



FREQUENTLY ASKED QUESTIONS
Change to Molina’s Criteria for Clinical Decision Support
Effective January 31, 2021
(Medicaid, Marketplace, Medicare)

Effective January 31, 2021 Molina Healthcare will be incorporating Milliman Clinical Group (MCG) Care Guidelines into Molina’s criteria of clinical decision support, replacing all functionalities of InterQual®. This change is being made to align the clinical review processes and platforms for Molina health plans.

As a result of implementing this process, Molina will be using MCG utilization criteria to review physical and behavioral health authorizations, post-acute care and recovery care. Please be advised that all substance use disorder treatment requests will continue to be reviewed utilizing American Society of Addiction Medicine (ASAM) criteria per our contract with the Washington State Health Care Authority (HCA).

Access to MCG criteria will be made available on our secure provider portal in compliance with Administrative Simplification requirements. We will be following up with providers and will provide additional information as needed.

The above notice was sent to Molina’s provider network on 11/30/2020.

QUESTION	ANSWER
What is MCG Care Guidelines?	MCG is the abbreviation for MCG Care Guidelines, which is a set of nationally recognized evidenced-based research compiled annually to present the most effective courses of treatment based on available data.
Why is Molina making this change?	Molina is looking to streamline its clinical process by integrating MCG Care Guidelines in Utilization Management. These guidelines replace our use of InterQual® Guidelines and provide additional guidelines (synonymous with policies) to complement our Molina policies. Key areas of integration are: <ul style="list-style-type: none">• Integration with our UM/Claims systems• Links to MCG from our Fax system• Integration with our grievance and appeals module• MCG Transparency Module Integration through Provider Portal for WA

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<p>How does Molina use clinical criteria for coverage?</p>	<p>Molina follows a hierarchy of medical necessity decision making with Federal and State regulations taking precedence. Molina covers all services and items required by State and Federal regulations.</p> <p>To determine medical necessity, in conjunction with independent professional medical judgment, Molina uses nationally recognized evidence-based guidelines, third party guidelines (e.g. MCG, American Society of Addiction Medicine), CMS guidelines, state guidelines, guidelines from recognized professional societies, and advice from authoritative review articles and textbooks.</p> <p>Molina relies on nationally recognized MCG Care Guidelines as a primary source of evidence-based recommendations for clinical coverage. Substance use disorder treatment requests will continue to be reviewed utilizing ASAM criteria per our contract with HCA.</p>
<p>What parts of MCG are in scope change?</p>	<p>Acute Care Module: <u>Inpatient & Surgical Care</u> – More than 400 condition specific guidelines to address admissions with evidence-based care pathways and LOS data <u>General Recovery Care</u> – Addresses problem-oriented and complex member situations <u>Multiple Condition Management</u> – Covers more than 60 common complicating active conditions most frequently seen in acute settings <u>Behavioral Health Care</u> ** – Evidence-based criteria for mental health and dx specific populations across all levels of care, including Applied Behavior Analysis (ABA) and enhanced support for opioid management</p> <p>Post-Acute <u>Ambulatory Care</u> – Supports the appropriate use of Durable Medical Equipment (DME), rehab, procedures <u>Home Care</u> – Treatment plans for home setting, discharge planning tools and private duty nursing <u>Recovery Facility Care</u> – Clinical indications for the appropriateness of transferring members to a recovery Skilled Nursing Facility (SNF) for general treatment course and extended stay information</p> <p>** Molina uses ASAM for substance use disorder treatment.</p>
<p>What are the program objectives for this transition?</p>	<p>This program is expected to deliver the following Key Operational Improvements:</p> <ul style="list-style-type: none"> ● Standardize clinical criteria review process ● Increase provider satisfaction and compliance adherence ● Improved Quality of Care ● Enhanced staff efficiencies by standardizing care ● Reduced costs through increased efficiency and decreased specialization ● Better health outcomes through more effective utilization management

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How do I access clinical criteria?	<p>By January 31, 2021 Molina will make the MCG criteria available to providers in support of Washington Administrative Simplification Process.</p> <p>Molina will make tools available on our secure Provider Portal to better support our prior authorization (PA) process for our Medicaid, Medicare and Marketplace provider networks, including:</p> <ul style="list-style-type: none">• Updated PA guides which include the supporting documentation requirements and clinical review criteria for services requiring a PA. This primary document will refer you to currently available clinical resources and new PA resources as noted below.• Molina WA Merge Criteria – Molina Medicaid PA criteria which includes HCA guidance on certain procedures• Molina WA Pharmacy Criteria – Policies and guidelines intended to be a resource for relevant information about drugs, treatment and coverage• New! 1/31/2021 – MCG Criteria tool works in conjunction with the PA guides and can be accessed any time without submitting a request <p>How to Access PA Tools and Resources:</p> <ul style="list-style-type: none">• Log into Molina's Provider Portal via identity.onehealthport.com/Empower/DWebIdPForms/Login/MOLINA or provider.molinahealthcare.com• Click on the MCG Criteria tab (available 1/31/2021) or forms (PA guides, Molina WA Merge Criteria, and Molina WA Pharmacy Criteria)
Where can providers find the PA forms for services?	PA forms can be found on the Molina provider website at https://www.molinahealthcare.com/providers/wa/medicaid/forms/Pages/fuf.aspx

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If a provider needs additional assistance, who can they contact?	Molina Provider Service Contact Center: (855) 322-4082 or email: MHW_MCG_Questions@MolinaHealthcare.com
For general questions, who should providers contact?	<u>Provider Engagement Team</u> Martha Alexander (800) 869-7175 ext. 147172 Martha.Alexander@MolinaHealthcare.com