

KMAP GENERAL BULLETIN 18028

Readmission Criteria

Effective January 1, 2018, the criteria surrounding what constitutes a readmission was updated. Reference the **Utilization Review of General Hospitals** portion of **Section 8410** in the *Hospital Fee-for-Service Provider Manual* on the [Manuals](#) page of the Kansas Medical Assistance Program (KMAP) website for the updated information.

Note: The effective date of the policy is January 1, 2018. The implementation of State policy by the KanCare managed care organizations (MCOs) may vary from the date noted in the Kansas Medical Assistance Program (KMAP) bulletins. The **KanCare Open Claims Resolution Log** on the [KMAP Bulletins](#) page documents the MCO system status for policy implementation and any associated reprocessing completion dates, once the policy is implemented.

KMAP[Kansas Medical Assistance Program](#)

- [Bulletins](#)
- [Manuals](#)
- [Forms](#)

Customer Service

- 1-800-933-6593
- 7:30 a.m. - 5:30 p.m.
Monday - Friday