

COVID-19 Update for Hospital Providers

Thank you for all your dedication and support in treating Molina members during the recent COVID-19 crisis. We wanted to take this opportunity to recap policy and authorization changes, some of which end soon.

Authorizations Suspended for COVID-related Inpatient Stays (all Molina programs)

Beginning June 1, 2020, authorizations for all inpatient stays require clinical review.

Authorization Suspended for Initial Transfers to Skilled Nursing Facilities

Beginning June 1, 2020, authorizations for transfers to skilled nursing facilities are required. Clinical information should be submitted by the transferring hospital to Molina prior to the transfer.

Extension of Prior Authorizations

Molina is extending the “end” date of all approved prior authorizations for elective services to September 1, 2020. No action is required on the provider’s part. Therefore, if you have patients who are not able to get their PT/OT/ST, imaging or elective surgery appointments, J code infusion/injections, they may reschedule up to September 1, 2020. This includes any approved authorizations from Evicore, VSP, or Skygen. ***Molina’s extension of elective prior authorizations remains in place until September 1, 2020.***

Transfers between Hospitals

Molina immediately implemented the MDHHS policy for “no prior authorization requirement” for transfers between hospitals FOR COVID-19 LOAD BALANCING only. Please send notice via fax to our Utilization Management department at 800-594-7404. ***Effective May 20, 2020, this Medicaid policy will remain in effect until further notice. MDHHS will notify providers of termination.***

Observation Stays

Molina does not require authorization for observation stays. ***This Molina program remains in place.***

COVID Lab Testing

Molina is waiving prior authorization requirements for COVID-19 tests and associated office, urgent care or ER visits. ***Effective May 20, 2020, this Medicaid policy will remain in effect until further notice. MDHHS will notify providers of termination. Molina is also continuing this policy for Marketplace, Medicare, and MI Health Link.***

Continued Stays

Beginning June 1, 2020, Molina will return to its normal process for continued stay reviews. Through its continued stay review, Molina can assist with discharge planning to make sure Molina members have the care they need after they leave the hospital.

Skilled Nursing Facilities Requesting Temporary Higher Level of Care

For facilities requesting higher level of care for long term care residents due to COVID-19, a separate authorization for higher level of care is required. The member must be experiencing symptoms and treatment for COVID-19 to qualify for higher level of care. These cases will be reviewed every 3-5 days. ***This Molina program remains in place.***

Transitions of Care (TOC)

Molina has suspended proactive outreach to both members and hospital discharge planning staff to reduce the administrative burden for hospital employees. Molina TOC team members are available to assist with our members discharge needs. Please contact us at 888-898-7969 and follow the prompts to reach authorizations/admissions. Molina will continue to contact members after hospital discharge to assist with their needs. It is important for Molina to continue to receive the discharge plan for Medicare members in order to effectively follow up after hospitalization. ***This Molina program remains in place.***

Telehealth

Molina is supporting all telehealth programs and payments allowed by Medicaid and Medicare, under the billing requirements and payments for each. Molina has waived all coinsurance and copayments for all its programs, including Medicaid, Medicare, MI Health Link (MMP), and Marketplace. ***Molina will continue to monitor and keep providers informed on MDHHS, CMS and Marketplace policy regarding telehealth.***

DME Supplies

Molina implemented the MDHHS policy on COVID-related DME supplies. ***Effective May 20, 2020, this Medicaid policy will remain in effect until further notice. MDHHS will notify providers of termination.***

Suspension of Sequestration (Related to CARES Act)

CMS has issued a temporary suspension of the 2% sequestration from May 1, 2020 through December 31, 2020. Molina implemented this new CMS requirement accordingly for those applicable Medicare contracts for the time period that sequestration is suspended. Additional information will be shared upon further regulatory guidance from CMS. ***This CMS program remains in place until December 31, 2020.***

Hospital 20% add-on payment (Related to CARES Act)

CMS Requirement: Hospitals will receive a 20% increase to the weighting factor for each diagnosis-related group (DRG) for individuals discharged with a diagnosis of COVID-19 during the emergency period identified by the presence of the following ICD-10-CM diagnosis codes:

- B97.29 (Other coronavirus as the cause of diseases classified elsewhere) for discharges occurring on or after January 27, 2020, and on or before March 31, 2020.
- U07.1 (COVID-19) for discharges occurring on or after April 1, 2020, through the duration of the COVID-19 public health emergency period.

This CMS program remains in place until further direction from CMS.

Molina Healthcare is monitoring COVID-19 developments daily. We will update you as things change and encourage you to monitor the CDC website: <https://www.cdc.gov/coronavirus/2019-ncov/index.html>

Additional COVID-19 Emergency and Disaster Guidance is published on the CMS website at the following link: <https://www.cms.gov/files/document/hpms-memo-covid-information-plans.pdf>

Michigan Department of Health & Human Services bulletins may be found at:

https://www.michigan.gov/mdhhs/0,5885,7-339-71551_2945_42542_42543_42546_42553-515596--,00.html

Thank you for serving Molina members.

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