



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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