POLICY

	Policy No: MHI-HCS-341
	Policy Title: Hospital Readmission Review
	Department: Healthcare Services (HCS) **Sub-Department:** Utilization Management
Entity: Molina Healthcare, Inc. **State(s):** AZ, CA, CT, FL, ID, IL, IA, KY, MA, MI, MS, NE, NV, NM, NY, OH, SC, TX, UT, WA, WI	**Effective Date:** 10/18/2019
Name: Lisa Ledford-Crissey **Title:** SVP, National Clinical Operations	**Signature**: Lisa Ledford-Crissey

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, Inc. (hereinafter referred to as "Molina") members are receiving quality care that is compliant with nationally recognized guidelines as well as federal and state regulations.

II. POLICY

Molina will conduct readmission reviews for cases in which a member is readmitted to the same acute inpatient hospital. If 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 admissions.

For approved readmissions occurring after 24 hours, and meeting medical necessity for an inpatient level of care, Molina will conduct a readmission review to determine whether the readmission is considered Potentially Preventable Readmission (PPR).

A. Criteria for Potentially Preventable Readmissions
A readmission may be considered potentially preventable if it is clinically related to the prior admission and involves one or more 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. An acute medical complication plausibly related to care provided during the initial admission.

B. Exclusions from Preventable Readmission Consideration
Readmissions will not be considered preventable under the following circumstances:
1. Planned readmissions associated with major or metastatic malignancies, multiple trauma, or burns.
2. Neonatal and obstetrical readmissions.
3. Initial admissions with a discharge status of "left against medical advice" as the intended care was not completed.
4. Behavioral Health readmissions.
5. Transplant related readmissions.

III. SCOPE

Clinical Management and Policy; Healthcare Services; MHI Chief Medical Officer (CMO) Policy and Benefit; Molina Clinical Services (MCS)

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)

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)

MHI-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.
4	11/13/2024	Christa Ross/AVP Clinical Operations	Annual Review; Scope: Office of CMO replaced with Clinical Policy and Mgmt., MHI CMO Policy & Benefit, and MCS; References: added 42 CFR 438.3(g)
5	11/20/2025	Christa Ross/VP Clinical Programs & Services	Annual review - States: added CT/ IA, removed VA; Signature owner updated; Policy No.: added MHI-; Sub-Dept.: added UM; II. Policy section revised for improved clarity and structure; Reference: removed CFR and updated connected Proc. No.