

Kaiser Foundation Health Plan of Washington
Kaiser Foundation Health Plan of Washington Options, Inc.
CONTRACT MANAGER NAME
Provider Communications, RCB-C2W-02
PO Box 34262, Seattle WA 98124-1262

APRIL 23, 2021

THIRTY DAY READMISSION POLICY

Dear Provider,

This notification applies to the following networks: Commercial HMO, POS, PPO and Medicare Advantage. *A listing of all networks can be found on the provider website at <https://wa-provider.kaiserpermanente.org/communications/letters>*

Effective July 1, 2021, Kaiser Foundation Health Plan of Washington and Kaiser Foundation Health Plan of Washington Options, Inc. (Kaiser Permanente) does not allow separate reimbursement for claims that have been identified as a readmission, within 30 days of a previous discharge, to the same hospital for the same, similar or related condition unless provider, state, federal or CMS contracts and/or requirements indicate otherwise.

Kaiser Permanente provider contracts, Section III, Subsection B., allows Kaiser Permanente to perform retrospective utilization and case management review and issue coverage denial notices for non-covered services.

Kaiser Permanente will use the following standards in its review:

- a. readmission within 30 days from discharge
- b. same diagnosis or diagnoses that fall into the same grouping

Thirty Day Readmission Payment Policy

<https://wa-provider.kaiserpermanente.org/static/pdf/provider/billing-claims/30-day-readmission.pdf>

Additional key points of the policy state:

1. Kaiser Permanente will use clinical criteria and licensed clinical professionals as part of the review process for readmissions from day 2 to day 30 in order to determine if the second admission is for:
 - a. The same or closely related condition or procedure as the prior discharge
 - b. An infection or other complication of care
 - c. A condition or procedure indicative of a failed surgical intervention
 - d. An acute decompensation of a coexisting chronic disease
 - e. A need that could have reasonably been prevented by the provision of appropriate care consistent with accepted standards in the prior discharge or during the post discharge follow-up period
 - f. An issue caused by a premature discharge from the same facility
 - g. A reason that is medically unnecessary.

2. The following exclusions will apply to the policy:
 - a. Admissions for the medical treatment of cancer
 - b. Primary psychiatric disease and rehabilitation care
 - c. Planned readmissions
 - d. Patient transfers from one acute care hospital to another
 - e. Patient discharged from the hospital against medical advice

3. Kaiser Permanente does not apply the inpatient readmission criteria to Critical Access Hospitals (CAH) and considers the following as exclusions for the Washington State region:
 - a. Readmission due to patient nonadherence
 - b. End-of-life and hospice care
 - c. Obstetrical readmissions for birth after an antepartum admission
 - d. Neonatal readmissions
 - e. Transplant readmissions within 180 days of transplant

If you have questions, please contact the Provider Assistance Unit at 509-241-7206 or 1-888-767-4670, Monday through Friday, 8 a.m. to 5 p.m.

Sincerely,

A handwritten signature in black ink, appearing to read 'M Mora'.

Marc Mora, MD
Senior Vice President
Resource Stewardship and Network Management