



NETWORK *Notification*

Notice Date: April 29, 2021
To: Ohio Long-Term Acute Care Hospitals, Skilled Nursing Facilities and Inpatient Rehabilitation Facilities
From: CareSource
Subject: COVID-19: Temporary Change to PAs for Transition to Post-Acute Care Update
Effective Date: April 1, 2021

Summary

Earlier during the pandemic, CareSource modified the prior authorization (PA) process to help provide administrative relief in patient throughput and capacity management in the acute environment during COVID pandemic. As the state is no longer experiencing over-capacity in acute care settings, and in order to improve coordination for timely admissions and member discharge planning, CareSource is reestablishing previous workflows. ***All prior authorization requirements will be effective for dates of service beginning April 1, 2021. Providers are required to obtain prior authorization before administering the applicable health care service(s). For dates of service occurring between January 1 and March 31, 2021, CareSource will waive prior authorization requirements as communicated in the previous network notification.***

Please note: This notification applies to all Ohio products (Medicaid, MyCare, Medicare, Advantage, D-SNP and Marketplace).

Impact

Following the network notification issued on Dec. 8, 2020, prior authorization requirements for long term acute care facilities (LTACH), skilled nursing facilities (SNF) and inpatient rehabilitation facilities (IRF/hospitals) were lifted. In response to the decrease of COVID-19 cases and the number of hospitalizations due to COVID-19, the Ohio Department of Medicaid (ODM) has rescinded the mandate for managed care plans and MyCare Ohio plans to remove prior authorizations and pre-certifications for post-acute providers beginning April 1, 2021. Please refer to the bulletin here. In addition, CareSource will still need notification from providers related to the start of care, admissions and discharge planning in order to ensure tracking referrals to case management, as well as claims processing.

Importance

CareSource will continue to monitor the impact of COVID-19 on our members and providers. The decision to apply all prior authorization requirements as effective is intended to streamline the determination of medical necessity and claims submission. To assist providers in identifying CareSource's prior authorization requirements, the Procedure Code Look Up Tool is available by clicking [here](#).

Questions?

If you have questions regarding this notice, please contact Provider Services at **1-800-488-0134**.
(Monday through Friday, 8 a.m. to 6 p.m. Eastern Standard Time).

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