

Criteria for Utilization Management Decisions

CareOregon, in its utilization management program, uses the criteria listed below.

UM Activity	Criteria Used
<u>Medical/Surgical</u>	<u>OHP (Medicaid)</u> <ul style="list-style-type: none">• Member eligibility (OHP Plus or Standard)• OHP benefits (Prioritized List and Provider Guides) http://www.oregon.gov/OHA/healthplan/pages/policies.aspx <u>Concurrent Review</u> <ul style="list-style-type: none">• CareOregon authorization policies• http://www.careoregon.org/Providers/ProviderFormsandPolicies.aspx <u>Retrospective Review (Retroactive Authorizations)</u> <ul style="list-style-type: none">• InterQual® criteria• Medical literature <u>COA (Medicare)</u> <ul style="list-style-type: none">• Member eligibility• National and Local Coverage Determinations – Parts B and A (NCD/LCD) http://www.cms.hhs.gov/mcd/index_list.asp?list_type=ncd https://www.noridianmedicare.com/p-medb/ https://www.noridianmedicare.com/p-med/• Centers for Medicare and Medicaid Services (CMS) Memoranda and Transmittals• InterQual® criteria• CareOregon authorization policies http://www.careoregon.org/Providers/ProviderFormsandPolicies.aspx
<u>Pharmacy</u>	<u>OHP (Medicaid)</u> <ul style="list-style-type: none">• Member eligibility• OHP benefits (Prioritized List and Provider Guides) http://www.dhs.state.or.us/policy/healthplan/guides/main.html• CareOregon Medicaid Guidelines for OHP (Link to be developed.) <u>COA (Medicare)</u> <ul style="list-style-type: none">• Member eligibility• National and Local Coverage Determinations – Parts B and A (NCD/LCD) http://www.cms.hhs.gov/mcd/index_list.asp?list_type=ncd https://www.noridianmedicare.com/p-medb/ https://www.noridianmedicare.com/p-med/• Centers for Medicare and Medicaid Services (CMS) Memoranda and Transmittals• Medicare Prescription Drug Benefit Manual http://www.cms.gov/Manuals/IOM/itemdetail.asp?filterType=none&filterByDID=99&sortByDID=1&sortOrder=ascending&itemID=CMS050485&intNumPerPage=10• CareOregon Advantage PA Guidelines for COA http://www.careoregon.org/medicare/documents/2010_COA_Formulary_PA_Criteria.pdf