

COVID-19 Frequently Asked Questions – Providers

Prior Authorization Extension Process

- Q: Do Providers Need to Contact Molina to Extend Prior Authorizations That Expire Before Services Are Delivered?

Marketplace and Medicare Prior Authorization Extension Process

- A: Molina continues to work with providers to address COVID-19 challenges. To alleviate any burden on our providers, and to ensure our members have access to necessary services, Molina proactively implemented a system change to automatically extend all acute, therapy and DME authorizations.
- This does not apply to retro authorizations (services billed before authorization is given) or any unplanned inpatient stay or continued stay reviews for inpatient stays.

Medicaid Prior Authorization Extension Process

- A: To alleviate any burden on our providers, and to ensure our members have access to necessary services, Molina has proactively implemented a system change to automatically extend all Medicaid acute, therapy, DME and LTSS authorizations expiring in April through December 31, 2020.
- Additionally, we have directed our staff to extend all Medicaid authorizations currently being processed to at least December 31, 2020, or longer as clinically appropriate. For Medicaid HCBS waiver services expiring at the end of April through the end of December, Molina has extended services for 90 days to comply with HHSC's current guidance.
- EVV Providers: updated authorization information must be entered into the electronic visit verification (EVV) systems for EV-relevant services.

If the current authorization extension process does not meet the needs of a Molina member you serve, please let us know. Some examples include that the authorization needs to be adjusted differently to properly meet the needs of the patient or not extended at all. We will work with you to help with this process.

After December 31st, if providers encounter unexpected difficulties with obtaining needed clinical information due to physician office closure or other COVID-related challenges, please communicate with us. We want to be sure our members receive

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medically necessary and appropriate services and will work with you to meet those needs.

All services/tasks currently authorized remain the same. All authorizations that are being extended will be updated in the Molina Provider Portal to reflect the new expiration date. For an updated authorization, please refer to our provider portal.

If you have questions regarding any current authorizations or the authorization process, please contact Molina at (833) 322-4080, Monday to Friday, 8 a.m. – 5 p.m.

Amended Skilled Nursing Facility (SNF) Prior Authorization Process

- Q: Has Molina changed any SNP Prior Authorization processes?
 - A: The following amended SNF prior authorization (PA) processes are **in effect from March 26, 2020 to March 31, 2021.**

New Admissions

- Molina MMP and MA members may be admitted to SNF care prior to requesting authorization.
- The SNF must submit a PA request **no later than 5 days after the member is admitted.**
 - The member must meet medical necessity for SNF services.
 - The PA will be issued going back to the date of admission of the member to the SNF.
 - Continued stay requests will continue to be managed through the concurrent review process.

Skill-in-Place

- MMP and MA members who are already in-house receiving custodial care but experience a significant change of condition that warrants SNF care may utilize the Skill-in-Place program to intervene and expedite care.
 - The SNF must submit a PA **within 5 days of the warranted significant change of condition.** The PA should be clearly marked with **SKILL-IN-PLACE.**
 - The member must meet medical necessity for SNF services.

- The PA will be issued going back to the date of the significant change of condition and initiation of SNF care, but not more than 5 days backwards.
- Continued stay requests will continue to be managed through the concurrent review process.

Notice of Non-Medicare Coverage (NONMC)

- NONMCs will be issued as early as possible once the last covered date is determined. This will allow for SNFs to have extra time to process and deliver the NONMC.

All SNF requests will be considered priority by the Utilization Management (UM) Department.

Waiving of Authorization for Hospital to Hospital or Hospital to Another Level of Care Transfers Related to COVID-19 Bed Capacity

- Q: Will Molina waive authorizations for hospital to hospital transfers?
 - A: Hospital-to-Hospital transfer does not require prior authorization for the ambulance transfer. Molina requests that acute care facilities notify Molina when these transfers are necessary for bed capacity through the normal authorization request process.
 - If a member requires a transfer from a hospital setting to another level of care, such as a Skilled Nursing Facility, please refer to the Skilled Nursing Facility Prior Authorization section below.
 - If a different level of care, such as Long-Term Acute Care (LTAC) is needed, please contact Molina and follow the normal authorization request process. If the LTAC is being used as a standard acute care bed, Molina will work with the provider to facilitate the necessary authorization.

Molina UM Access to EMR Guidelines

- Q: Is Molina partnering with acute care facilities to allow EMR access?
 - A: MHT will partner with acute care facilities who want to allow EMR access. To facilitate this partnership, the following three basic items must be in place:
 1. The facility must be able to provide the total number of Molina UR staff with access to the EMR. Molina does not currently assign

inpatient review nurses to specific facilities. Therefore, we need access for approximately 45 people including nurses and our Medical Directors.

2. The EMR access request process and continued authorization must not represent an administrative burden for maintaining access for Molina UM staff. Generally, this process would include annual reaffirmation or renewal of access for Molina staff. Molina will use best efforts to notify the facility concurrently of any termination needed for Molina staff no longer performing UR.
3. The facility must provide responsive and expedited access for Molina UR to obtain electronic copy of medical records when an appeal or audit occurs. Due to time constraints, we are not able to wait for the typical medical record request process.

Medicare Advantage

- Q: Will the MA plans consider flexibility like CMS has done with the SNF 3-day waiver?
 - A: Molina has never required a 3-day hospitalization prior to a SNF stay.

DME Requirements

- Q: Will Molina waive custom DME requirements during COVID-19 concerns?
 - A: Molina strives to ensure that our members have access to medically necessary and appropriate services, including custom DME during the COVID-19 challenges. Additional details are included below.
 - Q: Will Molina waive the home assessment requirement for home delivery of equipment such as custom powered wheelchairs and allow video or telephone interviews with the member or their legally authorized representative?
 - A: Health care providers should have access to personnel protective equipment (PPE); however, Molina will consider this on a case by case basis. It is very important for our members to receive training and to be able to demonstrate full mastery of their new custom DME.
 - Q: Will Molina waive prescribing physician face-to-face visits when ordering custom DME for those prescribers who do not have telemedicine?

- A: Molina will accept telemedicine visits as an alternative to a face-to-face visit. It is our understanding that most physicians in Texas are quickly obtaining access to offer telemedicine visits. We believe this will allow members to meet with their physician for an assessment and ensure that the member is getting medically necessary and appropriate custom DME.
- Will Molina accept CMS Guidelines for repairs that includes not requiring physician order or prior authorization?
 - A: Molina follow Texas Medicaid rules and current guidance for custom DME repairs.