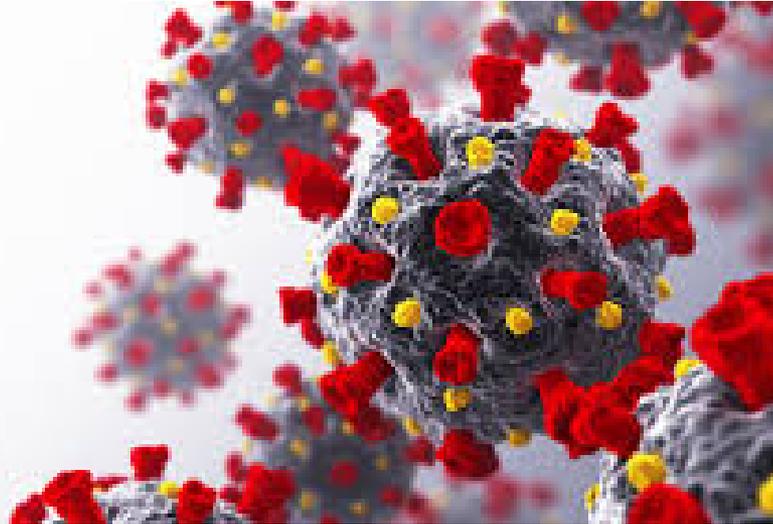


MO HealthNet Oversight Committee

Special Presentation: COVID-19 Response

May 28, 2020

I. Flexibilities during COVID-19: Waivers, State Plan Amendments, and other policy changes



COVID-19 Flexibilities: Waivers and State Plan Amendments

- ❖ The State has submitted several 1115/1135 Waiver requests
- ❖ We have also submitted State Plan Amendments
- ❖ We have also submitted an Appendix K which is a request to amend the 1915C (Home and Community Based) Waivers
- ❖ The next few slides contain many lines of information
- ❖ For information on what has been approved, visit our Provider COVID-19 page at <https://dss.mo.gov/covid-19/mhn-provider.htm>
- ❖ For questions regarding details on the requests, please submit an email question to mhd.covid19@dss.mo.gov

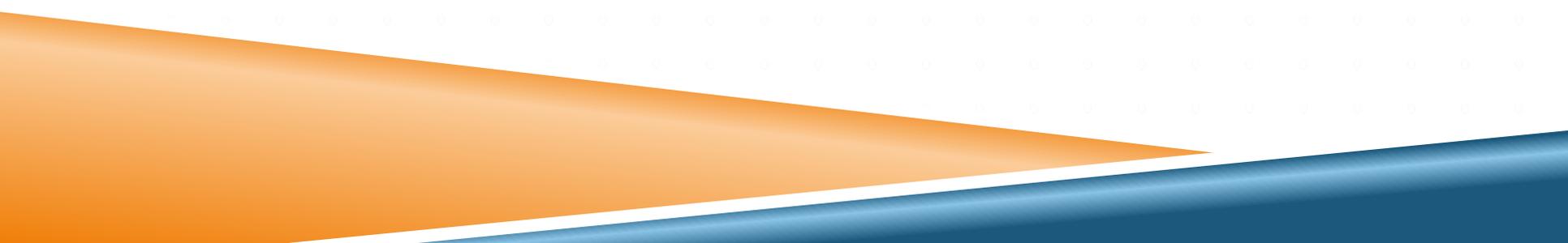
COVID-19 Flexibilities: Waivers

1115 Waiver Requests

- ❖ Home Delivered Meals
- ❖ Freedom of Choice
- ❖ Signatures
- ❖ Other Administrative Flexibilities

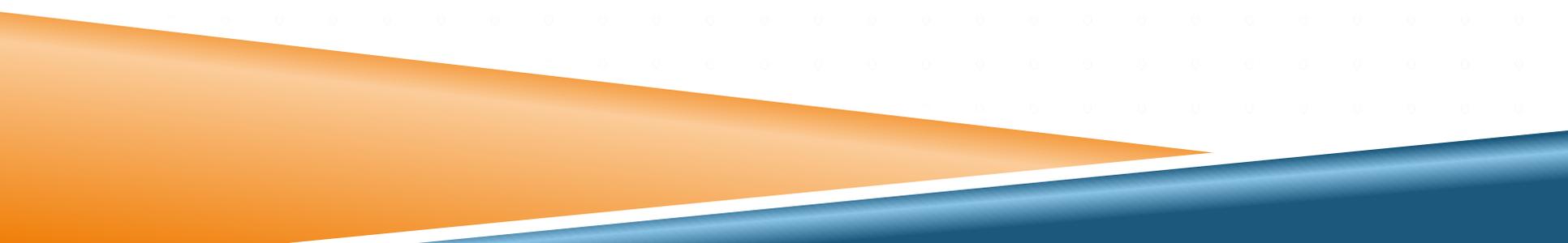
COVID-19 Flexibilities: Waivers

1135 Waiver Requests:

- ❖ Emergency Medical Treatment and Labor Act (EMTALA)
 - ❖ Strengthening the Work Force
 - ❖ Delivery of Services by Removing Barriers to Care
 - ❖ Payment Limitations
 - ❖ Provider Enrollment and Revalidation Efforts
 - ❖ Prior Authorization Requirements
 - ❖ Timely Filing Requirements for Billing
 - ❖ Appeals and State Fair Hearings
 - ❖ Public Notice Requirements
 - ❖ Performance Deadlines
 - ❖ Critical Access and Alternative Settings
- 

COVID-19 Flexibilities: Waivers

1135 Waiver Requests continued:

- ❖ Flexibility to allow staff with Medicaid administrative, certification and eligibility functions to support the COVID-19 Hotline
 - ❖ Applied Behavioral Analysis services flexibilities
 - ❖ Flexibility to allow a family member, who does not live in the same residence, to deliver Home and Community Based Services when no other aide/caregiver is available. Legally responsible individuals, spouses, and legal guardians may not be paid caregivers.
 - ❖ Waiver of the Institute of Mental Disease (IMD) exclusion
 - ❖ Flexibility to provide requested sterilizations for participants for whom all informed consent requirements have been satisfied, at a date following the emergency period. While the eligibility for these participants will continue through the emergency period
 - ❖ Allow the agency to process fair hearing requests that only contain some of the required elements for such requests.
 - ❖ Allow the agency to utilize all flexibilities available in the fair hearing process as if good cause requirements are satisfied, including presumptively rescheduling hearings at least once for good cause if a participant does not appear.
- 

COVID-19 Flexibilities Waivers

1135 Waiver Requests continued

- ❖ Allow delivery of HCBS services in alternative settings (hospital, shelter, or other appropriate setting)
- ❖ Flexibility to suspend requirements for participants' right to access the community through an HCB service due to federal, state and community guidance to protect the health & welfare of participants during the COVID-19 Pandemic
- ❖ Flexibility to allow required signatures for HCBS forms to be documented via telephone only
- ❖ Allow staffing flexibilities in intermediate care facilities (ICF)
- ❖ Allow flexibility in plan of care, quarterly reviews, and discharge planning in ICFs
- ❖ Allow flexibility in conditions of participating such as simulation of fire drills, visitors, dietetic services and dining environment.

