

Readmission Reimbursement Policy
Commercial and Medicare Advantage Plans
July 1, 2023

The purpose of this policy is to establish guidelines for the reimbursement of readmission claims and to ensure appropriate utilization of resources. It aims to prevent duplicate reimbursements for readmissions and promote the provision of high-quality care consistent with accepted standards.

This policy applies to facilities operating under the same Facility Agreement, having the same tax identification number as the Facility, or under common ownership as the Facility. It governs the reimbursement of readmission claims within 30 days from the discharge of the original admission. The policy excludes certain types of admissions as outlined in the Exclusions section below.

Separate reimbursement is not allowed for claims that have been identified as a readmission. Reimbursement is only allowed for the original admission. The admissions should not be combined to qualify for outlier reimbursement.

Prominence Health Plan will utilize clinical coding criteria or licensed clinical medical review to determine if a subsequent admission meets the criteria for a readmission, based on the following conditions:

- The subsequent admission is for the same or closely related condition or procedure as the prior discharge.
- The subsequent admission is due to an unexpected infection or other avoidable complication of care.
- The subsequent admission is indicative of a failed surgical intervention.
- The subsequent admission is due to an acute decompensation of a co-existing chronic disease.
- The subsequent admission could have reasonably been prevented by the provision of appropriate care consistent with accepted standards during the prior discharge or post-discharge follow-up period.

The following types of admissions are excluded from this policy and are eligible for reimbursement:

- Admissions for chemotherapy or immunotherapy treatment.
- Admissions to a substance abuse unit or facility.
- Admissions to an inpatient rehabilitation unit.
- Elective admissions or staged procedures following commonly accepted practices.
- Readmission after a patient is discharged from the hospital against medical advice.
- Admissions for covered transplant services during the global case rate period for the transplant.
- Admissions for pre-delivery OB stays (false labor).