oscar

Clinical Guideline

Guideline Number: CG040 Ver. 2

Potentially Preventable Hospital Readmissions

Disclaimer

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Summary

Oscar members who have recently been hospitalized in the inpatient setting may occasionally require further hospital stays after discharge. This can occur due to a new disease process or injury, or can be for the management or further workup of the same condition or a condition related to the previous admission. When a member is readmitted to the same hospital or health system within 30 days of discharge, and the readmission is related to the prior hospitalization or the same disease process, then the readmission may be considered preventable. After the Center for Medicare and Medicaid Services (CMS) found high rates of preventable readmission leading to increased economic cost, the Hospital Readmission Reduction Program was enacted to incentivize hospitals and providers to provide quality care and decrease readmissions. Based on this program, readmissions found to be preventable may not be reimbursed. To determine whether a readmission meets these criteria, medical records of both inpatient stays are subject to review to determine whether the admission was clinically related and potentially avoidable. This guideline discusses the criteria and exclusions for preventable readmissions.

Definitions

"Readmission" is defined as a hospitalization in an acute care hospital following a prior admission to the same hospital or health system within a pre-defined period of time, often 30 days.[1]

"Preventable" is a term used to define whether a particular readmission could have been avoided or prevented, such as by one of the following interventions:[1]

- Increased quality of care during the prior admission (e.g., better management of patient disease and comorbidities)
- Improved discharge planning and post-discharge follow-up (e.g., arranging primary care or specialist follow-up, ensuring patient medication understanding, etc.)

"Diagnosis-Related Group (DRG)" is a classification system for hospital admission. It allows providers/hospitals to bill a specific DRG code as classified by organ systems and then the specific subgroup. Codes are also classified as surgical or medical. An example would be "DRG 866 VIRAL ILLNESS WITHOUT MAJOR COMPLICATION/COMORBIDITY".

"Major Diagnostic Category (MDC)" is a classification system that is implemented alongside the DRG system. It is formed by further dividing all possible principal diagnoses from the International Statistical Classification of Diseases into 25 mutually exclusive diagnosis areas. Using the example above, DRG 866 would fall into MDC category 18, "Infectious and Parasitic DDs (Systemic or unspecified sites)".

Clinical Criteria

Potentially Preventable Hospital Readmissions

Steps of readmission review (detailed criteria below):
1. Did the readmission occur within the specified time interval? If "Yes", proceed to step 2. If "No", then the admission is eligible for coverage. 2. Did the readmission occur in the same inpatient hospital or health system? If "Yes", proceed to step 3. If "No", then the admission is eligible for coverage. 3. Is the readmission clinically related to prior admission? If "Yes", proceed to step 4. If "No", then the admission is eligible for coverage. 4. Was the readmission preventable? If "Yes", readmission is non-reimbursable. If "No", then the admission is eligible for coverage.

Oscar reviews readmissions to determine if it was clinically related, potentially preventable and therefore subject to non-reimbursement. A readmission is subject to non-reimbursement when **ALL** of the following criteria are met:

1. The readmission occurred within the specified time interval, as defined as **ONE** of the following:
    a. Within 30 days of the the initial discharge; ***or***
    b. Within 30 days of a prior preventable readmission meeting the below criteria (e.g., if there is a preventable readmission 20 days after initial discharge, and then another preventable readmission clinically related to the prior admissions 20 days later, the second readmission (third overall admission) is still considered preventable and non-reimbursed even though it is outside of 30 days from the initial discharge).
2. The readmission occurred within the same inpatient hospital or health system; ***and***
3. The readmission is considered to be **clinically related** to the initial admission if **ONE** of the following criteria are met:
    a. Readmission for continuation or recurrence of the prior admission diagnosis, or for a closely related condition (e.g., readmission for heart failure after initial admission for heart failure); ***or***
    b. Readmission for acute decompensation of a chronic disease process plausibly related to care provided during or immediately after the previous admission (e.g., readmission for acute decompensated heart failure after initial admission for a heart attack); ***or***
    c. Readmission for an acute medical complication plausibly related to care received during the initial admission (e.g., readmission for deep vein thrombosis after prior admission for hip replacement); ***or***
    d. Readmission for an unplanned procedure to address a continuation or a recurrence of the initial admission problem (e.g., readmission for ERCP after previous admission for liver function tests suggestive of cholestatic transaminitis); ***or***
    e. Readmission for unplanned procedure to address a complication from a prior surgical or medical condition at the initial admission (e.g., readmission for surgical site infection after prior admission for coronary artery bypass surgery).
4. The readmission is considered to be potentially **preventable** when compared to the initial admission if **ONE** of the following criteria are met:
    a. Readmission is a healthcare complication or related condition that could have been avoided by following evidence-based practice, clinical guidelines (e.g., MCG) or generally accepted standards of medical practice; ***or***
    b. Discharge planning was inadequate, as defined by **ANY** of the following elements missing from the discharge process:

