

IMPORTANT!



Molina Provider News:

End of COVID-19 Flexibilities

Effective 7/1/21

The Agency for Healthcare Administration (Agency) previously required managed care plans to establish certain provider flexibilities to help respond to the 2019 novel coronavirus (COVID-19). The purpose of this fax blast is to notify providers that the below flexibilities will end, effective **July 1, 2021 and October 1, 2021**.

Reinstatement of PASRR Requirements

All required PASRR processes are reinstated effective with any admission on or after July 1, 2021. Providers must resume submission of all PASRR related documents for all new admissions to a nursing facility beginning with an admission date on or after July 1, 2021. Molina Healthcare may deny payment based upon the lack of completion of PASRR requirements for new admissions to a nursing facility with an admission date on or after July 1, 2021. Retroactively performed screenings or resident reviews must document the reason for the delay in the completion of PASRR requirements.

Reinstatement of Interfacility Transfer Prior Authorization Requirements

Prior authorization requirements for non-emergency ambulance transportation services for the hospital transfer scenarios listed below are reinstated for dates of service on or after July 1, 2021

- Inter-facility transfers
- Transfers to a long-term care hospital
- Transfers to a nursing facility

This does not apply to prior authorization and service limit flexibilities put in place to properly evaluate and treat individuals diagnosed with COVID-19. The Agency will continue to waive prior authorization and service limits for the treatment of COVID-19 through the end of the federal public health emergency.

Reinstatement of Prior Authorization and Service Limits for Behavioral Health Services

Prior authorization requirements and service limits (frequency and duration) for behavioral health services, including targeted case management services are reinstated.

- Service limits are reinstated for dates of service on or after July 1, 2021
- Prior authorization requirements are reinstated for dates of service on or after July 15, 2021

In the event an enrollee is receiving an ongoing course of treatment when that treatment began during the authorized flexibilities for COVID-19 where prior authorization was not required, Molina Healthcare is responsible for the continuation of that course of treatment, without any form of authorization and without regard to whether such services are being provided by participating or non-participating providers for up to sixty (60) days after July 15, 2021.

For more information on Behavioral Health Services, please contact Beacon Health at:

www.beaconhealthoptions.com

Ending Provisional Provider Enrollment

The availability of provisional provider enrollment ends on July 1, 2021, prohibiting providers from enrolling through that provisional enrollment process effective July 1, 2021. Providers currently enrolled through the provisional enrollment process have through **December 31, 2021** to enroll in Medicaid. Providers who do not complete the enrollment by that date will be terminated from Florida Medicaid.

Ending Provisions for Extended Time for Managed Care Plan Appeals and Fair Hearings

The availability of the extended time ends on 7/1/21 and the standard timeframes available to enrollees to submit an appeal or request a Fair Hearing are reinstated effective 7/1/21.

Ending Temporary Expansion of LTC Service Providers

Molina Healthcare will no longer enroll any new LTC service providers under this temporary expansion during the State of emergency effective 7/1/21. ***Molina Healthcare will term all provider enrollments under this temporary expansion within 60 days.***

Effective 10/01/21

Reinstating LTC Face-to-Face Case Management Requirements

Starting 10/1/21 Molina Healthcare must reinstate face-to-face for new enrollees, annual assessments, and for any enrollee experiencing a significant change. Effective 1/1/22 Molina Healthcare must resume the quarterly face-to-face visits. ***Please Note: Between 10/1/21 and 12/31/21 enrollees may still have concerns and can request that a virtual visit be done instead. Therefore, at the members request a virtual visit or telephonic contact may be allowed until the end of the federal public health emergency.***

For more information, please review the AHCA policies and transmittals found on the Agency website at:

https://ahca.myflorida.com/COVID-19_Medicaid.shtml

https://ahca.myflorida.com/medicaid/statewide_mc/mcp_plan_comunications.shtml

Thank you for your prompt attention in this matter.

If you have questions, please contact Molina Healthcare at: 855-322-4076

Thank you for your continued care to our members!

Molina Healthcare of Florida