

PROVIDER BULLETIN

PROVIDER INFORMATION



January 2, 2019

Updated Reimbursement Policy for Preventable Readmissions: Medicare Advantage

On June 1, 2018, Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) implemented an Inpatient Readmission reimbursement policy for Commercial and Federal Employee Program (FEP) plans.

On March 4, 2019, Blue Cross will update the existing reimbursement policy to include Medicare Advantage plans. This policy will be managed via a post-payment review process conducted by Change Healthcare to identify preventable readmissions within 30 days of the prior admission. The scope of the existing policy for Commercial and FEP will remain the same with a review period of 10 days. Blue Cross will not reimburse institutional claims for readmissions found to be preventable based on CMS and clinical guidelines.

The purpose of this initiative is to more effectively monitor the quality of care for Blue Cross members and reduce preventable hospital readmissions. By working with provider partners to reduce preventable hospital readmissions, Blue Cross aims to create better outcomes and experiences for members while limiting unnecessary health care costs. This reimbursement policy applies to clinically-related preventable readmissions occurring at the same hospital as the prior admission.

Timeframes for Preventable Readmission Reviews Based on Line of Business

Commercial/FEP – 10 days (no change)

Medicare Advantage – 30 days (new policy)

To review this updated policy in full, please visit **providers.bluecrossmn.com**

- Tools and Resources
- Reimbursement policies
- Facility: Inpatient Readmission

Products Impacted

Products subject to the Preventable Readmissions Policy include:

- Commercial (Fully-Insured, Self-Insured, ITS HOST)
- Federal Employee Program (FEP)
- Medicare Advantage

Products Excluded from the Preventable Readmissions Policy:

- ITS HOME (non-MN providers)
- Minnesota Health Care Programs: Prepaid Medical Assistance Program (PMAP)
- MinnesotaCare (MNCare)
- SecureBlue (MSHO)

- Minnesota Senior Care Plus (MSC+)
- Medicare Supplement
- Medicare Cost

Additional Information

- Potentially Preventable Readmission (PPR)
 - A readmission is when a patient is admitted to an acute care hospital following a prior admission to an acute care hospital within a specified amount of time. A potentially preventable readmission is when the reason for that readmission is related to care rendered during or immediately after the initial hospital stay. This reimbursement policy only applies when the potentially preventable readmission occurs at the same acute care hospital. Recoupment will only be made if the readmission is reviewed and found to be preventable.
- Readmission Review Criteria
 - The same or related condition/procedure as the prior discharge
 - A preventable need for inpatient care that could have been reasonably avoided by the provision of appropriate care consistent with accepted standards in the prior discharge or during the post discharge follow-up period
 - An issue resulting from a premature discharge from the same facility
 - A reason that is medically unnecessary
 - A condition that develops or a procedure is required which was related to the care provided in the initial hospitalization, including but not limited to:
 - Development of a complication of care, such as an infection
 - A condition or procedure due to a failed surgical intervention
 - An acute decompensation of a coexisting chronic disease
- Exceptions/Exemptions
 - Intervening admissions to non-acute care facilities are not considered readmissions and are therefore exempt from this policy.
 - Readmissions that are not clinically-related are exempt from this policy. Clinically-related readmissions are a result of the process of treatment and care during the previous admission, or from a lack of post-admission follow-up. Unrelated events that occur following the prior admission are not considered potentially preventable.
 - Readmissions to a different acute care facility from the prior admission are exempt from this policy.
 - A readmission occurring within zero and one day related to the prior admission is considered part of the original admission and should be combined with the original claim.
 - Admission for the medical treatment of cancer, primary psychiatric disease, rehabilitation, neonatal or obstetrical care, ophthalmic emergencies, sickle cell crisis, transplants, and Hospice care are exempt from this policy for all lines of business.
 - Planned readmissions or patients discharged against medical advice are exempt from this policy.
- Appeals
 - Providers may submit an appeal through the standard Blue Cross appeals process.

Questions?

If you have questions, please contact provider services at **(651) 662-5200** or **1-800-262-0820**.