

DHCF Response to Coronavirus (COVID-19)



Melisa Byrd
Senior Deputy Director/Medicaid Director

Medical Care Advisory Committee
March 25, 2020

Department of Health Care Finance

Presentation Overview

- Coronavirus (COVID-19) Communication & Information
- Enrollment & Eligibility
- Access
- Long Term Services & Supports
- Health System Redesign
- CMS Resources and FAQs



Coronavirus (COVID-19)

Communication & Information

- Health guidance, food resources, resources for businesses and individuals, operating status of DC Government, and more at the District's primary webpage during this Public Health Emergency <https://coronavirus.dc.gov/>
- [DHCF Transmittals](#) related to Coronavirus (COVID-19)
 - [Transmittal 20-07](#) Medicaid-Reimbursable Telemedicine Services: Reimbursement for Healthcare Services Delivered to a Beneficiary in their Home via Telemedicine Document
 - [Transmittal 20-08](#) Public Health Emergency Guidance on Medicaid-Reimbursable Telemedicine Services Allowance for Audio-Only Visits and HIPAA
 - [Transmittal 20-09](#) Laboratory Billing Codes & Reimbursement Rates for COVID-19 Testing
 - Transmittal 20-10 Temporary Eligibility Policy Changes for Medicaid, Children's Health Insurance Program (CHIP), Alliance, and Immigrant Children's Programs in Response to Public Health Emergency COVID-19 (forthcoming)
 - [Transmittal 20-11](#) COVID-19 Emergency Authorization Pharmacy Dispensing

Coronavirus (COVID-19) Communication & Information

- [COVID-19 Medicaid Beneficiary FAQs](#)
- [COVID-19 Medicaid Provider FAQs](#)
- [Telemedicine Provider Guidance](#)
- Health Care Delivery Management Administration and Long Term Care Administration will continue to issue Informational Bulletins to MCOs and Providers to provide guidance.

Enrollment & Eligibility

Effective: March 11, 2020 through 60 days after the Public Health Emergency declaration ends

	Medicaid	Alliance	ICP
Current Beneficiaries	<ul style="list-style-type: none"> • Eligibility automatically extended • Requirement to report changes is waived 	<ul style="list-style-type: none"> • Eligibility automatically extended • No face-to-face interview 	<ul style="list-style-type: none"> • Eligibility automatically extended
New Enrollees (MAGI)	<ul style="list-style-type: none"> • Will allow self-attestation of verification requirements except U.S. citizenship and eligible immigration status 	<ul style="list-style-type: none"> • Face-to-face application is waived 	
New Enrollees (Non-MAGI)	<ul style="list-style-type: none"> • Will allow self-attestation of verification requirements except <ul style="list-style-type: none"> • U.S. citizenship and eligible immigration status • Level of care determinations for LTCSS 		

Administrative/Operational Changes:

- DHCF may exercise extended time to make eligibility determinations if needed to ensure continuity of all essential operations
- DHCF is not required to act on any changes in circumstance that might affect eligibility

Enrollment & Eligibility Communication

Communication Issued Week of March 16

- Beneficiaries whose eligibility has been extended received a robocall from DHS informing them of the extension.
- MCO beneficiaries whose eligibility has been extended also received texts or calls from their MCO informing them of the extension.
 - Hello, this is an important message regarding the District's response to COVID-19, also known as the coronavirus. According to the DC Department of Human Services records, you or an individual associated with this phone number, are receiving Medicaid, Alliance or ICP coverage and was due to renew in March 2020 April 2020 or May 2020. This call is to inform you that as part of the District's effort to slow the spread of the coronavirus, you do not need to take any action at this time to continue receiving existing benefits that would otherwise expire in March, April, or May – your benefits are being automatically extended . You will receive another robocall or letter in the mail when it is time for you to renew your benefits. If you have any questions or need more information, please contact the Call Center at 202-727-5355 Mondays through Fridays from 7:30-4:45 pm.

Communication Forthcoming

- Transmittal 20-10 Temporary Eligibility Policy Changes for Medicaid, Children's Health Insurance Program (CHIP), Alliance, and Immigrant Children's Programs in Response to Public Health Emergency COVID-19
- Updated Beneficiary FAQ
- Beneficiary specific notices via mail

Federal Legislation - Families First Coronavirus Response Act (Public Law 116-127)

- Section 6008 of the Families First Coronavirus Response Act provides for a possible 6.2 percent increase in the FMAP
- This increase will be retroactive to January 1, 2020 and will continue through the end of the quarter in which the public health emergency for COVID-19 ends.
- Medicaid agencies are eligible for the increased FMAP as long as they adhere to the conditions outlined in the Families First Coronavirus Response Act

Federal Legislation - conditions outlined in the Families First Coronavirus Response Act

- These requirements became effective on March 18, 2020.
 - a. Maintain eligibility standards, methodologies, or procedures that are no more restrictive than what the state had in place as of January 1, 2020 (maintenance of effort requirement).
 - b. Not charge premiums that exceed those that were in place as of January 1, 2020
 - c. Cover, without impositions of any cost sharing, testing, services and treatments—including vaccines, specialized equipment, and therapies—related to COVID-19.
 - d. Not terminate individuals from Medicaid if such individuals were enrolled in the program as of the date of the beginning of the emergency period, or becomes enrolled during the emergency period, unless the individual voluntarily terminates eligibility or is no longer a resident of the state (continuous coverage requirement).