COVID-19 Flexibilities

State Plan Amendments

Medicaid Disaster Relief State Plan Amendment Requests

- ❖ Retroactive Approval and Waiver of Public Notice - Modification of the requirement to submit the SPA by March 31, 2020, to obtain a SPA effective date during the first calendar quarter of 2020 and waiver of public notice requirements that would otherwise be applicable to this SPA submission.
- ❖ Enrollment - Ability to adopt a total of 12 months continuous eligibility for children under the age of 19
- ❖ Premiums and Cost Sharing - The state waives cost sharing for testing services (including in vitro diagnostic products, testing-related services, and treatments for COVID-19. If the premium obligation is not met during the emergency period, Missouri will not discontinue coverage for Ticket to Work participants.
- ❖ Benefits - The agency makes exceptions to their published Preferred Drug List if drug shortages occur.
- ❖ Allow pharmacists to administer any prescribed injectable covered outpatient drug during the pandemic
- ❖ Allow health and welfare telephone checks for Personal Care and Personal Care Assistance (Consumer Directed Services)
- ❖ Provision of basic respite services for individuals receiving adult day care services, but cannot receive that service due to closure of the adult day care center
- ❖ An advanced practice registered nurse may: (1) order home health services; (2) establish and periodically review a plan of care for home health services (e.g., sign the plan of care), (3) certify and re-certify that the patient is eligible for home health services
- ❖ Flexibility to deliver personal care services not in accordance with a service plan approved by the state.

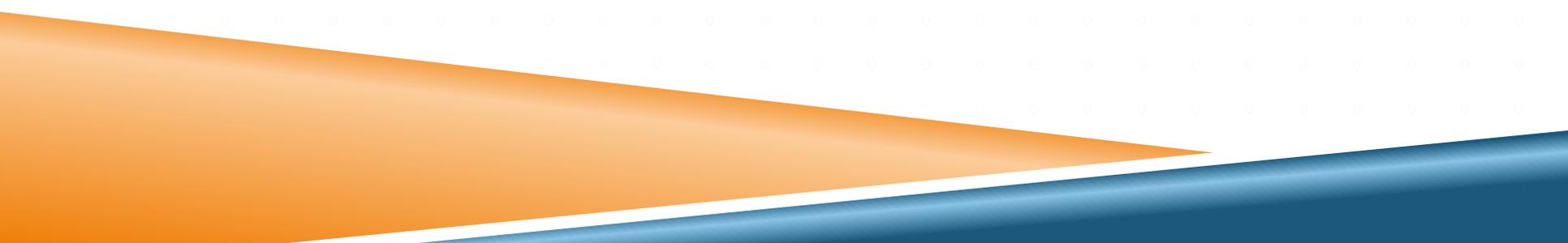
COVID-19 Flexibilities

State Plan Amendments

Medicaid Disaster Relief State Plan Amendment requests, continued

- ❖ Services provided through telehealth if they can be appropriately provided.
- ❖ Authorized nurse visits may be performed by graduate nurses.
- ❖ Evaluations, assessments, and care plans may be conducted via telephone and extended up to one year.
- ❖ Participant acknowledgment accepted by telephone
- ❖ Training requirements suspended
- ❖ Flexibility in timing of background checks
- ❖ Family members who do not live in the same residence and are not legally responsible individuals, spouses or legal guardians, may provide services when no other care-giver is available and must be employed by or contracted with a Medicaid HCBS contracted provider
- ❖ Personal care (agency model) reimbursement: The total monthly payment made may exceed 60% of the average monthly statewide cost for care in an institution and the total monthly payment for advanced personal care may exceed 100% of the average monthly statewide cost for care in a nursing institution
- ❖ Personal Care Consumer Directed Model: The total monthly payment for personal care assistance for individuals may exceed 60% of the average monthly statewide cost for care in a nursing institution

COVID-19 Flexibilities: Appendix K to Home and Community Based Waivers

- ❖ Expand settings where services may be provided to include hospitals, hotels, schools, shelters
 - ❖ Allow family members who do not live with the participants to be paid caregivers when no other caregiver is available. Legally responsible individuals, spouses, parents and legal guardians may not be caregivers. (Private duty nursing may allow legally responsible individuals, spouses, parents and legal guardians.)
 - ❖ Modify provider qualifications by waiving training and orientation requirements, hands-on training requirements, waiving receipt of family care safety registry results prior to provision of service, waiving supervisory visits, and allowing graduate nurses to provide private duty nursing.
 - ❖ Modify provider types by allowing adult day care providers to provide respite to adult day care participants.
 - ❖ Allow delivery of services through non face-to-face methods as appropriate.
 - ❖ Add home delivered meal services and allow transportation to medical services when NEMT is not available.
 - ❖ Allow evaluation, assessment and person-centered care planning to be conducted through means other than face-to-face including telephonically.
 - ❖ Waiver HCBS settings requirements to not allow visitors at any time.
 - ❖ Extend timeframes for reassessment/revaluation for up to one year and for submission of federal reporting as needed.
- 

COVID-19 Flexibilities: Policy changes

Over 35 provider “hot-tips” and bulletins outlining various flexibilities

- ❖ Some do not require a state plan or waiver process

- ❖ They can all be found at

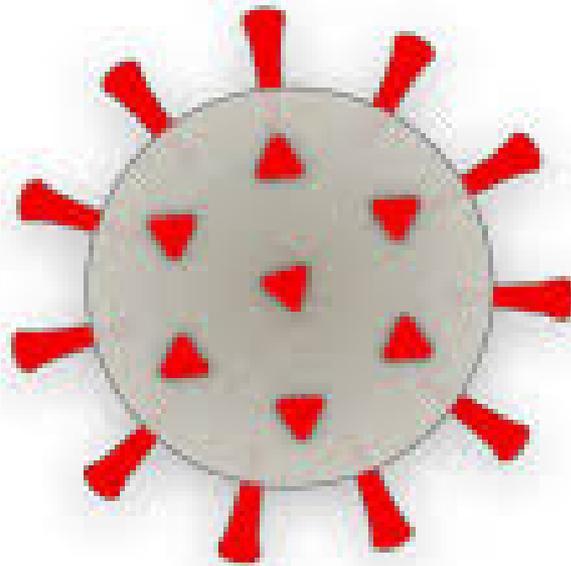
<https://dss.mo.gov/mhd/providers/pages/provtips.htm>

COVID-19 Flexibilities: Will we make any changes permanent?

No decisions have been made but it is likely that this crisis will help inform decision-making around telehealth and possibly around other services.



