

PROVIDER ALERT

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Authorization Requirements and Waivers During COVID-19

As a result of the COVID-19 public health emergency, the Department of Health Care Services (DHCS) submitted waiver requests under Section 1135 to the Centers for Medicare and Medicaid Services (CMS). These requests sought flexibility in some federal requirements during the emergency period. CMS issued an approval to DHCS for some of the specific waiver flexibilities requested, including:^{1,2}

- Temporary suspension and extension of pre-existing Medi-Cal Fee-for-Service (FFS) Prior Authorization (PA) requirements for the following services:
 - ◊ Elective hospitalizations and/or procedures
 - ◊ Durable medical equipment (DME)
 - ◊ MRI
 - ◊ Hearing aids
 - ◊ Laboratory services
 - ◊ Speech/occupational/physical therapy
 - ◊ Non-Emergency Medical Transportation (NEMT)
- Benefit categories currently subject to PAs require the submission of SARs and TARs by providers, with a notation on the TAR/SAR that “Patient impacted by COVID-19” and must include supporting documentation to justify medical necessity.
- **Note: the above flexibilities are not binding on Medi-Cal managed care plans (MCPs). However, DHCS has since requested additional detailed flexibilities from CMS, including “confirmation that any approved flexibility granted with respect to fee-for-service Medi-Cal benefits and providers would apply equally to”... “Medi-Cal managed care plans, county organized health systems...”**^{4,3}
 - ◊ CalOptima and CalOptima’s health networks must cover COVID-19 screening and testing. CalOptima has no prior-authorization requirement.
- On March 5, 2020, the California Department of Managed Health Care (DMHC) directed all full-service commercial plans and full-service Medi-Cal plans to implement the following:
 - ◊ Zero cost-sharing (including co-pays, deductibles or coinsurance) for all medically necessary screening/testing for COVID-19, including provider office visits, urgent care visits, ED and hospital visits for the purpose of screening/testing for COVID-19.
 - ◊ **CalOptima never requires cost-sharing for medically necessary screening/testing for full-scope Medi-Cal members; therefore, there is no impact to CalOptima.**

As DHCS has additional waiver requests pending with CMS, CalOptima anticipates additional guidance in the near future. This information will be shared with CalOptima health networks as soon as possible following review of the guidance and analysis of next steps needed for implementation.

For questions, providers may call the member’s assigned health network or CalOptima Provider Relations at **714-246-8600**.

¹DHCS APL-20-004 Emergency-Guidance-1135-Waiver: <https://www.dhcs.ca.gov/Documents/COVID-19/APL-20-004-Emergency-Guidance-1135-Waiver.pdf>

²FFS-Prior_Authorization-Section_1135-Waiver-Flexibilities: <https://www.dhcs.ca.gov/Documents/COVID-19/FFS-Prior-Authorization-Section-1135-Waiver-Flexibilities.pdf>

³Section 1115 Waiver Request for Additional COVID-19-Related Flexibilities-April 3, 2020: <https://www.dhcs.ca.gov/Documents/COVID-19/CMS-Ltr-and-CA-COVID-19-1115-Waiver-040320.pdf>

⁴Section 1135 Waiver Request for Additional COVID-19-Related Flexibilities-April 10,2020: <https://www.dhcs.ca.gov/Documents/COVID-19/CA-1135-Waiver-Request-2-031920.pdf>

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