

THIS CA UPDATE HAS BEEN SENT TO THE FOLLOWING:**COUNTIES:**

- Imperial
- Riverside/San Bernardino
- Los Angeles
- Orange
- Sacramento
- San Diego

LINES OF BUSINESS:

- Molina Medi-Cal Managed Care
- Molina Medicare Options Plus
- Molina Marketplace (Covered CA)

PROVIDER TYPES:

- Medical Group/ IPA/MSO**
 - Primary Care**
 - IPA/MSO
 - Directs
- Specialists**
 - Directs
 - IPA
- Hospitals**
 - Ancillary**
 - CBAS
 - SNF/LTC
 - DME
 - Home Health
 - Other

Emergency Guidance for Medi-Cal Managed Health Plans in Response to COVID-19 APL 20-004

This is an informational notification to Molina Healthcare of California (MHC) network providers on temporary changes to federal requirements as a result of the ongoing global COVID-19 pandemic. As the Department of Health Care Services (DHCS) continues to respond to concerns and changing circumstances resulting from the pandemic, MHC will continue to provide updated guidance.

This notification is based on an All-Plan Letter (APL) 20-004, which can be found in full on the DHCS website at:

<https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2020/APL20-004-Revised.pdf>

BACKGROUND

In light of the federal Health and Human Services Secretary's January 31, 2020, public health emergency (PHE) declaration, which was renewed on February 9, 2023, DHCS began exploring options to temporarily waive and/or modify certain Medicaid and Children's Health Insurance Program requirements and submitted various requests to waive or modify a number of federal requirements under Section 1135 of the Social Security Act (Title 42 of the United States Code section 1320b-5) to the Centers for Medicare and Medicaid Services (CMS). DHCS' Section 1135 Waiver submissions requested various flexibilities related to COVID-19. CMS issued several approval letters to DHCS authorizing specific Section 1135 flexibilities which can be found on the DHCS COVID-19 Response webpage at the following link:

<https://www.dhcs.ca.gov/Pages/DHCS-COVID%E2%80%91Response.aspx>.

To streamline the Section 1135 Waiver request and approval process, CMS issued a number of blanket waivers for many Medicare provisions that do not require individualized approval. While not all of these waivers apply to Medicaid, CMS has provided guidance for specified health care providers regarding blanket waivers on a variety of topics, including, but not limited to, Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHCs); Long Term Care (LTC) Facilities and Skilled Nursing Facilities and/or Nursing Facilities; Durable Medical Equipment, Prosthetics, Orthotics and Supplies; and Provider Enrollment.

POLICY

I. Section 1135 Waiver Approvals **a. State Fair Hearings**

The PHE expired end of day May 11, 2023. Effective May 12, 2023, the flexibilities and guidance regarding extended timeframes for MHC members to request a state fair hearing (SFH) and continuation of benefits (e.g., provision of care in alternative settings, hospital capacity, and blanket waivers) are rescinded. Please reference APL 21-011 for applicable timeframes and requirements:

<https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2022/APL22-011.pdf>.

b. Provider Enrollment/Screening

Effective March 29, 2023, DHCS ended the provider enrollment flexibilities authorized by the Section 1135 Waiver. Providers who are temporarily and provisionally enrolled under the amended enrollment requirements and wish to remain enrolled in Fee-For-Service (FFS) Medi-Cal are required to submit a complete application for their provider type and meet all program requirements if they have not already done so. Providers have 90 days from the March 29, 2023, effective date to submit an application for enrollment via the Provider Application and Validation for Enrollment (PAVE) portal. Providers who do not submit an application within this timeframe will have their temporary enrollment deactivated effective June 28, 2023 (i.e., 91 days after the March 29, 2023, effective date). No action is required for providers who do not wish to remain enrolled following the discontinuation of the provider enrollment flexibilities. Access the PAVE portal and supplemental trainings through the DHCS PAVE Application and Validation page:

<https://www.dhcs.ca.gov/provgovpart/Pages/PAVE.aspx>.

II. Additional Guidance

a. COVID-19 Testing and Treatment

MHC will cover COVID-19 diagnostic, screening, and post exposure or response testing and health care services approved or granted Emergency Use Authorization by the Food and Drug Administration (FDA) for COVID-19, regardless of whether the services are provided by an in-network or out-of-network provider. MHC will not impose prior authorization or any other utilization management requirements on COVID-19 diagnostic and screening testing. MHC will reimburse out-of-network providers at a reasonable or Medicare fee schedule rate for these services. For more information see APL 22-009:

<https://www.dhcs.ca.gov/Documents/COVID-19/APL-22-009.pdf>.

b. Telehealth

While Medi-Cal had an existing expansive telehealth policy in response to the COVID-19 PHE, DHCS implemented additional broad flexibilities relative to telehealth modalities via blanket waivers and Disaster Relief State Plan Amendments. This enabled Medi-Cal's health care delivery systems to meet the health care needs of its beneficiaries in an environment where in-person encounters were not recommended and, at times, not available. DHCS is continuing many of the PHE policies, including payment parity, that allow Medi-Cal covered benefits and services to be provided via telehealth across delivery systems, when clinically appropriate. Please see the Medi-Cal Provider Manual: Telehealth for more information:

<https://files.medi-cal.ca.gov/pubsdoco/Publications/masters-MTP/Part2/mednetele.pdf>.

c. Well-Child Visits

DHCS released a newly developed Medi-Cal for Kids & Teens Outreach & Education Toolkit. The Toolkit is part of Medi-Cal's Strategy to Support Health and Opportunity for Children and Families and is available on the DHCS Medi-Cal for Kids & Teen webpage:

<https://www.dhcs.ca.gov/services/Medi-Cal-For-Kids-and-Teens/Pages/home.aspx>.

d. Transportation

MHC will continue to approve transportation requests in a timely manner if a member, who may be infected with COVID-19, needs to see a provider in person or requires pharmacy services and requests transportation. MHC is responsible for determining the appropriate mode of transportation required to meet the members' medical needs, paying special attention to those with urgent needs such as dialysis or chemotherapy treatments.

e. Member Eligibility

The continuous coverage requirement ended March 31, 2023, and Medi-Cal redetermination processes began April 1, 2023. Please reference the resources below to learn more.

- Medi-Cal COVID-19 PHE Operational Unwinding Plan:
<https://www.dhcs.ca.gov/Documents/PHE-UOP/Medi-Cal-COVID-19-PHE-Unwinding-Plan.pdf>
- Medi-Cal Eligibility Division Information Letter No.: I 21-21:
<https://www.dhcs.ca.gov/Pages/COVID-19-Pro-Part.aspx>

What if you need assistance?

If you have any questions regarding the notification, please contact your Molina Provider Services Representative below:

Service County Area	Provider Services Representative	Contact Number	Email Address
California Hospital Systems	Deletha Foster	909-577-4351	Deletha.Foster@molinahealthcare.com
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	Christian Diaz	562-549-3550	Christian.Diaz@molinahealthcare.com
Los Angeles / Orange County	Maria Guimoye	562-549-4390	Maria.Guimoye@molinahealthcare.com
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If you are not contracted with Molina and wish to opt out of the Just the Fax, email: mhcproviderjustthefax@molinahealthcare.com
Please include provider name, NPI, county, and fax number and you will be removed within 30 days.