

**April 9, 2020****Information for 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.***

In partnership with you, we want to share key changes that Molina Healthcare (Molina) is making in response to the unprecedented COVID-19 crisis. The Centers for Medicare & Medicaid Services (CMS) issued, and 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’s<sup>1</sup> during a disaster, or emergency related to Parts A/B and Supplemental Part C benefit access.

These changes must be uniformly provided to enrollees who are affected by the disaster or emergency (not limited to COVID-19 diagnosis /services). The following is the first of many communications in the coming weeks 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. **Cost Sharing for Medicare Members** (Related to 3/10/2020 HPMS Memo) –
  - **CMS Requirement:** MAO’s and MMP’s may waive or reduce enrollee cost-sharing for COVID-19 laboratory tests, telehealth benefits or other services to address the outbreak.
  - **New Molina Medicare Business Rule (effective March 3, 2020):** Molina is waiving cost share for COVID-19 tests and associated, office, urgent care and ER visits if a Molina Medicare member has a cost share for such services. Molina will cover the cost of treatment related to members who have tested positive for COVID-19 effective March 1, 2020. Molina will waive cost sharing for telehealth services provided through Teladoc.
2. **Cost Sharing for Out of Network Providers** (Related to 3/10/2020 HPMS Memo) –
  - **CMS Requirement:** MAO’s and MMP’s must provide same in-network cost-sharing for benefits/services rendered out-of-network at a facility.
  - **Molina Medicare Business Rule (in effect):** Molina will apply the same cost share structure for both in-network and out-of-network services/benefits.
3. **Prior Authorizations (PA)** (Related to 3/10/2020 HPMS Memo) –
  - **CMS Requirement:** MAO’s and MMP’s may waive PA requirements that otherwise apply to tests or services related to COVID-19 at any time or other services.
  - **New Molina Medicare Business Rule (effective March 3, 2020):** Molina is waiving PA requirements for COVID-19 tests and associated office, urgent care or ER visits. Molina is also extending existing PAs through 9/1/20.
4. **Suspension of Sequestration** (Related to CARES Act) –
  - **CMS Requirement:** CMS has issued a temporary suspension of the 2% sequestration from May 1, 2020 through Dec. 31, 2020.
  - **New Molina Medicare Business Rule (effective May 1, 2020):** Molina will implement 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.

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>

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