



Readmissions Review Quality Program Guide

Readmissions Review Quality Program Overview

Florida Blue is driven to help people and communities achieve better health. Improving the affordability and quality of health care in the communities we serve also remains a priority for us. The Florida Blue Readmissions Review Quality Program is designed to assist hospitals with the shared goal of reducing preventable readmissions, as defined below, through ongoing collaboration and ensuring awareness of the Florida Blue resources available to our members, your patients.

Hospitals are expected to provide care consistent with accepted standards during a hospitalization, which includes appropriate discharge planning. Additionally, hospitals have accountability for ensuring necessary follow-up care occurs.

The Florida Blue quality-of-care review process will review the records to determine (i) if an admission is for treatment of the same or a related condition, or a procedure occurring less than 15 days from a prior admission discharge and (ii) if the subsequent inpatient care could have been reasonably prevented by the provision of care consistent with accepted standards during the prior discharge planning and/or post discharge follow-up period. This will apply to subsequent admissions to the same hospital or a satellite of the hospital and to return transfers to the acute care hospital from the sub-acute care facility when the patient is returned to the originating hospital or satellite of the originating hospital. This quality-of-care determination is defined as a "Preventable Readmission."

Data sharing is a key aspect of this program. Understanding statewide readmission rates, and specific rates and data for your facility can help identify opportunities for improvement, such as gaps in discharge planning and follow-up care. Knowing where your facility stands when compared to others helps establish benchmarks and a path toward improvement. Florida Blue plans to partner with facilities and share available data. This collaboration is intended to assist providers with improving patient outcomes and readmission rates.

General Opportunities for Improvement

Members routinely return to the hospital for adverse drug events (ADE), inability to understand the importance of their medications and diagnoses, lack of proper follow-up care, and/or misdiagnosis. Unnecessary readmissions are disruptive to the member and family. They increase the risk of infection and complications and can have negative physical, emotional, and psychological effects. The following list includes examples of general areas that can be improved to prevent readmissions:

- Discharge planning
- Patient compliance with medication and care instructions
- Care coordination
- Engagement with case management
- Home health care and other resource support

Florida Blue resources are available to assist your facility and patients. Connecting with care management, home-health care and other post-acute care resources is extremely important. This may help increase member understanding and compliance with hospital discharge instructions, medication adherence, and ensure follow-up care is completed. These resources may also help those experiencing challenges caused by social determinants of health. Here is a summary of some available resources:

PopHealth Care – In-Home Care Management and ARNP/Physician services to serve members/patients. This is currently available in several counties and members may be eligible for short or long-term in-home support. Members are proactively selected for this program based on high readmission risk, but members may be referred if they would benefit from in-home visit support on a case-by-case basis.

GuideWell Emergency Doctors and Crucial Care – Free-standing, high-acuity care center with Board-certified emergency doctors who can see members for major and minor care, and potentially avoid hospitalization. Providers work closely with the member's treating physicians.

Value-Based Providers – Provider groups across the state, such as Sanitas and Diagnostic Clinic Medical Group (DCMG), that provide value-based primary and specialty care. Through our relationships with our Value-Based Providers, we can help the discharge planning team find a provider and assist with arrangements.

Regional Resources – Florida Blue has registered nurses, pharmacists, social workers, dietitians, and physicians focused on care coordination to support members and families in every region of the state.

Florida Blue Foundation – Provides philanthropic resources to improve the health outcomes of individuals and communities in Florida by focusing on food security, health equity, and mental well-being. Visit FloridaBlueFoundation.com for periodic grant opportunities and application details.

Commercial Only

Member Incentive Gift Card Program – Encourages member compliance with discharge and follow-up instructions and applies to non-self-funded members. It is offered to members who may be high-risk for readmission. Members are rewarded for follow-up visits completed within 14 days (\$50) – 30 days (\$25) after discharge. There is no member paperwork required. Gift cards are mailed within 6-8 weeks after receiving doctor's visit claim.

Medicare Only

Medicare Readmission Prevention Program – A 30-day post-discharge care plan for Medicare members at risk of inpatient readmission. Care managers may reach out to members via a home visit, video teleconference, and by telephone every five business days. Members are identified based on being discharged from the hospital and predictive modeling for risk of readmission.

