

Provider Update

Medicare Advantage Inpatient Readmissions September 2014

Payment for a Medicare Advantage member's DRG readmission to the same acute facility within 30 days of the first admission will be subject to clinical reviews if the readmission is determined to be related to the previous admission.

- ★ **What this means to you:** Claims identified as a readmission will be subject to the following:
- Readmissions occurring on the same day (or within 24 hours for Medicare Advantage) will be considered a single claim for processing.
 - Readmissions occurring within 2 – 30 days will be subject to clinical reviews. If the clinical review indicates that the second admission is for the same or similar diagnosis, it may be considered an extension of the initial admission for the purposes of reimbursement. If substantiated, this may result in a request to refund the payment for the second admission.

Why is this update necessary? To achieve the best possible quality of care outcomes for our Medicare Advantage members and in support of the clinical quality issue that is being driven by CMS' Quality Improvement Program (QIP) for readmissions, we have an obligation to review readmissions for clinical relatedness and combine them where clinically appropriate. In accordance with the Diagnosis Related Groups (DRG) payment methodology, WellPoint will be following a uniform 30-Day Readmission Review Program for our Medicare Advantage program that is consistent with Centers for Medicare & Medicaid Services (CMS) quality improvement guidance.

Are there exclusions to this policy? Yes. The policy excludes the following:

- Admissions for the medical treatment of primary psychiatric disease and rehabilitation care
- Planned readmissions
- Patient transfers from one acute care hospital to another
- Patient discharged from the hospital against medical advice

What if I need assistance? To file an appeal, a copy of the medical records for the initial and subsequent stay not previously submitted, and any additional supporting documentation you wish to provide, will be required.

Thank you for your valued participation as a Medicare Advantage provider.

Amerivantage is an HMO plan with a Medicare contract and a contract with the Texas Medicaid program. Enrollment in Amerivantage depends on contract renewal.
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