

Readmission Review

General Description

The Readmission Review reviews all hospital claims for readmissions within a 6-day period for appropriate discharge and completion of acute care. Blue Cross Blue Shield of North Dakota (BCBSND) considers a case to be a **premature discharge** when signs and symptoms of an acute process are documented but not addressed during the first admission, and/or treatment was initiated but not monitored, evaluated, and/or completed prior to discharge.

A **planned readmission** is considered a readmission due to scheduling problems for either the facility or the physician, or a readmission for physician or patient convenience.

Objective

The purpose of the Readmission Review is to ensure fair and equitable utilization and billing practices are performed by all hospitals so that no hospital can improve reimbursement at the expense of other hospitals, as well as to protect the rights of our members. BCBSND is committed to ensuring that our claims database represents correct DRGs and payment amounts.

- Claims with a readmission within 6 days are held to determine if conditions are related.
- If conditions appear related, the claims are reviewed for appropriate discharge and completion of care.
- Inform providers regarding the proposed combining of admissions when either a premature discharge or a planned readmission has occurred.

Process

1. Multiple admissions within a 6-day period are reviewed for possible premature discharge or planned readmission.
2. Resources utilized for this process include the medical record of each admission and the BCBSND Readmission Guidelines as published in the HealthCare News #277.
3. The BCBSND Medical Director provides input for cases where unusual circumstances are found.
4. BCBSND provides individual case summaries and the rationale used in making a change recommendation when disagreement with the original claim submission occurs.
5. Notification regarding a readmission review adverse determination is sent to the Utilization Review Department. It is the responsibility of the Utilization Review Department at each facility to forward the information to the Business Office. Any actions taken for each claim should be discussed and coordinated between the two departments.
6. The providers have 45 days following this notification to request reconsideration. The DRG Validation Review Program Reconsideration Process is available to all providers and consists of two levels of reconsideration.
7. Reference the Rebilling chapter regarding resubmissions.

HealthCare News Articles

The following page is a copy of the HealthCare News article that pertains to the Readmission Review. Articles regarding the DRG Validation Program will periodically appear in future HealthCare News Bulletins.

- January 2007 - Readmission Policy

DRG Validation

Reconsideration Process

Reference HealthCare News #261

The DRG Validation Reconsideration Process has been modified to more closely reflect the actual procedures performed within Blue Cross Blue Shield of North Dakota (BCBSND) when an appeal is received pertaining to the DRG Validation Program and to include modifications made following the passing of Senate Bill 2282. Changes are in bold.

First Level of Reconsideration - The provider must send a written request via certified mail with any additional information and the rationale for the request within 45 days of certified receipt date of the DRG notification letter. The request will be reviewed by a coding professional or a registered nurse. **If the conclusion remains adverse to the provider's appeal, a medical doctor will review the case and make the final determination.** BCBSND will respond to the provider within 45 days of the certified receipt date of the request with a determination. This level of reconsideration will determine if medical documentation and treatment provided supports the rationale for allowing the claim as originally submitted.

Second Level of Reconsideration - The provider must send a written request via certified mail with any additional information within 45 days of the certified receipt date of BCBSND first level reconsideration response. A physician consultant, with the same or similar specialty as the health care provider, will review this request. BCBSND will respond to the provider with a determination within 45 days of certified receipt date of the request. This is the final level of reconsideration for issues related to DRG Validation **with BCBSND.**

At the conclusion of the Level II reconsideration, an administrative assessment will be performed to determine if the BCBSND Reconsideration Process was conducted appropriately.

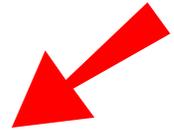
Review Process for Senate Bill 2282- A health care provider may request an independent external review as outlined in HealthCare News #261. This external review may be requested only after exhausting all of the DRG Validation Program's reconsideration processes.

All requests must be sent, via certified mail, to the attention of:

Sheila Muhle
Manager, Claims Review and BlueCard Operations
Claims Administration
Blue Cross Blue Shield of North Dakota
4510 13th Avenue S
Fargo, ND 58121-0001

Readmission Policy

Update to HealthCare News #204



Effective immediately, all readmissions that occur within six calendar days from date of discharge will be subject to review. These reviews will be conducted on a pre-payment basis.

- Payment recoveries will be made if it is determined that a readmission is the result of a planned readmission or a premature discharge. The second admission will be combined with the first for purposes of DRG assignment and reimbursement. Payment will be made for one DRG for the combined stay.
- A planned readmission is considered a readmission due to scheduling problems for either the facility or the physician, or a readmission for physician or patient convenience.
- Apremature discharge may be considered when signs and symptoms of an acute process are documented but not addressed during the first admission, and/or treatment was initiated but not monitored, evaluated, and/or completed prior to discharge.
- Readmissions that occur as a result of a patient leaving against medical advice (AMA) will be exempt from the readmission policy. These cases may be reviewed to determine if AMA was the proper discharge status on the first admission. For cases in which discharge status of AMA is deemed inappropriate, the readmission policy will become applicable.

Webinars

National Provider Identifier (NPI) Overview

Get It. Share It. Use It!

The Blue Cross Blue Shield of North Dakota (BCBSND) NPI Implementation team would like to offer a webinar for all providers who have questions regarding their NPI. Some of the topics that will be discussed include:

- What is the NPI?
- Who is required to get it?
- What are the deadlines for obtaining NPIs?
- How do I get an NPI?
- When do I use it?
- Who do I notify when I receive my NPI?
- What are subparts?