Policy Responses to COVID-19 Office of MaineCare Services

Lora Marchand April 7, 2020



Federal and State Authorities

- On March 11, 2020 the World Health Organization declared COVID-19 a worldwide pandemic.
- On March 13, 2020, President Trump issued a proclamation that the COVID-19 outbreak in the United States constitutes a national emergency by the authorities vested in him by the Constitution and the laws of the United States, including sections 201 and 301 of the National Emergencies Act (50 U.S.C. 1601 et seq.), and consistent with section 1135 of the Social Security Act (Act).
- On March 15, 2020, Governor Janet T. Mills declared a state of civil emergency in Maine.

Rulemaking

Effective March 16, 2020: <u>Chapter I, Section 4, Telehealth Services, Emergency Rule</u> (effective for 90 days, regular rulemaking underway)

Highlights:

• Allows for prescribing through telehealth

Chapter I COVID-19 Emergency Rule

Effective March 18, 2020: <u>Chapter I, Section 5, COVID-19 Public Health Emergency</u> <u>Services</u>

Highlights: Expedites and improves access to medical care for MaineCare members

- Co-pays waived in Pharmacy, select clinical visits (hospital, FQHC, Rural Health Clinic, physician services), medical imaging, laboratory services, behavioral health, medical supplies and Durable Medical Equipment (DME), and home health
- **Pharmacy** relaxing asthma & immune-related prior authorizations, early refills, physical assessment requirements, and novel vaccines/treatments
- **DME** extends prior authorizations for COVID-related supplies

Chapter I COVID-19 Emergency Rule

- Home Health Services extends Plan of Care submission period
- Telehealth Services
 - ✓ Waives advance written notice/consent prior to services
 - ✓ Selective Waiver of Comparability of Quality requirement:
 - OMS may waive the requirement that a service delivered via telehealth be of comparable quality to the same service delivered in person.
 - In recognition that some service may be better than none under the emergency
 - Based on Department review and approval
 - Telephone-Only Evaluation and Management, by qualified and enrolled professionals

1135 Waiver Request

Submitted April 2, 2020: Section 1135 Waiver

Highlights:

- Will allow the State to waive certain federal Medicaid requirements during the COVID-19 emergency.
- An 1135 waiver does not affect State laws or regulations
- Does not address Medicaid eligibility, reimbursement, or cost-sharing provisions.
- Comprised a template from which states can check-off the general areas where they are requesting flexibility.
- Retroactive to March 1, 2020, will last for 60 days with the option to extend to the end of the disaster period.

1135 Waiver Request: Standard Items

Reduce Prior Authorizations (PAs)

Suspend certain fee-for-service PA requirements, including for asthma and immune-related drugs	Extend certain pre-existing authorizations, including for prescriptions and certain durable medical equipment
Streamline Provider Enrollment	
Waive payment of application fee, site visits, and certain quality assurance activities to temporarily enroll a provider	Permit providers located, enrolled and/or licensed out-of-state to provide care to members and be reimbursed

Improve Hospital and Nursing Facility Capacity

Suspend Pre-Admission Screening and Resident Review (PASRR) Level I and II Assessments for 30 days, in order to ensure hospitals can more quickly discharge members to nursing facility placements as appropriate Allow existing providers to deliver services in alternative settings, including an unlicensed facility, in order to respond to the COVID-19 emergency

1135 Waiver Request

- The State also requested flexibility with
 - provider staffing and qualification requirements and
 - utilization and billing of telehealth by Federally Qualified Health Centers.

The State anticipates these requests will be negotiated with CMS and any potential approvals will come at a later date.

 CMS approval of the standard components of MaineCare's request anticipated soon; the Department is working across its Offices to finalize specific details and guidance on how these changes will be operationalized.

Next Steps

Expected filings this week

- Appendix K
 - ✓ HCBS Waiver
 - ✓ Focused on licensing requirements, settings, staffing and payment support
 - ✓ Partnering with Office of Aging and Disability Services and the Division of Licensing and Certification
- Disaster Relief SPA, retroactive to March 1, 2020
 - ✓ Includes operational items from the Emergency COVID-19 rule
 - \checkmark Plus new flexibilities offered by CMS
 - ✓ Focused on eligibility, reimbursement, and cost sharing
 - ✓ Partnering with the Office for Family Independence

Additional Flexibilities

Evolving decisions and guidance during COVID-19

- Recent decisions include:
 - Documentation of verbal consent is an acceptable substitute for signature under MaineCare policy retroactive to March 18, 2020, when other conditions of required documentation cannot be met.
 - ✓ Waiving required signature on DME delivery, when necessary.
- Early implementation of July 1, 2020 rate increases passed as part of SFY2021 Budget for:
 - Personal Support Services (Sec 12, 19, 96, effective April 1, 2020)
 - Medication Management (Sec 65, effective April 1, 2020)
 - Home and Community Based Treatment (Sec 65, effective April 1, 2020)
 - Multi Systemic Therapy/ Family Functional Therapy (Sec 65, tentative effective date of May 1, 2020)

Guidance is posted on MaineCare's <u>COVID-19 webpage</u> as soon as it is available.

DHHS/MaineCare Resources

MaineCare Services' COVID-19 Webpage

Website is updated often – sign up to receive <u>e-messages</u> and stay informed!

Behavioral Health

Frequently Asked Questions Section 65, HCT Guidance Non-Emergency Transportation MaineCare Member FAQs

Telehealth General Provider Guidance New Codes and Information

Pharmacy Services

MaineCare Member FAQs

Guidance for Pharmacies and Prescribers



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