

POLICY AND PROCEDURE

DEPARTMENT: Medical Management	DOCUMENT NAME: Review of Acute Care Readmissions within 30 (Calendar) Days
PAGE: 1 of 8	REPLACES DOCUMENT: SC.UM.53
APPROVED DATE: 2/1/16	RETIRED:
EFFECTIVE DATE: 2/1/16	REVIEWED/REVISED: 2/28/17; 3/27/18
PRODUCT TYPE: ALL	REFERENCE NUMBER: SC.CC.PP.501

SCOPE: Absolute Total Care (ATC) Medical Management Department

PURPOSE: To ensure a consistent, objective and timely approach to 30 day acute care readmission determinations.

POLICY: ATC defines a readmission as a subsequent acute care admission that occurs within 30 (calendar) days of the discharge date of a previous acute care inpatient admission. The purpose of performing retrospective, readmission reviews is to determine if the second admission is the result of a failure to appropriately address conditions during the initial stay or as a result of a premature discharge; if the subsequent admission is found to be the result of quality, failure to treat based on standards of care or due to a premature discharge ATC will recover payment as outlined in the Procedure Section. For the purpose of this policy, an acute care admission is defined as an inpatient admission (acute care hospital) deemed, during ATC's utilization review process, to be medically necessary and appropriate (approved) for the inpatient setting based on the clinical information presented. Readmission reviews do not address the medical necessity or the appropriateness of the inpatient setting and continued stay, but instead address whether or not the subsequent admission (within a 30 day period) could have been avoided if appropriate discharge actions had been taken within the initial stay. During this review period, it is not ATC's intention, upon the review of clinical information, to reverse or downgrade (to the observation setting) an approved inpatient admission unless the provided clinical information during the utilization process is deemed to have been fraudulent.

ATC will perform retrospective 30 day readmission reviews on all admissions (except for those on the exclusion list- see below) regardless of the diagnosis and/or billed DRG similarity. The rationale for not restricting 30 day readmission reviews to similar diagnosis codes/DRGs is to allow for the discrepancies that occur between the diagnosis used in clinical review processes and the assignment of the primary diagnosis code on a claim due to billing practices, and in recognition of member's comorbidities that left unmonitored during an acute care stay can result in a readmission.

The following readmissions are excluded from 30-day readmission review:

- Transfers from out-of-network to in-network facilities;
- Transfers of patients to receive care not available at the first facility;

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- Readmissions that are planned for repetitive or staged treatments, such as cancer chemotherapy or staged surgical procedures;
- Readmissions associated with malignancies, burns, or cystic fibrosis;
- Admissions to Skilled Nursing Facilities, Long Term Acute Care facilities, and Inpatient Rehabilitation Facilities (SNF, LTAC, and IRF) except if <48 hours between acute care admissions.;
- Readmissions where the first admission had a discharge status of “left against medical advice”;
- Obstetrical readmissions;
- Readmissions ≥ 31 days from the data of discharge from the first admission.

PROCEDURE:

The ATC will make one of two determinations for all 30 day readmission;

- The initial and subsequent 30 day readmissions are not related to each other, and no recovery of payment will occur.
- The initial and subsequent 30 day readmissions are related to each other, and a recovery of payment will occur.

1. Notification of a Subsequent Admission within 30 Days

During Concurrent Review activity, the nurse or designee provides email notification to the Readmission Review nurse(s) of a subsequent admission within 30 days. The Readmission Review nurse enters a case in the Readmission Log. The Readmission Review nurse conducts an initial review of the two admission events to determine if the two admissions are obviously unrelated (per Section 6 – Readmission Guidelines) or if a related readmission event is suspected. Additionally, the Readmission Review team will receive a monthly report of all 30 day readmission events and compare the reported cases against the Readmission Log entries to ensure 100% capture of all readmission review opportunities.

2. Timely Notification – Intent to Review for Readmission Determination

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If a Readmission Review nurse upon his/her review suspects a possible readmission event, the Readmission Review nurse will provide written notification (Notification Letter) to the initial (first) hospital associated with the readmission event within 15 days of notification of the second admission. The Readmission Review nurse will request medical records for the first and subsequent admission to support a detail readmission review. Additionally, the ATC can identify and audit readmission cases up to 365 days from the discharge date for the initial admission; allowing the ATC to perform a readmission reviews on inpatient admissions approved retroactively or on adverse determination, and/or where a concern related to the quality of care has been identified.

3. Readmission Review – Medical Records

- a. **Lack of Medical Documentation** - If medical records are not received within 30 days of the initial request, the Readmission Review nurse will perform an additional outreach to the hospital(s) to remind them of ATC's readmission review timelines. If no medical record is received within 45 days (includes the initial 30 days), the Readmission Review nurse will provide the Medical Director with the existing clinical information provided during the initial medical necessity reviews (in TruCare) for both admissions. If the Medical Director's clinical opinion is that the two admissions are not related, the determination will be entered into the Readmission Log and the initial hospital will receive a notification of the determination (Unrelated Determination Letter). If the Medical Director requires additional clinical information, the failure of the provider to follow the ATC's processes and procedures will result in a determination of 'relatedness' and a request for payment recovery will be submitted (Related Determination Letter). The Readmission Log will be updated with the final case decision and dollars associated with the financial recovery.

