



SENATE FINANCE AND APPROPRIATIONS COMMITTEE

DMAS Update

June 23, 2020

KAREN KIMSEY

*Director,
Department of Medical
Assistance Services*

Agenda

- ❑ Medicaid Expansion Update
- ❑ COVID-19 Update
- ❑ Fiscal Impact

Medicaid Expansion Update



dmas.virginia.gov/#/accessdashboard

Medicaid as an Agent for Health Equity



COVID-19 UPDATE

Internal Agency Updates

Transition to Telework

- Coordinated pre-planning effort
- Updated telework policies
- Full-time telework: March 18

Supporting Our Teams

- Flexibilities for staff
- Staff engagement
- Daily communications

Back to the Building

- Survey
- Listening sessions
- Four-phase plan

Virginia Medicaid's Response to COVID-19

Overview of COVID-19 Response

- DMAS has submitted 9 waivers and state plan amendments to unlock federal flexibilities aimed at ensuring the safety of our members and provider network and financial solvency of providers during the health emergency
- Nearly all policy modifications have been completed **without any additional state funds**
- DMAS has secured **increased federal funding** to support our providers and reduce strain on the state budget

We've Got Our Members Covered

Coverage and Access to Care Authorities

Coverage

- Maintain coverage for Medicaid and CHIP members for the duration of the health emergency per “Families First Coronavirus Response Act”
- Exclude federal stimulus check from income per federal law
- Extend time member is able to appeal case and ensure appeals are reviewed by managed care organizations in timely manner

Access to Care

- Allow 90-day supply and early refill prescriptions
- Permit and expand telehealth services to ensure access to needed care
- Suspend all copays
- No pre-approvals needed (and extend current pre-approvals) for critical medical supplies, devices, and services

We've Got Our Providers Covered

Provider Reimbursement and Flexibilities

Providing financial support without new general funds

- Retainer payments for adult day health centers and providers that offer day services
- Increased nursing facility reimbursement per day
- Reimbursed telehealth services at same rate as face-to-face services and added new telehealth services

Provide new staffing flexibilities

- Spouses, parents of minor children, and legal guardians of a member can provide and receive reimbursement for personal care services
- Promote adequate staffing for home and community-based providers by permitting providers to perform services while in training or undergoing enrollment if certain conditions are met
- Allow select services be offered in alternative locations

Virginia Medicaid's Response to COVID-19

Fiscal Impact of COVID-19 Response

Item Description	FY2020 GF	FY 2020 NGF	FY2021 GF	FY2021 NGF
DMAS COVID 19 Response	\$308,239	\$815,481	\$1,032,955	\$2,661,925

3 services required new general funds

1. Expand telehealth services, including permitting remote patient monitoring
2. Suspend out-of-pockets cost for members
3. Suspend limitations and pre-authorization requirements for critical medical equipment and devices

Continued nursing facility payment increases will require additional funds in FY 21.