II. Increased FMAP



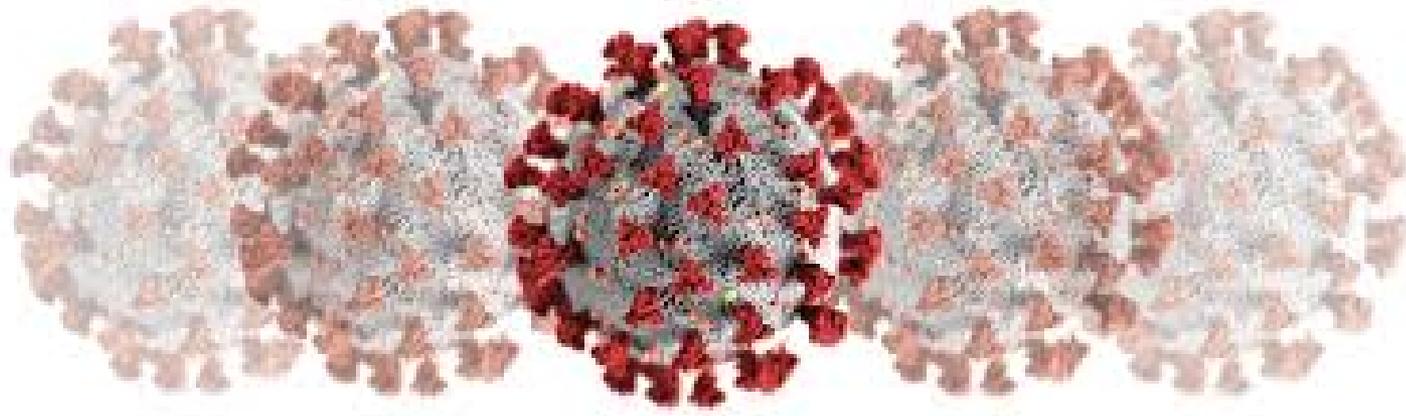
COVID-19: Increased FMAP

- ❖ FMAP is Federal Medical Assistance Percentage
 - It is the federal government's share of most Medicaid expenditures
- ❖ Increased FMAP is available for
 - Extra 6.2% for most Medicaid expenditures (some exceptions apply and several rules apply)
 - Missouri received an additional 4.34% enhanced FMAP for CHIP expenditures
 - 100% FMAP for testing uninsured individuals
- ❖ Enhanced FMAP applies to Medicaid expenditures from January 1 to June 30
 - May extend into future quarters depending on the extension of the emergency declaration
 - Missouri is anticipated to receive an additional \$316M in enhanced FMAP funding for the period January 1 to June 30

COVID-19: Increased FMAP: How do the states qualify for it?

- ❖ To qualify for the temporary FMAP increase, states must, through the end of the month when the public health emergency ends:
 - Maintain eligibility standards, methodologies, or procedures that are no more restrictive than what the state had in place as of January 1, 2020 (maintenance of effort requirement).
 - Not charge premiums that exceed those that were in place as of January 1, 2020
 - Cover, without impositions of any cost sharing, testing, services and treatments— including vaccines, specialized equipment, and therapies—related to COVID-19.
 - Not terminate individuals from Medicaid if such individuals were enrolled in the program as of the date of the beginning of the emergency period, or becomes enrolled during the emergency period, unless the individual voluntarily terminates eligibility or is no longer a resident of the state (continuous coverage requirement).
- ❖ The enhanced FMAP applies to Medicaid expenditures from January 1 to June 30 and potentially into future quarters depending on the extension of the emergency declaration. Missouri is anticipated to receive an additional \$316M in enhanced FMAP funding for the period January 1 to June 30

III. COVID-19: Claims processing



COVID-19: MMIS Claims processing system

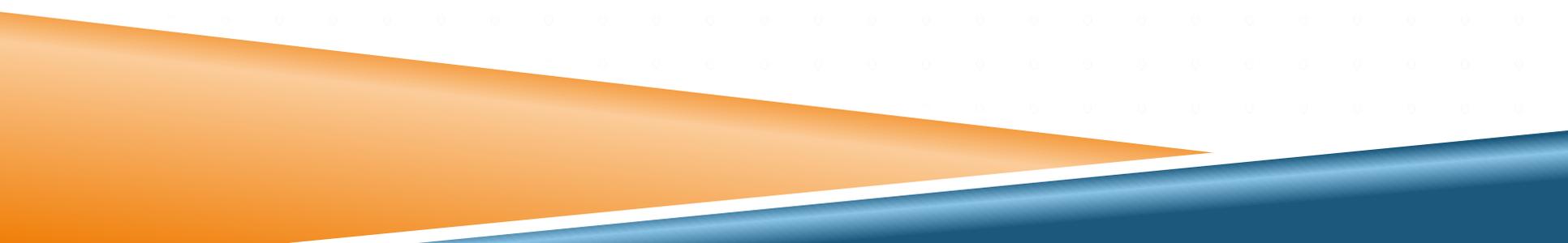
The COVID-19 health emergency has not interrupted operations of the MMIS

We have completed system modifications in the following areas:

- ❖ Telehealth – expanded telehealth services with over 150 updates to telehealth procedure codes
- ❖ Pharmacy – changed early refill rule, modified some dosing limitations, made updates to the Preferred Drug List
- ❖ Cost Sharing – Removed copays and shared dispensing fees on COVID-19 related services
- ❖ COVID-19 Related Costs – Added new procedure and diagnosis codes and extended coverage to additional eligibility groups
- ❖ Eligibility – Locked-in eligibility as of the start of the COVID-19 emergency for all eligibility groups

COVID-19: MMIS Claims Processing System

We have completed system modifications in the following areas:

- ❖ Premiums and Spenddown – Extended coverage for CHIP Premium, Spenddown, and Ticket-To-Work participants regardless of payment status
 - ❖ Medical Management – Bypassed eligibility requirements to extend coverage for delayed elective procedures. Removed prior authorization requirements for some radiology procedures
 - ❖ Provider Payments – System modifications to support COVID-19 payouts to providers
 - ❖ Numerous other small system modifications to expand coverage
- 

COVID-19: Medicaid Claims

MO HealthNet has received the following COVID-related claims:

- ❖ 2,757 claims having a COVID-19 testing procedure code
- ❖ 3,401 claims having a COVID-19 diagnosis (U071)
- ❖ 308,880 claims having a diagnosis of a symptom that may be related to COVID-19

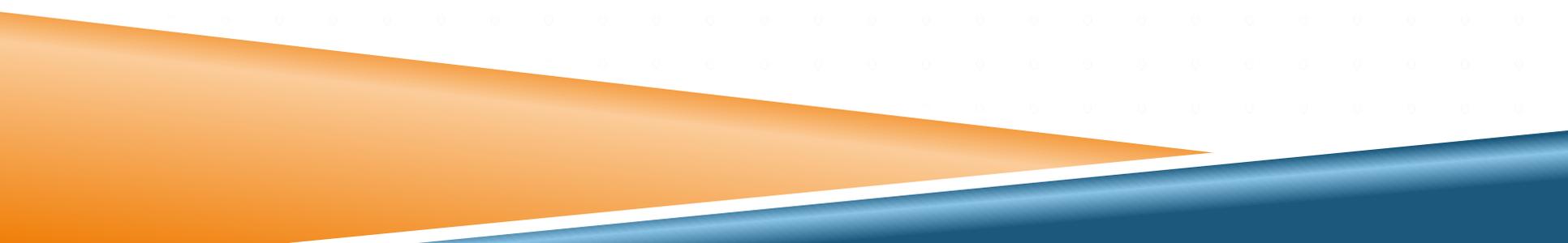
IV. COVID-19: Provider Outreach



COVID-19
RESPONSE

COVID-19: MHD Provider Outreach

MHD

- ❖ began a weekly provider outreach program in late March
 - ❖ Created a provider COVID-19 page at <https://dss.mo.gov/covid-19/mhn-provider.htm>
 - ❖ Created a provider COVID-19 email address at mhd.covid19@dss.mo.gov
 - ❖ Began sending provider messages based on information from the state's coordinated response efforts, and continues to do so
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COVID-19: Support for Providers

