

Chapter 6

Medical Management

Overview

This chapter provides information on South Country Health Alliance (SCHA) requirements for prior authorization, notification and medical necessity criteria for services that require a prior authorization.

This Chapter Includes:

- Definition of Terms
- Services Requiring Prior Authorization or Notification
- Authorization Requests and Decision Making
- Inpatient Hospital and Skilled Nursing Facility Admission and Notification Requirements
- Concurrent and Retrospective Reviews
- Prior Authorization, Notification and Authorization Documentation Submission
- Medical Necessity Criteria
- Continuity of Care
- Access to Specialty Care
- Disease Management

Definition of Terms

Approval Authority – MMSI is a third party administrator to whom SCHA has delegated the ability to make decisions to approve or deny prior authorizations and/or out-of-network authorizations.

Notification – Process of provider notifying MMSI about a service or treatment being provided within a specific period of time.

Prior Authorization – Approval of a service or treatment prior to service or the treatment. Prior authorization requests are completed in writing by the provider of service. The prior authorization request is reviewed by medical professionals to determine if the service or treatment requested is medically necessary and appropriate, and that less expensive alternatives have been considered. Emergency services do not require prior authorization.

Authorization – A recommendation by a member's primary care physician or SCHA contracted provider that allows a member to be seen by an out-of-network provider.

Standing Referral – A member's request to see an out-of-network specialist for a specified period of time.

Services Requiring Prior Authorization or Notification

SCHA focuses on removing barriers for members to see in-network providers for the purpose of obtaining necessary care. SCHA's model is that every member is assigned to a primary care clinic. Members can access other in-network providers without an authorization from their primary care clinic. There are some services and treatments that do require prior authorization or notification. These services include:

- Services or treatments that have limited requirements
- Services or treatments that are listed as non-covered services, but the provider considers the service medically necessary
- Services where there are lower cost options that have similar safety and effectiveness

Refer to the prior authorization or notification grid for detailed requirements. If the service or treatment is not listed, call SCHA Provider Service Center at 1-800-995-4543 to determine if an authorization is needed.

Authorization Requests and Decision Making

Prior Authorization and Notification list can be found on our website at http://www.mnscha.org/providers_priorauth.htm

Note: authorization for surgical procedures does not include/infer authorization for follow-up care. Refer to member's benefit plan for coverage information.

SCHA/MMSI makes authorization decisions using evidence-based standards of care, medical necessity criteria and the member's benefit coverage. SCHA/MMSI does not reward providers or other individuals for denying services to members, nor does SCHA/MMSI reward decisions that result in under-utilization of services. Decisions made by SCHA/MMSI do not constitute the practice of medicine. SCHA and MMSI encourage open access to covered services at appropriate levels of care.

Prior authorization confirms medical necessity only and does not guarantee payment.

Payment is determined at the time the claim is received and is subject to health plan exclusions and out-of-network benefit limitations. Plan coverage must be in effect for the member at the time service(s) is rendered.

Prior Authorization and Notification Documentation Submission

Requests that require prior authorization for non-urgent conditions must be received at SCHA/MMSI at least 14 calendar days prior to the first date of service. SCHA/MMSI will respond to your request in writing within 10 working days. If a request is marked urgent, the reason for the urgency must be included. Urgent requests will be processed within 72 hours.

Prior Authorization requests and notifications for medical/surgical and mental health/chemical health should be faxed or mailed to:

MMSI

Attn: Health Services
4001 41st Street NW
Rochester, MN 55901
Fax: 888-889-7822
Phone: 800-645-6296

Medical and Behavioral Health Services

MMSI Health Services
4001 41st Street NW
Rochester, MN 55901-8901
800-995-4543

MH-TCM

SCHA
110 West Fremont
Owatonna, Minnesota 55060
Fax: 507 431-6329
866 567-7242

Chiropractic Services

Clinical Resource Group, Inc
866-281-1997

Dental Services

DentaQuest
800-341-8478

Pharmacy Services

Prime Therapeutics, LLC
866-325-5233

Inpatient Hospital and Skilled Nursing Facility Admission and Notification Requirements

Hospital and Skilled Nursing Facility Responsibility

1. Prior to providing service, verify member eligibility
2. Notification of an inpatient hospital admission is requested within 24 hours of admission
3. Medical and surgical hospital and SNF inpatient admission and discharge information can be faxed (1-888-889-7822) to MMSI. All required forms are found on SCHA web site www.mnscha.org.
 - A. Hospital admissions – complete the SCHA Inpatient worksheet and fax to MMSI. Be sure to include the following information on the form:
 - a. member name
 - b. SCHA ID number
 - c. date of birth
 - d. diagnosis
 - e. admission date,
 - f. admission facility
 - g. Utilization Review contact and phone number
 - h. return fax number
 - B. Skilled nursing facility admissions for 180 day custodial stays – complete the SNF admission form along with the RUG code and fax to MMSI.
 - C. Skilled nursing facility admissions – complete the SNF admission form, and if the stay qualifies for Medicare skilled days, include clinical information that supports the need for skilled care. Fax the Skilled Nursing Facility Admission Form and clinical information to MMSI.
4. Retrospective admission – complete the (form) and include pertinent clinical information. Fax the form and clinical information to MMSI.

