

April 14, 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 presented in a previous communication, we want to share key changes that Molina Healthcare (Molina) is making in response to the COVID-19 crisis. 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 is the second of ongoing communications to summarize Molina Medicare changes to provide ease of access to care for your patients and our members. Some of the basic changes are noted below:

1. **Referrals** (*Related to 3/10/2020 HPMS Memo*)
 - **CMS Requirement:** Waive, in full, gatekeeper referrals where applicable.
 - **New Molina Medicare Business Rule (effective March 1, 2020):** Removal of gatekeeping referral requirements across all services where previously in effect.

2. **Expanded Telehealth benefits** (*Related to 3/17/2020 HPMS Memo, 3/30/2020 CMS Fact Sheet*)
 - **CMS Requirement:** Provide beneficiary access to Medicare covered Part B services via telehealth in all types of locations, including the patient’s home, and in all areas (not just rural). Plans may expand coverage of telehealth services beyond those approved by CMS in the plan’s benefit package for similarly situated enrollees impacted by the outbreak. Expanded benefits including emergency department visits, initial nursing facility and discharge visits, and home visits, which must be provided by a clinician may be provided by telehealth regardless of geographic location.
 - **New Molina Medicare Business Rule (effective March 3, 2020):** Molina supports telehealth, and providers can provide telehealth services in accordance with CMS requirements. Allowable providers must bill Molina as they normally would but use POS 02. Claims will process for payment at the same rate as regular, in-person visits. Cost share will apply if a Molina Medicare member has a cost share for such services. If the telehealth visit results in a COVID-19 test for the Molina Medicare member, applicable cost share for the telehealth visit will be waived.

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_Update2

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