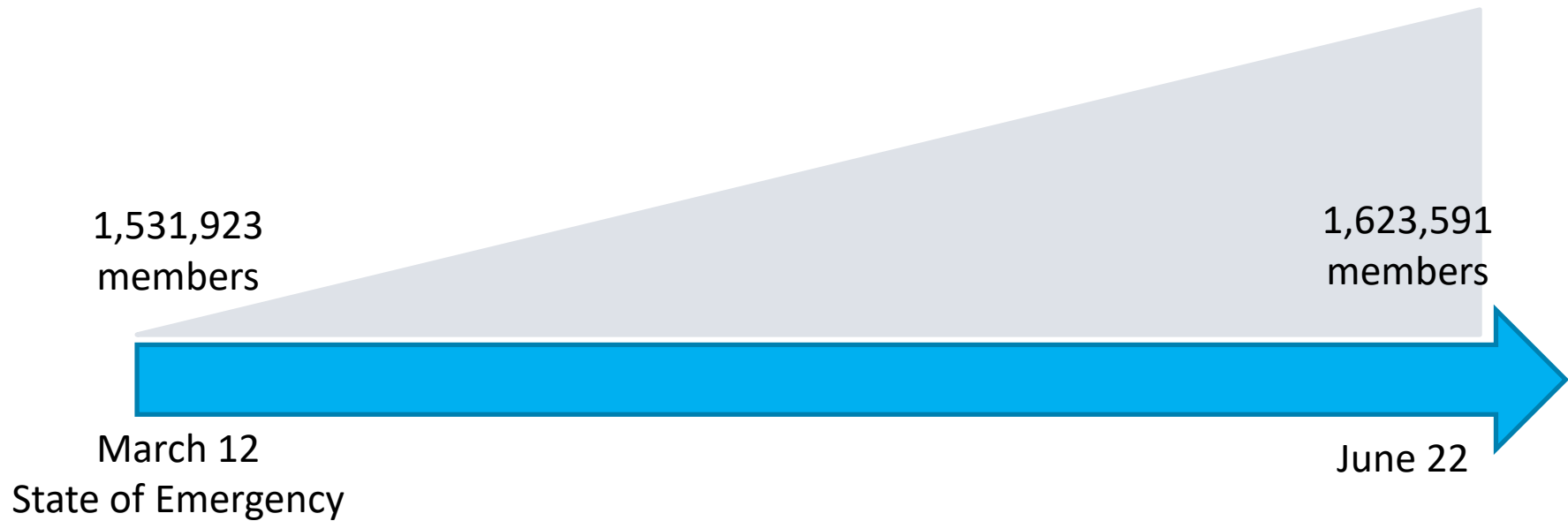
Funding for Nursing Facilities

- Item 303 HHHH of the 2020 Amendments to the 2019 Appropriations Act and 313 LLLLL of the 2020 Appropriations Act direct DMAS to increase nursing home and specialized care per diem rates by \$20 per day per patient.
- As of June 19th (dates of service through May), DMAS has made \$2.66 million in fee-for-service payments under this program.
- Over the same period, MCOs have made \$18.3 million in additional payments.
- These payments will continue until the Governor's State of Emergency (EO 51) is ended. Additional funds will be required in FY 21.

Federal Funding

Legislation	Date Enacted	Funding Provided for States / Health Response
Phase 1: Coronavirus Preparedness and Response (P.L. 116-123)	3/6/2020	\$8.3 billion in supplemental appropriations for Federal agencies. No funding provided to Virginia.
Phase 2: Families First Coronavirus Response Act (P.L. 116-127)	3/18/2020	Includes 6.2% increase in FMAP. Virginia impact \$375 million in SFY 2020 for Medicaid and CHIP.
Phase 3: Coronavirus Aid, Relief, and Economic Security Act or CARES Act (P.L. 116-136), as amended	3/27/2020	Virginia received \$3.1 billion of the \$150 billion state and local support from Treasury's Coronavirus Relief Fund. The Provider Relief Fund managed by HHS has distributed initial funds, including: <ul style="list-style-type: none"> \$75 million to Virginia hospitals in high impact areas \$1 billion provided to 4,250 Virginia Medicare providers \$31 million to FQHCs Virginia Medicaid has submitted provider information for additional funds yet to be distributed.

Medicaid Enrollment



- Since the State of Emergency was declared, Medicaid has gained **91,317 new members**
 - 39,774 are in Medicaid Expansion
 - 32,042 are children
- On average, Medicaid gains **900 new members each day**

DMAS FY20 Agency Year End Balances

PROGRAM	SFY2020 <u>General Fund</u> Appropriation	Projected Year End Balance*
Temporary Detention Orders	\$17,991,740	\$663,588
Family Access to Medical Insurance Security Plan (FAMIS)	\$33,417,135 \$14,065,627 (FAMIS Trust Fund)	\$333,687 \$0
Medical Assistance for Low Income Children (MCHIP)	\$41,382,173	\$7,208
Non-Medicaid Medical Assistance Services (HIV and UMCF)	\$781,702	\$335,425
Medicaid	\$4,765,424,364 \$408,419,831 (VHCF)	\$83,715,021 \$0

