

# Health Plan Policy

Scott & White Health Plan     Insurance Company of Scott & White

## Product Lines

<input checked="" type="checkbox"/> Individual PPO	<input checked="" type="checkbox"/> Individual HMO
<input checked="" type="checkbox"/> Individual Short Term PPO	<input checked="" type="checkbox"/> Group HMO
<input checked="" type="checkbox"/> Consumer Choice	<input checked="" type="checkbox"/> Group Health Savings Account (HSA)
Medicare <input type="checkbox"/> MA-PD <input type="checkbox"/> D-SNP <input type="checkbox"/> Senior Care <input type="checkbox"/> Part-D	<input checked="" type="checkbox"/> Medicaid
<input type="checkbox"/> Self-Funded (ASO)	

Re-Admissions within 30 days

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**Policy Owner: Medical Delivery Development**

**Policy Number: MDD-01**

**Original Effective Date: September 15, 2012**

**Revision Dates: February 21, 2014**

**Approval Date:**

**Reviewed w/o Revisions: February 21, 2014**

**Signature:**  
(see end of Policy)

**Next Review Date: February 21, 2015**

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### **I. Purpose.**

Since the inception of DRG payments by CMS and other payors, concern has arisen regarding patients being discharged prematurely by hospitals on such payment systems. The DRG payment system has an inherent incentive to discharge patients quickly; both by reducing costs of the initial stay, and by obtaining additional payment for subsequent admissions.

Re-Admissions may also be inappropriate due to various factors related to quality, not reimbursement. These include: (1) an inadequate relay of information by hospital discharge planners to patients, caregivers, and post-acute care providers; (2) inadequate follow-up care from post-acute and long term care providers; (3) variation in hospital bed supply; (4) medical errors.

SWHP, may not reimburse Providers and are not eligible for new payment for hospital re-admissions occurring within thirty (30) days of the initial hospital stay. Re-Admissions to the same facility or for follow-up care provided by the same provider owned by the same parent organization within 30 days or the discovery of the event may not be billable or reimbursable when the services are directly related to the previous hospital stay.

## II. Scope.

Targeted audience - inpatient facilities.

## III. Definitions.

A re-admission is defined as an acute hospital admission within 30 days of a previous admission. A re-admission may be appropriate, even when the re-admitting diagnosis is the same as the previous discharge diagnosis. Medical review is required to determine if the re-admission could have or should have been avoided. Avoidable re-admissions will be subject to non-payment by SWHP.

## IV. Policy.

This policy identifies the SWHP position and processes regarding payment for re-admissions of a member to a hospital within thirty (30) days of a previous hospital discharge.

## V. Reference/Regulations.

- a. [www.hospitalmedicine.org/AM/pdf/.../CRS Readmissions Report.pdf](http://www.hospitalmedicine.org/AM/pdf/.../CRS_Readmissions_Report.pdf).
- b. [www.nejm.org/doi/full/10.1056/NEJMSa0803563](http://www.nejm.org/doi/full/10.1056/NEJMSa0803563)
- c. [www.CMS.gov](http://www.CMS.gov)

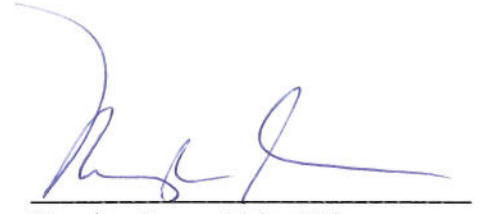
## VI. Signature(s):



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