



NETWORK *Notification*

Notice Date: August 27, 2021
To: Ohio Medicaid and Ohio MyCare Long-Term Acute Care Hospitals, Skilled Nursing Facilities and Inpatient Rehabilitation Facilities
From: CareSource
Subject: COVID-19: Temporary Change to Prior Authorization for Transition to Post-Acute Care
Effective Date: August 27, 2021

Beginning on May 12, 2023, this notification is expiring in alignment with the end of the Public Health Emergency.

Summary

CareSource is committed to assisting providers and members during the pandemic. To further partner with the provider community and help mitigate obstacles to care, CareSource is modifying the prior authorization process to allow movement of members from the acute to the post-acute environments in order to reduce barriers and increase timeliness of member admissions and discharge.

Impact

Effective Aug. 27, 2021, prior authorization requirements for long term acute care facilities (LTACH), skilled nursing facilities (SNF) and inpatient rehabilitation facilities (IRF/hospitals) have been lifted. CareSource will still need notifications 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. Prior authorization waivers for admission to LTACHs, SNFs and IRFs will be in place until further direction from the Ohio Department of Medicaid (ODM) (refer to memo below).

Importance

During the COVID-19 pandemic, CareSource continues to partner with the provider community as changes occur to reduce unnecessary burden and improve member transition across the continuum of care. As a result, CareSource is temporarily relaxing the prior authorization requirement for members seeking admission to the post-acute environment.

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).

OH-Multi-P-859587



Department of Medicaid

Mike DeWine, Governor
Jon Husted, Lt. Governor

Maureen M. Corcoran, Director

TO: Contracted Medicaid Managed Care Plans
Contracted MyCare Ohio Plans

FROM: Roxanne Richardson, Deputy Director, Office of Managed Care

DATE: August 27, 2021

SUBJECT: Effective Immediately-COVID 19 Surge-Removing Administrative Barriers

Ohio is experiencing another surge in COVID-19 cases, hospitalizations, and ICU admissions across the state. In response, the Ohio Department of Medicaid (ODM) is requiring Medicaid managed care organizations (MCOs) and MyCare Ohio plans (MCOPs) [for services where Medicaid is the primary payer] to lift all prior authorizations and/or pre-certifications for all long-term acute care facility (hospital), skilled nursing facility (SNF), and Inpatient Rehabilitation facility (IRF-hospital) admissions. It is imperative that we respond swiftly to remove barriers to care and reduce administrative burden on hospitals, SNFs, and IRFs.

MCOs and MCOPs shall assist providers with discharge planning activities including:

- Ensuring the member is transferred to the appropriate facility and level of care
- Adding services for the member's home care needs
- Expediting referrals to participating providers, and
- Ensuring all plans are in place before the member discharges.

Lifting prior authorization requirements for long-term acute care facility (LTACH), SNF, and IRF (hospital) admissions is **effective August 27, 2021**. Limited authorizations, i.e. three-day authorizations upon notification a SNF admission, are prohibited. MCOs and MCOPs shall continue to determine their members' level of care upon admission.

MCOs and MCOPs will be notified when this mandate ends. For more information about this directive, contact Roxanne Richardson at Roxanne.Richardson@medicaid.ohio.gov.

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