

# PROVIDER Update



Health Net®  
COMMUNITY SOLUTIONS

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## 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 below 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 simply

To view the policy, go to the provider website at [provider.healthnet.com](http://provider.healthnet.com) and select *Working with Health Net > Contractual > Policy Library > Go to the Provider Library*. Once in the Provider Library, go to *Operations Manuals > Claims Coding Policies > Payment Integrity Policies* or search using keywords.

#### Policy chart

The following chart lists the policy number, policy name, a description of the policy, and applicable line 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.  Notwithstanding medical necessity where it is determined to exist, for a readmission that is determined	Cal MediConnect

THIS UPDATE APPLIES TO  
**CAL MEDICONNECT**  
PROVIDERS:

- Physicians
- Participating Physician Groups
- Hospitals
- Ancillary Providers

#### PROVIDER SERVICES

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Los Angeles County – 1-855-464-3571  
San Diego County – 1-855-464-3572  
[www.healthnet.com](http://www.healthnet.com)

#### PROVIDER COMMUNICATIONS

[provider.communications@healthnet.com](mailto:provider.communications@healthnet.com)

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## Policy chart, continued

Policy number	Policy name	Description of policy	Line of business
		<p>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.</p> <p>A readmission will be considered to be inappropriate or preventable under ANY of the following circumstances:</p> <ul style="list-style-type: none"> <li>• The readmission was medically unnecessary.</li> <li>• The readmission resulted from a prior premature discharge from the same hospital or a related hospital.</li> <li>• The readmission resulted from a failure to have proper and adequate discharge planning.</li> <li>• The readmission resulted from a failure to have proper coordination between the inpatient and outpatient health care teams.</li> <li>• The readmission was the result of circumvention of the contracted rate by the hospital or a related hospital.</li> </ul> <p>The following readmissions are excluded from 30-day readmission review:</p> <ul style="list-style-type: none"> <li>• Transfers from out-of-network to in-network facilities.</li> <li>• Transfers of patients to receive care not available at the first facility.</li> <li>• Readmissions that are planned for repetitive or staged treatments, such as cancer chemotherapy or staged surgical procedures.</li> <li>• Readmissions associated with malignancies, burns or cystic fibrosis.</li> <li>• Admissions to a skilled nursing facility (SNF), long term acute care facility (LTAC) or inpatient rehabilitation facility (IRF).</li> <li>• Readmissions where the first admission had a discharge status of “left against medical advice.”</li> <li>• Obstetrical readmissions.</li> <li>• Readmissions greater than or equal to 31 days from the date of discharge from the first admission.</li> </ul> <p>Note: The health plan will customize the application of this payment policy to accommodate specific provider contract language.</p>	

## 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 at [provider.healthnet.com](http://provider.healthnet.com).

Providers are encouraged to access Health Net’s provider portal online at [provider.healthnet.com](http://provider.healthnet.com) for real-time information, including eligibility verification, claims status, prior authorization status, plan summaries, and more.

If you have questions regarding the information contained in this update, contact the Health Net Provider Services Center by email at [provider\\_services@healthnet.com](mailto:provider_services@healthnet.com) within 60 days, by telephone or through the Health Net provider website as listed in the right-hand column on page 1.