Administrative Policy

Inpatient Readmission

Policy Number: OCA 3.16
Version Number: 2
Version Effective Date: 02/01/22

Product Applicability

☐ **All Plan+ Products**

WellSense Health Plan
☐ NH Medicaid
☒ NH Medicare Advantage HMO

Boston Medical Center HealthNet Plan
☐ MassHealth MCO
☐ MassHealth ACO
☐ Qualified Health Plans/ConnectorCare/Employer Choice Direct
☒ Senior Care Options

+ Note: Disclaimer and audit information is located at the end of this document.

Policy Summary

The Boston Medical Center Health Plan, Inc. (the Plan) reimburses inpatient room and board and related ancillary care required during medically necessary acute care admissions. The Plan will not reimburse providers for services rendered in support of an admission if the primary reason for the admission is a service that is not covered, i.e., cosmetic surgery, not a benefit, etc. The Plan will reimburse acute hospitals for covered inpatient services, based on the contractual terms within their Participating Provider Agreement and the terms of this policy. The terms of your contract may supersede specific sections of this policy only to the extent that the specific service is explicitly referenced within your provider contract. Otherwise this policy and the terms stated herein will be used in the adjudication of all applicable claims. Failure to follow the terms of this policy will result in claim denial or a delay in claim payment.

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Prior-Authorization

Consistent with CMS guidelines for readmissions, the Plan will not pay for an inpatient admission to the same acute care facility (e.g., hospital) within 30 days of the prior admission for a same or similar diagnosis. The following exclusions apply:

- Admissions for the medical treatment of cancer, primary psychiatric disease and rehabilitation care
- Planned readmissions
- Patient transfers from one acute care hospital to another
- Applies only to inpatient prospective payment system (IPPS) hospitals.
- Readmissions due to an unavoidable complication

Consistent with the Plan's *Clinical Review Criteria* administrative policy, policy number OCA 3.201, InterQual clinical criteria will be applied to determine if an admission meets inpatient criteria.

The Plan will utilize information provided indicating clinically-related readmissions, clinical criteria and licensed clinical medical review for readmissions from days 2 to day 30 in order to determine if the second admission is related to:

- The same, or closely related condition or procedure as the prior discharge; OR
- A condition as a result of a primary diagnosis from the initial admission is:
    - A complication that is related to the index admission.
    - A related issue identified during the stay that could have reasonably been prevented by the provision of appropriate care consistent with accepted standards in the prior discharge or during the post discharge follow-up period.
    - An issue related to a premature discharge from the same facility.
    - A reason that is medically unnecessary.

The Plan defines same day as services rendered on the same calendar day. Review the Plan's *Inpatient Hospital* reimbursement policy, policy number SCO 4.110, for payment guidelines.

References

CMS - Hospital Acquired Conditions (HAC) in Acute Inpatient Prospective Payment System (IPPS) Hospitals-Overview; ICN #901045

CMS - Present on Admission (POA) Indicator reporting by Acute Inpatient Prospective Payment System (IPPS) Hospital; ICN # 901046

Policy History

Original Approval Date	Original Effective Date and Version Number	Policy Owner	Original Policy Approved by

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Regulatory Approval: N/A Internal Approval: 11/17/21	01/01/22 Version 1	Director of Medical Policy as Chair of the Medical Policy, Criteria, and Technology Assessment Committee (MPCTAC)	MPCTAC

*Date Policy Effective for the WellSense Medicare Advantage HMO Product: 01/01/22
*Date Policy Effective for the Senior Care Options Product: 02/01/22

Policy Revisions History			
Review Date	**Summary of Revisions**	**Revision Effective Date and Version Number**	**Approved by**
11/01/21	Review for effective date 02/01/22. Added Senior Care Options as an applicable product for this policy effective 02/01/22.	02/01/22 Version 2	11/17/21: MPCTAC

Next Review Date

09/01/22

Authorizing Entity

MPCTAC

Other Applicable Policies

Administrative Policy - *Clinical Review Criteria,* OCA 3.201
Reimbursement Policy - *Inpatient Hospital*, SCO 4.110
Reimbursement Policy - *Inpatient Hospital*, WSMA 4.21

Disclaimer Information: +

This Policy provides information about the Plan's reimbursement/claims adjudication processing guidelines. The use of this Policy is neither a guarantee of payment nor a final prediction of how specific claim(s) will be adjudicated. Reimbursement is based on many factors, including member eligibility and benefits on the date of service; medical necessity; utilization management guidelines (when applicable); coordination of benefits; adherence with applicable Plan policies and procedures; clinical coding criteria; claim editing logic; and the applicable Plan – Provider agreement. Member cost-sharing (deductibles, coinsurance and copayments) may apply – depending on the member's benefit plan. Unless otherwise specified in writing, reimbursement will be made at the lesser of billed charges or the contractual rate of payment. Plan policies may be amended from time to time, at Plan's discretion. Plan policies are developed in accordance with applicable state and federal laws and regulations, and accrediting organization guidelines (including NCQA). The Plan reserves the right to conduct Provider audits to ensure compliance with this Policy. If an audit determines that the Provider did not comply with this Policy, the Plan will expect the Provider to refund all payments related to non-compliance. For more information about the Plan's audit policies, refer to the Provider Manual.

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