



## Administrative Policy Statement INDIANA MARKETPLACE PLANS

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-0708	
Policy Type			
Medical	<b>ADMINISTRATIVE</b>	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.

## 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:





*Independent medical review*

