Ohio | Department of Medicaid

Mike DeWine, Governor
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COVID-19 FAQ
Managed Care Plan
Emergency Provider Provisions

Updated for July 1, 2020 Contract Amendment

Due to the COVID-19 Pandemic, the Ohio Department of Medicaid (ODM) acted quickly to remove barriers to care delivery, enhance individual safety, and ease the burden on hospitals and providers across the health care system.

Working in conjunction with the Medicaid managed care plans (MCPs) and MyCare Ohio Plans (MCOPs), the state agency instituted several emergency provisions in its managed care provider agreements effective March 27, 2020 giving medical and behavioral healthcare providers greater flexibility to treat Medicaid beneficiaries during the COVID-19 pandemic.

Beginning July 1, 2020, ODM's managed care provider agreement will be amended to reinstate some policies that were removed under the emergency provision.
The changes fall under four categories:

- Service authorizations (aka prior authorizations)
- Claims payment
- Pharmacy benefits
- Telehealth services

The following answers some of the most common questions received as they relate to Medicaid's managed care emergency provider agreement amendment. The managed care provider agreements may be found online at: https://medicaid.ohio.gov/Managed-Care/For-Managed-Care-Plans

Service Authorizations Under the Emergency Provider Agreement

What are prior authorization requirements?
Prior authorization is the utilization management process by which managed care plans ensure a Medicaid service is medically necessary. A provider must submit a prior authorization request to the MCPs for many services. Under the emergency managed care provider agreement amendment almost all prior authorization requirements were lifted and prior authorizations in place were extended six months. Beginning July 1, 2020, the managed care plans will reinstate all prior authorization requirements. Prior authorizations will no longer be extended six months.

As prior authorization is reinstituted, ODM clinical and utilization management staff and managed care plan staff will work to review prior authorization clinical standards to determine uniform clinical standards for services.

How long will the emergency provisions be in effect?
ODM instituted an amendment to the provider agreement with MCPs in response to the COVID-19 pandemic. Some requirements (see Appendix S) were effective as of March 9, and others took effect March 27. The prior authorization changes will remain in effect through June 30, 2020 while other requirements will remain until a later date to be determined.

Do these emergency provisions apply to everyone the same?
This guidance applies to MCPs. For information about waiver services authorized by MyCare Ohio plans, consult the Care Management Emergency Protocol. https://medicaid.ohio.gov/Managed-Care/For-Managed-Care-Plans#1910275-covid-19-info

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What is different?
MCPs lifted prior authorization requirements for most medically necessary services during the COVID-19 pandemic with some exceptions. Plans deferred the determinations to providers, asking they use their best clinical judgment in determining medical necessity for services or treatments. Providers must continue to document the services provided.

Beginning July 1, 2020, providers are expected to resume prior authorizations in place prior to the COVID-19 crisis.

Can I continue to request a prior authorization?
Yes. Until July 1, 2020, providers have three available options:

Option	Instructions	MCPs
Continue current process	Submit prior authorization requests; include clinical documentation.	Process request. Provide a prior authorization number.
Request administrative authorization	Request should include name, date of birth or Medicaid ID number, diagnosis, and for inpatient admissions, the date of admission and expected date of discharge.	Reference # provided for provider claims submission to minimize potential errors.
No authorization required	Provider does not obtain a prior authorization.	Pay claims without the authorization.

Plans can continue to help with discharge planning if they know of admissions ahead of time.

Are existing prior authorizations still valid?
The MCPs shall honor any previously approved prior authorization for a treatment, procedure, or service for up to six months, if the treatment, procedure, or service has been postponed between March 27, 2020 and June 30, 2020.

Claims Payment

What are the timely filing changes?
MCPs/MCOPs are extending timely filing limits to accept claims from all provider types for up to 365 calendar days from the date of service.

What is the provider payment changes?
ODM requires plans to cover COVID testing at the Medicare rate and without copays. There will no longer be a requirement in Appendix S for the MCPs to pay an out-of-network provider at the fee-for-service rate.

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Pharmacy Benefits Provisions Under the Emergency Provider Agreement

What are the primary changes to pharmacy benefits under the emergency provider agreement amendment?

ODM's emergency managed care plan provider agreement amendment allows for the following pharmacy benefits flexibilities. These provisions will remain in place for the foreseeable future.

- Members to obtain pharmacy benefits (prescriptions, counseling, etc.) from any pharmacy, regardless of in- or out-of-network status
- Prescription refill thresholds are temporarily relaxed to ensure adequate access should a member be quarantined, home-bound or unable to acquire prescriptions easily.
- Reimbursement assurance for any pharmacy provider who dispenses an emergency refill of a medication without a prescription
- ODM to temporarily waive member co-pays for all medications, regardless of whether the use of the medication is related to COVID-19
- Ninety-day supplies on many maintenance medications

The six month extension of prior authorization will be discontinued and the allowance for pharmacy providers to dispense and receive payment for over the counter medications will also be discontinued.

MCP Telehealth Service Expansion

Governor DeWine has implemented two emergency telehealth rules for Medicaid members and beneficiaries in response to the COVID-19 pandemic.

The Ohio Department of Medicaid (ODM) and the Ohio Department of Mental Health and Addiction Services (OhioMHAS), in partnership with the Governor's Office, executed emergency rules to expand and enhance telehealth options for Ohioans served by Medicaid, and their providers. These rules relax regulations so more people can be served safely in their homes, rather than needing to travel to health care providers' facilities.

The provisions expand telehealth access, loosens requirements for patient/provider interactions, broadens the network of providers that can bill Medicaid, the MCPs, and the MCOPs for telehealth services, and greatly expands the list of services that can be billed by these providers using telehealth. Remote care (including telehealth) keeps patients home with in-hospital care reserved for the sickest.

ODM's emergency rule implemented by Medicaid fee-for-service, Medicaid MCPs, and MCOPs was retroactively effective to coincide with the date Governor DeWine declared a state of emergency in Ohio: March 9, 2020.

More information is available about ODM's emergency telehealth rule at:
https://medicaid.ohio.gov/Portals/0/For%20Ohioans/Telehealth/ODM-Emergency-Telehealth-Rule.pdf

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Key Contacts

Who should I call if I have questions about these emergency provider provisions?
Contact information for each Medicaid managed care plan is available in the chart below.

Aetna	Buckeye	CareSource	Molina	Paramount	UHC
Phone 855-364-0974 Fax 855-734-9389 Waiver Services 855-364-0974	Phone 866-246-4359	Phone 800-488-0134 Fax 888-752-0012	Phone *(questions only)* 855-322-4079 Fax 800-961-5160	Phone 419-887-2520 800-891-2520 Fax 419-887-2028 866-214-2024	Phone 800-366-7304