

**July 15, 2016**

## **Molina Healthcare of New Mexico, Inc.**

### **Clinical Criteria Update**

This is to notify providers who contract with Molina Healthcare of New Mexico, Inc. (Molina Healthcare) that effective August 15, 2016, Molina Healthcare will be incorporating MCG (formerly Milliman Care Guidelines) into Molina Healthcare's criteria of clinical decision support.

As a result of implementing this process, it will be necessary to update the Medical Necessity section of the Provider Manual to incorporate MCG into Molina Healthcare's criteria of clinical decision support. Please refer to the table below, which outlines the Provider Manual section that will be affected by this change. An electronic version of the Provider Manual can be found at [MolinaHealthcare.com](http://MolinaHealthcare.com).

<b>Line of Business</b>	<b>Section Title</b>
Medicaid	6. Medical Management Program and Prior Authorization <ul style="list-style-type: none"><li>▪ B. Medical Necessity Review</li><li>▪ E. Requesting Prior Authorization</li><li>▪ F. Criteria Used in Making Medically Necessary Decisions</li></ul>
Medicare	Section 8 – Utilization Management <ul style="list-style-type: none"><li>▪ B. Medical Necessity Review</li><li>▪ J. Inpatient Review</li></ul>
Marketplace	Section 6 – Medical Management Program <ul style="list-style-type: none"><li>▪ Medical Necessity Review</li><li>▪ Inpatient Status Determinations</li></ul>

As our partner, we want to ensure that you are aware of this change, which will be an important addition for clinical support. We value our collaborative relationship and joint focus on improving healthcare for Molina Healthcare Members in New Mexico.

If any questions arise, please contact your dedicated Provider Services Representative toll free at (800) 377-9594.

Network Management and Operations  
Molina Healthcare of New Mexico, Inc.