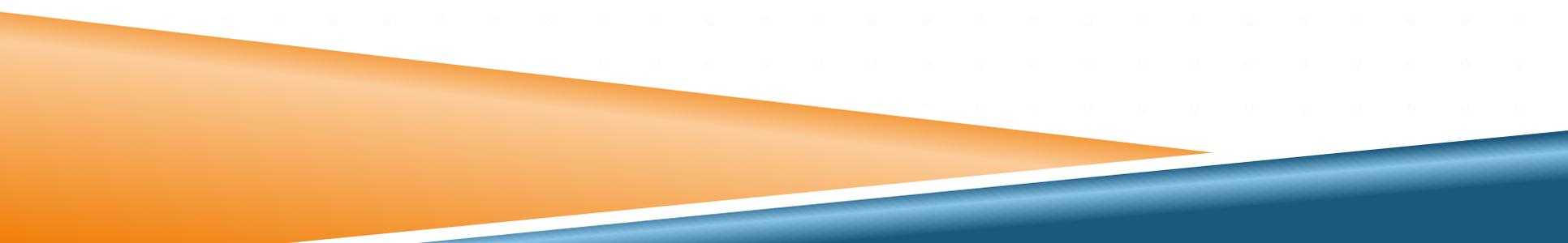
In March and April MHD paid out over \$19M in cost settlement payments to FQHCs and RHCs and over \$70M to hospitals in the form of advanced direct Medicaid payments and DSH redistributions.

COVID-19: Missouri's coordinated response

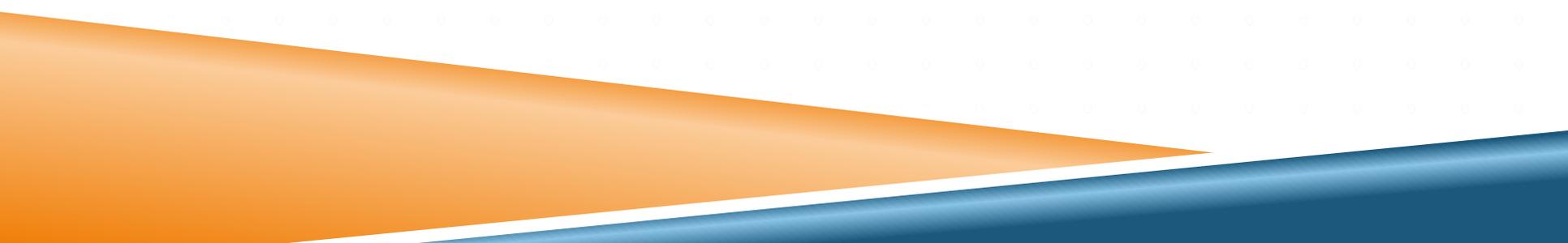


COVID-19: Coordinated Response to the Healthcare Delivery System

In April, members of several departments came together to meet regularly to prepare and provide a coordinated response to COVID-19 for the State of Missouri

- ❖ Corrections, Economic Development, Higher Education and Workforce Development, Public Safety, Mental Health, Health and Senior Services, Social Services, Office of Administration, Natural Resources, Agriculture, Commerce and Insurance, and the Governor's Office
 - ❖ Worked with partners in the community such as the Missouri Hospital Association and Washington University
- 

COVID-19: Coordinated Response to the Healthcare Delivery System

- ❖ The group now includes all state departments and additional community members such as the Missouri Healthcare Association and the Missouri Primary Care Association
 - ❖ The focus has evolved to include economic recovery
 - ❖ Based upon four pillars: (1) Rapidly expand testing capacity and volume, (2) expand reserves of PPE, (3) protect state and healthcare workers and residents in State Direct Care Facilities, coordinate state and regional healthcare systems, monitor and if necessary expand hospital healthcare system capacity, and (4) improve ability to monitor the current situation and to predict potential outbreaks
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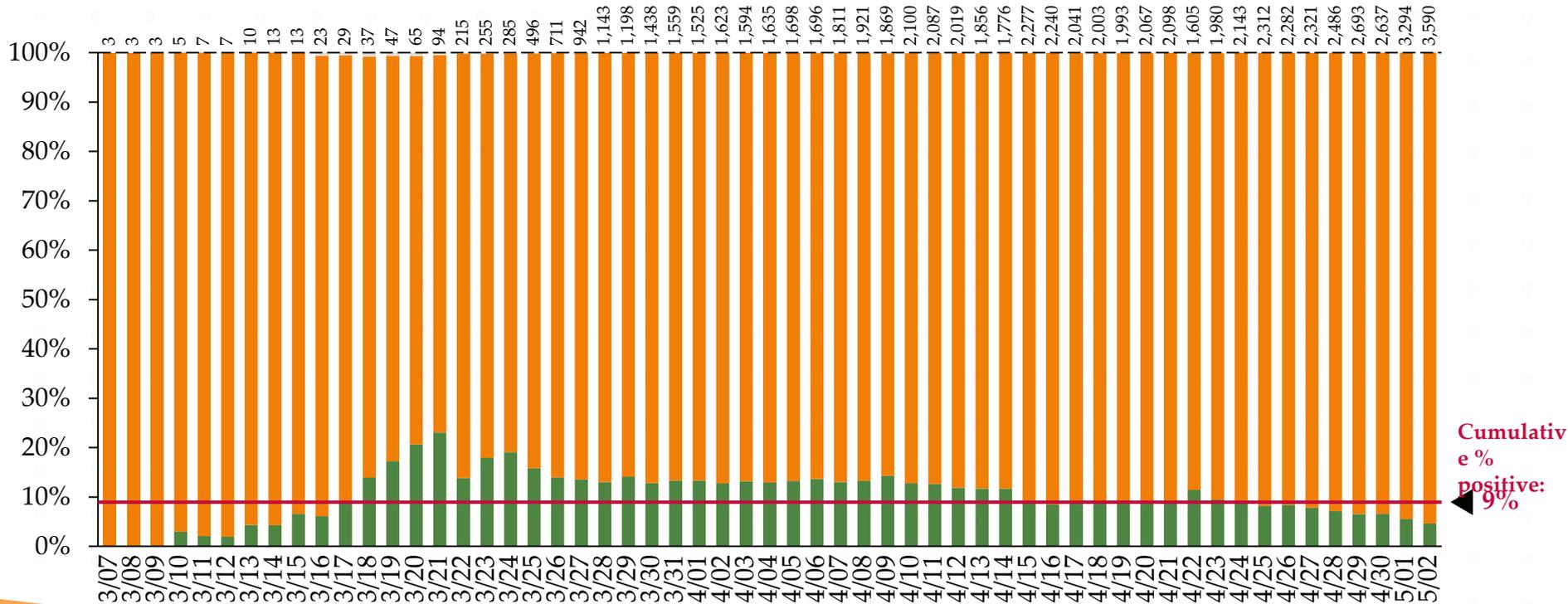
Multiple data points inform Missouri's COVID-19 response

