



POLICY & ADMINISTRATION UPDATES

MEDICAID MEMBER ADVISORY COMMITTEE (MAC)

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SARAH SAMICK

**SENIOR POLICY ADVISOR FOR ADMINISTRATION
ACTING 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

- ❖ 16 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

Federal Public Health Emergency: Timeline

The Health and Human Services (HHS) Secretary has authority in the Public Health Service Act to declare a Public Health Emergency (PHE) which allows for the flexibilities needed by Virginia to support Medicaid members and providers.

January 31: Secretary Azar determined a Federal PHE has existed since January 27. PHE declaration lasts 90 days

Executive Order 51 (issued 3/12), Executive Order 58 (issued 4/23, amended 6/10), and 2020 Appropriations Act are all continuing through the state of emergency

April 21: Secretary Azar renews the January 31 Federal PHE for an additional 90 days effective April 26

July 23: Secretary Azar renews the Federal PHE for an additional 90 days; the current PHE will expire on October 21

Eligibility & Enrollment Changes

Continuing flexibilities to assist members during the COVID-19 crisis.

Continuation of Coverage

- ✓ Delayed acting on changes affecting eligibility
- ✓ Expanded redetermination timelines
- ✓ Continuation of coverage for 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

Eligibility & Enrollment Changes (cont.)

Updates to COVID-19 Flexibilities

CHIP
(FAMIS)



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- Must be evaluated for other coverage
- Enroll in other Medicaid coverage if eligible
- If no longer eligible, coverage must be closed and a referral to the Marketplace will occur

Federal guidance received in June indicated pregnant women who reach the end of their pregnancy period and children who turn age 19 who are enrolled in the FAMIS program or who have a lawfully residing immigration status must be redetermined for other Medicaid coverage.

Medical Renewals - Update

Process Updates: In June, DMAS provided guidance to the Department of Social Services (DSS) allowing for the processing of annual renewals during the PHE

The processing of automated renewals and mailings resumed at the end of July

No reductions or terminations of coverage for any enrollments regardless of whether or not the individual completes their renewal

DMAS will continue to monitor enrollments to ensure no adverse actions are taken

Authorization for Verbal Consent

In response to the PHE, DMAS as implemented a new process to allow application assisters to help Virginians apply for coverage

- An Acknowledgment of Receipt of Verbal Consent form has been developed by DMAS for application assister use
- Can be used to file an application telephonically, online, or through the paper process
- The form and instructions can be found on the COVID-19 landing page of the Cover Virginia website
- The authorization of verbal consent will expire at the end of the COVID-19 public health emergency

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.

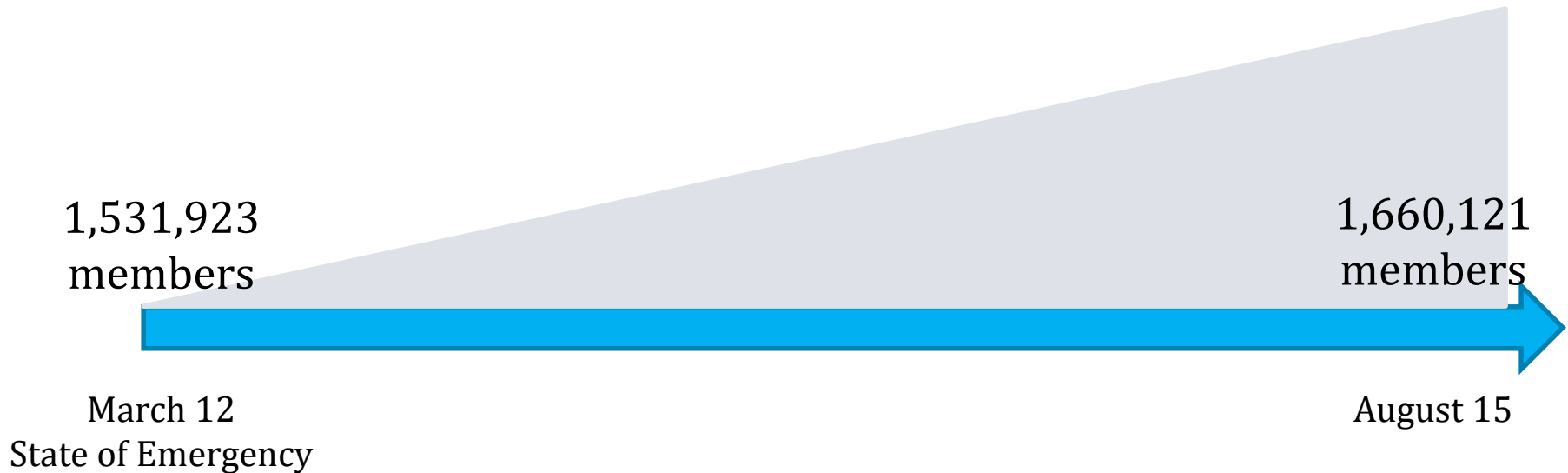
Provider Appeals

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.

Medicaid Enrollment



- Since the State of Emergency was declared, Medicaid has gained **127,342 new members**
 - 59,301 are in Medicaid Expansion
 - 42,015 are children
- On average, Medicaid gains **5,000 new members each week**



QUESTIONS?