

THIS CA UPDATE HAS BEEN SENT TO THE FOLLOWING:**COUNTIES:**

- Imperial
- Riverside/San Bernardino
- Los Angeles
- Orange
- Sacramento
- San Diego

LINES OF BUSINESS:

- Molina Medi-Cal Managed Care
- Molina Medicare Options Plus
- Molina Dual Options Cal MediConnect Plan (Medicare-Medicaid Plan)
- Molina Marketplace (Covered CA)

PROVIDER TYPES:

- Medical Group/ IPA/MSO**
 - Primary Care**
 - IPA/MSO
 - Directs
- Specialists**
 - Directs
 - IPA
- Hospitals**
 - Ancillary**
 - CBAS
 - SNF/LTC
 - DME
 - Home Health
 - Other

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EMERGENCY GUIDANCE FOR MEDI-CAL MANAGED CARE HEALTH PLANS IN RESPONSE TO COVID-19 REVISED (APL 20-004)

This is an advisory notification to Molina Healthcare of California (MHC) network providers regarding Emergency Guidance for Medi-Cal Managed Care Health Plans in Response to COVID-19 (Revised).

This notification is based on All Plan Letter (APL) 20-004, which can be found in full on the Department of Health Care Services (DHCS) website at:
<https://www.dhcs.ca.gov/Documents/COVID-19/APL20-004.pdf>.

The purpose of this APL is to provide information on temporary changes to federal requirements as a result of the ongoing global *Novel Coronavirus Disease (COVID-19)* pandemic. As DHCS continues to respond to concerns and changing circumstances resulting from the *pandemic*, MHC will continue to provide updated guidance.

In light of both the federal Health and Human Services Secretary's January 31, 2020, public health emergency declaration, as well as the President's March 13, 2020, national emergency declaration, DHCS began exploring options to temporarily waive and/or modify certain Medicaid and Children's Health Insurance Program requirements. On March 16, 2020, March 19, 2020, and April 10, 2020, DHCS submitted requests to waive or modify a number of federal requirements under Section 1135 of the Social Security Act to the Centers for Medicare and Medicaid Services (CMS). DHCS' Section 1135 Waiver submissions requested various flexibilities related to COVID-19. On March 23, 2020, CMS issued its approval letter to DHCS authorizing specific Section 1135 flexibilities.

To streamline the Section 1135 Waiver request and approval process, CMS issued a number of blanket waivers for many Medicare provisions that do not require individualized approval. While not all of these waivers apply to Medicaid, *CMS has provided guidance for specified health care providers regarding blanket waivers on the following topics:*

- Skilled Nursing Facilities
- Critical Access Hospitals
- Housing Acute Care Patients in Excluded Distinct Part Units
- Durable Medical Equipment
- Care for Excluded Inpatient Psychiatric Unit Patients in the Acute Care Unit of a Hospital
- Care for Excluded Inpatient Rehabilitation Unit Patients in the Acute Care Unit of a Hospital
- Supporting Care for Patients in Long-Term Care Acute Hospitals
- Home Health Agencies
- Provider Locations
- Provider Enrollment
- Medicare Appeals in Fee for Service (FFS), Medicare Advantage, and Part D

DHCS anticipates further CMS responses to Section 1135 Waiver requests not reflected in the March 23rd approval letter. MHC will provide updates to this guidance to reflect additional Section 1135 Waiver approvals, as appropriate.

On March 6, 2020, DHCS issued a Memorandum (Memo) to MHC to remind them of existing contractual and legal requirements to ensure access to medically necessary services in a timely manner, in particular as related to COVID-19. DHCS subsequently updated the Memo on March 16, 2020 to include additional guidance. This APL incorporates the guidance provided in that Memo.

Part 1 – Section 1135 Waiver Approvals

CMS' March 23, 2020 response to DHCS' March 16 and 19, 2020 flexibility request are applicable, in part to the Medi-Cal managed care delivery system including the following:

State Fair Hearings:

DHCS has received CMS approval to extend the timeframe for MCP members to request a state fair hearing. For details, refer to the March 23rd CMS approval letter and the Supplement to APL 17-006, titled "Emergency State Fair Hearing Timeframe Change – Managed Care.

Provider Enrollment/Screening:

In the March 23, 2020 response, CMS approved certain temporary flexibilities for provider screening and enrollment. DHCS has issued guidance regarding these flexibilities for provider enrollment that applies to both Medi-Cal FFS and managed care provider screening and enrollment. This guidance is listed as "Guidance for Emergency Medi-Cal Provider Enrollment".

