

POLICY



Policy No: HCS-341

Policy Title: Hospital Readmission Review

Department: Healthcare Services (HCS)

Sub-Department:

Effective Date: 10/18/2019

Entity: Molina Healthcare, Inc.

State(s): AZ, CA, FL, ID, IL, KY, MA, MI, MS, NE, NM, NV, NY, OH, SC, TX, UT, VA, WA, WI

Name: Liz Miller

Title: SVP, Clinical Operations

Signature: //LIZMILLER

Lines of Business:

☒ All

☐ Medicare

☐ Marketplace

☐ Medicaid

☐ Medicare-Medicaid Programs (MMP)

☐ Other: _____

I. PURPOSE

The purpose of this policy is to ensure that Molina Healthcare members are receiving quality care that is compliant with nationally recognized guidelines as well as federal and state regulations.

II. POLICY

Molina Healthcare will conduct readmission reviews when the readmission occurs at the same acute inpatient hospital. When a subsequent approved admission to the same hospital with the same or similar diagnosis meets medical necessity for an inpatient level of care AND occurs within twenty-four (24) hours of discharge, the hospital will be informed that the readmission will be combined with the initial admission and will be processed as a continued stay. A single payment will be considered as payment in full for both the first and second hospital admissions. All subsequent approved admissions after 24 hours that meet medical necessity for an inpatient level of care will undergo a readmission review to determine if the readmission is considered Potentially Preventable.

A. A readmission is considered Potentially Preventable if it is clinically related to the prior admission and includes one of the following circumstances:

1. Premature or inadequate discharge from the same hospital.
2. Issues with transition or coordination of care from the initial admission.
3. For an acute medical complication plausibly related to care that occurred during the initial admission.

B. Readmissions that are excluded from consideration as Preventable readmissions include:

1. Planned readmissions associated with major or metastatic malignancies, multiple trauma, and burns.
2. Neonatal and obstetrical readmissions.
3. Initial admissions with a discharge status of "left against medical advice" because the intended care was not completed.
4. Behavioral Health readmissions.
5. Transplant related readmissions.

III. SCOPE

Healthcare Services; Office of CMO

IV. AREA(S) OF RESPONSIBILITY

Claims, Healthcare Services, Quality Improvement

V. DEFINITION(S)

Readmission: A subsequent admission to an acute hospital within a specified time interval.

VI. REFERENCE(S)

42 CFR 476.71(a)(8)(ii)

Medicare Claims Processing Manual Chapter 3 – Inpatient Hospital Billing, Section 40.2.5 – Repeat Admissions (Rev. 2627, Issued 01-04-13, Effective 10-01-12, Implementation 10-01-12);

Medicare Quality Improvement Organization Manual, Chapter 4, Section 4240 (Rev. 2, 07-11-03)

HCS-341.01 Hospital Readmission Review Procedure

VII. VERSION CONTROL

Version No	Date	Revision Author/Title	Summary of Changes
1	1/6/2022	J. Cruz/VP Clinical Operations	Annual review, new P&P template (previous revision dates- 10/18/2019, 10/19/2020, 06/28/2021)
2	11/9/2022	J. Cruz/VP Clinical Operations	Annual Review
3	12/12/2023	J. Cruz/VP Clinical Operations	Annual Review; State section- removed IA, added NE, TX (for TX Medicare products); Reinstated for Medicare/MMP (applies to all LOB); Policy Section II. revised 1st sentence (added “meets medical necessity for an inpatient level of care AND”) and 4th sentence (added “that meet medical necessity for an inpatient level of care”); Scope - added Office of CMO; Definition – revised Readmission; References - removed USC and ACA, added MC Manuals, and connected procedure); minor formatting changes.