- ❖ Syndromic surveillance
- ❖ Healthcare system capacity (bed, PPE, and staff availability)
- ❖ Testing
- ❖ COVID-19 cases and deaths
- ❖ Economic and social impact
- ❖ Insights from U.S. states, nationally, and other countries
- ❖ Evidence from scientific literature
- ❖ Mathematical disease modelling

COVID-19 testing: Positivity rate

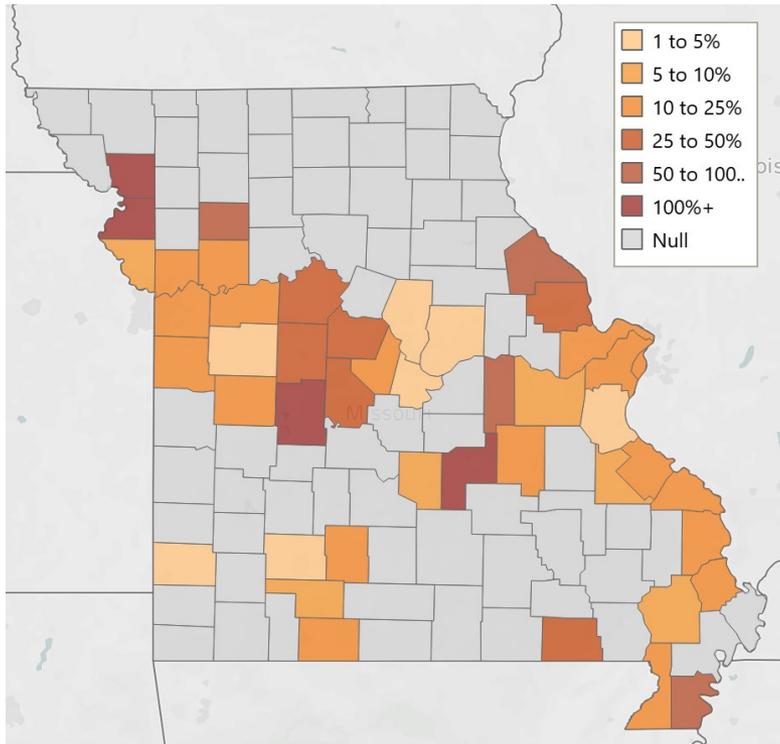
- Indeterminate
- Negative
- Positive

Average 7-day testing results (% negative, % positive, % indeterminate)



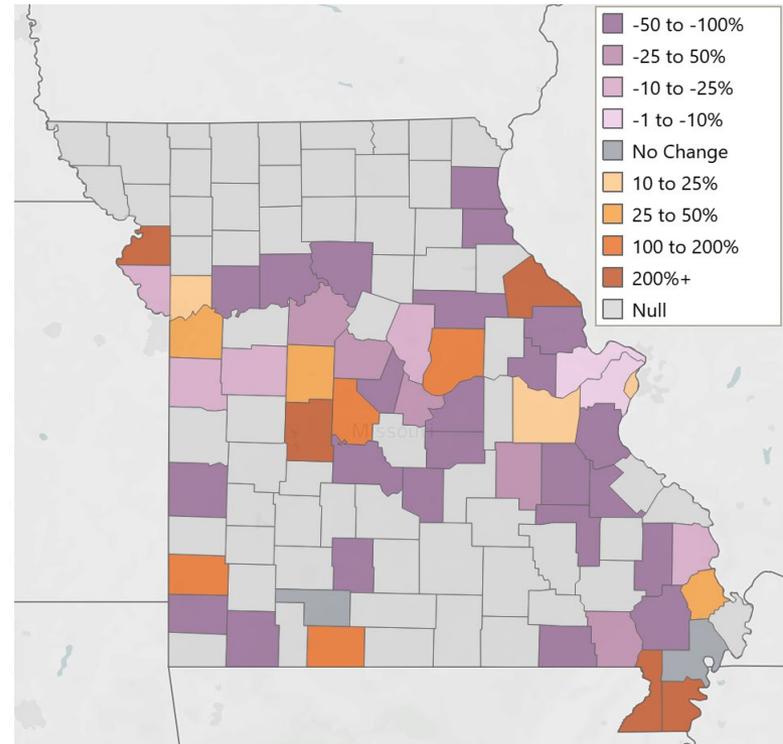
COVID-19 cases: New case growth

7-day % increase in case count: 19%



Fastest case growth in Andrew (+400%), Buchanan (+302%), and Benton (+100%)

New cases over current 7-day period compared to prior 7-day period: 3%



Case growth is accelerating in Buchanan (+661%), Benton (+300%), and Pike (+300%). Case growth is decelerating in Newton (-100%), Warren (-100%), and Camden (-100%).



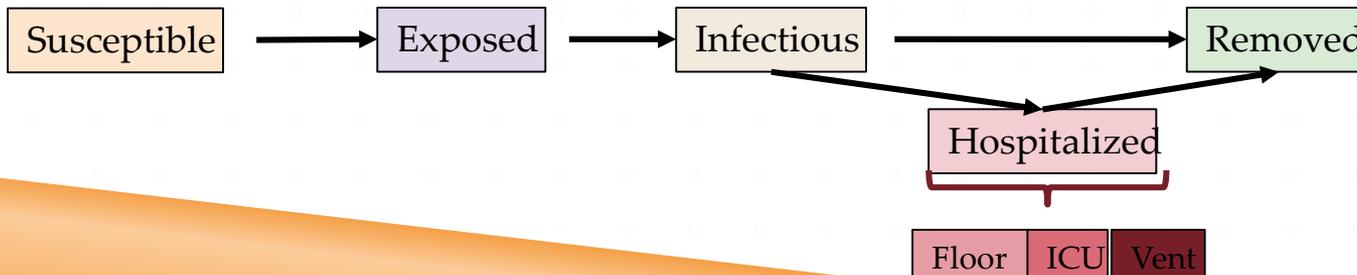
Regional COVID-19 transmission models help inform local policy, public health, and business decisions

- ❖ Mathematical models are commonly used to make projections of infectious disease epidemics (e.g., tuberculosis, HIV)
- ❖ Many sophisticated models on COVID-19 make global or national projections (e.g., Imperial College, Harvard, IHME)
- ❖ However, these generally do not incorporate critical local or regional inputs, such as:
 - Variations in local population size and age structure
 - Date and nature of social distancing and other policies
- ❖ Regional projections are important because:
 - Regional epidemics may differ markedly from the national average
 - Policy response occurs at state, county, and municipal levels

State of MO, WUSTL, and MHA have developed a regional model of hospitalized COVID-19 cases

- ❖ **Standard SEIR model that combines universal characteristics of COVID-19 infection (e.g., transmission parameters) with local inputs to support regional decision making**
 - Mathematical model developed by experts from UMass Amherst, UC Berkeley, UCSF, and WUSTL
 - Uses a statistical approach that adjusts underlying parameters as new data are observed
- ❖ **Customized using the latest local data from Missouri's emergency response regions, including:**
 - COVID-19 positives and PUIs
 - Population and age structure
 - Policy interventions
 - Avg. hospital length of stay
- ❖ **Projects COVID-19 hospitalized cases** to directly address the question of hospital capacity and provide a more accurate picture on COVID-19's impact on the healthcare system

Model Structure (SEIR)



GREATER KANSAS CITY AREA (REGION A)

