

**DRAFT: September 7, 2017**

### **Revised HCA Re-admissions Policy: Denying payment for Provider Preventable Readmissions**

A readmission is defined as a hospital admission which occurs within 14 days of a prior admission and is clinically related to the initial admission. A readmission is considered to be **avoidable** if there was a reasonable expectation that it could have been prevented by one or more of the following:

- The provision of quality care in the initial hospitalization (a specific quality concern, knowable at the time of treatment, and resulting in the readmission, needs to be identified)
- Adequate discharge planning (as defined below under “provider responsibility”)
- Adequate post-discharge follow-up
- **NOTE: A specific gap needs to be identified which results in the readmission. If gaps occurred but cannot be reasonably considered the cause of the readmission, payment cannot be denied.**

Excluded from “Provider preventable:”

- Readmission for reasons unrelated to conditions or care from first admission
- Planned readmission for repetitive treatments such as cancer chemotherapy, transfusions for chronic anemia, burn therapy, etc.
- Patients who left AMA from initial admission
- Readmission due to patient nonadherence to the discharge plan, despite appropriate discharge planning and supports
- Obstetrical readmissions (?)
- Admissions with a primary diagnosis of mental health or SUD issue
- Readmissions when the first admission occurred in a different hospital system
- **MCO responsibility for readmission: see below**

Provider responsibility on discharge:

- Discharge summary created including summary of diagnoses, care provided, medication list, and follow up plan. Discharge plan should include home care instructions including dietary restrictions, physical limitations or limits on activity, wound care, self care, etc.
- Discharge summary sent to PCP or follow-up provider
- Patient given all required prescriptions and educated on appropriate use of the medication(s)
- DC instructions were provided, explained and given to patient prior to discharge
- Appropriate contact telephone numbers given to patient for calls for discharge related questions

Shared responsibility: For the following, responsibility is shared as follows:

- **Provider to determine needs and place orders**
- **MCO to arrange if the provider has any barriers in arranging**
- Provider must clearly document format and content of discussion with MCO (call, fax, etc.)

Shared responsibility applies to the following:

- Follow up appointment scheduled in an appropriate time frame (typically 7 days)
- DME arranged, and patient given appropriate education on use
- If appropriate, in-home safety assessment done with appropriate follow up as needed
- Relevant financial and social needs of patient identified and addressed

MCO responsibilities:

- Arrange follow up appointment, DME, in-home safety assessment, other discharge needs as requested by the provider (see above)
- Case management and other supports as appropriate for high-risk patients

**If a readmission occurs because of MCO responsibility or MCO component of shared responsibility, then the MCO cannot deny payment for the readmission.**

**Appeals process: Options to be discussed at 9/11 meeting**

**ROLE OF PPR DATA AS PROVIDED BY NAVIGANT:**

- 1. Navigant will continue to provide PPR data to hospitals, including detailed claims data. This data will be used by hospitals to identify systems oriented approaches to reducing avoidable readmissions that are identified through analyzing this population-based data.**
- 2. Hospitals will NO longer have rates adjusted based on a target PPR rate. Financial incentives to reduce avoidable re-admissions will instead flow through the 14-day re-admit policy described above.**

Other:

- This policy applies only to hospital fees for inpatient admissions.
- This policy applies only to medically necessary admissions; payment for medically unnecessary care should be denied based on medical necessity, rather than PPR status.
- Appropriate language should be included in communications to the patient to ensure the patient understands that they are not financially liable for the cost of a PPR admission