

Process for Readmission Within 30 Days

Ambetter follows Policy CC.PP.501 to determine if an admission is preventable.

CLAIM CYCLE

Claim filed will process and deny on EOP (Explanation of Payment) with code yR

- yR – Potentially Preventable Readmission – submit all medical records for both admissions.
- No additional letters for request of records are sent. The EOP is the notice of action.

A Claims determination will be made after medical records are received and reviewed by clinical staff.



Claim will be paid if determination is favorable.

In the event of a payment recovery or refund request, the EOP will state that claim does not meet 30-day readmission requirements. The facility should review records to determine if they wish to proceed with an appeal. The EOP serves as notice of action and no other documentation is sent.

Per Payment Policy:

All hospital claims submitted for a member that qualify as a readmission within 30 days of a discharge from the same hospital or a related hospital are subject to clinical review.



Written notice will be sent to the provider if determination is not favorable.

An appeal can be submitted within 180 days of the date on the EOP if the provider disagrees with the determination. The appeal should include all records and explanation of the appeal. The claim dispute form can also be included. Appeals may be submitted via:



Email:

ambetter_centralized_Grievances_
Appeals@CENTENE.com



Fax: 1-833-886-7956



Ambetter of Alabama
Attn: Level II - Claim Dispute
PO Box 5010
Farmington, MO 63640-5010