



## Medicare Post Pay Readmissions

According to the Centers for Medicare & Medicaid Services (CMS), hospital readmissions have been proposed as a quality of care indicator because they may result from actions taken or omitted during a member's initial hospital stay. Based on a 2008 CMS report, an estimated \$12 billion out of \$15 billion is spent on preventable readmissions.

Section 3025 of the Affordable Care Act added section 1886(q) to the Social Security Act establishing the [Hospital Readmissions Reduction Program](#). A readmission is defined as an admission to a hospital within 30 days of a discharge from the same or a similar hospital. The 30 day ruling is subject to state approval and alteration. A readmission occurs when a patient is discharged/transferred from an acute care Prospective Payment System (PPS) hospital, and is readmitted to the same acute care PPS hospital within 30 days for symptoms related to, or for evaluation and management of, the prior stay's medical condition, hospitals shall adjust the original claim generated by the original stay by combining the original and subsequent stay onto a single claim.

### **Policy**

Pursuant to Medicare and Medicaid guidelines, EasyChoice implemented a process of reviewing, adjudicating, and adjusting claims payments for inpatient admissions that are deemed to be a readmission.

### **Procedure**

- Easy Choice reserves the right to look back within the maximum allowed recovery time frame per state guidelines or per specific provider contract to identify any claims that may be readmissions.
- Easy Choice will identify claims that are most likely readmissions for denial or request a refund.
- If the provider disagrees with EasyChoice's determination, the provider has the right to appeal/dispute the determination. The provider must submit medical records for both admissions and Easy Choice will evaluate the records to determine if the second admission is a readmission of the first admission.
- If it is determined that the second record is not a readmission, the provider will be notified and no additional actions will occur.
- If EasyChoice determines that the second admission is a readmission of the first, the provider will be notified that the denial or requested refund will be upheld.



**Frequently Asked Questions**

*1. Why is Easy Choice implementing this policy?*

Easy Choice is executing readmission criteria published by federal and state agencies.

*2. Why can I not bill the member if Easy Choice does not pay the claim?*

Pursuant to the terms in your contract, participating providers are not permitted to balance bill members for claims that are denied by Easy Choice.

*3. How do I dispute/appeal a readmission determination?*

To dispute or appeal a determination, please mail a summary of the appeal or reconsideration request, the member’s name, member’s identification number, date of service(s), reason(s) why the denial should be reversed and copies of related documentation and all applicable medical records related to both stays to support appropriateness of the services rendered to the following address:

Attn: WellCare Clinical Chart Validation  
COTIVITI  
555 E. North Lane, Suite 6120  
Conshohocken, PA 19428  
Phone: (203) 202-6107  
Fax: (203) 202-6607

*4. What documentation do I need to submit with my dispute/appeal?*

INCLUDE (as applicable)	EXCLUDE
Consultations	Consent Forms
Case Management Notes/Social Work Notes	Dietary Notes
Diagnostic testing results i.e. EKG, Echocardiogram, Laboratory Reports, X-Ray	Duplicate Pages
Discharge Instructions	Flow Sheets
Discharge Medication List	Holter Monitor Tracings
Discharge Summary	



INCLUDE (as applicable)	EXCLUDE
Therapy Notes	
ER Report	
History and Physical	
Itemized Bill	
MAR (Medication Administration Record)	
Nursing Notes	
Operative Report	
Pathology Report	
Physician Orders	
Physician Progress Notes	
Respiratory/Ventilation Sheets	
TAR (Treatment Administration Record)	
UB 92 or UB 04 form	

**5. Where do I send a refund check?**

If you wish to send in a refund, send the check and a copy of the overpayment request letter to the following address:

Refund Checks:  
 Easy Choice Health Plan  
 P.O. Box 844718  
 Los Angeles, CA 90084-4718

It is important to send a copy of the letter so that the refund gets correctly applied to your account.



Correspondence Mailing Address  
Regarding Offset Amounts:

WellCare Health Plans, Inc.  
P.O. Box 31658  
Tampa, FL 33631-3658