



Clinical Claim Review

Readmissions Review

Limit your exposure to excess payments.

Readmission rates – defined as a subsequent hospital admission for any cause within 30 days following an initial hospital admission – range from 11% to 20% depending on the payer. And that’s the problem.

Readmissions are costly for all payers since two separate stays result in two separate diagnosis-related group (DRG) payments. In some cases, providing optimal quality of care during the initial stay can prevent readmissions.

Health plans can limit exposure to these excess payments using HMS’s targeted approach to readmissions reviews. HMS can target readmission pairs in which the claims data indicates the second stay is for the same or similar condition, and may have been prevented if optimal care was provided during the initial stay.

Advantages

- Advanced analytics
- Robust provider support program
- Superior quality results
- Experienced clinical reviewers

Features

- Utilizes post-payment review approach
- Associates no member liability with findings
- Accommodates health plan exceptions to readmissions policy
- Customizes to reflect policy and/or terms
- Practices no-fault model
- Includes full support for rebuttals and appeals

Case Study

In a recent audit project with a Medicaid population of 1.2 million members, HMS identified \$5 million in readmission denials. This was recouped by the state Medicaid agency for readmissions for the same or similar condition, in which two separate DRG payments were made for care that should have been completed during the initial stay.

In a recent audit project with a Medicaid population of 1.2 million members, HMS identified \$5 million in overpayments related to readmissions.

Contact HMS today and gain your readmissions advantage.

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Enterprising healthcare

HMS provides the broadest range of cost containment solutions in healthcare to help payers and accountable care organizations improve performance. Using innovative and time-tested technology and analytics, we prevent and recover improper payments related to fraud, waste, and abuse. As a result of our services, customers recoup billions of dollars every year and save billions more through the prevention of erroneous payments.