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Geisinger GHP Family

Operations Bulletin – Sept. 11, 2019

Update to 30-day inpatient readmission claims process for GHP Family

Geisinger Health Plan (GHP) Family is updating how claims are processed and paid for repeat inpatient admissions within 30 days to better align with Department of Human Services (DHS) requirements. When claims for inpatient admissions are related to previous admissions within 30 days, DHS mandates that hospital providers submit a combined claim that includes both the initial and subsequent encounters while accounting for non-covered days.

GHP Family currently pays related readmission claims occurring within 30 days of the first admission at $0. **Effective Dec. 1, 2019, GHP Family will require hospital providers to submit a corrected claim using bill type 117 that includes both admissions.** The corrected claim will allow for more accurate reimbursement for the complete episode including both admissions.

New process overview

- Much of the DHS mandated 30-day readmission policy for GHP Family will not change and remains in effect. GHP Family is simply changing how claims for related repeat admissions within 30-days are paid to allow for more accurate reimbursement and compliance with state standards.
- The existing process for GHP Medical Management review and authorization of inpatient admissions and readmissions will not change.
- Claims for related admissions occurring within 30 days of the first admission will be denied with the following explanation code(s):
    - HIPAA compliant explanation codes visible on the EOP through InstaMed:
        - *CARC code 249 – This claim has been identified as a resubmission*
        - *RARC code N561 – The bundled claim originally submitted for this episode of care includes related readmissions. You may resubmit the original claim to receive a corrected payment based on this readmission.*
    - Proprietary GHP EX code visible through the claims inquiry function on NaviNet:
        - *LAT - Deny, Readmission-Submit Combined Claim*
- When notified of the denial for readmission within 30 days, hospital providers must submit a corrected combined claim using bill type 117. The corrected combined claim should include both admissions and account for non-covered days. A corrected claim must be submitted within 365 days of notice that a claim was denied for readmission.
- Once the claim is resubmitted, the initial inpatient claim that was paid will be reversed in our system so the corrected combined claim for both inpatient stays can be reimbursed accurately.
- GHP Family will consider the days between admissions as non-covered days.
- Member cost-sharing will be recalculated based on the corrected claim. Members will only be responsible for the cost-sharing associated with the combined claim.
- Claims for admissions that are denied based on medical necessity and/or member coverage should not be combined with any other admission, nor resubmitted in a combined claim.

Who to call

This Operations Bulletin will be incorporated into the GHP Family billing guidelines found under *For GHP Family Providers* at GHPFamily.com, effective Dec. 1, 2019. If you have any questions regarding this Operations Bulletin, contact GHP Family customer service at 855-227-1302.

Geisinger Health Plan may refer collectively to Geisinger Health Plan, Geisinger Quality Options, Inc., and Geisinger Indemnity Insurance Company, unless otherwise noted.