



Temporary Prior Authorization changes during the COVID-19 health emergency for My Choice Family Care – Care Wisconsin Health Plans including SSI, Dual Advantage, and Partnership

The health of our members and the safety of care providers are top priorities. Care providers can connect to the [Centers for Disease Control and Prevention \(CDC\)](#) for the most up-to-date guidance for health professionals regarding Coronavirus (COVID-19). My Choice Family Care – Care Wisconsin has taken the following temporary steps, effective immediately to support our SSI, Dual Advantage, and Partnership members and providers during this challenging time. These changes will remain in effect until April 30, 2020, but we may extend that date if necessary. For Family Care members, authorization guidelines remain unchanged and ALL services require prior authorization. For Family Care Members, please continue to contact the member's Care Manager directly for authorization.

- **COVID-19 testing-** No prior authorization is required for health plan members for COVID-19 testing provided at approved locations in accordance with the U.S. Centers for Disease Control and Prevention (CDC) guidelines.
- **Medicare Telemedicine Benefits-** Effective for services starting March 6, 2020 My Choice Family Care – Care Wisconsin will make payment for Medicare telehealth services furnished to Medicare Members in broader circumstances consistent with Medicare guidelines. No prior authorization is required for these services. For more information- <https://www.cms.gov/newsroom/fact-sheets/medicare-telemedicine-health-care-provider-fact-sheet>.
- **Medicaid Telemedicine Benefits-** Effective for services starting March 1, 2020 My Choice Family Care – Care Wisconsin will make payment for Medicaid telehealth services furnished to Medicaid Members in broader circumstances with Medicaid guidelines. No prior authorization is required for these services. For more information – <https://www.forwardhealth.wi.gov/kw/pdf/2020-09.pdf>
- **Skilled Nursing Facilities (SNF)-** We are waiving the prior authorization requirement for all skilled nursing facility admissions. My Choice Family Care – Care Wisconsin does not require a 3-day qualifying hospitalization for a Medicare skilled nursing facility admission. Authorization is required for continued skilled nursing facility stays beyond 30 days.
- **Personal Care Services (SSI only)-** We are waiving the prior authorization requirements for the initial assessment and services rendered within the first 7 days following the initial assessment.
- **Durable Medical Equipment and Disposable Medical Supplies (DME/DMS)-** We are waiving replacement requirements including; the face-to-face requirement, a new physician's order, and new medical necessity documentation. DME/DMS Suppliers must maintain documentation to support the rationale for replacement equipment indicating that the item was lost, destroyed, irreparably damaged or otherwise rendered unusable or unavailable because of the emergency.
- **Out-of-Network Providers-** All Medicaid and/or Medicare certified Providers that are not currently in the My Choice Family Care – Care Wisconsin network are able render services for health plan members following the same prior authorization criteria that applies to our Network Providers. See the [Prior Authorization Reference Document](#) for more information.



This applies to My Choice Family Care – Care Wisconsin Members in the following health plans; Medicaid SSI, Medicare Dual Advantage, and Partnership. For Family Care members, contact the member's Care Manager directly for authorization. Please visit www.carewisc.org regularly for updates. As with any public health issue, My Choice Family Care – Care Wisconsin will work with and follow all guidance and protocols issued by the CDC, Centers for Medicare & Medicaid Services, and state and local public health departments regarding COVID-19.