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- b. **Receipt of Medical Documentation** –the Readmission Review nurse will prepare the received medical records and conduct the initial review. The Readmission Review nurse will review the two admissions utilizing Section 6 - Readmission Guidelines. The Readmission Review nurse will perform the initial review, and if deemed to be unrelated, will update the Readmission Log and TruCare with his/her determination and issue an Unrelated Determination Letter. If the cases are believed to be potentially related, the Readmission Review nurse will prepare the chart and forward it to the Medical Director for final determination. If the Medical Director clinical opinion is that the two admissions are not related (Section 6, unrelated example c – member deemed to be non-compliant with first admission discharge plan), the determination will be entered into the Readmission Log and the initial hospital will receive a notification of the determination (Unrelated Determination Letter). If the Medical Director determines the two admissions are related (Section 6, related example b – member admitted for pneumonia and discharged with a fever and elevated white count, and once again readmitted for pneumonia), the Medical Director will issue a determination of “relatedness” and a Related Determination Letter will be issued. The Readmission Log will be updated with the final case decision and the dollars associated with the financial recovery.

4. Financial Recovery

If the two admissions within 30 days are determined to not be related, no financial recoveries will be initiated.

If the two admissions within 30 days are determined to be related, the Readmission Review nurse is to request financial recovery (after adverse determination rights are exhausted) based on whether or not the two admissions are at the same or different hospitals:

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- Both admissions are at the same hospital (hospital system) – financial recovery will be applied against the second admission.
- If the two admissions are not at the same facility (hospital system) – financial recovery will be applied against the first admission.
- For Section 6, related events d, e, and f, the lesser of the two admissions financially (if the same facility) or the 1st admission (if different facilities) will be recouped.

After the adverse determination timeline (30 days) has been exhausted, the Readmission Review nurse will notify the claim's department to pursue the appropriate financial recovery. The dollar amount associated with the recovery will be captured in the Readmission Log as an Actual recovery.

5. Adverse Determinations

Hospitals may request a review for an adverse determination of a related readmission and the financial recovery. ATC will follow NCQA regulations in the management of adverse determinations:

- The hospital has 30 days upon notification of a 'relatedness' determination to request a review of an adverse determination.
- Upon request ATC has 30 days to complete a review of additionally provided medical information and rationale as to why the admissions are not related and a 1st level adverse determination decision will be issued.
- The hospital will be notified of the adverse determination decision.

The Readmission Review nurse will capture the requested date of the adverse determination in the Readmission Log. All documentation of readmission determinations will also be captured in TruCare.

6. Readmission Guidelines to Determine Relatedness

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Below are the guidelines ATC will utilize in making readmission determinations. These examples are anticipated to cover most clinical scenarios, but at times an ATC Medical Director may be presented with situations where they will need to exercise their clinical judgment for scenarios not referenced below.

Two admissions will be considered to be **related** and financial recovery will occur if:

- a. A member is discharged before all required medical treatment is provided, i.e. care during the second admission should have occurred during the first. *Example:* Member is admitted for Congested Heart Failure (CHF), meets discharge criteria, yet abnormal labs go untreated. Member is readmitted for treatment associated with abnormal lab condition.
- b. A member is discharged without discharge criteria being met and resolution of the admitting condition. *Example:* Member is admitted for pneumonia and discharged with a fever and high white count. Readmitted for pneumonia.
- c. A member is discharged after surgery but is readmitted within 15 days due to a direct/related surgical complication. The medical record does not contain documentation that the standards of care for evaluating the patient for known complications prior to discharge, i.e. appearance of the wound were met. *Example:* Member is discharged post open appendectomy, returns in 3-5 days with a wound infection requiring readmission.
- d. A member is discharged from the hospital with a documented plan to be readmitted for additional services within 30 days (doctor/member requested readmission). *Example:* Member is discharged from a hospital for physician convenience (surgeon away/operating room booked), or member convenience (member needing to return home or requests time to make a major health care decision).
- e. A member is discharged to allow resolution of a medical problem that is a contradiction to the medically necessary care that will be provided

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during the second admission. *Example:* A member is discharged due to clotting time prior to surgical intervention.

- f. A member meets discharge criteria (standard discharge plan for clinical factors) but non-clinical factors have not been addressed (i.e. psychosocial). *Example:* Medical record does not contain documentation that non-clinical factors contributing to member's ability to comply with treatment plan were addressed (i.e. a member is discharged home, but is homeless).

Two admissions will be considered to be **not related** and financial recovery will **not** occur if:

- a. Member is readmitted within 30 days for unrelated conditions.
Example: The first admission is for asthma and the second admission is due to multiple injuries from an unrelated accident.
- b. Member meets discharge criteria and has an appropriate discharge plan, but requires readmission due to a new occurrence of the same condition or due to a direct or related complication from surgery. All standards of care were met. *Example:* First admission for Congested Heart Failure (CHF), appropriate discharge plan and discharge criteria met. Second admission also for CHF.
- c. Member is non-compliant with the discharge plan of the first admission. Medical record documentation for the second admission must include member reported non-compliance with the first admission discharge plan. *Example:* Member did not fill prescriptions.

REFERENCES

**ATTACHMENTS: Request for Medical Record Notification
Related Determination Letter
Unrelated Determination Letter**

DEFINITIONS:

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REVISION LOG

REVISION	DATE
Changes to exclusions criteria and replaced policy number SC.UM.53 with SC.CC.PP.501	3/27/18

POLICY AND PROCEDURE APPROVAL

The electronic approval is retained in Compliance 360

Director of Department: Approval on file

Vice President of Department: Approval on file