- Confirmed COVID-19 hospitalizations
- Projection Based on Initial Assumptions
- Median Derived Best Fit Projection
- Confidence Intervals of Projections

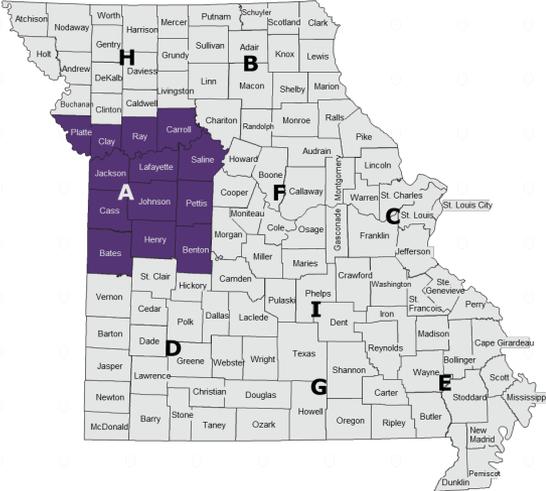
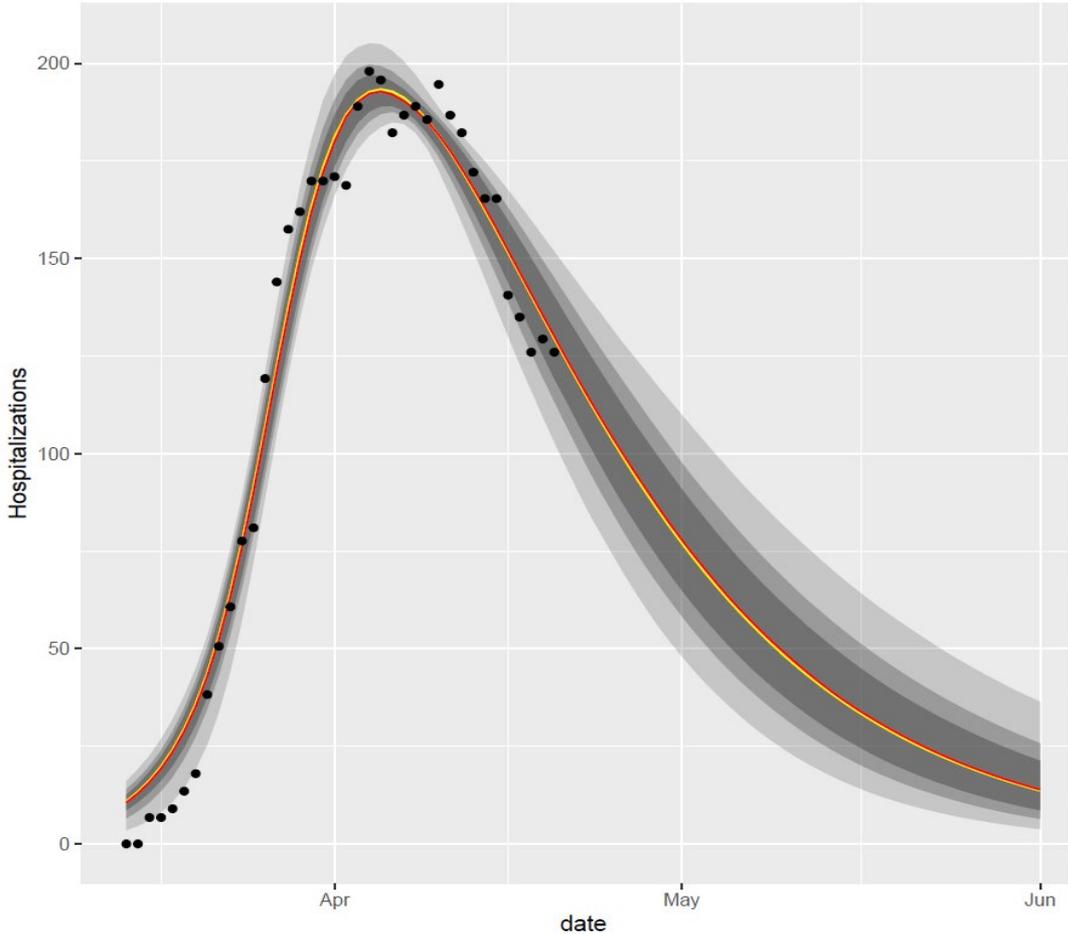
Overview

Population: 1,395,314
 # of COVID-19 cases: 1,500
 # of COVID-19 deaths: 39
 ICU Bed Availability*: 59
 Medical / Surgical Bed Availability*: 280

Reproductive rate

Pre-intervention: 2.7
 Today: 0.68

Projected COVID-19 hospitalizations



(*) Daily average during week of 4/27 – 5/3

Source: State of MO, MHA, WUSTL analysis



GREATER ST. LOUIS AREA (REGION C)

- Confirmed COVID-19 hospitalizations
- Projection Based on Initial Assumptions
- Median Derived Best Fit Projection
- Confidence Intervals of Projections

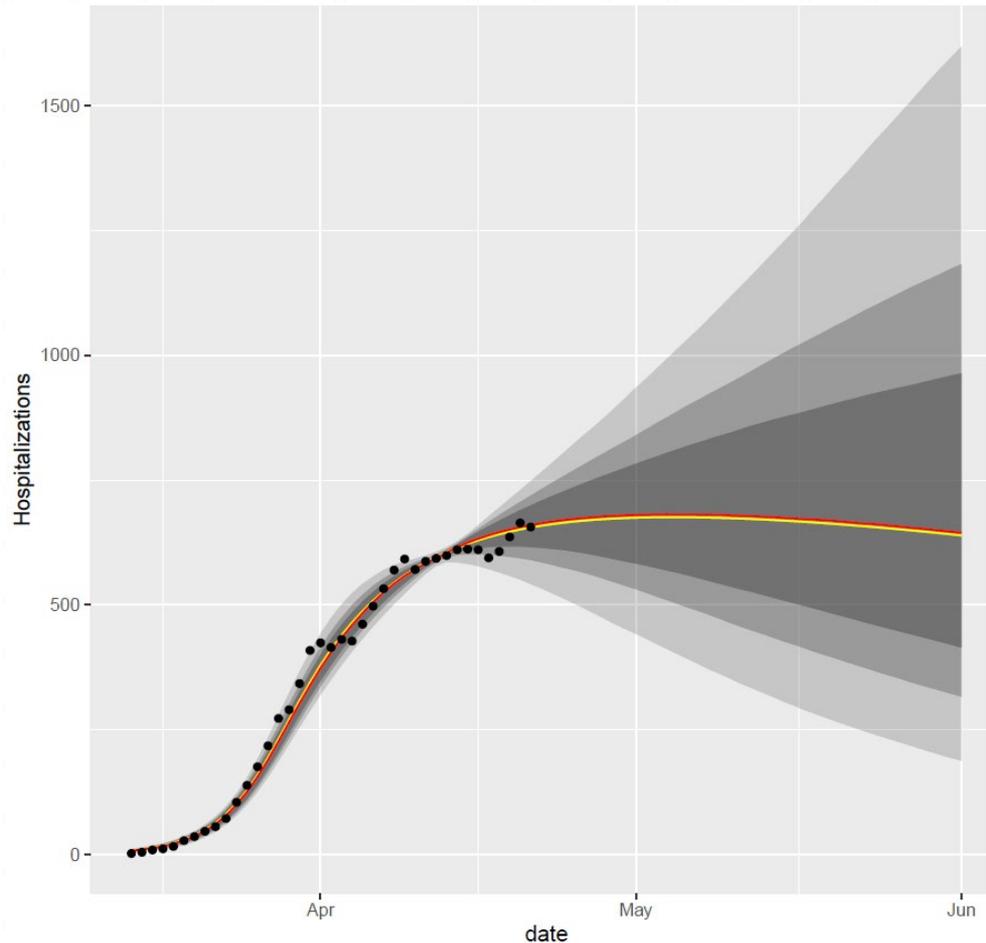
Overview

Population: 2,229,518
 # of COVID-19 cases: 5,678
 # of COVID-19 deaths: 287
 ICU Bed Availability*: 129
 Medical / Surgical Bed Availability*: 845