Federal Legislation - conditions outlined in the Families First Coronavirus Response Act (cont'd)

States may increase the level of assistance provided to a beneficiary who experiences a change in circumstances, such as moving the individual to another eligibility group which provides additional benefits, states may not reduce benefits for any beneficiary enrolled in Medicaid on or after March 18, 2020, through the end of the month in which the emergency period ends, and still qualify for increased FMAP.

Local Legislation - COVID-19 Response Emergency Amendment Act of 2020

- Sec. 303. Public benefits extension and continued access.
 - The Mayor may extend the eligibility period for individuals receiving benefits, extend the timeframe for determinations for new applicants, and take such other actions as the Mayor determines appropriate to support continuity of, and access to, any public benefit program, including the DC Healthcare Alliance and Immigrant Children's program, ... until 60 days after the end of a public health emergency declared by the, as allowable under federal law.
- Sec. 309. Prescription drugs.
 - Pharmacists may authorize and dispense a refill of patient prescription medications prior to the expiration of the waiting period between refills during a period of time for which the Mayor has declared a public health emergency

Access

Telemedicine (Transmittals 20-07 & 20-08)

- Beneficiary's home is now an allowable place of service
- Temporarily allow audio-only telephone visits

Pharmacy (Transmittal 20-11)

- Prescribers may write and pharmacies may dispense a 90-day supply of maintenance medications
- Beneficiaries may request up to a 30-day advanced supply of non-maintenance medications

Prior Authorizations (Currently in process; Transmittal forthcoming)

- Request authority to temporarily suspend certain Medicaid fee-for-service prior authorization requirements.
- Specific services to be determined

Access

COVID-19 Testing (Transmittal 20-09)

- Added two testing codes to the fee schedule to allow laboratories to bill Medicaid for COVID-19 testing
- Requesting CMS approval to pay at 100% of Medicare rate rather than usual 80% of Medicare
- Allowed to pay for testing for individuals who are uninsured

Provider Enrollment & Revalidation (Currently in process; Transmittal forthcoming)

- Temporarily waive application fee
- Temporarily waive criminal background check
- Temporarily waiver or allow provider site visits via telephone
- Temporarily waive in-state licensure requirements
- Temporarily cease provider revalidation process

Long Term Supports & Services

Temporary Rate Modifications (Details under discussion)

- Personal Care Aides & Skilled Nursing Services
- Adult Day Health Programs
- IDD Day Program Providers
- **Reducing Face to Face Interaction (Providers have received guidance via Informational Bulletin; Formal submission to CMS forthcoming)**
- Allowing level of care determinations to be made via telephone/video
- Allowing person-centered service planning to be done via telephone/video
- Allowing case managers to conduct monthly visits via telephone/video
- Allowing support brokers for Services My Way to conduct visits via telephone/video
- Supported employment, supported living, and In-Home supports be provided 100% via telephone/video

Long Term Supports & Services

Expand Settings and Service Locations (IDD Waiver)

- Companion services may be provided by residential providers
- Day program providers that are residential providers may use day program staff to cover residential shifts if the day program is suspended
- Currently approved supported living, residential habilitation, and host home providers are allowed to provide companion services.
- Individuals hospitalized because of COVID-19 may receive residential habilitation supported living and in-home and companion services in the hospital
- Respite services may be provided in any setting necessary to ensure health & safety

Provider Qualifications (IDD Waiver)

- Temporarily allow for modification of staffing ratios
- Temporarily allow for Provider Certification Review (PCR) staff to postpone agency certification
- Direct Support Professional (DSP) staff qualification requirements other than being 18 years of age and possessing a high school diploma or equivalent will be suspended until 45 calendar days after the end of the public health emergency. Training must be provided within 14 calendar days of hire.
- Temporarily modify incident reporting requirements

Health System Redesign

1115 Behavioral Health Waiver

- Requesting delay in some CMS deliverables
 - Evaluation Design
 - Mandatory In-Person Meeting
 - Transition of services from 1115 Waiver to State Plan

Fee-for-Service Transition to Managed Care

- Expect to award contracts in June

Dual Eligible Special Needs Plan (D-SNP)

- State Medicaid Agency Contract expected to be shared with interested plans in April

Program of All-Inclusive Care for the Elderly (PACE)

- Request for Proposal expected in April

CMS Tools & Templates

- CMS has launched a dedicated, [Medicaid.gov, COVID-19 resource page](#)
- CMS tools include:
 - [1115 Waiver Opportunity and Application Checklist](#)
 - [1135 Waiver Checklist](#)
 - [1915\(c\) Appendix K Template](#)
 - [Medicaid Disaster State Plan Amendment Template](#)
- [COVID-19 FAQs for State Medicaid and CHIP Agencies](#)
- [COVID-19 FAQs on implementation of Section 6008 of the Families First Coronavirus Response Act](#)