# **PROVIDER***Update*

CONTRACTUAL | AUGUST 27, 2019 | UPDATE 19-626

## Improve Quality of Care and Reduce Readmissions through Safe Hospital Discharge

## 30-day hospital readmission policy is effective as of November 1, 2019

You can promote clinically effective, cost-efficient and improved health care through appropriate and safe discharge of hospital patients.

Health Net\* is implementing a payment policy for hospital readmissions determined to have been inappropriate or preventable according to clinical review guidelines set forth in the policy. Refer to the table on page 2 of this update to learn about the policy.

Health Net's reimbursement to contracted providers for covered services is based on specific negotiated contract provisions supplemented by the contents of disclosed and consistent fee schedules, payment policies and coding methodologies. Payment resulting from an approval of a request for authorization of medically necessary inpatient services is subject to Health Net payment policies and coding methodologies.

#### View the policy in four steps or less

The chart below lists web paths for viewing polices by line of business.

If you are serving members enrolled in	Go to
<ul> <li>Individual Medicare Advantage (MA)</li> <li>Individual Family Plan (IFP)</li> </ul>	<ol> <li>provider.healthnetcalifornia.com</li> <li>Select product type</li> <li>On the Home screen, under Welcome, select <i>Resources &gt; Contractual &gt; Go to</i> <i>the Provider Library</i></li> <li>Once in the Provider Library, go to <i>Operations Manuals &gt; Claims Coding</i> <i>Policies &gt; Payment Integrity Policies</i></li> </ol>
<ul> <li>Employer group HMO, Point of Service (POS), HSP, PPO, and EPO</li> <li>MA employer group</li> <li>Medi-Cal</li> </ul>	<ol> <li>provider.healthnet.com</li> <li>Select Working with Health Net &gt; Contractual &gt; Policy Library &gt; Go to the Provider Library</li> <li>Once in the Provider Library, go to Operations Manuals &gt; Claims Coding Policies &gt; Payment Integrity Policies</li> </ol>



### THIS UPDATE APPLIES TO **CALIFORNIA** PROVIDERS:

O Physicians

3 PAGES

- <sup>O</sup> Participating Physician Groups
- Hospitals
- O Ancillary Providers
- LINES OF BUSINESS:
- HMO/POS/HSP
- PPO
- EPO
- Medicare Advantage (HMO)
- Medi-Cal
  - Kern
  - Los Angeles
     Molina
  - Riverside
  - Sacramento
  - San Bernardino
  - San Diego
  - San Joaquin
  - Stanislaus
  - Tulare

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EnhancedCare PPO (IFP) 1-844-463-8188 provider.healthnetcalifornia.com EnhancedCare PPO (SBG) 1-844-463-8188 provider.healthnet.com Health Net Employer Group HMO, POS, HSP, PPO, & EPO 1-800-641-7761 provider.healthnet.com IFP - CommunityCare HMO, PPO, PureCare HSP, PureCare One EPO 1-888-926-2164 provider.healthnetcalifornia.com Medicare (individual) 1-800-929-9224 provider.healthnetcalifornia.com Medicare (employer group) 1-800-929-9224 provider.healthnet.com Medi-Cal - 1-800-675-6110 provider.healthnet.com

PROVIDER COMMUNICATIONS provider.communications@ healthnet.com

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#### **Policy chart**

The following chart lists the policy number, policy name, a description of the policy, and applicable lines of business.

Policy number	Policy name	Description of policy	Line of business
CC.PP.501	Payment Policy: 30-Day Readmission	This policy is based, in part, on the methodology set forth in the <i>Quality Improvement Organization Manual</i> , CMS Publication 100-10, Chapter 4, Section 4240, for determining an inappropriate readmission.	Commercial,* Medicare, Medi-Cal
		Notwithstanding medical necessity where it is determined to exist, for a readmission that is determined to have been inappropriate or preventable according to the clinical review guidelines set forth in the policy, the health plan will deny payment or reimbursement.	
		A readmission will be considered to be inappropriate or preventable under ANY of the following circumstances:	
		The readmission was medically unnecessary.	
		• The readmission resulted from a prior premature discharge from the same hospital or a related hospital.	
		<ul> <li>The readmission resulted from a failure to have proper and adequate discharge planning.</li> </ul>	
		<ul> <li>The readmission resulted from a failure to have proper coordination between the inpatient and outpatient health care teams.</li> </ul>	
		<ul> <li>The readmission was the result of circumvention of the contracted rate by the hospital or a related hospital.</li> </ul>	
		The following readmissions are excluded from 30-day readmission review:	
		Transfers from out-of-network to in-network facilities.	
		<ul> <li>Transfers of patients to receive care not available at the first facility.</li> </ul>	
		<ul> <li>Readmissions that are planned for repetitive or staged treatments, such as cancer chemotherapy or staged surgical procedures.</li> </ul>	
		<ul> <li>Readmissions associated with malignancies, burns or cystic fibrosis.</li> </ul>	
		<ul> <li>Admissions to a skilled nursing facility (SNF), long term acute care facility (LTAC) or inpatient rehabilitation facility (IRF).</li> </ul>	
<ul> <li>Readmissions where the first admission had a discharge status of "left against medical advice."</li> <li>Obstetrical readmissions.</li> </ul>		<ul> <li>Readmissions where the first admission had a discharge status of "left against medical advice."</li> </ul>	
		Obstetrical readmissions.	
		<ul> <li>Readmissions greater than or equal to 31 days from the date of discharge from the first admission.</li> </ul>	
Note: The health plan will customize the application of this policy to accommodate specific provider contract language			

\*Commercial includes HMO, POS, HSP, PPO, EPO, and products offered through Covered California.

#### Additional information

Relevant sections of Health Net's provider operations manuals have been revised to reflect the information contained in this update as applicable. Provider operations manuals are available electronically in the Provider Library, located on Health Net's provider website as listed in the table below.

If you have questions regarding the information contained in this update, contact the applicable Health Net Provider Services Center within 60 days at:

Line of Business	Telephone Number	Provider Portal	Email Address	
EnhancedCare PPO (IFP)	1-844-463-8188	provider.healthnetcalifornia.com		
EnhancedCare PPO (SBG)	1-844-463-8188	provider.healthnet.com		
Health Net Employer Group HMO, POS, HSP, PPO, & EPO	1-800-641-7761	provider.healthnet.com		
IFP (CommunityCare HMO, PPO, PureCare HSP, PureCare One EPO)	1-888-926-2164	provider.healthnetcalifornia.com	provider_services@healthnet.com	
Medicare (individual)	1-800-929-9224	provider.healthnetcalifornia.com		
Medicare (employer group)	1-800-929-9224	provider.healthnet.com		
Medi-Cal	1-800-675-6110	provider.healthnet.com	N/A	