Policy

Health Plan: Molina Healthcare, Inc.	
Approver Name: Julie Lindberg Title: Vice President, Health Care Services Signature: Approval Date: 9/1/17	Policy No. Idaho-HCS-UM-341
	Policy Title: Participating Hospital Readmission Review
	Department Name: Healthcare Services
	Effective Date: 9/1/17
If Required: Approver Name: Title: Signature: Approval Date:	Reviewed and Revised Date: 1/18
	Review Only Date:
	Supersedes and replaces:

Line of Business: *(Please click all that apply)*

☐ All
☐ Medicaid
☐ Medicare-Medicaid Programs (Duals)
☐ Health Insurance Marketplace
☐ Medicare
☒ Other: MMCP

References (s):
42 CFR 476.71(a)(8) (ii))
42 USC §1154(a)(13)
Medicare Claims Processing Manual Chapter 3, Section 40.2.5-Repeat Admissions
Medicare Quality Improvement Organization Manual, Chapter 4, Section 4240
Medicare State Operations Manual, Appendix A, Section 482.43
Departments identified in the policy:
Claims, Quality
Oversight Committee:
MHI Clinical Policy Committee

I. PURPOSE

Hospital readmissions less than thirty one (31) calendar days from the date of discharge have been found to constitute a quality of care problem. Readmission Review is an important part of Molina Healthcare, Inc.'s ("Molina") Quality Improvement Program to ensure that Molina members are receiving hospital care that is compliant with nationally recognized guidelines as well as federal and state regulations.

II. POLICY

Molina will conduct Readmission Reviews for applicable participating hospitals when the admissions occur at the same facility. If it is determined that any subsequent (unplanned or non-elective) admission is related to the first admission ("Readmission"), the first payment may be considered as payment in full for all (unplanned or non-elective) readmissions within

the 30 day timeframe of the hospital admissions.

Readmission Reviews will be conducted in accordance with CMS instructions which states: "*Perform case review on both stays. Analyze the cases specifically to determine whether the patient was prematurely discharged from the first confinement, thus causing readmission. Perform an analysis of the stay at the first hospital to determine the cause(s) and extent of any problem(s) (e.g., incomplete or substandard treatment). Consider the information available to the attending physician who discharged the patient from the first confinement. Do not base a determination of a premature discharge on information that the physician or provider could not have known or events that could not have been anticipated at the time of discharge."*

III. PROCESS

A. Participating Hospital Readmission Determinations

a. When a subsequent admission to the same hospital is identified less than thirty one (31) calendar days from the date of discharge, the Molina Medical Director will perform a case review of both stays to determine if the subsequent admission is in fact a Readmission. The Molina Medical Director will consider the following items, amongst any other relevant items:
    i. If the member was discharged before appropriate medical treatment was rendered;
    ii. If any of the care rendered during the first admission was considered incomplete or substandard treatment;
    iii. If the subsequent admission was due to a hospital acquired condition; and
    iv. The information that was available to the attending physician who discharged the member for the first admission.

b. Upon the conclusion of the medical review, if it is determined that the second admission is an unplanned or non-elective readmission, then the first payment may be considered as payment in full for both the first and subsequent hospital admissions within the 30 day timeframe. As a reminder, the Provider is required to hold harmless the member for any claims that result in a payment denial under this policy.

B. Provider Claims Reconsiderations

a. Denial of payment for Readmissions will be governed by the provider claims reconsideration process as defined in the Hospital or Provider Services Agreement, Provider Manual, Health Plan's Policies and Procedures, and government regulation

C. Quality of Care Reviews

a. All readmissions less than thirty one (31) calendar days from the date of discharge should be reviewed and discussed with a Medical Director. If the Medical

Director feels that there is a Quality of Care issue then a referral to the Quality Improvement Department should be done. Quality of Care reviews provide an opportunity for Molina to work with providers on patient safety and quality of care issues. These reviews are separate from the medical director clinical review and have no impact on payment decisions.

IV. DEFINITIONS

Readmission Review: Subsequent admissions to an acute, general, short term hospital less than thirty one (31) calendar days from the date of discharge from the same or another acute, general, short term hospital. (See 42 USC §1154(a) (13) and 42 CFR 476.71(a)(8)(ii)).

SLT Signature *(if expedited)*:_____ Date: _____