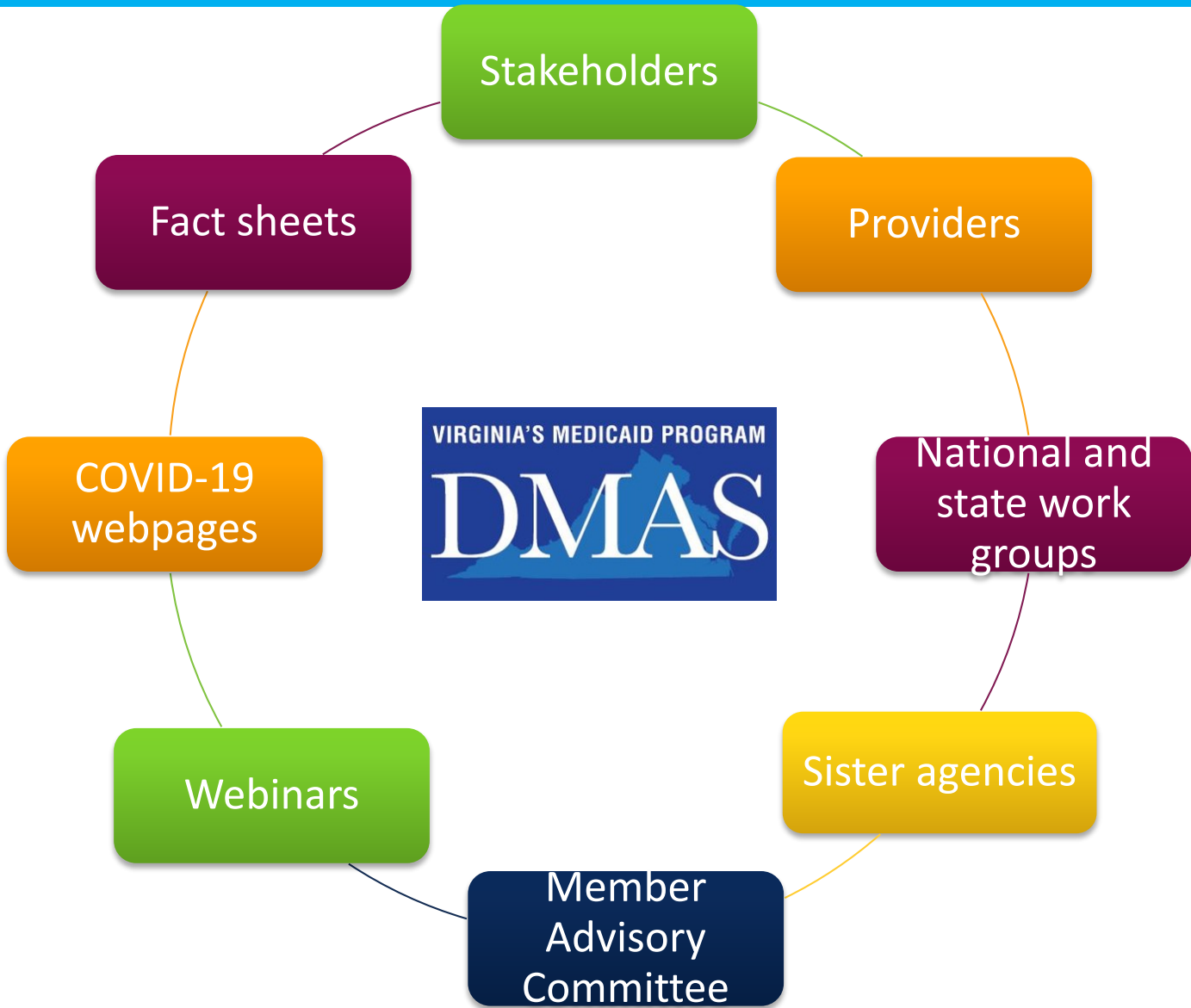
*Projected balances includes the EFMAP unallotment and DMAS' general fund year end pledge

DMAS On-Going Response

- In addition to planning next steps and identifying ongoing needs, DMAS is also
 - Planning for unwinding new flexibilities
 - Identifying policies that may be beneficial long-term

Directed Payments	Coronavirus Relief Fund
<ul style="list-style-type: none">• DMAS is exploring using state directed payments to require managed care plans to temporarily enhance provider payments• Directed payments would target providers experiencing significant reductions in revenue• Would not require additional state spending	<ul style="list-style-type: none">• Virginia has received \$3.1 billion• DMAS has submitted multiple proposals to support members and providers, provide PPE, testing, and other supports• DMAS is working with DPB and the Governor’s Office to review these proposals

Feedback Loop



COVID-19 Webpages



Programs Apply Plans Members Marketplace Help Partners

Español

Coverva.org/covid19

COVID 19

Virginia Medicaid is taking steps to improve access to care for Medicaid and FAMIS members. We will continue to update this page as information becomes available.

Virginia Medicaid is taking action to fight COVID-19

- No co-pays for any Medicaid or FAMIS covered services
- No pre-approval needed and automatic approval sponsors for many critical medical services
- Outreach to higher risk and older members to review critical needs
- 10 day supply of many routine prescriptions
- Ensuring members do not inadvertently lose coverage due to lapses in paperwork or a change in circumstances
- Encouraging use of telehealth

Medicaid covers all COVID-19 testing and treatment. Call your doctor.



PDF COVID 19 One Page Flyer



PDF Frequently Asked Questions

Accessing Health Care

You can apply for Medicaid at any time at <https://www.commonhelp.virginia.gov>.

You can also apply for low-cost health insurance through the Health Insurance Marketplace at www.healthcare.gov.

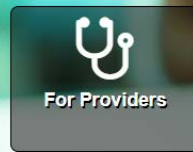
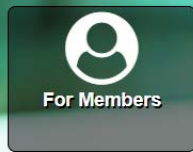
If you do not qualify for full benefits through Medicaid or FAMIS, or you cannot afford Marketplace coverage, there are still options available for the uninsured to receive health care services at Virginia's Free and Charitable Health Clinics and Virginia's Community Health Centers.



PDF Behavioral Health Resources

Department of Medical Assistance Services

COVID Response



dmas.virginia.gov/#/covid

APPENDIX

Submitted and received approval within a week of emergency declaration

- Ensures members maintain access to care
- Provides financial support for providers that otherwise would be unable to provide services

Telehealth Policy Changes

- Enable reimbursement for telephone services in addition to video
- Enable remote patient monitoring for COVID-19 treatment
- Allow reimbursement for MD-to-MD consultation
- Allow reimbursement for services originating in a member's home
- Allow providers to bill as if the provider and member were together in a facility
- Permit behavioral health services to utilize telemedicine, including counseling for opioid use disorder medication management and case management
- Waive additional administrative restrictions to permit broad use of telemedicine