



CLINICAL CLAIM REVIEW

Provider Insight: Readmission Review

Avoidable readmissions lead to increased risk for the patient and increased healthcare costs. The readmission of a patient for the same or a related diagnosis after a short time may be the result of less than optimal quality of care during the initial hospitalization or inadequate discharge planning and post-discharge follow-up.

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How HMS Conducts Readmission Reviews

HMS readmission reviews determine if the readmission was considered clinically related with a reasonable expectation that it could have been prevented with optimal quality of care during the initial hospitalization, or optimal discharge planning and post-discharge follow-up.

By reviewing the medical records related to both admissions, HMS can determine if the second admission meets the definition of a readmission claim.

Because the Centers for Medicare & Medicaid (CMS) sets the standard for reimbursement and coverage guidelines, most payers follow CMS criteria. For those health plans with specific readmission policies that differ from CMS', HMS will ensure reviews reflect the applicable policies

What to Expect if You've Been Notified of a Readmission Review

Claim audits are an important tool health plans use to control cost and ensure compliance with regulations and policies. When submitted claims are selected for readmission review, you will receive a medical record request letter regarding medical records relevant to the claims in question.

The medical record request will include:

- Additional information on the audit being performed
- List of medical record documentation needed in order to complete the audit
- A time frame explaining when the medical record must be received
- Instructions on the best way to submit medical record documentation to HMS

The medical record request letter you receive will include contact information for our Provider Relations team, who are ready to answer any questions and help with the audit process.

After the requested medical records are received, an experienced team of nurses or physicians will perform an in-depth review of the submitted documentation. The type of audit HMS conducts on any group of claims can vary and is determined by the criteria set by the health plan.

Readmission reviews determine if there was a reasonable expectation that a readmission could have been prevented.

Based on our findings, a determination is made, and a notice is mailed informing you of the results. If the notice is for an overpayment, we'll provide the claim information and the rationale for the determination. It's possible you may disagree with the audit findings and rationale. Detailed instructions for appealing the determination are included.

Contact HMS today for additional questions regarding our Clinical Claims Review process or if you have questions regarding a request for medical records you received.