Provider Enrollment Division (PED) must direct potential new providers to the process. Immediately upon successful completion of the emergency enrollment application process through PED, providers will receive an approval email message, and an approval letter in DHCS' Provider Application and Validation for Enrollment portal, stating that they have been granted enrollment for 60 days, with the possibility of extension in 60-day increments. MHC will require these providers to submit a copy of their approval letter as proof of the approved temporary enrollment prior to providing services to members.

Prior Authorization:

While the March 23rd Section 1135 Waiver approvals relating to prior authorization focus on Medi-Cal FFS, CMS, in its COVID-19 Frequently Asked Questions for State Medicaid and Children's Health Insurance Program (CHIP) Agencies, indicated that states may modify prior authorization requirements for Medicaid managed care. For Medi-Cal managed care, DHCS is exercising this authority, MHC will waive prior authorization requirements for services related to COVID-19, including screening and testing, related to COVID-19. In addition, MHC has implemented expedited authorization procedures for other services during the COVID-19 public health emergency.

Reimbursement for COVID-19 Testing:

DHCS will reimburse Medi-Cal FFS providers for COVID-19 testing based on the Medicare fee schedule. Unless otherwise agreed to between the MCP and the provider, DHCS encourages MCPs to reimburse providers for COVID-19 testing at the Medicare fee schedule rates as noted below.

- Healthcare Common Procedure Coding System (HCPCS) code U0001 (the Centers for Disease Control [CDC test]) - \$35.91
- HCPCS code U0002 (the non-CDC test) - \$51.31

Provision of Care in Alternative Settings, Hospital Capacity, and Blanket Section 1135 Waiver Flexibilities for Medicare and Medicaid Enrolled Providers Relative to COVID-19:

Based on the March 23, 2020, approval and CMS blanket waiver guidance, DHCS has issued the "Provision of Care in Alternative Setting, Hospital Capacity, and Blanket Section 1135 Waiver Flexibilities for Medicare and Medicaid Enrolled Providers Relative to COVID-19" guidance document, which will remain in effect through the end of the COVID-19 public health emergency.

Pharmacy:

On April 3, 2020, DHCS issued the "Off-label and/or Investigational Drugs Used to Treat COVID-19 and/or Related Conditions" guidance document. This guidance provides information regarding temporary flexibilities in dispensing/administration policies governing off-label and investigational use of

medications used to treat COVID-19 under the Medi-Cal FFS pharmacy benefit. In addition, DHCS issued the "Information Regarding the Use of Subcutaneous Depot Medroxyprogesterone Acetate During the 2019 Novel Coronavirus Public Health Emergency" guidance document. This guidance temporarily allows for pharmacy dispensing of Subcutaneous Depot Medroxyprogesterone Acetate directly to beneficiaries for self-administration at home. MHC will follow these requirements contained in these pharmacy guidance documents, including any subsequently released updates to this guidance.

Part 2 – Additional Guidance to MCPs

As the State of California responds to the COVID-19 situation, DHCS is regularly updating and distributing guidance. Please refer to the DHCS COVID-19 Response webpage for the most up-to-date information available. MHC will adhere to existing contractual requirements and state and federal laws requiring, MHC will ensure their members are able to access medically necessary services in a timely manner.

- Cover all medically necessary emergency care without prior authorization, whether that care is provided by an in-network or out-of-network provider.
- Comply with utilization review timeframes for approving requests for urgent and non-urgent covered services. MHC is required to waive prior authorization requests for services, including screening and testing, related to COVID-19.
- Ensure our provider networks are adequate to handle an increase in the need for services, including offering access to out-of-network services where appropriate and required, as more COVID-19 cases emerge in California.
- Ensure members are not liable for balance bills from providers, including balance billing related to COVID-19 testing.
- Provide members with 24-hour access to an MHC representative with the authority to authorize services.

MHC will proactively ensure members can access all medically necessary screening and testing of COVID-19. To this end, the sections below provide further guidance on specific topics.

Telehealth:

Telehealth services will deliver care when medically appropriate, as a means to limit members' exposure to others who may be infected with COVID-19 and to increase provider capacity.

In addition to existing Medi-Cal telehealth policies, DHCS also allows reimbursement for virtual communication, which includes a brief communication with another practitioner or with a patient for COVID-19 related services, who cannot or should not be physically present (face-to-face). Providers must use HCPCS codes G2010 and G2012 for brief virtual communications.

