

DATE: April 29, 2022

TO: All Well Sense Health Plan Providers

FROM: Well Sense Health Plan

SUBJECT: **Readmissions Review**

PRODUCT: *NH Medicaid* *Medicare Advantage*

Readmissions Review

In alignment with CMS guidance regarding readmissions, Well Sense Health Plan will implement a readmissions review policy that will include clinical and reimbursement criteria. Effective August 1, 2022, all admissions will be reviewed as follows.

The readmission review policy applies only to those facilities reimbursed for inpatient services by a DRG methodology. Consistent with CMS guidelines on readmissions, the Plan will not pay a separate DRG payment for an inpatient admission to the same acute care facility (e.g. hospital) within 30 days of the prior admission for a same or similar diagnosis. The following exclusions to the readmissions review policy apply:

- Admissions for the medical treatment of cancer, primary psychiatric disease and rehabilitation care
- Planned readmissions
- Patient transfers from one acute care hospital to another
- Readmissions due to an unavoidable complication
- Critical access hospitals
- Trauma as a primary diagnosis
- Admissions for labor, delivery or neonatal care
- Court ordered admissions

Consistent with the Plan's Policy Clinical Review Criteria (Policy OCA 3.201), InterQual clinical criteria will be applied to determine if a readmission meets inpatient criteria. Specifically, licensed clinical staff will utilize the InterQual clinical criteria to perform a medical review of information provided for readmissions occurring within 30 days of the prior admission for a same or similar diagnosis in order to determine if the readmission is clinically-related. They will also assess if the readmission is:

- the same, or closely related condition or procedure as the prior discharge OR
- a condition as a result of a primary diagnosis from the initial admission is:
 - a complication that is related to the index admission,
 - a related issue identified during the stay that could have reasonably been prevented with provision of appropriate care consistent with accepted standards in the prior discharge or during the post-discharge follow-up period,

- an issue related to a premature discharge from the same facility or
- a reason that is medically unnecessary.

Well Sense Health Plan defines same day as services rendered on the same calendar day.

Provider Reimbursement

Well Sense Health Plan reserves the right to recoup and/or recover monies previously paid on a claim that falls within the guidelines of a readmission for a same, similar or related condition as defined above.