Provider Bulletin

Molina Healthcare of New Mexico, Inc.

July 5, 2024

Continuity of Care Update

This Frequently Asked Questions (FAQ) document addresses service authorization (SA) policies for the first 90 days of Molina Healthcare of New Mexico, Inc. Turquoise Care operations (7/1/24 - 9/30/24).

Molina Healthcare of New Mexico will honor all SAs for Molina members that were approved prior to 7/1/24 by the members' previous managed care organization (MCO), for the first 90 days transition of care period. All approved SAs will be incorporated into Molina's systems and honored for at least 90 days or through their original expiration date. You may view these SAs on the Availity portal beginning 7/15/24. Providers do not need to resubmit any SAs for services already authorized by the members' previous MCO for members transitioning to Molina.

What is the utilization management process for new SAs submitted on or after 7/1/24?

New SAs should be submitted via the Availity provider portal, by fax, or phone. Molina will review the new service request and provide notification to the provider once a determination has been made.

What if the SA was already approved by a prior MCO for a date of service after 7/1/24?

Providers do not need to submit service requests for services transitioning from the members' previous MCO to Molina during the 90-day continuity-of-care period. Molina will receive data files with the previously approved authorizations and will honor the SA for the length of the authorization. (i.e., if the authorization from a previous MCO is valid until October 10, we will honor it until then). At that point, we would then request the provider contact us for continued service authorization.

What if a prior MCO did not require a prior authorization for a covered Medicaid service, but Molina does?

If a covered service did NOT require a SA at the members' previous MCO, Molina will not require a SA for the first 90 days. After 90 days, 10/1/24 Standard Molina authorization requirements will be followed. Providers may use the Prior Authorization Look Up Tool to determine if an authorization is required.

Long Term Support Services, Behavioral Health, Integrated Home Health

If I am a long-term services and supports (LTSS) provider, do I need to submit a service authorization?

If the member has an approved service plan from the members' previous MCO, and that service plan extends past 7/1/2024, Molina will honor that service plan until the end date of the plan. If a member is a new LTSS member or an existing member requiring new LTSS services, you will need to work with the Molina case manager to create or amend the service plan. Molina case managers request the authorization as a part of the service plan process and submit to the LTSS Utilization Team.

Please do not submit previously approved service authorizations from an existing MCO for re-approval. Molina will honor any service authorizations though the previously approved authorization date, until September 30, 2024. Submit claims using the existing authorization number approved by the previous MCO. The authorization will remain the same for Molina unless there is an increase in hours, a change in model type, or change in provider type.

If I have a person who is inpatient at a hospital (including skilled nursing facility) on July 1, 2024, will I need to create a service authorization?

Yes, Molina needs to be aware of transition activities and therefore, will need a SA submitted for any continued stays at an inpatient setting. The previous authorization will be honored if it was completed by the members' previous MCO prior to July 1, 2024. This includes inpatient stays in an acute or facility setting. Note: New Mexico Medicaid will be issuing an information letter about billing for inpatient hospital stays admitted before 7/1/24 with discharge after 7/1/24.

Would I need to submit a request for a SA for a new admission or continued stay review for custodial care nursing facility services?

No, these services will not require a SA. Providers will not need to request a SA for these services during the first 90 days or after. Long-term skilled nursing facilities will require a SA for all new stays.

If the member has a durable medical equipment (DME) authorization that was obtained before July 1, 2024, do I need to submit a new authorization?

No, a new SA is not required and does not need to be submitted. We will receive a copy of the previous MCO's authorization and enter it into our system. For any new service request, please submit a new SA request.

Will Molina pay for cosmetic, plastic or reconstructive procedures during this time? Would this require a SA?

Cosmetic surgery, or expenses incurred in connection with cosmetic surgery, is not covered under the Medicaid program except in certain situations. All cosmetic surgery requests would require a SA. Providers should consult the provider manual to determine if a service is a covered benefit.

