

UnitedHealthcare Community Plan

Readmission Review

Frequently Asked Questions

Overview

We regularly conduct readmission reviews to determine whether unplanned readmissions were preventable. These reviews are part of our commitment toward the Triple Aim of improving health care services, health outcomes and overall cost of care. We base these readmission reviews on CMS and state guidelines, individual Provider Agreements and UnitedHealthcare's Readmission Policy.

Frequently Asked Questions and Answers

What does a readmission review entail?

For a readmission review, we request and review medical records and supporting documentation related to both an initial admission and later readmission. This includes evaluating for correct billing.

A UnitedHealthcare nurse performs an initial review and decides whether the admissions appear related. If the nurse decides that the admissions were unrelated, the nurse releases the claim for payment. If the nurse finds that the case involves a potentially preventable readmission, or that it may meet CMS billing guidelines, the case is then reviewed by a UnitedHealthcare Community Plan medical director.

If the medical director decides that the readmission was preventable, we may deny payment of the claim. If this happens, we send the facility an updated provider remittance advice (PRA) and a letter. The letter outlines the rationale for the denial and explains the facility's reconsideration and appeal rights.

If the medical director decides that the admission and readmission meets CMS billing guidelines for same day or leave of absence, we either incorporate the stays into one claim or ask the care provider to combine the claims themselves.

Why do you perform readmission reviews?

We conduct readmission reviews to help ensure our plan members receive the appropriate care and discharge planning during an initial admission.

Key Points

We regularly conduct readmission reviews to help ensure our plan members receive the appropriate care and discharge planning during an initial admission.

Our readmission reviews are based on state and the Centers for Medicare & Medicaid Services (CMS) guidelines, individual Provider Agreements and UnitedHealthcare's Readmission Policy.

How do you decide whether or not to perform a readmission review?

When deciding when to perform a readmission review, we consider whether readmissions to participating and non-participating facilities meet all of the following criteria:

- Did the readmission(s) occur within 30 days after the initial discharge, or within the amount of time specified by state regulations or provider contract?
- Is the readmission(s) for the same, similar or related diagnosis as the initial admission?
- Is the readmission(s) to the same hospital?

If a readmission meets the above criteria, we request medical records for the initial admission and the related readmission.

Exclusions: Certain conditions that require repeat admissions are excluded from readmission review, such as pregnancy and chemotherapy.

For more information about the clinical guidelines around readmissions, go to UHCprovider.com > Policies and Protocols > Community Plan Policies > Reimbursement Policies for Community Plan > enter “Readmission” under Refine Results > Readmission Policy – Reimbursement Policy – UnitedHealthcare Community Plan.

What information do you request for medical record reviews?

If the claim is subject to readmission review, we’ll request medical records and supporting documentation related to the readmission, including the prior admission and discharge planning. This generally includes the following:

- Patient fact sheet
- Admission history and physical
- Physicians’ orders
- Emergency room records
- Progress notes
- Nurses’ notes and or nursing assessments
- Diagnostic imaging and laboratory reports
- Operative reports
- Consult reports
- Medication administration records
- Social services, case management and discharge planning documentation
- Discharge summary
- Discharge instructions
- Discharge patient medication list
- Physical therapy (PT) notes
- Occupation therapy (OT) notes
- Speech therapy notes
- Vital signs flowsheets
- Intake and output flowsheets

To avoid administrative denial and delay in the review of a readmission claim, it’s important to provide the complete medical records of both the admission and readmission.

How do I submit medical records to UnitedHealthcare Community Plan for review?

We'll include information about how to submit medical records in either the PRA or the letter you receive from UnitedHealthcare Community Plan.

If you choose to mail the medical records, you can either send paper copies or electronic copies stored on a CD or DVD. However, you must include the member name, member's UnitedHealthcare Community Plan identification number and meet federal privacy laws.

If, after the review of medical records, you deny our claim, what appeal rights do we have?

Your appeal rights are as follows:

- **Participating UnitedHealthcare Community Plan Facilities:** You can find your reconsideration and appeal rights in the Provider Administrative Manual and in your facility's Participation Agreement. If your facility requests a reconsideration or appeal of the payment denial per the terms of the facility's Participation Agreement, a different UnitedHealthcare Community Plan medical director will conduct the next level of review.
- **Non-participating Facilities:** The reconsideration, dispute and or appeals process for payment disputes is governed by CMS, state regulations and or the UnitedHealthcare Community Plan contract with your state. For more information about the non-contracted provider dispute process, visit UHCprovider.com > Quick Links > Administrative Guides > Community Plan Care Provider Manuals > choose your state and select the Provider Administrative Manual applicable to the member's benefit plan.

Can we balance bill UnitedHealthcare Community Plan members if you deny our facility's claim for readmission?

No. All claims that we deny as a result of readmission review are denied as care provider liability and you cannot balance bill the member.

What are you doing to help facilities reduce preventable readmissions and improve quality outcomes?

We have a number of initiatives, both national and market-specific, to help facilities understand their readmissions rates and trends. These initiatives are aimed at collaborating with facilities to improve discharge plans and post-acute care follow-up for members. For more information about initiatives available in your market, please contact your provider advocate. If you aren't sure who to contact, go to UHCprovider.com > Menu > Contact Us.

Who can I contact if I have questions about readmission reviews?

You can find more information about readmission reviews by visiting:

- cms.gov > Regulations & Guidance > Manuals > Internet Only Manuals.
 - Quality Improvement Organization Manual: [Chapter 4 Case Review](#)
 - Medicare Claims Process Manual: [Chapter 3 – Inpatient Hospital Billing](#)
- UHCprovider.com > Policies and Protocols > Community Plan Policies > Reimbursement Policies for Community Plan > enter “Readmission” under Refine Results > Readmission Policy – Reimbursement Policy – UnitedHealthcare Community Plan.

Who can I contact if I have questions about readmission reviews?

If you have questions, please contact Provider Services at the number listed on the back of the member’s ID card.