

Operations Bulletin – October 1, 2020

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

**This bulletin has been updated as of October 26, 2020 to include additional EX code and effective date information.*

In accordance with direction from the Department of Human Services (DHS), Geisinger Health Plan (GHP) Family is changing how claims are processed and paid for repeat inpatient admissions within 30 days. Providers will no longer be asked to submit a combined claim for inpatient admissions related to previous admissions within 30 days. DHS mandates that hospital providers submit each admission claim separately for their GHP Family and other managed Medicaid patients.

Currently, GHP Family requires providers to submit a corrected combined claim for related readmissions occurring within 30 days of the first admission. **For dates of admission on or after January 1, 2021, GHP Family will no longer accept corrected combined claims that include both admissions. Instead, claims for related admissions within 30 days of a previous admission will be denied.** For admissions resulting from a complication of a previous admission within 30 days, GHP will pay the claim with the higher DRG and deny the lower paying DRG claim.

New process overview

- GHP Family is changing how claims for related repeat admissions within 30-days are paid in accordance with DHS guidance.
- All inpatient admission claims occurring on or after January 1, 2021 should be billed separately; **no more combined claims.**
- **Pay special attention to dates of admission through January 2021:**
 - Dates of admission on claims for both the initial admission and any related admissions must be on or after January 1, 2021 for the new separate billing process to apply.
 - Re-admission scenarios that span the January 1, 2021 effective date are subject to the current process. If the initial admission occurs before January 1, 2021, and a subsequent related admission occurs within 30-days but after January 1, 2021, the current process will apply, and you'll be prompted to submit a corrected combined claim.
- The process for GHP Medical Management review and authorization of inpatient admissions and readmissions will not change.
- Explanation codes you may see related to the 30-day readmission process:
 - CARC code: 249 – *This claim has been identified as a resubmission*
 - Claims for related admissions within 30 days of the first admission will be denied with explanation code: **LEA – DENY – Readmission**
 - Combined claims billed after January 1, 2021 will be denied with explanation code: **LEC – DENY – Combined Claim**
- GHP Family will consider the days between admissions as non-covered days.
- Member cost-sharing will be recalculated based on the paid claim. Members will only be responsible for the cost-sharing associated with paid 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 January 1, 2021.

If you have any questions regarding this Operations Bulletin, contact GHP Family customer service at **855-227-1302**.

Geisinger Health Plan Family (GHP Family) is a Medical Assistance (Medicaid) insurance program offered by Geisinger Health Plan in conjunction with the Pennsylvania Department of Human Services (DHS). Geisinger Health Plan is part of Geisinger, an integrated health care delivery and coverage organization.

Discrimination is against the law

Geisinger Health Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, creed, religious affiliation, ancestry, sex gender, gender identity or expression, or sexual orientation.

Geisinger Health Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, creed, religious affiliation, ancestry, sex gender, gender identity or expression, or sexual orientation.

Geisinger Health Plan provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

Geisinger Health Plan provides free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need these services, contact Geisinger Health Plan at 800-447-4000.

If you believe that Geisinger Health Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, creed, religious affiliation, ancestry, sex gender, gender identity or expression, or sexual orientation, you can file a complaint with:

Civil Rights Grievance Coordinator
Geisinger Health Plan Appeals Department
100 North Academy Avenue
Danville, PA 17822-3220
Phone: (866) 577-7733, PA Relay 711
Fax: (570) 271-7225, or
Email: GHPCivilRights@thehealthplan.com

The Bureau of Equal Opportunity
Room 223, Health and Welfare Building,
P.O. Box 2675
Harrisburg, PA 17105-2675
Phone: (717) 787-1127, PA Relay 711
Fax: (717) 772-4366, or
Email: RA-PWBEOAO@pa.gov

You can file a complaint in person or by mail, fax, or email. If you need help filing a complaint, Geisinger Health Plan and the Bureau of Equal Opportunity are available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services,
200 Independence Avenue SW.
Room 509F, HHH Building
Washington, DC 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call: 800-447-4000 (PA RELAY 711).

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 800-447-4000 (PA RELAY: 711).

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 800-447-4000 (PA RELAY: 711).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 800-447-4000 (PA RELAY: 711)。

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 800-447-4000 (PA RELAY: 711).

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-447-4000 (رقم هاتف الصم والبكم: PA RELAY: 711).

ध्यान दिनुहोस्: तपाईंले नेपाली बोल्नुहुन्छ भने तपाईंको निम्ति भाषा सहायता सेवाहरू निःशुल्क रूपमा उपलब्ध छ ।
फोन गर्नुहोस् 800-447-4000 (PA RELAY: 711) ।

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 800-447-4000 (PA RELAY: 711). 번으로 전화해 주십시오.

ប្រយ័ត្ន៖ បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតថ្លៃ គឺអាចមានសំរាប់អ្នក។ ចូរ ទូរស័ព្ទ 800-447-4000 (PA RELAY: 711)។

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 800-447-4000 (PA RELAY: 711).

သတိပြုရန် - အကယ်၍ သင်သည် မြန်မာစကား ကို ပြောပါက၊ ဘာသာစကား အကူအညီ၊ အခမဲ့၊ သင့်အတွက် စီစဉ်ဆောင်ရွက်ပေးပါမည်။ ဖုန်းနံပါတ် 800-447-4000 (PA RELAY: 711) သို့ ခေါ်ဆိုပါ။

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 800-447-4000 (PA RELAY: 711).

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 800-447-4000 (PA RELAY: 711).

লক্ষ্য করুন: যদি আপনি বাংলা, কথা বলতে পারেন, তাহলে নিঃখরচায় ভাষা সহায়তা পরিষেবা উপলব্ধ আছে। ফোন করুন 800-447-4000 (PA RELAY: 711)।

KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 800-447-4000 (PA RELAY: 711).

सुचना: જો તમે ગુજરાતી બોલતા હો, તો નિઃશુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 800-447-4000 (PA RELAY: 711).