Reproductive rate

Pre-intervention: 3.4
 Today: 0.99

Projected COVID-19 hospitalizations



(*) Daily average during week of 4/27 – 5/3
 Source: State of MO, MHA, WUSTL analysis



SOUTHWEST / SPRINGFIELD (REGIONS D,G, I)

- Confirmed COVID-19 hospitalization
- Projection Based on Initial Assumption
- Median Derived Best Fit Projection
- Confidence Intervals of Projections

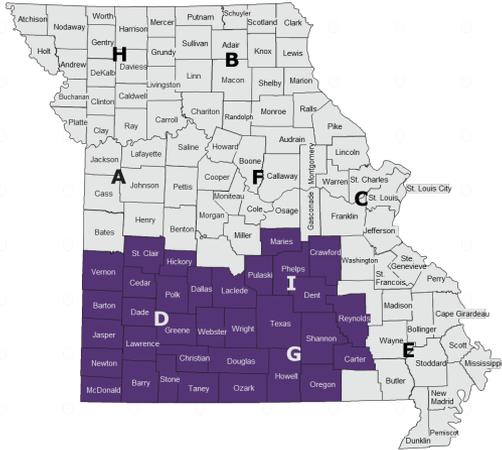
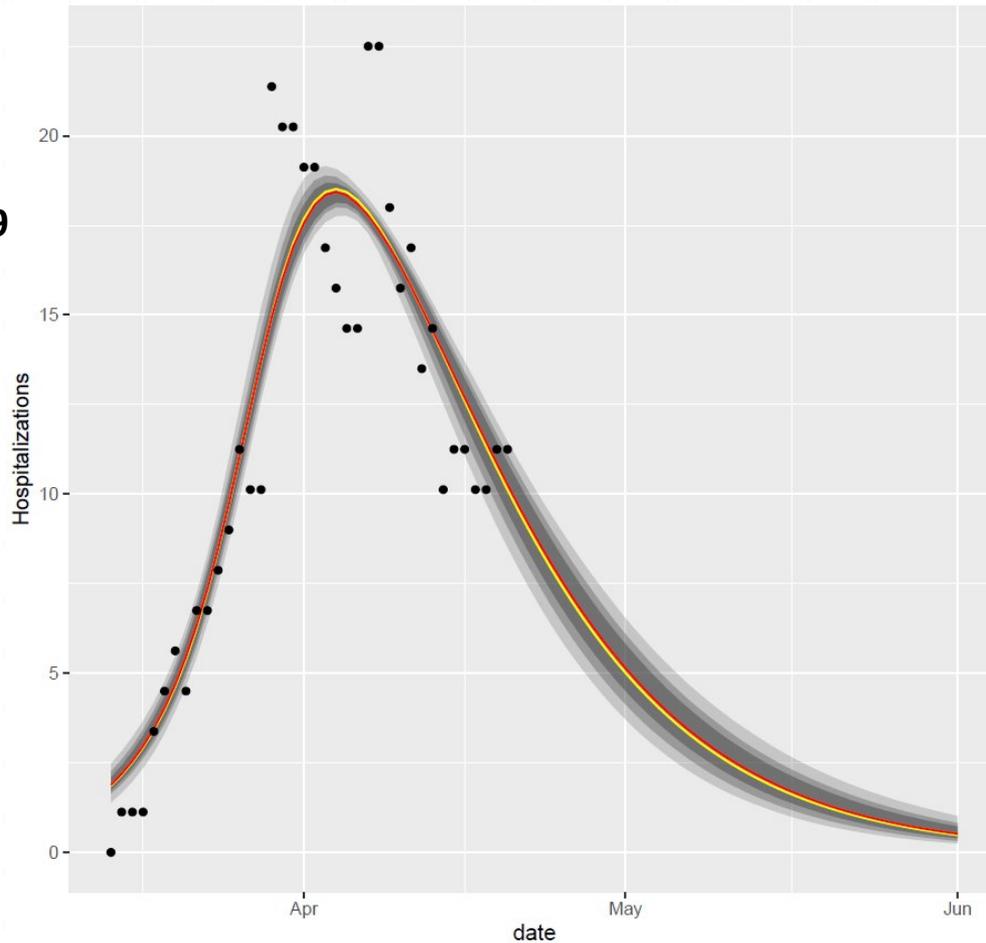
Overview

Population: 1,221,847
 # of COVID-19 cases: 267
 # of COVID-19 deaths: 12
 ICU Bed Availability*: 82
 Medical / Surgical Bed Availability**: 359

Reproductive rate

Pre-intervention: 2.2
 Today: 0.55

Projected COVID-19 hospitalizations



(*) Daily average during week of 4/27 – 5/3
 Source: State of MO, MHA, WUSTL analysis



SOUTHEAST / CAPE GIRARDEAU (REGION E)

- Confirmed COVID-19 hospitalizations
- Projection Based on Initial Assumptions
- Median Derived Best Fit Projection
- Confidence Intervals of Projections

