

DEPARTMENT OF HEALTH AND SOCIAL SERVICES
DIVISION OF MEDICAID AND MEDICAL ASSISTANCE
Statutory Authority: 31 Delaware Code, Section 512 (31 Del.C. §512)

PROPOSED

PUBLIC NOTICE

Acute Inpatient Hospital Readmission Claims

In compliance with the State's Administrative Procedures Act (APA - Title 29, Chapter 101 of the Delaware Code), 42 CFR §447.205, and under the authority of Title 31 of the Delaware Code, Chapter 5, Section 512, Delaware Health and Social Services (DHSS) / Division of Medicaid and Medical Assistance (DMMA) is proposing to amend the Inpatient Hospital Provider Policy Manual regarding Acute Inpatient Hospital Readmission Claims, specifically, to update policy regarding the time interval.

Any person who wishes to make written suggestions, compilations of data, testimony, briefs or other written materials concerning the proposed new regulations must submit same to, Planning, Policy and Quality Unit, Division of Medicaid and Medical Assistance, 1901 North DuPont Highway, P.O. Box 906, New Castle, Delaware 19720-0906, by email to Nicole.M.Cunningham@delaware.gov, or by fax to 302-255-4413 by 4:30 p.m. on October 1, 2019. Please identify in the subject line: Acute Inpatient Hospital Readmission Claims.

The action concerning the determination of whether to adopt the proposed regulation will be based upon the results of Department and Division staff analysis and the consideration of the comments and written materials filed by other interested persons.

SUMMARY OF PROPOSAL

The purpose of this notice is to advise the public that Delaware Health and Social Services (DHSS)/Division of Medicaid and Medical Assistance (DMMA) is proposing to amend the Inpatient Hospital Provider Policy Manual regarding Acute Inpatient Hospital Readmission Claims, specifically, to update policy regarding the time interval.

Background

Currently, the Delaware Medical Assistance (DMAP) Medical Review Team reviews claims for acute care hospital services for patients readmitted within 10 days of discharge from the same hospital.

A hospital readmission is an episode when a patient who had been discharged from a hospital is admitted again within a specified time interval.

Summary of Proposal

Purpose

The purpose of this proposed regulation is to update the DMAP readmission time interval from 10 days to 30 days.

Summary of Proposed Changes

Effective for services provided on and after November 11, 2019 Delaware Health and Social Services/Division of Medicaid and Medical Assistance (DHSS/DMMA) proposes to amend section 2.2.1 and 2.2.1.1 of the Inpatient Hospital Provider Policy Manual regarding Acute Inpatient Hospital Readmission Claims, specifically, to update policy regarding the time interval.

Public Notice

In accordance with the *federal* public notice requirements established at Section 1902(a)(13)(A) of the Social Security Act and 42 CFR 447.205 and the state public notice requirements of Title 29, Chapter 101 of the Delaware Code, Delaware Health and Social Services (DHSS)/Division of Medicaid and Medical Assistance (DMMA) gives public notice and provides an open comment period for thirty (30) days to allow all stakeholders an opportunity to provide input on the proposed regulation. Comments must be received by 4:30 p.m. on October 1, 2019.

Provider Manuals and Communications Update

A newsletter system is utilized to distribute new or revised manual material and to provide any other pertinent information regarding manual updates. Updates are available on the Delaware Medical Assistance Portal website: <https://medicaid.dhss.delaware.gov/provider>

Fiscal Impact

There is no anticipated fiscal impact to the agency.

2.0 Acute Care Inpatient Hospital

2.1 Overview

2.1.1 Acute care inpatient hospital services are covered by the DMAP only if the hospital is accredited by the Joint Commission on Accreditation of Hospitals and certified by the State agency responsible for licensing and certification.

2.1.2 Reserved

2.2 Specific Billing Information

2.2.1 Readmission within ~~40~~ thirty (30) Days to Acute Care Hospital

2.2.1.1 The DMAP Medical Review Team will review claims for acute care hospital services for patients readmitted within ~~40~~ thirty (30) days of discharge from the same hospital. When submitting claims for readmission within ~~40~~ thirty (30) days of a previous admission, attach discharge summaries for both admissions.

2.2.1.2 If it is determined that the readmission resulted from a premature discharge based on information that the provider would have known or events that could have been anticipated at the time of discharge, payment will not be made for the second admission. In this situation, the second admission is considered to have been reimbursed in the discharge rate for the initial admission.

2.2.2 Transfer to a Certified Inpatient Physical Rehabilitation Unit

2.2.2.1 If a patient is transferred from an acute care bed to a certified inpatient physical rehabilitation unit, the patient must be discharged from acute care and readmitted to the physical rehabilitation unit. The hospital should bill one discharge for acute care and one discharge for physical rehabilitation using the appropriate revenue codes, provider identification numbers and taxonomy. The acute care discharge must not include any rehabilitation accommodation revenue codes.

2.2.2.2 A transfer from an acute care bed to the certified inpatient physical rehabilitation unit must be primarily for the purpose of receiving physical rehabilitation services. Admission records should include adequate documentation to justify physical rehabilitation.

2.2.2.3 Patients must be admitted to the physical rehabilitation unit using the appropriate accommodation code(s) on the claim.