COVID-19 Response

Medicaid Advisory Committee – August 27, 2020

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Presentation Overview

1 Authorities

2 General Policy Response

3 By the Numbers

Authorities In Use

1135 Waiver

1915(c) Appendix K

1115 Emergency Demonstration Waiver

Disaster Relief State Plan Amendment

Authorities

- 1135 Waiver
  - Provider Flexibilities
  - State Fair Hearing Changes
  - Prior Authorization Flexibilities
  - Provision of Services in Alternate Locations
  - Suspend Pre-Admission Screening and Annual Resident Review (PASRR) Level I and Level II Assessments for 30 days

Authorities

- 1915(c) Appendix K
  - Provide flexibility in:
    - completing key activities
    - meeting provider and/or staff requirements
    - service delivery

  - Address immediate needs of individuals served

Authorities

- 1115 Emergency Waiver Demonstration
  - Promotes faster access to home- and community-based Aged and Disabled (A&D) waiver services for a limited target population who are at increased risk of hospitalization and nursing facility stays due to COVID-19

  - Operating as a pilot program and have identified a limited number of specific high need areas that will be targeted

Authorities

- Disaster Relief State Plan Amendments
  - Traditional + CHIP
  - Eligibility Modifications
  - Cost-Sharing Modifications
  - Telemedicine Modifications
  - Pharmacy Modifications

General Policy Response: Modifications

Expanded telemedicine capabilities

Suspended cost-sharing for members

Extended timely filing periods for managed care

Delayed eligibility redeterminations

Paused termination of benefits for members (exceptions: moving out of state, request to dis-enroll, or death)

Modified prior authorization components across several categories (transportation, home health, inpatient, & certain DME)

Added coverage of numerous codes related to COVID-19

Pharmacy: 90 day refills, pain medicine prescription via telemedicine, removed signature requirement, early refills, & suspended copays

General Policy Response: Provider Services Efforts

- Released over forty COVID-19 specific provider bulletins
- Held five COVID-19 specific webinars and continue to hold at least one webinar once a month
- Released multiple COVID-19 FAQ documents

IHCP COVID-19 Response: IHCP revises Medicaid policies

In response to the coronavirus disease 2019 (COVID-19) public health emergency, the Indiana Health Coverage Programs (IHCP) has made some policy and program changes to help ensure members in our managed care programs – Healthy Indiana Plan (HIP), Hoosier Care Connect, Hoosier Healthwise – as well as our Traditional Medicaid members are able to maintain continuous coverage in this critical time.

IHCP COVID-19 Response: IHCP provides coding guidance for COVID-19

IHCP COVID-19 Response: Temporary changes allowed for signature requirements

IHCP COVID-19 Response: IHCP responds to telemedicine FAQs as of April 1, 2020

IHCP COVID-19 Response: IHCP revises policies for certain behavioral health services

IHCP COVID-19 Response: Facility fees, modifier GT usage, and HCBS clarified for telemedicine billing

IHCP COVID-19 Response: IHCP revises home health prior authorization and telemedicine policies

Effective for dates of service on or after April 8, 2020, and through the duration of the public health emergency for coronavirus disease 2019 (COVID-19) outbreak, the Indiana Health Coverage Programs (IHCP) is temporarily revising home health policies regarding prior authorization (PA) and telemedicine. Home health services may be approved for a period of up to 180 days. This policy change applies to Traditional Medicaid (fee-for-service) and all managed care benefit programs. All services provided must be medically necessary and documentation must be maintained by the provider.

IHCP COVID-19 Response: IHCP announces temporary provider enrollment recertification change

By the Numbers: Temporary Funding Increase

Do not dis-enroll a member unless that member: moves out of state, asks to be dis-enrolled, or dies.

Do not move a member to a category with a lesser amount of coverage.

States can receive a temporary increase of 6.2% in federal matching funds for the length of the Public Health Emergency

Do not impose a higher level of cost sharing than was in place in January 2020.
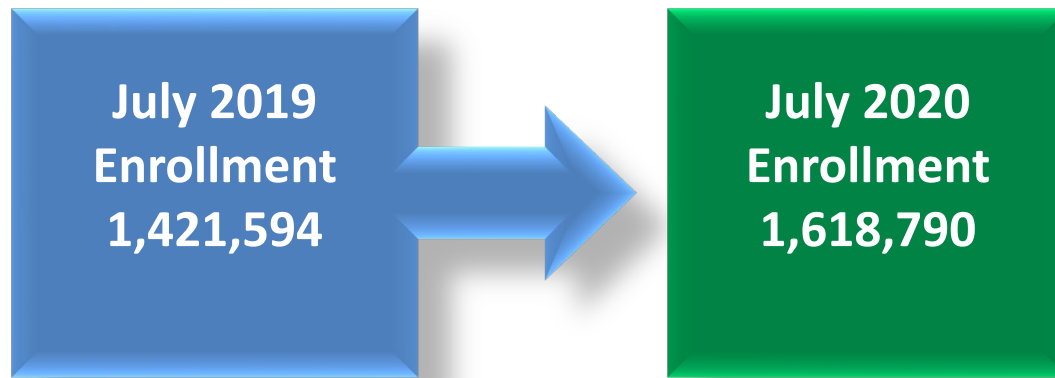
Do not impose cost sharing for COVID testing or treatment.

By the Numbers: Impact on Enrollment

Lack of closures has led to an increase in enrollment.

July 2019 Enrollment 1,421,594 → **July 2020 Enrollment 1,618,790**

However, FSSA has not seen an increase in Medicaid applications—most of the increase is due to lack of closures.

Questions?