integrapartners

Payor COVID-19 Response Program

Updated 4/9/2020

Providers should continue following the usual protocols when servicing members, including checking eligibility and benefits and reaching out to members prior to servicing to assess their needs and confirm special delivery requests.

Integra has been working with several plans that have reached out regarding extending authorizations and increasing frequency or quantity limits to accommodate delivery of supplies in 60- or 90-day increments. We've developed the following resource detailing provisional changes to Payors' guidelines as plans inform us of their strategy. Please review the Payor COVID-19 Response Program resource and continue to check Forms & Training for regular updates. If, for some reason, you are unable to view the latest version, you might have to clear your cache.

Health Plan	Frequency Quantity Limits Waiver	Current End Date	LOBs	Additional Information
Clover Health	90-days	6/12/2020	Medicare Advantage	Plan is waiving quantity limits for medical supplies
Oscar Health Plans	90-days	6/23/2020	Medicare Advantage & Commercial	Oscar will continue to review for 90 day supply requests for DME & Supplies as needed, and provide early renewals for expiring authorizations. In the event that a member is quarantined or otherwise requests advance stock of supplies that exceed what you would normally approve, please consult with your Manager for guidance on approving requests that exceed normal quantity limits. Should a member have an immediate need for DME or supplies that require PA, the vendor may request retrospective review.
Partners Health Plan	90-days	6/30/2020	Fully Integrated Duals Advantage (FIDA)	Plan is waiving quantity limits for medical supplies
VillageCareMAX	60-days	5/15/2020	MLTC/MAP	Plan is waiving quantity limits for medical supplies
Visiting Nurse Services of New York	60-days	7/31/2020	All lines of business	Plan is waiving quantity limits for medical supplies

CMS Guidelines for Medicare FFS:

As an emergency response to COVID-19s impact on skilled nursing facilities, home health agencies, hospitals, and the home setting, CMS has published a statement pertaining to DMEPOS for Medicare, Fee-For-Service. CMS has issued a blanket waiver that enables providers to render replacement equipment should it be lost or destroyed without the standard requirements, such as physician's order, medical necessity documentation, or face-to-face evaluations. As a delegated Utilization Review entity for MetroPlus, Integra have enacted the following policy changes:

Health Plan	Effective Date	LOBs	
MetroPlus Health Plan	03/18/20	Medicare, Medicaid, Commercial, Exchange	For requests for replacement DME, including CPAP/BiPAP, no face to face is needed to review, and or approve the request
			Clinical notes are still required
			Signed order and CMN are not required
			This does not apply to new requests or recerts, replacements only