The Evolving State Medicaid Landscape in the COVID-19 Era
April 30, 2020

Dedicated to creating a nation where the best health and health care are equally accessible and affordable to all
Introduction

Lisa Hunter

Senior Director of Strategic Partnerships, Families USA
• **Introduction:** Lisa Hunter, Families USA

• **Medicaid Policy Changes:** Eliot Fishman, Families USA

• **Lessons Learned in the States:** Joe Weissfeld, Families USA

• **Q&A:** All!

• **Next Steps and Closing:** Lisa Hunter, Families USA
Today’s presentation is being recorded

The slides and recording will be made available

To ask questions:

- Type your question in the chat box
Eliot Fishman
Senior Director of Health Policy, Families USA
1. **Emergency Declaration: March 13th**
   - Emergency section 1135 waivers now approved in all states
     - Focused on health system capacity
   - Emergency State Plan Amendments—can be temporary
   - Decisions on 1115 waivers coming more slowly
     - More detail on this coming in next section

2. **Federal Allocation of CARES Act funds for Providers:**
   - Initial tranche: April 10\textsuperscript{th}
   - Second tranche: April 22\textsuperscript{nd}
   - Both leave out Medicaid providers
   - Can 1115s help fill this gap?

3. **Family First Act—new “uninsured” category: March 18th**
     - Note re Reasonable Opportunity Period

4. **Family First Act FMAP Bump and MOE**
What’s Next?

1. CMS decisions on 1115 waivers

2. COVID 4 Package:
   • New Medicaid options?
   • Further FMAP enhancements?

3. Implementation of testing/tracing

4. Consideration of equity-focused reforms
Case Studies from the States

Joe Weissfeld

Director of Medicaid Initiatives, Families USA
Medicaid Policy Options

**Expand Eligibility**
- Medicaid expansion
- Increase child & pregnant FPL
- Take up new uninsured option
- End 5-yr. kid and pregnant wait

**Make it Easier to Get and Keep Medicaid**
- Presumptive eligibility
- Suspend redeterminations
- Continuous eligibility
- Reinstate retroactive eligibility

**Eliminate Barriers to Services**
- Pause copayments, premiums
- Relax Rx policies
- Ease prior authorizations
- Stop work requirements

**Improve Access to Providers**
- Relax telemedicine
- Ease provider and site rules

**Expand Services**
- Increase LTSS Benefits & Payment
- Expand home-delivered meals
- Seek housing funds
Early Medicaid Approval Trends

As of 4/30/2020

• **20 States and 2 Territories Have Approved Disaster SPAs**
  • Temporary policies due to national and public health emergency
  • 8 states have CHIP Disaster SPAs
  • Only 1 state (WA) has an approved disaster 1115 waiver
  • All 50 states and DC have approved 1135 waivers

• **Premiums and Cost Sharing Waivers**
  • 19 Disaster SPAs and Disaster CHIP SPAs approved (AL, AZ, CO, IA, IL, LA, ME, MD, ME, MN, NC, NM, ND, PR, RI, TN, VA, WA, WY)

• **New Medicaid Uninsured Eligibility Group for Testing**
  • 8 Disaster SPAs approved (AZ, CO, IL, LA, ME, PR, RI, WA)

• **Presumptive Eligibility**
  • 4 Disaster SPAs approved (IL, NE, NM, WA)

• **12 Months Continuous Eligibility for Kids**
  • 2 Disaster SPAs approved (AZ, RI)
## Innovative Medicaid Proposals: Coverage

<table>
<thead>
<tr>
<th>Approach</th>
<th>Description</th>
<th>State Example</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cover Treatment</td>
<td>Expands new “COVID-19 testing” optional Medicaid eligibility group to cover treatment at the regular federal match. Skips 1115 budget neutrality under emergency rules; expands the optional “uninsured” eligibility group to 200% of the federal poverty level.</td>
<td>North Carolina</td>
<td>Proposed</td>
</tr>
<tr>
<td>Cover COVID via Emergency Medicaid</td>
<td>Deems COVID-19 testing and treatment an “emergency service” (or services) for an “emergency medical condition” for the purpose of emergency Medicaid, without regard to immigration status or care setting.</td>
<td>California</td>
<td>Proposed</td>
</tr>
<tr>
<td>Add Medicaid as a Secondary Payer for Cost-Sharing for Treatment</td>
<td>Adds Medicaid as the secondary payer to protect individuals from out-of-pocket costs related to COVID-19 treatment.</td>
<td>Illinois</td>
<td>Proposed</td>
</tr>
<tr>
<td>Subsidize Marketplace Coverage Below 200% of Federal Poverty Level</td>
<td>Creates a temporary eligibility group for individuals with incomes at or below 200% of the federal poverty level. Uses Medicaid funds to provide additional subsidies for people enrolled in qualified health plan coverage to subsidize premiums and cost-sharing.</td>
<td>Washington</td>
<td>Denied</td>
</tr>
<tr>
<td>Allow Testing and Treatment for Inmates</td>
<td>Allows Medicaid expenditures for COVID-19 testing and treatment for inmates for services provided in public institutions (including jails and prisons).</td>
<td>California</td>
<td>Proposed</td>
</tr>
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## Innovative Medicaid Proposals: Payment Approach

