

Operations Bulletin – Sept. 30, 2021

Related hospital admissions occurring within 30 days

Preventable readmissions take a toll on patients' physical, emotional and financial health. Health systems, regulatory agencies and others have focused on minimizing these readmissions for years.

Now, we're aligning our policies across all plans to help keep each Geisinger Health Plan member from avoidable return trips to the hospital. Starting Feb. 1, 2022, we'll work with you to proactively verify related admissions and reduce unnecessary out-of-pocket costs to members.

What's changing?

Currently, we ask hospital providers to combine and [rebill inpatient hospitalization claims when a readmission occurs within 7 days of discharge](#) for your Geisinger Gold (Medicare), Geisinger Health Plan commercial, GHP Kids (CHIP) and Marketplace patients. TPA plans are excluded. You're also required to follow the Pennsylvania Department of Human Services (DHS) mandated 30-day readmission process for your GHP Family (Medicaid) patients.

As of **Feb. 1, 2022**, several changes to hospital readmission policies meant to streamline workflows, eliminate re-billing and reduce unnecessary costs to members will take effect:

- **7-day readmission evaluation period expanding to 30-days**
For Geisinger Gold (Medicare), Geisinger Health Plan commercial, GHP Kids (CHIP) and Marketplace plans, the current 7-day readmission evaluation will be expanded to 30 days to align with the readmission timeframe for GHP Family (Medicaid).
- **Removal of combined claims rebilling**
The requirement to rebill a combined claim for related readmissions will be removed. Readmission review will now occur before claims are billed. This means more clarity in your claims and less wasted time in your billing office.
- **Addition of proactive medical director review**
Our Medical Management team will proactively identify potential related readmissions, notify hospital providers and facilitate a discussion with a Geisinger Health Plan medical director to review payment of the admissions in question. When we call to inform you an admission request has been identified as related to a previous admission, you'll have 2 business days to review the matter with one of our medical directors. **Medical director review under these circumstances is relative only to payment for a potentially related readmission, not for medical necessity.**
- **TPA plans will be included**
TPA plans will be included and follow the same process as Geisinger Gold (Medicare), Geisinger Health Plan commercial, GHP Kids (CHIP) and Marketplace plans. No more outlier plans. The readmissions processes for all Geisinger Health Plan patients will be the same.

- **GHP Family (Medicaid) readmissions process largely unchanged**

The current process you follow for readmissions within 30 days for your GHP Family (Medicaid) patients will remain the same. However, now you'll have the opportunity to review admissions with a Geisinger Health Plan medical director within 2 business days of a related admission notification from our Medical Management team.

New process overview for Geisinger Gold (Medicare), Geisinger Health Plan commercial, GHP Kids (CHIP) and Marketplace plans

- Upon notification of admission, Geisinger Health Plan Medical Management will review all admissions for a previous admission within 30 days.
- Review criteria is then applied to determine if the subsequent admission is related to the initial admission. See *Related admission criteria* and *Exclusion criteria* sections below.
- When an admission meets related readmission criteria, Geisinger Health Plan Medical Management will contact appropriate utilization management personnel at the hospital to inform them of the determination and offer medical director-level review* within 2 business days.

**The related readmission review is for payment purposes only. It is not a review for medical necessity and the patient should not be denied appropriate and necessary care.*

- If the hospital provider disputes the related readmission determination, the hospital provider has 2 business days to initiate a review with one of our physician medical directors. **Call 800-544-3907 within 2 business days of a related admission notification to request medical director review for payment.**
- After a discussion with the hospital provider, the medical director will either uphold or overturn Geisinger Health Plan Medical Management's related readmission determination.
 - **If upheld** as a related readmission, claims for the admission in question will be denied as provider liability. A related readmission determination that is upheld indicates that the costs associated with the care provided during that admission are the responsibility of the hospital provider. Your Geisinger Health Plan patients should be held harmless and should not be billed for these costs.
 - **If overturned**, claims for the admission in question will follow normal claims adjudication processes and will be reimbursed accordingly.
- Although this process offers a dispute resolution in advance of billing claims, your normal rights to dispute and appeal claims denials as a Geisinger Health Plan participating provider remain unchanged.

Related admission criteria

- Both admissions must occur at the same facility.
- Conditions or procedures are the same or closely related to those recorded during the prior discharge.
- An infection or other complication of care.
- A condition or procedure indicative of a failed surgical intervention.
- An acute decompensation of a coexisting chronic disease.
- A need that could have reasonably been prevented by the provision of appropriate care consistent with accepted standards in the prior discharge or during the post discharge follow-up period.
- An issue caused by a premature discharge from the same facility.
- A reason that is medically unnecessary.

Exclusion criteria

As of Feb. 1, 2022, readmissions within 30 days of a previous admission will be reviewed as potentially related unless the initial or subsequent admission is one of the following excluded types of admissions, as recognized by the National Committee for Quality Assurance. These exclusions mirror exclusions currently used for GHP Family (Medicaid) readmission review.

- Skilled nursing admissions
- Inpatient rehabilitation admissions
- Readmissions for mental health or substance use disorders
- Planned admissions, including those for staged or serial treatments, i.e. chemotherapy
- Readmissions where the anchor admission had a discharge status of “Left Against Medical Advice”
- Transplant services

Timing of policy change for Geisinger Gold (Medicare), Geisinger Health Plan commercial, GHP Kids (CHIP) and Marketplace plans

The new process will only apply to readmission scenarios where the initial admission occurs on or after Feb. 1, 2022. This means that admission claims in the first week of Feb. 2022 may still be subject to the 7-day combined claim process if the initial admission occurred in Jan. 2022.

Provider disputes

If you intend to dispute this bulletin and the information contained herein, submit your formal dispute in writing within **120 days** to:

**GHP Provider Account Management
100 N. Academy Ave.
Danville, PA 17822-3220**

Questions

Questions regarding GHP’s 30-day readmission process can be directed to GHP customer service at 800-447-4000 or 570-271-8760, 8 a.m. to 6 p.m., Monday through Friday.

This Operations Bulletin and the information contained herein amend the GHP Participating Provider Guide, effective Feb. 1, 2022.