DHCS notes that the United States Department of Health and Human Services Office of Civil Rights (HHS-OCR) has clarified that it will exercise its enforcement discretion for noncompliance with the regulatory requirements under the Health Insurance Portability and Accountability Act (HIPAA). The HHS-OCR will not impose penalties against providers who use telehealth in good faith. Providers can use any non-public-facing remote communication (audio or video) product that is available to communicate with patients. Providers may use popular applications that allow for video chats, such as Apple FaceTime or Skype, to provide telehealth. CMS has also issued guidance on the use of telehealth for providers dually certified in Medicare/Medicaid.

DHCS issued telehealth guidance on March 19, and an updated version on March 24, 2020, related to DHCS' Section 1135 Waiver request. DHCS has instructed all Medi-Cal providers, including Federally Qualified Health Centers (FQHC), Rural Health Clinics (RHC), and Indian Health Services (IHS) clinics to implement the guidance related to telehealth and virtual/telephonic communication modalities immediately in light of COVID-19. MHC will implement this guidance to our providers, allowing for FQHCs, RHCs and IHS clinics to provide and bill for virtual/telephonic visits consistent with in person visits. Additionally, virtual/telephonic visits provided pursuant to this guidance are eligible for prospective payment system rates, or all-inclusive rates, as applicable.

Transportation:

MHC must approve transportation requests in a timely manner if a member, who may be infected with

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COVID-19, needs to see a provider in person and requests transportation. MHC is responsible for determining the appropriate mode of transportation required to meet the members' medical needs, paying special attention to those with urgent needs such as dialysis or chemotherapy treatments.

Pharmacy Services (Proactive steps MHC must take include):

- Covering maintenance medications (both generic and brands) at a minimum 90-day supply. Medi-Cal allows up to a 100-day supply per dispensing of a covered drug. Note that Medi-Cal quantity per dispensing utilization control limitations on certain opioid containing medications still apply.
- Covering or waiving any prescription delivery costs so that members may receive free prescription delivery.
- Approving out-of-network overrides for members who may be temporarily outside the MCP's service area due to COVID-19 concerns.
- Setting refill-too-soon edits for maintenance medications to 75 percent or less to authorize early refills when 75 percent of prior prescription has been used. This policy change does not apply to certain medications with quantity/frequency limitations as required by federal and/or state law.
- Expanding pharmacy benefit coverage for all disinfectant solutions and wipes that are able to be processed through the pharmacy benefit systems.
- Ensuring 24/7/365 call center support is available for pharmacies, providers, and members who need support.

In the event of a shortage of any particular prescription drug, MHC will waive prior authorization and/or step therapy requirements if the member's prescribing provider recommends the member take a different drug to treat the member's condition.

Member Eligibility:

DHCS has delayed Medi-Cal redetermination processing to ensure members continue to have access to services. Members with upcoming redetermination dates will not need to start the redetermination process. Members' redetermination dates will remain the same, and existing managed care members will continue to be enrolled with MHC. There will be no change in the process for members who were on a hold status prior to the public health emergency. While members are on hold, they will remain eligible to receive Medi-Cal services through FFS. However, to prevent potential access to care issues, MHC will continue to remind their providers that they must provide services to any Medi-Cal-eligible beneficiary, regardless of whether that beneficiary is showing as enrolled in Medi-Cal FFS. Medi-Cal providers will receive reimbursement through the appropriate delivery system: Medi-Cal FFS, if the beneficiary is on a hold status, if the beneficiary is active.

Encounter Data:

DHCS is temporarily pausing the State Fiscal Year 2019-2020 Encounter Data Validation (EDV) study, including the medical record procurement requirements. DHCS and its External Quality Review Organization, Health Services Advisory Group, will evaluate an appropriate timeline to resume the EDV activities.

Health Homes:

Based on CMS guidance, DHCS is allowing flexibility for Health Homes Program services to be conducted in a manner that prioritizes the safety of both the providers and the members. In order to minimize the risk of serious illness due to COVID-19, Community-Based Care Management Entities to implement telephonic and video call assessments to substitute for face-to-face assessments, in compliance with Medi-Cal's telehealth policy, as described above. DHCS will be suspending its current in-person visit requirements until the COVID-19 emergency declaration is rescinded.

Quality Monitoring, Programs & Initiatives

• **Timely Access Survey:**

DHCS has ceased the timely access survey calls to alleviate burden on provider offices during this critical time.

QUESTIONS

If you have any questions regarding the notification, please contact your Molina Provider Services Representative at (888) 562-5442. Please refer to the extensions on page one.

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