Will Molina pay for non-covered benefits during the 90-day period?

No, if it is non-covered, the claim would be denied as a non-covered benefit. Providers should consult the provider manual for what is a covered or non-covered benefit.

If the member had a neuropsychological or psychological test approved with previous SA, would we need to submit a new SA?

No, previously approved SA would apply. Any new neuropsychological or psychological test would need a SA. Providers would need to consult the Prior Authorization Look Up Tool for guidance when a SA is needed.

If the member had a sleep study approved with previous SA, would we need to submit a new SA?

No, previously approved SA would apply. For any new sleep study, providers would need to consult the Prior Authorization Look Up Tool for guidance when a SA is needed**.**

What are the transplants or gene therapy codes that require a service authorization?

Providers are encouraged to visit our provider website and utilize the Prior Authorization Look Up Tool for the most current SA requirements for transplants or gene therapy.

What codes for BH inpatient stays require a SA?

All BH inpatient stays need to have a SA completed. Providers would need to consult the Prior Authorization Look Up Tool for guidance when a SA is needed.

Medication

What if a prior MCO did not require a service authorization for a medication, but Molina does?

Members will be able to continue accessing their medications for the first 90 days after go-live (7/1/24 to 9/30/24). After 90 days, the formulary requirements as listed on the Molina formulary will begin on 10/1/24.

My patient was previously approved for a medication that their previous physician administered July to September; then was assigned a different MCO in August. Is the medication still covered and/or approved?

If a member has a previously approved SA, Molina will have that service authorization information.

- If prior approved SA expires July 1- September 30, Molina will extend the approval until September 30. After September 30, providers will need to resubmit a new SA request.
- If a prior approved SA expires after September 30, Molina will honor the original expiration date. Providers will need to resubmit a new SA prior to that original expiration date.

If a member has an approved service authorization for an outpatient medication, but it expires during the 90-day transition period of July 1st to September 30th. Do I need to resubmit a SA? Will my patient get their medication?

If a member has a previously approved SA, Molina will have that service authorization information.

- If prior approved SA expires July 1- September 30, Molina will extend the approval until September 30. Providers will need to resubmit a new SA after September 30.
- If prior approved SA expires after September 30, Molina will honor the original expiration date. Providers will need to resubmit a new SA prior to that original expiration date.

I do not know when my patient's previously approved service authorization is expected to expire. How will providers be notified of patients SA expiration?

There will be no notification of upcoming expiration of a SA. If you do not have previous records, you can call our provider help center at (855) 322-4078, Monday - Friday, 8 AM - 5 PM. MST.

I do not know if my patient has a previously approved SA because they are new to my practice. How can I find out?

We will need a new SA if the ordering or rendering provider has changed. If you do not have previous records, you can call our provider help center at (855)322-4078, Monday - Friday. 8 AM - 5 PM. MST.

If I want to prescribe a new medication to my patient and it requires a service authorization, when do I need to submit a SA form?

Any new medication requiring a SA should be submitted to Molina. The Molina SA form can be found at MolinaHealthcare.com for pharmacy benefit and physician administered drugs under Provider Forms and Documents. Please fill out the form in its entirety for the most expeditious turnaround time.

What criteria does Molina use for SA approval of medications?

Medications dispensed by pharmacy (pharmacy benefit plan) must adhere to Molina's formulary or preferred drug list (PDL). This includes any utilization management criteria. The PDL and SA forms can be found on our website at MolinaHealthcare.com.

After the 90-day redetermination period, if I have a patient change to Molina from a different MCO, how long will you honor previously approved SAs?

After September 30, 2024, any new Molina member will have a 30-day transition period for SAs. For prescription drugs, members new to Medicaid will have one 30-day transition fill for prescription drugs.

Please email your general inquiries to MHNM.ProviderServices@MolinaHealthcare.com, and they will be routed to the appropriate individual.

Thank you for your commitment to serving Molina Healthcare of New Mexico members and the community!