i. Financial and social needs of the patient were adequately addressed and documented; ***or***
ii. Appropriate post-discharge follow-up was established and documented (e.g., primary care of specialist appointments); ***or***
iii. The patient did meet criteria for discharge and was safe for discharge per documentation; ***or***
iv. Written discharge instructions were provided and discussed with the patient or applicable caregiver prior to discharge; ***or***
v. Documentation shows that the patient and/or caregiver were provided with all necessary prescriptions or resources to obtain prescriptions as well as educated in the appropriate use of medications; ***or***
vi. Documentation shows that patient was provided with medically necessary durable medical equipment requisite to the disease process, when applicable; ***or***
vii. Appropriate coordination occurred between inpatient and outpatient providers.

Note: The above criteria for potentially preventable readmission is not exhaustive, and individual claims review may result in non-reimbursement for readmissions outside of the above criteria.

Unavoidable Readmissions

Oscar may consider a readmission unavoidable and eligible for reimbursement when **ONE** of the following criteria is met:

1. Readmissions more than 30 days from the initial or related admission; ***or***
2. Transfers from non-participating to participating facilities; ***or***
3. Transfers of patients to receive care not available at the first facility; ***or***
4. Readmission condition or procedure is unrelated to the original hospital admission and does not meet criteria below for "clinically related" under coverage exclusions; ***or***
5. Readmission condition or procedure was not preventable and does not meet criteria below for "preventable" under coverage exclusions, ***or***
6. Planned or repetitive treatments, including but not limited to:
    a. Cancer chemotherapy
    b. Transplant services (including bone marrow transplant)
    c. Burns
    d. Transfusions for chronic disease processes
    e. Scheduled elective surgery/procedure or planned multistage procedures
    f. Other similar repetitive treatments

7. Obstetrical readmissions except when directly related to delivery complications such as infection or post C-section ileus; ***or***
8. Patient-initiated discharge "against medical advice" (AMA).

Evidence

Hospital readmission rates have been considered an indicator for quality of care because readmissions within a 30-day timeframe may result from actions taken or not taken during the initial hospital stay (Goldfield et al, 2008). According to some studies that have looked at readmissions, some factors that may affect the likelihood of readmission include: premature discharge, inadequate post-discharge support, insufficient follow-up, errors related to medication, adverse drug events and other medication related issues, unsuccessful handoffs (poor information transfer from hospital-based providers to primary care providers), complications following procedures, hospital-acquired infections, pressure ulcers, and patient falls (Alper et al, 2017). This suggests that providers can play a role in reducing readmissions with respect to obtaining medical history and ensuring care transitions. Some studies have also suggested there may also be clinical and demographic risk factors that may potentially predict readmissions, including, but not limited to: use of high-risk medication(s), multiple chronic conditions, prior hospitalization, low health literacy, and discharge against medical advice (Alper et al, 2017). While readmissions are considered quality of care measures, there are many variables that affect the probability and predictability that a given patient will be readmitted, suggesting that the details of each case must be considered carefully in order to make appropriate determinations regarding coverage and reimbursement.

References

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