Mental Health and Chemical Dependency Admissions

1. Notification of hospital admission is required within 24 hours of admission.
2. The first three days of the hospital stay are approved. The fourth (4th) day requires utilization review for continued inpatient stay
3. Complete the Minnesota Universal Outpatient Mental Health/Chemical Health Authorization Form and fax to MMSI.
4. A retrospective admission requires that clinical documentation supporting the need for admission be faxed to MMSI, Attn: Behavioral Health staff.

Concurrent and Retrospective Reviews

SCHA performs concurrent or retrospective reviews dependent on utilization triggers. A medical director is consulted if review of clinical documentation does not clearly demonstrate medical necessity of the admission or services provided. SCHA's intent is to be actively involved in hospital discharge planning and member's case management needs. Review information may include:

1. Clinical information upon request for any inpatient stays;

2. Clinical information for all medical and surgical inpatient stays greater than 7 4 days faxed to MMSI (888-889-7822);
3. Access to hospital utilization review staff and additional information and clarification of information as requested;
4. Notification to MMSI of members with complex discharge needs or those who may benefit from case management.

Medical Necessity Criteria

Medical necessity criteria are based on DHS and CMS criteria. Please refer to the DHS the DHS Provider Manual or CMS Benefit Manual.. You may also call SCHA/MMSI at: 800-645-6296 to verify criteria for a procedure. Refer to the PA grid for detail procedures that require prior authorization.

Continuity of Care

In accordance with Minnesota Statutes 62Q.56 SCHA enrollees are required to access services through selected primary care provider for coverage. However if a provider has had their contract terminated, SCHA will:

- Inform affected members about termination at least 30 days before the termination is effective providing SCHA has had at least 120 days' prior notice.
- SCHA/MMSI will inform the affected enrollees about what other participating providers are available to assume care and how it facilitate a transfer either by telephone or in writing.
- If a member that will be transferring to another participating provider has special medical needs, special risks or other special circumstances, such as cultural or language barriers, SCHA/MMSI will work closely with the member and allow, if needed a longer transition period.
- Members with special needs will be identified by SCHA/MMSI staff, County Care Coordinators or TPA case managers. Criteria will be based on medical, physical, mental and cultural needs.

Members with special medical needs or at special risk, continuity of care will be provided for the enrollee up to 120 days for the following conditions:

- an acute condition;
- a life-threatening mental or physical illness;
- pregnancy beyond the first trimester of pregnancy;
- a physical or mental disability defined as an inability to engage in one or more major life activities, provided that the disability has lasted or can be expected to last of at least one year, or can be expected to result in death; or
- a disabling or chronic condition that is in an acute phase; or
- a disabling or chronic condition that is in an acute phase; or
- for the rest of the enrollee's life if a physician certifies that the enrollee has an expected lifetime of 180 days or less.

The request for authorization may come from the enrollee or the enrollee's current provider. SCHA/MMSI will grant the requests for authorization to receive services unless the enrollee does not meet the criteria provided above

For new members who are subject to a change in a health plan, upon request, SCHA/MMSI may do an authorization to receive services that are otherwise covered under the terms of the new health plan through the member's current provider if: an acute condition;

- a life-threatening mental or physical illness;
- pregnancy beyond the first trimester of pregnancy;
- a physical or mental disability defined as an inability to engage in one or more major life activities, provided that the disability has lasted or can be expected to last of at least one year, or can be expected to result in death; or
- a disabling or chronic condition that is in an acute phase; or
- a disabling or chronic condition that is in an acute phase; or
- for the rest of the enrollee's life if a physician certifies that the enrollee has an expected lifetime of 180 days or less.

SCHA may require medical records and other supporting documentation be submitted with the requests for authorization.

Access to Specialty Care

In accordance with Minnesota Statutes 62Q.58 SCHA will approve standing authorizations for a health care provider who is a specialist and SCHA does not have an appropriate participating specialist who is reasonably available and accessible to treat the member's condition or disease.

The member must meet one of the following conditions:

- a chronic health condition;
- a life-threatening mental or physical illness;
- pregnancy beyond the first trimester of pregnancy;
- a degenerative disease or disability; or
- any other condition or disease of sufficient seriousness and complexity to require treatment by a specialist.

Disease Management

SCHA conducts Disease Management Programs for members with heart failure, diabetes and adult and child asthma. Members who may benefit from participation in one of these programs are identified in a variety of ways, such as new member assessments, claims screening, UM process, referrals from a caregiver, county staff, case managers, care coordinators, providers, and by self-referral.

The program addresses condition monitoring, member's adherence to the program's treatment plans, considers other health conditions and lifestyle.

Members who are in the program are stratified into severity level. This stratification determines the interventions a member may receive.

To assure good care coordination with members, the members who are enrolled or contacted regarding a DM program are charted in the Client Contact Manager (CCM) program. Members are encouraged to discuss any of the materials they receive with their Providers and to always follow their Provider's advice and treatment plan.

Additional documents on each program can be found on the www.mnscha.org web page under Provider Resources.