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<tr>
<td>Retainer Payments to Certain Providers</td>
<td>Provides payments to certain Home- and Community-Based Service providers to maintain capacity under Appendix K of 1915(c) waivers when facilities temporarily close, utilization drops, or attendance drops; Disaster 1115 waivers also allowed</td>
<td>Pennsylvania</td>
<td>Approved</td>
</tr>
<tr>
<td>Offer Pass-Through, Directed, or Incentive Payments</td>
<td>Increases managed care organization (MCO) capitation rates or offers incentive payments for MCOs to increase payments to providers to aggregate levels similar to last year’s payment level.</td>
<td>Colorado, New Hampshire, Rhode Island, Washington</td>
<td>Proposed</td>
</tr>
<tr>
<td>Make Enhanced Payments to Direct Care Providers</td>
<td>Makes enhanced payments of $125 to $500 per week for direct care services provided to beneficiaries of long-term services and support.</td>
<td>Arkansas</td>
<td>Approved</td>
</tr>
<tr>
<td>Increase Provider Rate</td>
<td>Increases the Nursing Facility direct and indirect care rate by 10% through 6/30/20, or the end of the public health emergency.</td>
<td>Rhode Island</td>
<td>Approved</td>
</tr>
<tr>
<td>Expedite Supplemental Payments</td>
<td>Retroactively approves supplemental payments to providers and expedites approval of proposed changes to supplemental payments.</td>
<td>Georgia</td>
<td>Proposed</td>
</tr>
<tr>
<td>Create Disaster Relief Fund</td>
<td>The fund would cover uncompensated care costs incurred by providers related to COVID-19 and offer payments to providers, including rural hospitals and behavioral health providers, to preserve access due to dramatic shifts in utilization.</td>
<td>Washington</td>
<td>Under Further CMS Review</td>
</tr>
<tr>
<td>Create Special Hospital Supplemental Payment Pool</td>
<td>$10 million pool for privately owned and operated Acute Care Non-Critical Access hospitals and based on 2016 data, not to exceed the total supplemental pool amount and not to exceed allowable aggregate upper payment limits</td>
<td>Maine</td>
<td>Approved</td>
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# Innovative Medicaid Proposals: Housing

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<tr>
<td>Provide Up to Six Months of Temporary Housing</td>
<td>Provides temporary housing for a period not to exceed six months if a beneficiary is homeless or is at imminent risk of homelessness and has tested positive for COVID-19.</td>
<td>Arizona</td>
<td>Proposed</td>
</tr>
<tr>
<td>Provide Temporary Housing via Existing 1115 Coordination Entities</td>
<td>Provides temporary emergency housing within the state’s previously approved 1115 waiver Whole Person Care program.</td>
<td>California</td>
<td>Proposed</td>
</tr>
<tr>
<td>Provide Temporary Housing and Housing Supports</td>
<td>Provides temporary shelter for individuals experiencing homelessness who have been diagnosed with COVID-19, have a known exposure, or live in a hotspot. Provides housing supports, including to the newly uninsured or “COVID-19 testing” eligibility group.</td>
<td>North Carolina</td>
<td>Proposed</td>
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<td>Institute an Originating Site Fee</td>
<td>Offers a $20 originating site fee for providers that host telemedicine.</td>
<td>Alabama</td>
<td>Implemented</td>
</tr>
<tr>
<td>Allow Group Therapy via Telehealth</td>
<td>Removes restrictions on use of telehealth for group therapy.</td>
<td>Nevada</td>
<td>Implemented</td>
</tr>
<tr>
<td>Share COVID-19 Data via Health Information Exchange</td>
<td>Makes COVID-19 test alerts available to providers and MCOs via the Health Information Exchange.</td>
<td>Washington, DC</td>
<td>Implemented</td>
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## Innovative Medicaid Proposals: Eligibility

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<td><strong>Determine Presumptive Eligibility</strong></td>
<td>Allows the state to become a qualified entity to determine presumptive eligibility, in addition to other qualified entities such as hospitals for select MAGI populations.</td>
<td>Illinois</td>
<td>Approved</td>
</tr>
<tr>
<td><strong>Expand Presumptive Eligibility</strong></td>
<td>Allows hospitals to make presumptive eligibility determinations for additional populations, such as the new uninsured group, hospice, and aged/blind/disabled; individuals can receive up to two presumptive eligibility determinations in a year</td>
<td>Washington</td>
<td>Approved</td>
</tr>
<tr>
<td><strong>Defer Eligibility Redetermination for 12 months</strong></td>
<td>Proposes that each person up for redetermination have coverage extended automatically for one year during the public health emergency.</td>
<td>Illinois</td>
<td>Proposed</td>
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