

Medicare Advantage

Updates for Providers

PROGRAMS

June 26, 2023

Readmission Quality Program

Effective October 1, 2023, Cigna Healthcare Medicare Advantage (MA) will implement a Readmission Quality Program. Under this utilization management program, we will reimburse for readmissions for the same or similar diagnosis at a facility under the same Taxpayer Identification Number (TIN) as follows:

Readmissions within 48 hours from the date of discharge from the original acute inpatient admission (referred to as the index admission):

- The facility will *not* be reimbursed for the readmission regardless of the readmission length of stay. The Centers for Medicare & Medicaid Services (CMS) generally considers a short-term readmission for the same or similar diagnosis to be the result of a process failure in discharge planning, or the patient not being clinically stable at the time of the original discharge. A Cigna Healthcare MA Medical

Urgency Meter

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1. Requires immediate attention
2. Response requested
3. No action necessary

Director will review the readmission to determine if a same or similar diagnosis is present.

Readmissions within 3-31 days from the date of discharge from the index admission:

- The higher weighted diagnosis-related group (DRG) between the index admission and the readmission will be paid at normal contracted rates. The days, diagnoses, procedures and all associated billed items or services from each stay will be accounted for in the single DRG payment. Cigna Healthcare MA Medical Directors will conduct medical necessity reviews of admissions within 3-31 days from the date of discharge and evaluate whether a same or similar diagnosis is present as well as a modifiable cause.
- If there is a second or more readmission(s) that occur within the original 31-day window from the original index admission discharge, then this will likewise bundle into the original admission, if the above parameters are met. A new index readmission is not set until a full 31 days has elapsed.

For per diem: 100% per day of first admission, 85% per day of the readmission.

Program exclusions

- Initial admission that occurs in observation.
- Readmissions that occur in an observational (outpatient) setting are exempt from this program and are reimbursed according to the facility agreement.
- Readmissions for patients undergoing active chemotherapy treatment or who are in the immediate post-transplant period (31 days) are excluded from this program.
- Planned and approved elective admissions that occur within 31 days of acute inpatient discharge are reimbursed according to the facility agreement.
- Transfers from out-of-network to in-network facilities.
- Transfers of patients to receive care not available at the first facility.
- Admissions with a discharge status of "left against medical advice."
- Behavioral Health, Long Term Acute Care and Inpatient Rehab admissions.

Additional information

Please note that this utilization management program only applies to readmissions that occur as an acute inpatient admission to the same TIN, or a facility operating under the same contract.

Patients cannot be held liable for payment of services that have not been authorized.

If you have any questions, please refer to the Medicare Advantage Participating Provider Manual available on [MedicareProviders.Cigna.com](https://www.cigna.com/providers) > Provider Manuals.

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