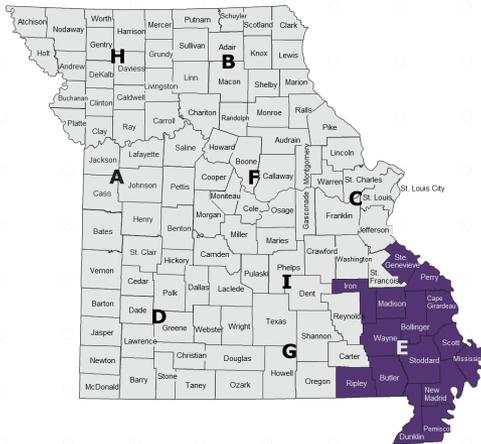
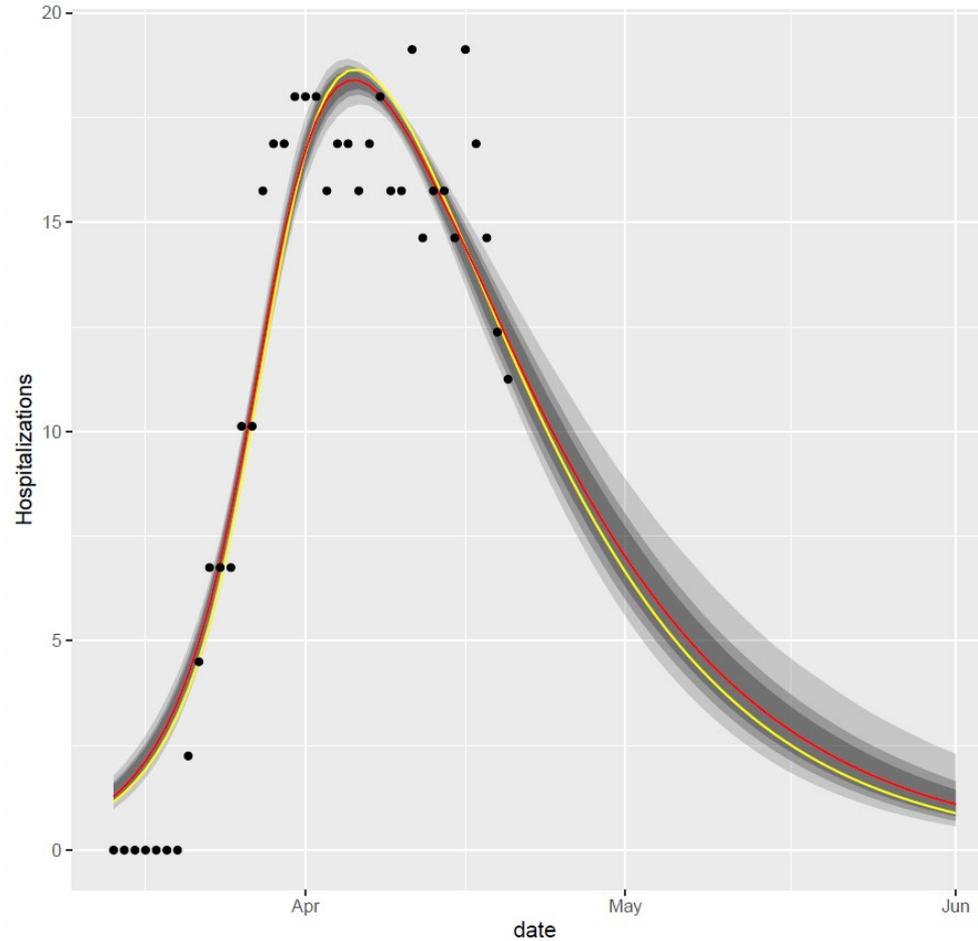
Overview

Population: 363,478
 # of COVID-19 cases: 298
 # of COVID-19 deaths: 7
 ICU Bed Availability*: 40
 Medical / Surgical Bed Availability*: 176

Reproductive rate

Pre-intervention: 2.4
 Today: 0.61

Projected COVID-19 hospitalizations



(*) Daily average during week of 4/27 – 5/3

Source: State of MO, MHA, WUSTL analysis



CENTRAL (REGION F)

Overview

Population: 736,847

of COVID-19 cases: 560

of COVID-19 deaths: 5

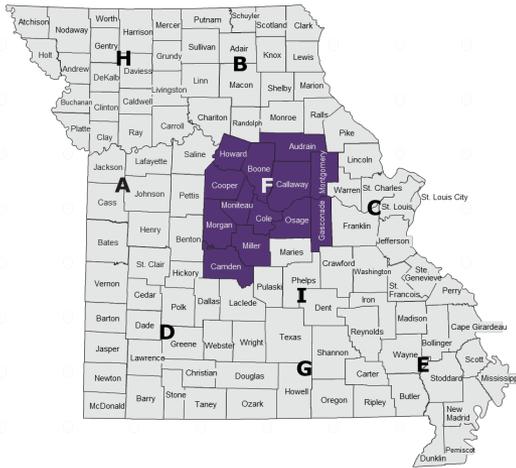
ICU Bed Availability*: 85

Medical / Surgical Bed Availability*: 397

Reproductive rate

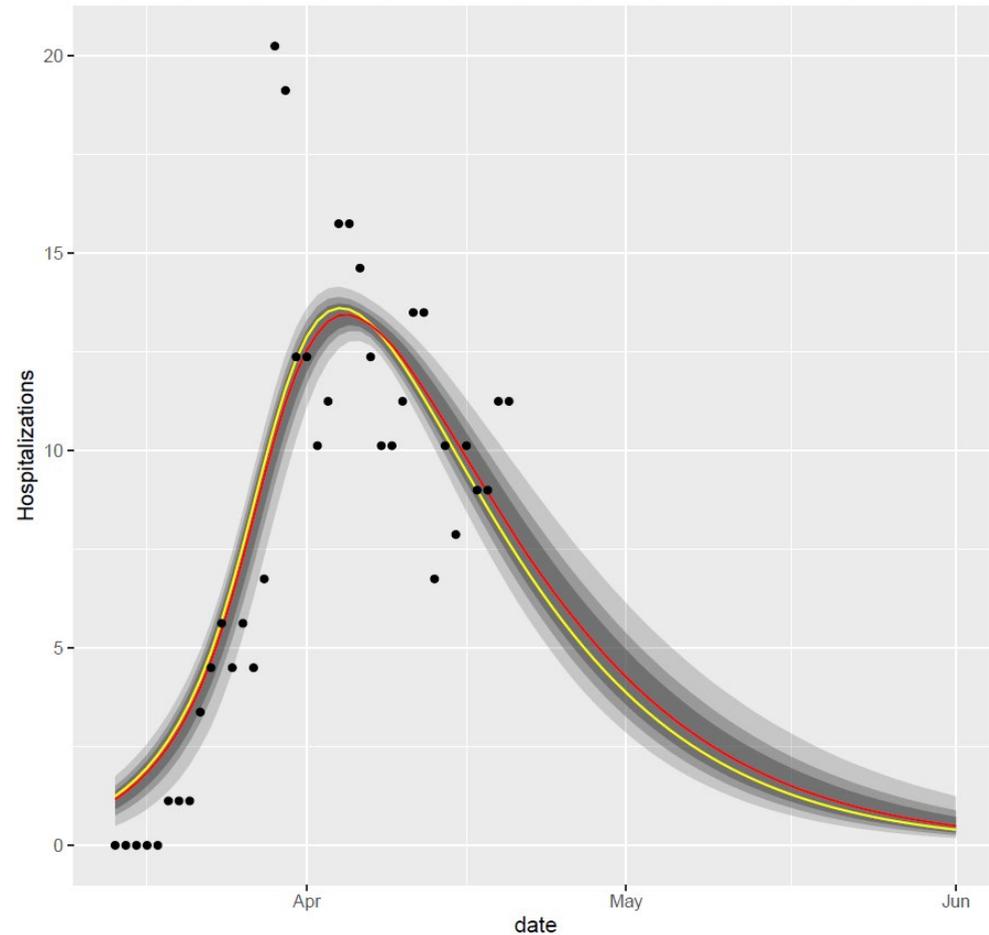
Pre-intervention: 2.2

Today: 0.55



- Confirmed COVID-19 hospitalizations
- Projection Based on Initial Assumption
- Median Derived Best Fit Projection
- Confidence Intervals of Projections

Projected COVID-19 hospitalizations



(*) Daily average during week of 4/27 – 5/3

Source: State of MO, MHA, WUSTL analysis

Questions?

Questions?