

CMS Guidance Related to COVID-19 A Bulletin from Molina Healthcare

May 4, 2020

Updates for Molina Medicare

Re: Molina Medicare Advantage HMOs and Medicare-Medicaid Plan (MMP) providers (collectively, "Molina Medicare") - The following outlines key COVID-19 requirements and changes to Molina Medicare's business rules as a result of the national public health emergency period.

The Centers for Medicare & Medicaid Services (CMS) continues to release guidance for health care providers to follow during the National State of Emergency, including special requirements for Medicare Advantage Organizations (MAOs) and MMP's¹ during a disaster, or emergency related to Parts A/B, Part D and Supplemental Part C benefit access.

The following communication provides guidance related to the CARES act and is the *sixth* of ongoing communications to summarize changes for our Molina Medicare providers:

- 1. <u>Sequestration</u> (Related to CARES Act; HPMS Memo 4/22/2020 Medicare Advantage/Prescription Drug System (MARx) May 2020 Payment)
 - **CMS Requirement:** CMS suspends the mandatory 2% payment reduction known as "sequestration" from May 1, 2020 through December 31, 2020.
 - New Molina Medicare Business Rule (effective May 1, 2020): Molina will follow CMS and remove the 2% reduction for applicable Medicare contracts during the sequestration suspension period.
- 2. Hospital 20% add-on payment (Related to CARES Act; 4/27/2020 MLN Memo)
 - 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.
 - New Molina Medicare Business Rule: Molina will follow CMS and apply the 20% increase
 to the weighting factor for the relevant diagnosis groups stated above for the applicable
 Medicare contracts while the increase is effective by 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

MCareMMP_C19_PC_Update6

¹ For MMP plans, this guidance only applies to Medicare services under a Molina MMP plan.