

Provider Memorandum

Hospital Readmission Review Reminder

As a reminder, Molina Healthcare of Illinois (Molina) reviews all subsequent hospital admissions for Medicaid claims within the specified timeframe governed by State law for all Medicaid claims and those State statutes, regulations, and/or requirements set forth in Illinois' Medicaid contracts. This process consists of assessing all subsequent admissions that occurred within 30 days of the previous discharge date and determining whether each individual subsequent admission is to be classified as a readmission. If determination is made that a subsequent admission is considered to be a readmission, Molina will deny the authorization for the subsequent admission unless it meets one of the exceptions noted below, violates federal or state law, CMS regulations or the terms of the Hospital or Provider Network Management Agreement between the hospital and Molina.

Exceptions

- The readmission is determined to be due to an unrelated condition from the first inpatient admission **and** there is no evidence that premature discharge or inadequate discharge planning in the first admission necessitated the second admission;
- The readmission is part of a medically necessary, prior authorized or staged treatment plan;
- There is clear medical record documentation that the patient left the hospital against medical advice during the first hospitalization prior to completion of treatment and discharge planning.

Hospital readmission review is an important part of the Molina Healthcare of Illinois (Molina) Quality Improvement Program and helps ensure that Molina Members are receiving hospital care that is compliant with nationally recognized guidelines, State Medicaid regulations and CMS.

If you have any questions, please contact your Provider Network Manager or the Provider Network Management Department at (630) 203-3965. You can also email us at IllinoisProviders@MolinaHealthcare.com.