
Responsible Department(s):	**Clinical Operations – Utilization Management** **Claims Operation**		
Regulatory References:	**NCQA 2024: UM 5A; UM5B, UM 6A; UM 6B** **District of Columbia Contract: C.5.30, C.30.9.2, 42 C.F.R. § 438.210(d)** **CMS §1154(a)(13) and 42 CFR 476.71(a)(8)(ii))**		
Approved:	**AVP Clinical Operations**	**Executive Director**	**Senior Medical Director (Chief Medical Officer – DC)**

Purpose: **To enhance healthcare outcomes by ensuring appropriate, clinically effective, cost-efficient, and improved healthcare and safe hospital discharge practices. This payment policy addresses reimbursement.**

Scope: **MedStar Family Choice District of Columbia (MedStar Family Choice DC)**

Policy: **MedStar Family Choice DC has a formal Utilization Management System designed to identify and process 30-Day Readmission reviews that meet 30-day readmission criteria.**

Definition

- A readmission occurs when a patient is admitted to the same or another hospital within 30 days of discharge from a previous inpatient stay.
- The readmission may be related to the initial admission or a new condition.

Procedure:

Inappropriate or preventable according to the clinical review guidelines set forth below, MedStar Family Choice DC will combine both confinements to determine reimbursement.

Readmission is inappropriate or preventable if it meets the following criteria:

Inclusion 30-day Readmission

- 30-day readmission to the same acute or related hospital for same or similar diagnosis and/or complaint.
- Readmission due to premature discharge from same or related hospital.
- Readmission due to failure of adequate discharge planning
- Readmission due to failure of proper coordination between inpatient and outpatient health care team.
- Same diagnosis or diagnoses in the same grouping.
- Complication or infection
- Symptoms that were present during the previous admission and got worse.
- Hospital Acquired Conditions

Exclusion 30-day Readmission

- Subsequent admission was to a different hospital.
- Subsequent admission is in an out-of-network facility.
- Subsequent admission is to a Maryland facility.
- Admission for cancer treatment, sickle cell, burns
- Planned readmission.
- Enrollee left against medical advice.
- The Enrollee was not adherent to the discharge plan.
- Admission to a skilled nursing facility, long-term acute care facility, or inpatient rehabilitation facility
- Obstetrical readmission
- Enrollee less than one year old
- Readmission greater than 30 days from the first admission.
- Involuntary readmission

If the utilization management determines this is a 30-day readmission that meets the inclusion criteria, the readmission confinement is combined with the initial admission.

Concurrent Process:

1. The concurrent review nurse reviews and determines if each enrollee was admitted within 30 days to the same or same hospital system.
2. If the concurrent review nurse determines the second admission is at the same or similar hospital system within 30 days, the inclusion and exclusion criteria are reviewed.
3. If the second admission meets the inclusion criteria, the clinical case is referred to the medical director for review.

4. The medical director will review clinical information for the initial admission and the subsequent admission. If it is determined that the subsequent admission meets the 30-day readmission inclusion criteria, the two admissions must be combined.

Pre-Payment Review

Prepayment review was conducted for the following criteria:

1. All readmissions within 30 days of discharge from the same hospital or same hospital system might be subject to clinical review.
    a. Medical records for the original and readmission admission are requested for clinical review. If the medical records are not received the second claim is denied.
    b. If denial is issued because both medical records are not received, the hospital must appeal and submit both medical records for both admissions. If only the first admission medical record is received, it will result in consideration of the first admission only.
2. A qualified clinician will review the clinical information to determine if the readmission was inappropriate or preventable based on the inclusion and exclusion criteria.
3. If readmission is determined to be inappropriate, unnecessary, or preventable, written determination will be made to the hospital and/or related hospital and payment for readmission will be denied.

Post-Payment Review

MedStar Family Choice DC will monitor claim submission to reduce the need for post-payment adjustment. If a prepayment review was not conducted, MedStar Family Choice DC may review payments retrospectively.

1. If a claim is noted to be related to a previous admission and possibly meets the inclusion criteria for 30-day readmission, the medical records will be requested for the initial and readmission case. These medical records are reviewed by the qualified clinical who will determine if the readmission was unnecessary, inappropriate, or preventable based upon the inclusion and exclusion guidelines.
2. If it is determined the readmission met the inclusion criteria and was inappropriate, unnecessary or preventable, a written statement of the determination will be sent to the hospital or related hospital, along with a request for the hospital to refund the applicable payment. MedStar Family Choice DC may recover the applicable payment for readmission by offset against future payments unless prohibited by law or as indicated in the hospital's contract.

Summary of Changes:	**07/24:** • New policy.