



January 17, 2025

# Prior authorizations, patient transfers and DME coordination for clinics and facilities affected by Southern California wildfires

Our clinical teams have mobilized to provide flexibility in authorization and approval timelines for impacted network clinics and facilities. Please note the following guidelines we are issuing today to those located in ZIP code areas affected by the wildfires.

# Effective for dates of service (DOS) beginning January 6, 2025 and continuing through February 15, 2025:

- Waived for medical necessity review:
  - New inpatient and outpatient admissions and encounters for members already admitted or with approved authorizations. Admission notification is still required.
  - New prescriptions, durable medical equipment (DME)\* and home health services with recommendation to transfer the order as soon as possible to provider that is not affected by wildfires.
  - Services rendered by non-participating providers when a participating provider is not available to provide care in a timely manner appropriate for the service.
- **Extended:** Approvals for existing prescriptions, durable medical equipment (DME)\* and home health services with recommendation to transfer the order as soon as possible to providers not affected by wildfires.

## **Clinical Contacts**

- Please feel free to reach out at any time to keep us informed of your facility's needs during this time. Staff are on call 24/7 at (800) 468-9935 to respond to provider inquiries about patient placement for Blue Shield and Blue Shield Promise members.
- A fax line to the Utilization Management team is open 24/7 to receive questions regarding inpatient admissions or other care. We can also assist you in redirecting members to other innetwork facilities or to the nearest facility/accommodation when in-network facilities are not available.
  - For Blue Shield members (commercial and Medicare plans): (844) 295-4637
  - For Blue Shield Promise (Medi-Cal) members:
    - o Los Angeles County: (323) 889-6579
    - o San Diego County: (619) 219-3301
  - Staff are on call 24/7 at (800) 468-9935 to respond to provider inquiries about patient placement for Blue Shield and Blue Shield Promise members

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# Transfer to lower clinical level of care

Transfer to lower levels of care, i.e., skilled nursing facility (SNF) or other long-term acute care facilities (LTACs), or if necessary, acute rehabilitation facilities (ARU), will not require prior authorization if the destination for the transfer is a participating Blue Shield facility. The initial admission date is approved without review of medical records.

# Discharge Planning

Blue Shield is available to assist in discharge planning. The hospital is expected to notify us when a Blue Shield or Blue Shield Promise member is being discharged.

# **Durable Medical Equipment**

- Prior authorization is waived for routine durable medical equipment (DME) for which Blue Shield or Blue Shield Promise has authorization responsibility. This includes only the routine items listed below that are needed to safely discharge patients to their homes.
  - Walker
  - Manual wheelchair
  - Semi-electric hospital bed
  - Oxygen
  - Wound care supplies

## Contacts for business/operational status

- We encourage provider groups and facilities to reach out via phone or email to their Blue Shield or Blue Shield Promise Provider Relations Representative to provide updates on operational status. The representatives are also reaching out proactively to their provider group and facility contacts, as much as possible.
- As always, you are free to contact Blue Shield's Provider Customer Service team at (800) 541-6652 with routine care questions or needs, between 6 a.m. and 6:30 p.m., Monday through Friday.

## Information for plan members

- Blue Shield and Blue Shield Promise plan members may access information on the home page of <u>blueshieldca.com</u> (no log in required) to help them access health care for needs resulting from the fires.
- Our Nurse Helpline is available to all members 24/7. The number is listed on the back of each member's health plan ID card.