



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

Lisa Hunter

Senior Director of Strategic
Partnerships, Families USA

Agenda

- **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

Housekeeping

- 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

COVID-19 Medicaid Policy Developments

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 10th
- Second tranche: April 22nd
- Both leave out Medicaid providers
- Can 1115s help fill this gap?

3. Family First Act—new “uninsured” category: March 18th

- CMS FAQ—April 13th. <https://www.medicaid.gov/state-resource-center/downloads/covid-19-section-6008-CARES-faqs.pdf>
- 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**

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

Approach	Description	State Example	Status
Cover Treatment	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.	North Carolina	Proposed
Cover COVID via Emergency Medicaid	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.	California	Proposed
Add Medicaid as a Secondary Payer for Cost-Sharing for Treatment	Adds Medicaid as the secondary payer to protect individuals from out-of-pocket costs related to COVID-19 treatment.	Illinois	Proposed
Subsidize Marketplace Coverage Below 200% of Federal Poverty Level	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.	Washington	Denied
Allow Testing and Treatment for Inmates	Allows Medicaid expenditures for COVID-19 testing and treatment for inmates for services provided in public institutions (including jails and prisons).	California	Proposed

Innovative Medicaid Proposals: Payment

Approach	Description	State Example	Status
Retainer Payments to Certain Providers	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	Pennsylvania	Approved
Offer Pass-Through, Directed, or Incentive Payments	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.	Colorado , New Hampshire , Rhode Island , Washington	Proposed
Make Enhanced Payments to Direct Care Providers	Makes enhanced payments of \$125 to \$500 per week for direct care services provided to beneficiaries of long-term services and support.	Arkansas	Approved
Increase Provider Rate	Increases the Nursing Facility direct and indirect care rate by 10% through 6/30/20, or the end of the public health emergency.	Rhode Island	Approved
Expedite Supplemental Payments	Retroactively approves supplemental payments to providers and expedites approval of proposed changes to supplemental payments.	Georgia	Proposed
Create Disaster Relief Fund	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.	Washington	Under Further CMS Review
Create Special Hospital Supplemental Payment Pool	\$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	Maine	Approved

Innovative Medicaid Proposals: Housing

Approach	Description	State Example	Status
Provide Up to Six Months of Temporary Housing	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.	Arizona	Proposed
Provide Temporary Housing via Existing 1115 Coordination Entities	Provides temporary emergency housing within the state's previously approved 1115 waiver Whole Person Care program.	California	Proposed
Provide Temporary Housing and Housing Supports	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.	North Carolina	Proposed

Innovative Medicaid Proposals: Telehealth

Approach	Description	State Example	Status
Institute an Originating Site Fee	Offers a \$20 originating site fee for providers that host telemedicine.	Alabama	Implemented
Allow Group Therapy via Telehealth	Removes restrictions on use of telehealth for group therapy.	Nevada	Implemented
Share COVID-19 Data via Health Information Exchange	Makes COVID-19 test alerts available to providers and MCOs via the Health Information Exchange.	Washington, DC	Implemented

Innovative Medicaid Proposals: Eligibility

Approach	Description	State Example	Status
Determine Presumptive Eligibility	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.	Illinois	Approved
Expand Presumptive Eligibility	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	Washington	Approved
Defer Eligibility Redetermination for 12 months	Proposes that each person up for redetermination have coverage extended automatically for one year during the public health emergency.	Illinois	Proposed

Questions?



Contact

Info@familiesusa.org

www.familiesusa.org

[@FamiliesUSA](#)



FamiliesUSA.org