



POLICY & ADMINISTRATION UPDATES

MEDICAID MEMBER ADVISORY COMMITTEE (MAC)

June 8, 2020

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DEPUTY DIRECTOR OF ADMINISTRATION**

Virginia's COVID-19 Policy Strategy

Since the declaration of the public health emergency, DMAS has taken actions to extend flexibilities which impact members, providers, and other stakeholders to mitigate the impact of COVID-19.

- ❖ Two Executive Orders issued pertaining to Medicaid
 - ❖ 86 provisions of state regulation waived
 - ❖ Six provider memos have been issued
 - ❖ Nine federal regulatory waivers filed
 - ❖ COVID-19 landing page added to DMAS and Cover VA websites to include resources for advocates, providers and members
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Key Provisions from Congress Related to Medicaid

COVID-Related Resources

- **6.2% FMAP Increase.** Contingent on DMAS meeting the Maintenance of Effort and continuation of coverage requirements per Section 6008 of the Families First Coronavirus Response Act (FFCRA)
- **COVID Relief Fund.** Approximately \$3.1 B to Virginia plus \$200 M for localities; totaling \$3.3 B.
- **Provider Relief Fund.** \$175 B (Phase 3.5 bill) in direct funding to healthcare providers for expenses and lost revenue attributable to COVID-19 and not reimbursable through other sources.
- **Increased health-related spending.** Approximately \$180 B in increased health-related spending in the Coronavirus Aid, Relief, and Economic Security (CARES) Act, with much of it aimed directly at providers – unclear how much will go to Virginia and its providers (CRFB).
- **4th stimulus package likely on the way.** Details are unclear; may include additional Medicaid provisions, among other forms of assistance.

Federal Pathways

| Authority Type | Description |
|--|---|
| Concurrence Letter | Allows a state to leverage flexibilities under specific circumstances without a requirement to amend the State Plan. Prior CMS concurrence is not required under regulation, but assists in the event of PERM review or audit. |
| State Plan Amendment Disaster Relief SPAs | During the emergency, revises eligibility, enrollment, cost sharing & benefit requirements in the State Plan. Requires CMS approval, lasts length of the emergency as declared by Secretary Azar. |
| Section 1135 Waiver | Authority to temporarily waive certain requirements to ensure sufficient health care items & services are available for emergency needs. Enables providers to furnish needed items & services, be reimbursed & exempted from sanctions. Requires CMS approval, ends at termination emergency. |
| Section 1115 Waiver | Waives compliance with certain provisions of federal Medicaid law & authorizes expenditures not otherwise permitted by law. Disaster-related demonstrations can be retroactive to the date of the Secretary declared public health emergency. Submissions are exempt from normal public notice process in emergent situations. Requires CMS approval. |
| 1915(c) Waiver Appendix K | Submitted during emergency to document necessary changes to waiver operations, includes actions that can be taken under Section 1915(c) in an emergency, goes into effect in the event of a disaster. |

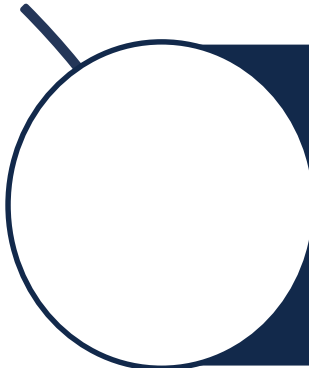


Federal Flexibility Pathways

Teams have moved aggressively to assist members and providers during the COVID-19 crisis.

| Federal Authority | Date Requested Flexibility to CMS | Current Status |
|--|---|-----------------------|
| Concurrence Letter | 3/16/2020 | Approved |
| Medicaid Disaster Relief State Plan Amendments (SPA) | 3/13/2020 (Part I) 5/1/2020 (Part II) | Approved Approved |
| CHIP Disaster Relief SPA | 3/16/2020 (Part I) 4/24/2020 (Part II) | Approved Approved |
| Section 1135 Waiver Part I | 4/15/2020 | Approved |
| Section 1135 Waiver Part II | 4/23/3030 | Approved |
| Section 1115 Waiver | 5/29/2020 | Pending |
| 1915(c) Waiver Appendix K | 4/17/2020 | Approved |

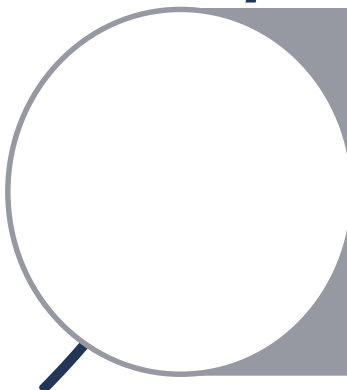
COVID-19: State Flexibility Pathways



Executive Order 51 (issued 3/12) – authorized executive branch agencies to waive any state requirement or regulation, and enter into contracts without regard to normal procedures or formalities



Executive Order 58 (issued 4/23) – waived additional provisions in the Code of Virginia



2020 Appropriations Act (Chapter 1289) Item 317.DD – allows DMAS updates to the State Plan & related waivers to address the pandemic. **HB30, Item 4-5.03 (Services and Clients)** – removed limits on altering & changing cost factors in response to COVID-19 when funding is from a non-general fund source or any source when approved by the Governor in response to the pandemic.

COVID-19 Related Eligibility & Enrollment Changes

Teams moved aggressively to assist members during the COVID-19 crisis.

Continuation of Coverage

- ✓ Delayed acting on changes affecting eligibility
- ✓ Expanded redetermination timelines
- ✓ Continuation of coverage for all Medicaid and CHIP members
- ✓ Waive out-of-pocket costs to member for duration of state emergency.

Additional Member Flexibilities

- ✓ Waive public notice and comment period requirements related to SPAs and modify tribal consultation timeframes.
- ✓ Suspend integration requirement for incarcerated individuals
- ✓ Consider Medicaid beneficiaries displaced temporarily absent & maintain enrollment
- ✓ Accept attestation of medical expenses

COVID-19 Related Appeals Changes

Member Appeals

For appeals filed during the state of emergency, Medicaid members will automatically keep their coverage (i.e. Medicaid eligibility or an appealed existing medical service) while the appeal is proceeding. Medicaid managed health plans will also approve continued coverage while their internal appeal process is underway.

The timeframe to file an appeal is extended during the period of emergency.

DMAS will hold all hearings by telephone, but if the member is unable to participate at the scheduled time, DMAS will reschedule the hearing to a later date.

Provider Appeals

Providers affected by the COVID-19 emergency can request a hardship exemption to the normal deadline to file an appeal.

All deadlines after an appeal has been filed are extended for the period of the declaration of emergency.

All informal fact-finding conferences and formal hearings will be conducted by telephone during the period of emergency.

Additional Member Improvements

- **Cover Virginia Consumer Inbox** – A new inbox has been added to allow members and applicants to submit verifications that have been requested at application, renewal, or when a change is reported. Created in response to the emergency, this inbox will remain a permanent option for consumers
- **Authorization for Verbal Consent**: allows an individual to grant verbal consent to an application assister such as a navigator or Certified Application Counselor to file an application on the individual's behalf by paper, telephonically, or electronically

Enrollment Data in the Public Health Emergency

(Data as of end of May 2020)

- A total of **1,605,988** members are enrolled in Virginia Medicaid
- Since the declaration of the state of emergency an additional **73,645** members have enrolled of which **32,191** are enrolled in the expansion group and **25,843** are children

