

March 17, 2020

The Honorable Alex Azar  
Secretary, U.S. Department of Health and Human Services  
200 Independence Ave., SW  
Washington, DC 20201

**Re: Immediate Actions the Administration Can Take to Ensure Seamless Access to COVID-19 Testing and Treatment**

Dear Secretary Azar:

We, the undersigned organizations, write with urgent guidance on how to best ensure access to coronavirus (COVID-19) testing and treatment during the current pandemic.

We welcome guidance from the Department of Health and Human Services (HHS) on March 13<sup>th</sup> regarding potential state actions using Section 1135 authority. We have identified important additional areas for state action, and write to request further guidance from HHS inviting states to request flexibility in these areas:

- Allowing for streamlined Medicaid eligibility procedures to remove any potential barriers to screening and treatment;
- Increasing access to Medicare and Medicaid home care benefits to move people out of congregate post-acute and LTSS settings when possible; and
- Allowing for targeted coverage expansions to people with symptoms of COVID-19 to cover screening and treatment.

These are briefly detailed below.

1. **Simplify Medicaid Eligibility Determinations:** The Centers for Medicare & Medicaid Services (CMS) should immediately notify all state and territorial Medicaid and CHIP officials that they can apply to use state plan authorities to use presumptive eligibility to expedite enrollment, and allow for state plan or waiver changes to enrollment, redetermination, and eligibility determination policies that promote patients' immediate access to care for COVID-19, promoting early detection of virus.
2. **Limit Cost and Prior Authorization Barriers to Coverage and Care.** CMS should immediately notify all state and territorial Medicaid and CHIP officials that they can use state plan and waiver authorities to suspend cost-sharing requirements that may otherwise obstruct enrollment, retention, or use of care. Suspensions could involve premium payments and copays. In addition, CMS should encourage these officials to use their authority, in both managed care and fee-for-service Medicaid, to suspend

ordinarily applicable prior authorization and utilization management procedures. Such suspensions could (1) allow the initial commencement of care, without prior approval, and (2) continue existing care provision through automatic extensions of approvals already in effect.

3. **Improve Access to Home Health Care in Medicare:** CMS should create simple, expedited physician approval and plans of care for home health services for people who need Medicare coverable home health services to remain safely at home. Using 1135 waiver authority, CMS should temporarily liberalize eligibility rules for necessary Medicare home health services for people who need Medicare coverable home health services, as defined in Title 18 of the Social Security Act, to remain safely at home, without regard to whether they meet the “confined to home” or skilled care requirements.
4. **Allow States to Temporarily Increase Access to Medicaid Home Care for People in Congregate Settings:** Significant portions of Medicaid long-term services are delivered in congregate settings that now pose a serious infection risk. CMS should invite states to temporarily liberalize rules for initiating Medicaid home health, personal care and 1915(c) waiver services under Medicaid for people receiving LTSS services in congregate settings.
5. **Allow states to cover anyone without health insurance seeking COVID-19 testing or care at a physician’s office, urgent care or emergency room under Medicaid:** Unfortunately, economic conditions associated with the COVID-19 pandemic are likely to lead to an increase in people without health insurance in the short term. As in previous public health emergencies like the September 11<sup>th</sup> attacks and Hurricane Katrina, Medicaid has the best ability of any US coverage program to cover a specific population temporarily. As a basic public health measure, HHS should invite states to create a Medicaid-based backstop to other sources of insurance to make sure that cost or lack of coverage is not a barrier to anyone seeking screening or treatment for COVID.

We appreciate your commitment and look forward to continuing to work together to find swift, comprehensive solutions that help all Americans find the coverage, care, and treatment critical to addressing the COVID-19 crisis.

Sincerely,

Community Catalyst  
Families USA  
National Health Law Program  
United States of Care