

Provider Memorandum

HFS Updates Hospital Readmission Policies

In alignment with the Department of Healthcare and Family Services (HFS), Molina Healthcare of Illinois (Molina) is updating the current readmission policies related to Adjustment for Potentially Preventable Readmissions. In addition to the readmission criteria defined in 89 III. Adm. Code 152.300 (d), the following updates are included in Molina's readmission policy.

Hospital Readmission Guidelines

Definition of a readmission: A readmission is a subsequent inpatient readmission within 30 days after discharge, or as specified by state regulations or provider contracts, that is clinically related to the initial admission and is determined to be a Potential Preventable Readmission (PPR).

Molina's Utilization team will conduct a readmission review, including adjudication and adjustment of claims, for applicable hospital stays when a readmission occurs at the same hospital within 30 days.

The ideal outcome is to resolve the member's health issue with the initial visit, thereby limiting readmissions occurring at the same hospital or within the same hospital system.

Molina supports and encourages providers to promote a safe and supportive discharge plan, and your collaboration with Molina is imperative to a positive outcome. The initial discharge should:

- Show clinical documentation acknowledging that the discharge plan was at risk.
- Demonstrate that the hospital attempted to remediate these barriers independently, as well as with Molina Case Management.

Exclusions

All conditions excluded under the Fee-for-Service PPR policy are also excluded from readmissions criteria: patient left AMA, planned readmissions, metastatic malignancy, multiple traumas, burns, neonatal and obstetrical, sickle cell anemia, certain HIV Diagnosis-Related Groups (DRGs), behavioral-health related primary diagnosis at discharge, non-acute admissions (SNF, IRF, LTACH), and transfers from one acute-care hospital to another.

The SMART Act—Public Act 097-0689

Molina abides by the Save Medicaid Access and Resources Together (SMART) Act regarding alcohol and drug detox readmissions. Admissions for detoxification within 60 days of a prior detox admission are **not** a covered benefit. Molina **cannot** make payment for 60-day detox readmissions to any hospital per <u>PA 097-0689</u>.

Questions?

We're here to help. Contact your Provider Network Manager or email the Provider Network Management team at MHILProviderNetworkManagement@MolinaHealthcare.com. For help identifying your Provider Network Manager, visit Molina's Service Area page at MolinaHealthcare.com.

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