

Policy Title:	Readmission policy	
Policy Number:	AT014	
Policy Owner:	Admission and Transfer	
Department(s):	Health Alliance Plan and Its Subsidiaries (excluding ASR and Midwest) All Product Lines	
Effective Date:	June 2017	
Last Revision Date:	Oct 2017	

<u>Policy Statement:</u> HAP follows the industry standard and reviews all inpatient readmissions to the same hospital or health care system that occur within 30 days of the discharge from the first admission. This policy outlines how utilization decisions involving readmissions are made.

Goal: To categorize and adjudicate utilization decisions involving readmissions in a consistent manner.

<u>**Definition**</u>: A readmission is an inpatient stay that occurs within 30 days of the discharge date of an admission to the same hospital system or a facility within a hospital partnership.

Excluded Medical Conditions for readmission:

- Pediatric readmissions of patients less than 1 year of age at the time of their readmission
- Maternity care cases readmitted to the L&D or maternity intake area for all related maternity diagnoses
- LTAC/SNF and inpatient rehabilitative care
- Chemotherapy and radiation
- Behavioral Health and chemical dependency
- First index admission is emergency and readmission case is for an elective admission

Criteria:

HAP will consider denial of the following admissions as a readmission denial if:

- Member was discharged before all treatment was rendered or addressed.
- Member was discharged without hospital discharge screen being met
- Member was readmitted for a complication from first admission (including postoperative complications)
- Member was readmitted because non-clinical factors were not adequately addressed at the time of discharge from the first admission
- Member was discharged with a planned readmission only for provider or member convenience

HAP will consider approval of the following readmissions if established clinical criteria has been met:

- Member is readmitted within 30 days for an unrelated condition
- Member was appropriately discharged and readmitted for a new occurrence of the same condition
- The readmission is a result of a patient refusing to follow discharge instructions. The discharge plan and supporting documentation must be appropriately reflected in the member's chart.
- Member left (signed out) against medical advice (AMA) resulting in subsequent readmission

Appeals: Instructions for how to appeal a readmission denial are on the denial letter.

REGULATORY REQUIREMENTS AND REFERENCES:

Michigan Department of Community Health guidelines NCQA UM 7

SIGNATURE

Policy Owner Signature:

Charles Bloom, DO, FACOEP

Vice President Utilization Management & Provider Relations

Healthcare Management

REVIEW AND REVISION HISTORY:

Date:	Summary of Modifications made:	Revised By: