



Readmissions

Policy:

For all inpatient stays, Oscar reserves the right to review readmissions for the same or related conditions within 30 days of discharge.

30-Day Readmissions

This payment policy provides guidance in line with CMS guidelines for 30-day readmissions.

This policy addresses the reimbursement of readmissions to the same hospital system billed on a UB-04 claim form.

The policy is intended to provide general guidance and is not intended to address every situation. Oscar reserves the right to interpret and apply it to the reimbursement of services provided. The provider is responsible for submitting accurate claims.

Overview

The Hospital Readmissions Reduction Program (HRRP) and the Centers for Medicare and Medicaid Services (CMS) implemented a program that encourages hospitals to improve communication and care coordination to better engage patients and caregivers in discharge plans, and as a result, reduce avoidable member readmissions. Following the guidelines stipulated, Oscar has implemented a process for reviewing readmissions to the same hospital or hospital system within 30 days.

Definitions

“Readmission” is defined as a hospitalization in an acute care hospital following a prior admission to the same hospital or health system within 30 days.

“Preventable” is a term used to define whether a particular readmission could have been avoided or prevented, such as by one of the following interventions:

- Appropriate quality of care during the prior admission (e.g., better management of patient disease and comorbidities)
- Appropriate discharge planning and post-discharge follow-up (e.g., arranging primary care or specialist follow-up, ensuring patient medication understanding, etc.)

“Diagnosis-Related Group (DRG)” is a classification system for hospital admission. It allows providers/hospitals to bill a specific DRG code as classified by organ systems and then the specific subgroup. Codes are also classified as surgical or medical.



“Major Diagnostic Category (MDC)” is a classification system that is implemented alongside the DRG system. It is formed by further dividing all possible principal diagnoses from the International Statistical Classification of Diseases into 25 mutually exclusive diagnosis areas.

Readmissions Policy Criteria

Oscar flags readmissions that fall in the below criteria:

The readmission occurred within the specified time interval, as defined as one of the following, and:

- a. Within 30 days of the initial discharge; or
- b. Within 30 days of a prior preventable readmission meeting the below criteria
 - i. The readmission occurred within the same inpatient hospital or health system; and
 - ii. The readmission is the same MDC and same DRG as the initial admission, implying the member is readmitted for reasons clinically related to the initial admission; or
- c. Within 30 days of a prior preventable readmission meeting the below criteria
 - i. The readmission occurred within the same inpatient hospital or health system; and
 - ii. The readmission is the same MDC as the initial admission, implying the member is readmitted for reasons clinically related to the initial admission

Readmissions Policy Reimbursement Guidelines

If readmission is to the same facility for symptoms related to, evaluation of and/or management of the prior stay’s medical condition within 30 calendar days, payment will only be made for the DRG for the initial admission. We will not reimburse another DRG for the readmission.

Exclusion Criteria

Oscar may consider a readmission unavoidable and eligible for reimbursement when one of the following criteria is met:

1. Planned Readmissions, as specified in patient discharge status; or
2. Patient-initiated discharge “against medical advice” (AMA), as specified in patient discharge status; or
3. MDC codes that result in frequent member readmissions (Ex. MDC 17; Myeloproliferative Disorders or Poorly Differentiated Neoplasms); or
4. Contractual exclusions, if applicable

Publication History

Date	Action/Description
12/09/2015	Original Documentation
6/16/2016	Approval and inclusion in Oscar Provider Manual
4/18/2017	Policy updated
12/22/2020	Policy updated
7/1/2022	Policy updated



Mid-level Providers

Policy:

This policy describes reimbursement made to mid-level providers.

Reimbursement:

Oscar follows guidelines established by CMS pertaining to mid-level providers. For the specialities listed in the table below, Oscar's reimbursement is equal to the lesser of 80% of billed charges and 85% of the allowed amount for physicians.

Specialty

Physician Assistant

Nurse Practitioner

Certified Clinical Nurse

Nurse Midwife

Certified Surgical Assistant

Publication History

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10/14/2016	Original Documentation
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