

HOSPITALS

This section includes policies and procedures specific to contracted hospitals. We have included information pertaining to Emergency Care, Admissions, Newborn Reporting Requirements and Certified Public Expenditure Hospitals.

EMERGENCY CARE

A medical screening exam performed by licensed medical personnel in the emergency department and subsequent emergency care services rendered to the Member do not require prior authorization from Molina Healthcare. In accordance with HCA policies and current law, Members presenting to an emergency department may be triaged by emergency department staff. Molina Healthcare will pay the medical screening exam fee. The emergency department provider must refer a Molina Healthcare Member to his/her PCP for follow-up care.

Molina Healthcare must be notified and authorization requested for all emergency services resulting in inpatient admission within 24 hours (or next working day) of admission.

Contact Molina Healthcare at (800) 869-7185

Members accessing the emergency department for non-emergent care needs will be contacted by Molina Healthcare Case Managers whenever possible to discuss alternative care settings, identify barriers to accessing routine and urgent care services, educate members about the Nurse Advice Line, and identify other unmet care needs. Case Managers will also contact the PCP to identify causes of non-emergent emergency department visits and problem-solve barriers to accessing routine care.

ADMISSIONS

Hospitals are required to notify Molina Healthcare within 24 hours or the first business day of any inpatient admission, including deliveries, in order for hospital services to be covered. If you plan to administer medical care for a baby beyond normal newborn care and bill a separate neonatal DRG (with revenue codes 172 or 173), please call the Molina Healthcare Authorization Department for a separate authorization for the baby. Some common examples of sick baby diagnoses are hyperbilirubinemia, rule out sepsis, hypoglycemia, transient tachypnea of the newborn and respiratory distress. Prior authorization is required for inpatient or outpatient surgeries. Retroactive authorization requests for services rendered that require a prior authorization will normally not be approved.

NEWBORN REPORTING REQUIREMENTS

Molina Healthcare must report all newborns to HCA monthly. The information Molina Healthcare submits is based on information received from the hospital and used for various statistical as well as financial reporting purposes.

You may call us at (800) 869-7185 with the below information. If you do not wish to call, you can fax the data elements listed below to our Healthcare Services Department at (800) 413-3806.

- Patient/Mother's Name
- Admit/Discharge Dates
- Attending Providers Name
- Hospital Name
- Newborn's Gestational Age
- Live/Stillborn
- Birth Date
- Birth Weight in Grams
- Gender
- Baby Discharged with Mom (Yes/No)
- Type of Delivery (Vaginal/C-Section/VBAC)
- Was Hepatitis B Injection Given? (Yes/No) Date of Injection
- Date Prenatal Care Began (if documented)
- Is Mother a Smoker? (Yes/No)
- Additional Comments About the Birth

CERTIFIED PUBLIC EXPENDITURE (CPE) HOSPITALS

If your facility is identified as a CPE hospital your hospital is eligible to be compensated for inpatient services provided to the AHBD population through the certified public expenditure program. You will need to bill all inpatient services for AHBD members to Washington State Medicaid. In order to be compensated for services you must obtain prior authorization from the members' health plan in advance of providing the service. When you bill Washington State Medicaid you will need to include the health plan authorization number in the comments or notes section on the claim. The professional component is the responsibility of the health plan and should be billed directly to the health plan.