

Subject: Administrative Hospital Days	Original Effective Date: 10/26/2020
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DISCLAIMER

This Molina Clinical Policy (MCP) is intended to facilitate the Utilization Management process. It expresses Molina's determination as to whether certain services or supplies are medically necessary, experimental, investigational, or cosmetic for purposes of determining appropriateness of payment. The conclusion that a particular service or supply is medically necessary does not constitute a representation or warranty that this service or supply is covered (i.e., will be paid for by Molina) for a particular member. The member's benefit plan determines coverage. Each benefit plan defines which services are covered, which are excluded, and which are subject to dollar caps or other limits. Members and their providers will need to consult the member's benefit plan to determine if there are any exclusion(s) or other benefit limitations applicable to this service or supply. If there is a discrepancy between this policy and a member's plan of benefits, the benefits plan will govern. In addition, coverage may be mandated by applicable legal requirements of a State, the Federal government or CMS for Medicare and Medicaid members. CMS's Coverage Database can be found on the CMS website. The coverage directive(s) and criteria from an existing National Coverage Determination (NCD) or Local Coverage Determination (LCD) will supersede the contents of this Molina Clinical Policy (MCP) document and provide the directive for all Medicare members.

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PURPOSE

The purpose of this policy is to describe the procedure used to determine inpatient hospital days that will be considered “administrative days”, i.e., the member’s case no longer meets inpatient medical necessity level of care however the hospital is experiencing significant barriers to discharge.

DESCRIPTION OF PROCEDURE

1. Best practice is for the hospital to inform the Molina Healthcare Utilization Management (UM) department of significant issues with discharge to a lower level of care as soon as those issues are identified.
2. Molina Healthcare Case Management should be involved early, with all challenging discharges, working with the hospital to ensure a safe and timely discharge. Molina UM will notify case management through CMescalationIL@MolinaHealthcare.com.

3. Inpatient hospital days are approved based on medical necessity, using standard criteria (MCG, CMS LCDs etc.).
4. Once the member's condition no longer meets inpatient hospital medical necessity criteria, a denial will be sent to the hospital from Molina UM.
5. Administrative days may be appropriate if there have been multiple attempts to transfer the member to a lower level of care.
6. If the hospital has contacted a minimum of 3 lower level facilities without acceptance, the hospital can then request administrative day coverage.
7. Initial requests for administrative day coverage must be reviewed by a medical director to determine if the administrative day coverage request meets Molina policy.
8. Administrative days can be approved once the following information is sent to the Molina UM department:
 - facilities and individuals in those facilities who were contacted
 - date and time of contact for each facility
 - reason(s) the facilities were not able to accept the patient.
9. Up to 7 days can be approved with the initial administrative day approval.
10. At 7 days, new documentation must be sent to Molina UM documenting at least 5 new facilities contacted, along with same information as above.
11. Second and additional approval periods will be for 7 days each.
12. Medical director review is not required for subsequent approval periods.
13. With each new approval period, documentation must be sent showing a new list of at least 5 facilities contacted, along with the information above.
14. The Molina UM department will document administrative days approved in the UM system, both with clinical and non-clinical notes to ensure accurate claims payment, using RevCode 0169 to identify the Administrative Days within the current auth ID.
15. If the patient becomes unstable during the administrative day period, the hospital should notify Molina Healthcare within 24 hours. Molina will review the case to determine if it should be considered a new admission or part of the prior admission.
16. All requests for additional inpatient level of care after administrative days have been used, will be sent to the quality team for review.

DEFINITIONS

Administrative Day: the patient is at a stable state and appropriate for a lower level of care, such as skilled nursing facility, acute inpatient rehabilitation or long-term acute care hospital stay. Administrative days may be appropriate when there are significant barriers to discharge or transfer to a lower level of care. Administrative Days are paid at a lower rate.

REFERENCES

Government Agency:

Revision/Review History: