Utilization Management

Services Requiring Prior Authorizations

All authorized services are subject to the member's benefit plan and eligibility at the time the service is provided. A list of Molina Healthcare of New Mexico, Inc. (Molina Healthcare) services that require prior authorization is included in this section. Routine/Elective requests must be faxed to Molina Healthcare:

Toll Free Fax: (888) 802-5711
(Faxes received after 5:00 p.m. Monday through Thursday will be considered to have been received on the next business day. Faxes received after 5:00 p.m. Friday, or on Saturday or Sunday will be considered to have been received on the next business day. Faxes received on a holiday shall be considered to have been received on the next business day.)

Medically Urgent Requests
In Albuquerque: (505) 798-7371 or Toll free (877) 262-0187

Pharmacy
Toll free fax: (866) 472-4578

Inpatient Admission
Notification Medical/Physical Health

Molina Healthcare contracts require prior authorization **before** a hospital admission for all elective procedures. The request and the relevant clinical information submitted is evaluated and reviewed against established criteria to determine the medical necessity and appropriateness of an inpatient stay and proposed treatment plan. The purpose of this review is to assure that:

- Only patients with a medical need for hospitalization are approved for admission;
- The proposed treatment is customary for the diagnosis; and
- Treatment will take place in the most cost effective and appropriate setting.

Admission Review Process

Elective, non-urgent hospitalizations:

- If the admission is an elective non-urgent stay that has been prior authorized by the admitting practitioner, the facility needs to fax notification toll free to **(866) 472-4575** on the date of admission. All pre-service inpatient admissions require concurrent or retrospective review during the stay.

Urgent/Emergent hospitalizations:

- In the event that the service is of an emergent/urgent nature, the facility/practitioner will fax admission notification within one (1) working day of admission toll free to **(866) 472-4575**;

Molina Healthcare of New Mexico, Inc. Salud services are funded in part under contract with the State of New Mexico

Utilization Management

- All weekend and/or holiday inpatient admissions are subject to retrospective review for medical necessity;
- For admissions over the weekend/holiday, facility reviews are expected to contain appropriate clinical evidence of services administered over the weekend/holiday;
- Review documentation is to be faxed toll free to **(866) 472-4575**;
- The Medical Director, may call the attending practitioner for more information if questions arise relating to the admission;
- When coverage is denied based on lack of medical necessity, Molina Healthcare will notify the facility/practitioner and send letters to the Member, the requesting practitioner/facility and the primary care practitioner (PCP). All medical necessity denials are made by the Medical Director;
- If the request is for an elective non-urgent surgery the procedure, if meeting medical necessity criteria will be approved, however, hospital days will not be approved until review (concurrent or retrospective) takes place by Molina Healthcare UM review staff;
- The attending physician or hospital (with the Member's written consent), the Member or Member's representative may appeal a denial within ninety (90) calendar days; and
- If the request is of an emergent/urgent nature then the attending physician, hospital, Member or Member's representative can request an expedited appeal.

Non-Contracted Facilities (Elective and Urgent/Emergent Hospitalizations):

- For all admissions to non-contracted facilities which were not pre-approved through Molina Healthcare, retrospective review is required and documentation is to be submitted at the time of claim submission.

Readmissions:

Effective January 1, 2011, Molina Healthcare implemented a new process for the review and coverage of acute inpatient admissions that occur within thirty (30) calendar days of the patient being discharged from the same facility.

When such a situation occurs, medical records from the preceding admission will be requested and reviewed in conjunction with clinical documentation from the second admission.

Labor & Delivery/Births:

- Molina Healthcare does not require notification for "normal" labor and delivery stays (forty-eight [48] hours for vaginal delivery and ninety-six [96] hours for cesarean [C]-sections) or for stays less than twenty-four (24) hours. If the newborn is not discharged with the mother and requires a longer stay, authorization is required; and

- If the newborn is in a higher acuity bed than newborn nursery, authorization is required.

Utilization Management (*continued*)

Provider notification following review:

- Concurrent Review cases: Molina Healthcare will notify the practitioner and/or hospital when the admission is approved or denied following review via written and telephone notification; and
- Retrospective Review cases: Practitioner and/or hospital notification will be given via written notification if documentation is submitted at the time of claim submission.

On Site Review:

Some facilities may receive on-site review by Molina Healthcare nursing staff. When Molina Healthcare staff members arrive at your facility, they are required to identify themselves by name, title and organization. They should also be wearing his/her Molina Healthcare photo identification badge.

Criteria Used in Making Utilization Management (UM) Decisions

The Molina Healthcare UM Committee has approved several criteria sets to be utilized for review of service requests. Molina Healthcare utilizes the Hayes Biomedical Directory, Care Enhance Review Manager InterQual criteria, Apollo Guidelines, and internally developed Medical Coverage Guidance Documents to determine appropriateness of service requests.

InterQual Smart Sheets are specifically created to guide the practitioner/provider through the clinical criteria and are available upon request. A copy of other specific guidelines can be requested by contacting the UM Department or your Provider Service Representative.

Second Opinions

As a means of ensuring both high quality health care and Member satisfaction, Molina Healthcare will provide the option for a Member to obtain a second opinion from a qualified health care professional. If an appropriate professional is not available in network, Molina Healthcare will arrange for the Member to obtain the second (2nd) opinion out of network at no more cost to the Member than if the service was obtained in-network.

The Member may obtain a second (2nd) opinion by:

- Asking his/her doctor for a referral to see another practitioner or specialist to obtain a second (2nd) opinion; or
- Contacting the Member Service Department in **Albuquerque (505) 342-4681 or toll free (800) 580-2811**, if the practitioner does not agree to a request for a referral for a second (2nd) opinion.

If a Member requires a second (2nd) opinion that may only be provided by a practitioner outside the Molina Healthcare network, the referring practitioner will work with Molina Healthcare to obtain the

Utilization Management (*continued*)

appropriate prior authorization. All out of network second (2nd) opinion requests are reviewed by a Medical Director.

If the practitioner or specialist providing the second (2nd) opinion agrees with the Member's practitioner, Molina Healthcare will not authorize a third (3rd) opinion.

A Member may obtain a second (2nd) opinion by:

- Asking his/her PCP/specialist for a referral to see another practitioner or specialist to obtain a second (2nd) opinion; or
- The Member may contact the Member Service Department in Albuquerque (505) 342-4681 or toll free (800) 580-2811, if their PCP/specialist does not agree to a request for a referral for a second (2nd) opinion.

If a Member requires a second (2nd) opinion that may only be provided by a practitioner outside the Molina Healthcare network, the referring practitioner will work with Molina Healthcare to obtain the appropriate prior authorization. All out of network second (2nd) opinion requests are reviewed by a Medical Director.

If the practitioner or specialist providing the second (2nd) opinion agrees with the Member's practitioner, Molina Healthcare will not authorize a third (3rd) opinion.

Communication Services

Practitioners/providers seeking information about the UM process or UM decisions may contact our UM staff between the hours of 8:00 a.m. and 5:00 p.m., MST, Monday through Friday. It is Molina Healthcare's policy for staff to identify themselves by name, title and organization when initiating or returning calls regarding UM issues. Practitioners/providers seeking information regarding medical services may call Member Services in **Albuquerque at (505) 341-7493 or toll free at (888) 825-9266.**

If a practitioner would like to discuss a case, our staff can put you in telephone contact with one of Molina Healthcare's Medical staff.

The prior authorization (PA) process requires a written request to determine the medical necessity/eligibility of a procedure before the service is rendered. Pertinent clinical notes (i.e. practitioner office notes, lab test results, etc.) need to be attached to the PA request. This will expedite the review process. Authorization for a procedure does not in itself guarantee coverage but notifies you that the procedure as described meets criteria for medical necessity and appropriateness. A PA form is included at the end of this section.

All authorized services are subject to the Member's eligibility and benefit plan. A list of Molina Healthcare services that require authorization prior to rendering services and or procedures is included in this section and can be located on our website at www.molinahealthcare.com.

Utilization Management (*continued*)

Incentive Statement

Molina Healthcare reminds our practitioners/providers that:

- Decisions about utilization management (effective use of services) are based only on whether care is appropriate and whether a Member has coverage.
- Molina Healthcare does not reward practitioners/providers or other individuals for issuing denials of coverage or care; and
- UM decision-makers do not receive financial incentives which encourage review decisions that result in underutilization.
- Molina Healthcare does not reward practitioners/providers or other individuals for issuing denials of coverage or service care; and
- UM decisions-makers do not receive financial incentives.

Utilization Management (*continued*)

Services Requiring Prior Authorization

All authorized services are subject to the Member's benefit plan and eligibility at the time the service is provided. A list of Molina Healthcare services that require prior authorization is included in this section. Refer to your Molina Healthcare Provider Directory for a listing of participating practitioners/providers. The directory is also available on the Molina Healthcare website www.molinahealthcare.com

Complex Medical Case Management/Care Coordination Review
Toll free Fax: (866) 472-4575
Toll free Telephone: (800) 366-9594, ext. 181120

Pharmacy
Toll free Fax: (866) 472-4578

Routine/Elective-requests must be faxed to Molina Healthcare
Toll free Fax: (888) 802.5711

Medically Urgent Requests
In Albuquerque: (505) 798-7371 or toll free: (877) 262-0187

Complex Medical Case Management/Care Coordination

General Overview

Molina Healthcare recognizes the emotional impact the diagnosis of a serious or catastrophic illness can have on a patient. Molina Healthcare has a case management and care coordination program that can help you better manage your patient's health coverage benefits. Molina Healthcare's UM Department, staffed by experienced nurses, has the clinical experience that enables us to respond quickly to patient needs. This clinical experience helps us manage benefits for many different illnesses and conditions, including, but not limited to:

- Traumatic brain injuries or organic disorders;
- Spinal cord injuries;
- Cerebral vascular accidents;
- Cancer;
- High-risk pregnancies;
- Medically fragile infants and children;
- Severe burns;
- AIDS and other autoimmune deficiencies;
- Mental health disorders;
- Chemical dependency; and
- Transplants.

The earlier you provide notification of these cases, the sooner Molina Healthcare can begin working with you to maximize the patient's health coverage benefits.

Complex MedicalCase Management/Care Coordination Review
Toll free fax: (866) 472-4575
Toll free telephone: (800) 377-9594, ext 181120

Coordination and Continuity of Care

Molina Healthcare has in place several initiatives to promote continuity and coordination of services. These activities incorporate processes that occur at various stages of the health care continuum as well as addressing changes in the status of the Member. These processes include, but are not limited to:

- Evaluation of continuity and coordination of care;
- Coordination of care within medical care;
- Coordination of care between behavioral health and medical care;
- Continuity after practitioner termination;
- Member notification of PCP and specialist termination;
- Continuity of care upon new Member effective date of enrollment; and
- Continuity of care following Member loss of eligibility.

Complex Medical Case Management/Care Coordination (*continued*)

Care Coordination for Individuals with Special Health Care Needs (ISHCN)

Molina Healthcare recognizes the special needs of ISHCN's and provides care coordination services to these Members on an as needed basis. Care Coordination can help to ensure the medical and behavioral health needs of the Member are met and coordinated with appropriate associated services (i.e. Statewide Entity for behavioral health, Children, Youth and Families Department (CYFD), Medicad waiver programs, School-Based Programs, etc.).   Molina Healthcare promotes a high level of Member compliance with follow-up appointments, consultations/referrals, and diagnostic laboratory, diagnostic imaging and other testing.

If you have questions regarding this program, or would like to refer a Molina Healthcare Member to this service, please call in **Albuquerque (505) 342-4660, extension 181120 or toll free (800) 377-9594, extension 181120.** A Care Coordination Referral Form is also available on our website at www.molinahealthcare.com.

Coordinating Medical Services

Well-documented medical records demonstrating coordination of care is occurring, whether electronic or on paper, facilitates communication, coordination, and continuity of care and promotes the efficiency and effectiveness of treatment.

PCP Responsibilities:

The PCP is responsible for supervising, coordinating, and providing primary health care to Members. The PCP is also responsible for initiating referrals for specialist care, and maintaining the continuity of the Member's care. This includes but is not limited to ensuring that a specialist consult report, diagnostics results, treatments notes/summaries or procedures notes/summaries are received and incorporated into the Member's chart.

Specialist /Facility Responsibilities:

The specialist/facility is responsible for ensuring that a consult report, diagnostics results, treatments notes/summaries or procedures notes/summaries performed are communicated or "cc'd" back to the PCP for incorporation into the Member's "medical home," i.e. the PCP's chart. This includes identifying who the Member's PCP is in a variety of settings such as but not limited to emergency rooms, acute care hospitalizations, day surgery or outpatient clinics.

Complex Medical Case Management/Care Coordination (*continued*)

Coordination of Care between Behavioral Health Single Statewide Entity and Physical Health

Health services are to be provided to Molina Healthcare Members through an integrated, clinically coordinated managed care system. Members with coexisting medical and behavioral disorders are to receive coordination and follow-up care in a timely manner coordinated between the two entities.

PCPs and specialists must exchange clinical information to ensure that physical and behavioral health issues are addressed in a coordinated manner. This information exchange must be documented in Member's medical home, i.e. PCP's chart.

Complex Medical Case Management/Care Coordination (*continued*)

Behavioral Health

Please contact OptumHealth New Mexico **toll free at (866) 660-7185** for **ALL** behavioral health services for Molina Healthcare Salud Members, including but not limited to:

- Member Services;
- Provider Services;
- Claims;
- Benefits;
- Utilization Management;
- Eligibility;
- Credentialing; and
- Quality Improvement.

The role of the PCP is to refer the Member to the appropriate level of behavioral health care. A referral is not needed for a Molina Healthcare Member to access behavioral health care. The PCP should assist the Member in accessing needed behavioral health services.

The following is a list of risk factors and indicators for PCP referral for behavioral health services:

- Suicidal/homicidal ideation or attempts;
- Suspected or confirmed alcohol and/or drug abuse;
- Stressful life events such as divorce, bereavement, loss of job;
- Victims or perpetrators of neglect or abuse;
- Symptoms of depression, anxiety, posttraumatic stress, or other psychological disorder;
- Living with a chronic condition or terminal illness;
- Family history of mental illness;
- Lack of social support;
- Severe mental and/or functional impairment; and
- Previous major depressive episode.

Complex Medical Case Management/Care Coordination (*continued*)

Transition of Care

Continuity of Care for New Molina Healthcare Members

Molina Healthcare will authorize medically necessary health care services for a new Member that has been authorized to receive these services by their previous payer upon enrollment to Molina Healthcare as defined by State regulation.

The utilization reviewer and/or case manager will contact the new Member and the new Member's current provider to determine the transition of care needs of the Member to a Molina Healthcare contracted practitioner/provider.

Continuity of Care after Practitioner Termination

- Molina Healthcare allows any Member whose treating practitioner leaves the network during an episode of care, to continue diagnostic or therapeutic endeavors until the current episode of care (an active course of treatment for an acute medical condition or ongoing treatment of a chronic medical condition) terminates or until ninety (90) days have elapsed since the practitioner's contract ended, whichever is shorter;
- Molina Healthcare will authorize this continuity of care only if the health care practitioner/provider agrees to:
  - Accept reimbursement from Molina Healthcare at the rates applicable prior to the start of the transitional period as payment in full; and
  - Adhere to Molina Healthcare's quality assurance requirements and to provide to Molina Healthcare necessary medical information related to such care.

Under no circumstances will Members be permitted to continue care with practitioners who have been terminated from the network for quality of care or fraud reasons

Complex Medical Case Management/Care Coordination (*continued*)

This continuity of care includes but is not limited to the following situations:

- Surgery follow-up as covered by the global surgical fee and until any operative or post operative complication has resolved or ninety (90) have elapsed;
- Third (3rd) trimester pregnancies through the post partum period; (newborns enrolled with Molina Healthcare must be treated by a contracted practitioner);
- Members in the midst of a course of chemotherapy or radiation may continue through the current course of treatment; or
- The treating practitioner has left the network and there is no similar practitioner in network however, these situations require Medical Director approval.

Member Notification of PCP and Specialist Termination

Molina Healthcare will notify the Member in writing of their PCP termination within thirty (30) calendar days of the receipt of the termination. Molina Healthcare will notify the Member in writing of their specialist's termination when the Member has received services from that specialist within the ninety (90) days immediately prior to the specialist's termination.

Continuity of Care Following Member Loss of Eligibility

If the Member's eligibility ends and the Member needs continued treatment, Molina Healthcare will inform the Member of alternative options for care that may be available through a local or state agency.

Disease Management Program

General Overview

Molina Healthcare provides disease management services to at-risk Members who have asthma, diabetes, chronic obstructive pulmonary disease (COPD), and cardiovascular disease (CVD). Molina Healthcare's disease management programs are designed to assist your patients who have these diseases better understand his/her condition, update him/her on new information about the condition and provide him/her with assistance from our staff to help him/her manage his/her condition. The program is designed to reinforce your treatment plan for the patient. We also provide pregnant Members who are at risk for complications with a pregnancy program

Members of Molina Healthcare do not need to enroll; he/she is automatically enrolled when we identify him/her with the disease. However, if you would like to enroll a Molina Healthcare patient who is not already in the program, please let us know. We will inform you of his/her participation, and we will provide you with updates on the results of tests or other information that Molina Healthcare collects on your patient. Membership in these disease management programs is voluntary. If at any time your patient wishes to stop participating in the program, he/she need only call Molina Healthcare and inform us of his/her decision. Our disease management referral form is located on our website at www.molinahealthcare.com.

breathe with ease^sm

Molina Healthcare provides an asthma disease management program called ***breathe with ease^sm***, designed to assist Members in understanding their condition. Molina Healthcare has a special interest in asthma, as it is the number one chronic disease diagnosis for our Members. This program was developed with the help of several community practitioners/providers with large asthma populations. The program educates the Member and family about asthma symptom identification and control. Our goal is to partner with you to strengthen asthma care in the community. The complete ***breathe with ease^sm*** program description that includes how to use disease management services and how Molina Healthcare works with a practitioner's patients in the program is located on our website at www.molinahealthcare.com.

The second (2nd) component of our program offers Members identified as having high needs an opportunity to participate in our more intensive asthma program. Medium and high-risk asthmatic Members, who choose to participate, will be sent an asthma kit. The kit contains an age-appropriate asthma workbook, video, spacer and an allergen-proof pillowcase. Molina Healthcare Members with moderate or severe persistent asthma will also receive a peak flow meter, and peak flow diaries to be completed with you in your office.

Disease Management Program *(continued)*

Healthy Living with COPD

Molina Healthcare has a disease management program called Living with COPD. Molina Healthcare's *Healthy Living with COPD*^{sm} disease management program is a collaborative team approach comprised of patient education, clinical case management and provider education. The team works closely with contracted practitioners in the identification, assessment and implementation of appropriate interventions for members with COPD. Molina Healthcare's goal is to promote to the Member routine follow-ups with their primary care practitioner and/or specialist to ensure the receipt of optimal medical care. This program is designed for adults who are active Molina Healthcare Members thirty-five (35) years of age or older upon enrollment in the program. The member must have a confirmed diagnosis of COPD. The Member participates in the program for the duration of his or her eligibility or until the Member "opts out". Each identified Member will receive specific educational materials and other resources in accordance with their assigned stratification level. Additionally, all identified Members will receive periodic educational newsletters. The complete *Healthy Living with COPD*^{sm} program description that includes how to use disease management services and how Molina Healthcare works with a practitioner's patients in the program is located on our website at www.molinahealthcare.com.

Healthy Living with Diabetes^{sm}

Molina Healthcare has a diabetes health management program called ***Healthy Living with Diabetes***^{sm} designed to assist Members in understanding diabetes and self-care. The ***Healthy Living with Diabetes***^{sm} program is designed for members eighteen (18) years of age or older upon enrollment in the program. The Member must have a confirmed diagnosis of diabetes, (non-gestational and/or non-steroid-induced). The Member shall participate in the program for the duration of his or her eligibility with the plan's coverage or until member opts out. Each identified Member will receive specific educational materials and other resources in accordance with their assigned stratification level. Additionally, all identified Members will receive periodic educational newsletters. The complete ***Healthy Living with Diabetes***^{sm} program description that includes how to use disease management services and how Molina Healthcare works with a practitioner's patients in the program is located on our website at www.molinahealthcare.com.

Heart Healthy Living^{sm}

Molina Healthcare has a heart disease health program called ***Heart Healthy Living***^{sm} designed to teach Members how to manage their heart disease. Each identified Member will receive educational materials about heart disease, hypertension and/or congestive heart failure and ways to stay healthy. Additionally, all identified Members will receive periodic educational newsletters. The complete ***Heart Healthy Living***^{sm} program description that includes how to use disease management services and how Molina Healthcare works with a practitioner's patients in the program is located on our website at www.molinahealthcare.com.

Disease Management Program *(continued)*

motherhood matters^{sm} **Program**

Molina Healthcare also offers a voluntary educational program to its pregnant Members and babies called the *motherhood matters^{sm}* **Program.**

Molina Healthcare cares about the health of your pregnant patients and their new babies. You can take advantage of better support and care for your patients when you refer your pregnant patients to our *motherhood matters^{sm}* Program. Your patients will be given additional education, guidance and resources.

Call Molina Healthcare's Health Improvement hotline **toll free at (800) 377-9594**, **extension 182618** to refer a patient or for more information regarding this program. This information is also available on Molina Healthcare's website www.molinahealthcare.com.

The Molina Healthcare Medication Acquisition System

Preferred Drug List

The development and maintenance of the Molina Healthcare formulary, or Preferred Drug List (PDL) is overseen by the Pharmacy and Therapeutics (P&T) Committee. It is the mission of the P&T Committee to ensure access to the medications and treatments that meet or exceed established standards for the delivery of quality care. This committee meets every other month and is comprised of health care professionals from within the company as well as externally. The purpose of the PDL is to assist in maintaining the quality of patient care by providing a range of safe and effective medications to the Members. The Molina Healthcare formulary is classified as a closed formulary, which necessitates requests for prior authorization (PA) related to drugs not listed on the formulary. Contracted providers are requested to refer to the Molina Healthcare PDL when selecting prescription drug therapy for eligible plan Members.

The PDL may be accessed and printed via the Molina Healthcare website www.molinahealthcare.com by clicking on the "Provider" link under New Mexico, then selecting the "Pharmacy/Formulary" Quick Link. A list of drugs requiring prior authorization and step-therapy is also contained on the website. Paper copies of the Molina Healthcare PDL may also be obtained by calling the Member Service Department in **Albuquerque at (505) 341-7493 or the Pharmacy PA Department toll free at (800) 580-2811,** or requested from your Provider Services Representative.

Non-Formulary Requests for Specialty/ Injectable Medication

These medications generally require a prior authorization or are managed in terms of the number of doses allowed in a given time span. When requesting a prior authorization for injectable medications (greater than $200), complete a copy of the Molina Healthcare Medication Prior Authorization Request Form (located at the end of this section and on the Molina website as a Quick Link under "New Mexico" and "Provider") and fax it to Molina Healthcare Pharmacy PA Department in **Albuquerque at our toll free number (866) 472-4578.** Please include all pertinent medical necessity documentation that justifies the use of a non-formulary medication as well as the expected duration of therapy.

Molina Healthcare will review the request and evaluate it according to established guidelines. The resulting decision will be communicated to both the prescriber and the Member.

Approved injections supplied by and administered in a practitioner's office should be billed on a CMS-1500 form.

The Molina Healthcare Medication Acquisition System (*continued*)

Non-Formulary Requests for Oral Medications

Complete the Medication Prior Authorization Request Form (located at the end of this section and on the Molina Healthcare website as a Quick Link under "New Mexico" and "Provider") and fax it to the Molina Healthcare Pharmacy Prior Authorization Department in **Albuquerque at our toll free number (866) 472-4578.** Please include all pertinent medical necessity documentation that justifies the use of a non-formulary medication as well as the expected duration of therapy. Molina Healthcare will review the request and evaluate it according to established guidelines. The resulting decision will be communicated to both the prescriber and the Member.

Formulary Addition Requests From Practitioners

Complete the Formulary Addition Request Form located at the end of this section and fax to Molina Healthcare in **Albuquerque at our toll free number (866) 472-4578.** The P&T Committee will review the request as soon as possible and communicate its decision to the requesting practitioner.

P&T Committee Membership

If you are interested in becoming a member of the Molina Healthcare P&T Committee, please communicate this via faxed memo to the P&T Chairperson in **Albuquerque at our toll free number (866) 472-4578.**