This program is designed to provide self-management support to members at high risk for readmission ensuring the member/caregiver understands the discharge instructions, has a medication reconciliation, keeps their follow-up appointment post hospitalization, and can identify red flags that indicate they need to contact their physician. Program services include:

- Readmission Prevention Assessment, including a Comprehensive Medication Reconciliation, Safety Survey or Home Visit Survey, and Patient Health Questionnaires (PHQ) 2 and 9 for depression
- Home visit (if member agrees) or video teleconferencing visit with the member in their home (if member has a computer camera or smartphone)
- Individualized Care Plan that includes a focus on:
 - Following all discharge instructions
 - Compliance and adherence to medication and treatment regimen
 - Monitoring conditions as appropriate
 - Description and compliance with a symptom response plan
- Support and assistance from a licensed social worker for transportation, financial, or other social needs
- Transfer to Complex Care or Health Management if continued self-management support is required

Community Health Program – This program is designed to provide member and family support via in-person home visits or by phone. A community health specialist (CHS) reaches out with compassion and empathy to focus on the member’s social needs. Our goal is to build a trusting and caring relationship with our members while working with them, their families, and local communities to resolve and overcome their social issues. Resource examples include:

- Safe and affordable housing
- Access to education, public safety
- Availability of and access to healthy foods
- Availability of and access to local emergency/health services
- Environments free of life-threatening toxins

The Community Health Program will ensure Florida Blue Medicare members have the tools and resources needed in their local community to live healthier lives.

How to Access Florida Blue Resources

Access to Florida Blue resources can be arranged by contacting:

Nurse Care Management/Single Point-of-Contact (Commercial) – Access to Florida Blue resources is supported by a Florida Blue Care Management Nurse (CMN) who works with discharge teams to assist with planning for the patient. Each hospital has dedicated Florida Blue staff to support their discharge planning teams.

CMN availability is Monday – Friday 8:30 a.m. to 5 p.m. ET with a call back on the same day for any referrals received before 4 p.m. After-hour voice messages are returned no later than the next business day. Hospitals can also request resource support by faxing or emailing the Care Management Referral Form for Florida Blue Clinical Resources. This form can be found at floridablue.com; select **Providers** (top of the page), **Tools & Resources, Forms, Physician & Provider Forms**, and then **Care Management Referral Form for Florida Blue Clinical Resources**.

Florida Blue Care Management
Dedicated phone: 844-730-2583 (844-730-BLUE)
Dedicated fax: 904-997-5188
Dedicated email: CareMemberOutreach@bcbsfl.com

Medicare Case Management (Medicare) – Individuals with complex or chronic health conditions may benefit from one of our Florida Blue Medicare Care Programs. The Florida Blue Medicare

Case Management nurses assist members with serious health issues, and their families with access to health plan covered services and community resources.

CMN availability is Monday – Friday, 8 a.m. to 5 p.m. ET. An on-call RN is available after-hours and on weekends. Hospitals can also request resource support by faxing or emailing the Medicare Clinical Care Programs Referral Form. This form can be found at floridablue.com; select **Providers** (top of the page), **Tools & Resources, Forms, Physician & Provider Forms**, and then **Medicare Clinical Care Programs Referral Form**.

Florida Blue Medicare Case Management

Dedicated phone: 800-955-5692, option 1, then option 2

Dedicated fax: 904-565-4255

Dedicated email: Medicare_CaseManagement_vm@FloridaBlue.com

Readmissions Review Quality Program Exclusions

The following are examples of exclusions from the review quality program; however, interpretation of these exclusions can only be determined by a clinical team of medical directors and nurses after a medical records review of both the original and subsequent admission. This applies to both Commercial and Medicare. The below is not an all-inclusive list and subject to change.

- Previous discharged against medical advice
- Planned-staged readmissions following commonly accepted procedures
- Hospice care
- Obstetrical care
- Psychiatric admissions
- Sickle cell crisis
- Transplant and transplant-related care
- Cancer treatment as a principal diagnosis
- Repetitive treatments such as cancer chemotherapy and/or transfusions
- Acute care for confirmed COVID-19
- Critical access hospitals
- Conditions unrelated to the initial admission

What the Readmissions Review Quality Program Means for Florida Blue Members

Florida Blue will not provide additional reimbursement for related subsequent admissions determined to be reasonably preventable after clinical review of the medical records. This helps create financial alignment with market demands and supports our commitment to customers.

Inpatient stays not approved for additional reimbursement under this Readmission Policy will be the sole liability of the hospital. Compensation for the original admission constitutes the full reimbursement payable for both the original admission and the preventable readmission. Florida Blue members are not to be held liable for these subsequent admissions. Specifically, hospitals are not allowed to bill members for the subsequent preventable readmissions.

Appeals Process

Appeals may be submitted as outlined in the *Manual for Physicians and Providers* available on the *Provider* section of floridablue.com. Your formal appeal must be submitted within 365 days of the original claim process date on the remittance advice. Please utilize the Availity®¹ self-service tool to submit an electronic appeal with supporting documentation, or complete the *Provider*

Clinical Appeal Form and check the box for “*Coding and Payment Rule*” to mail supporting documentation.

¹Availity, LLC is a multi-payer joint venture company. For more information, visit availability.com.