

# **Update on HUSKY Health Strategies During the Public Health Emergency**

**Medical Assistance Program Oversight Council**

**July 10, 2020**

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## **DSS COVID-19 Web Pages**

<https://portal.ct.gov/DSS/Communications/DSS-Response-to-COVID-19>

# Public Health Emergency Declarations and Authorities

- The Secretary of the U.S. Department of Health & Human Services (HHS) has the authority under section 319 of the Public Health Service (PHS) Act to declare a public health emergency (PHE)
  
- A PHE declaration lasts only for the duration of the emergency, or up to 90 days, whichever ends earlier, unless it is renewed
  
- The timing of COVID-19 PHEs is as follows:
  - First declaration effective January 27, 2020
  - Renewed effective April 26, 2020
  - Will expire unless renewed again before July 24, 2020

HUSKY Health has used three federal authorities to flexibly respond to needs of members and providers during the PHE.

Authority Type	Details	Status
Medicaid and Children’s Health Insurance Program (CHIP) 1135 waiver	<p><b>Increasing Access-to-Care Flexibilities</b> by removing prior authorization requirements, expanding the ability to serve members in alternate settings such as a shelter or vehicle, waiving or adding flexibilities (settings, signatures, assessments, other) to various requirements for home and community-based 1915(c), 1915(i), and 1915(k) programs, and suspending various provider enrollment requirements to enable enrollment of new providers</p>	<p>CMS has approved many of Connecticut’s requests via letters of 3/27/20, 5/12/20 and 6/17/20</p> <p>The approved 1135 authorities expire at the end of the PHE</p>

HUSKY Health has used three federal authorities to flexibly respond to needs of members and providers during the PHE.

Authority Type	Details	Status
<p>Medicaid &amp; CHIP Disaster Relief State Plan Amendments (SPAs)</p>	<ul style="list-style-type: none"> <li>• <b>Eligibility</b> (election of the new Medicaid testing group)</li> <li>• <b>Coverage</b> (add flexibility for telehealth, home health, Community First Choice (CFC), and 1915(i)) state plan services)</li> <li>• <b>Reimbursement</b> (specified temporary rate increases, COVID-19 lab fee codes, telehealth audio-only codes, other)</li> <li>• <b>Cost sharing</b> (waiver of HUSKY B copayments for most medical services and prescription drugs)</li> </ul>	<p>Medicaid SPA was submitted on 5/28/20; CHIP SPA was submitted on 6/30/20</p> <p>Both SPAs are pending approval during a standard CMS SPA review period</p> <p>The disaster SPAs expire at the end of the PHE</p>

HUSKY Health has used three federal authorities to flexibly respond to needs of members and providers during the PHE.

Authority Type	Details	Status
Appendix K to 1915(c) waivers	<b>Requests for flexibilities</b> around remote assessments and reassessments, additional services, staffing of services, and retainer payments for home and community-based providers	CMS approved Connecticut's Appendix K submissions on 3/27/20  Expire one year from the effective date



# Enrollment and Eligibility

- To help people avoid loss of Medicaid or CHIP coverage, DSS took the following actions:
  - **Extended renewal end dates.**
    - Individuals with renewal closure dates of March 31st were initially extended three months to June 30<sup>th</sup>
    - Active Medicaid spend-down cases were extended for 6 months
    - All individuals who were enrolled as of 3/18/20 are extended at least through July 31<sup>st</sup>
    - DSS will extend monthly as permitted through the end of the PHE
  - **Delayed certain changes.** For the duration of the PHE, DSS is not taking action on changes (e.g. change in family income, aging out of coverage) that would result in a change of eligibility group or termination of coverage

- **For HUSKY A, B and D:**
  - **Extended the period in which people can submit verification documents from 90 to 180 days**
  - **Increased the “income compatibility threshold”,** which measures how closely reported income matches with data from the federal hub, from **10% to 20%**, allowing more individuals to enroll or auto-renew without needing to submit verifications

## How to apply for HUSKY Health:

- For **HUSKY A, B and D:**
  - On-line at [www.accesshealthct.com](http://www.accesshealthct.com)
  - Phone Access Health CT at 1-855-805-4325
  - Mail application form 'AH3,' available upon request
- For **HUSKY C or other DSS programs:**
  - [www.connect.ct.gov](http://www.connect.ct.gov)
  - Mail application form 'W-1E' (<https://ct.gov/dss>)

**Please note that DSS offices are temporarily closed due to COVID-19 and cannot accommodate in-person visits**

- The Department expanded coverage for COVID-19 testing:
  - **New Medicaid for the Uninsured/COVID-19 optional coverage group.** Uninsured state residents – both citizens and qualified non-citizens - of any income level may be eligible for free coverage of COVID-19 testing and testing-related visits between March 18, 2020, and end of the PHE
  - **Guidance interpreting Emergency Medicaid for Non-Citizens/COVID-19.** State residents - including undocumented people - who meet financial eligibility requirements, but do not qualify for full Medicaid due to their immigration status, are eligible for coverage of an emergency medical condition, including COVID-19 testing and testing-related provider visits

## 2020 Medicaid Enrollment

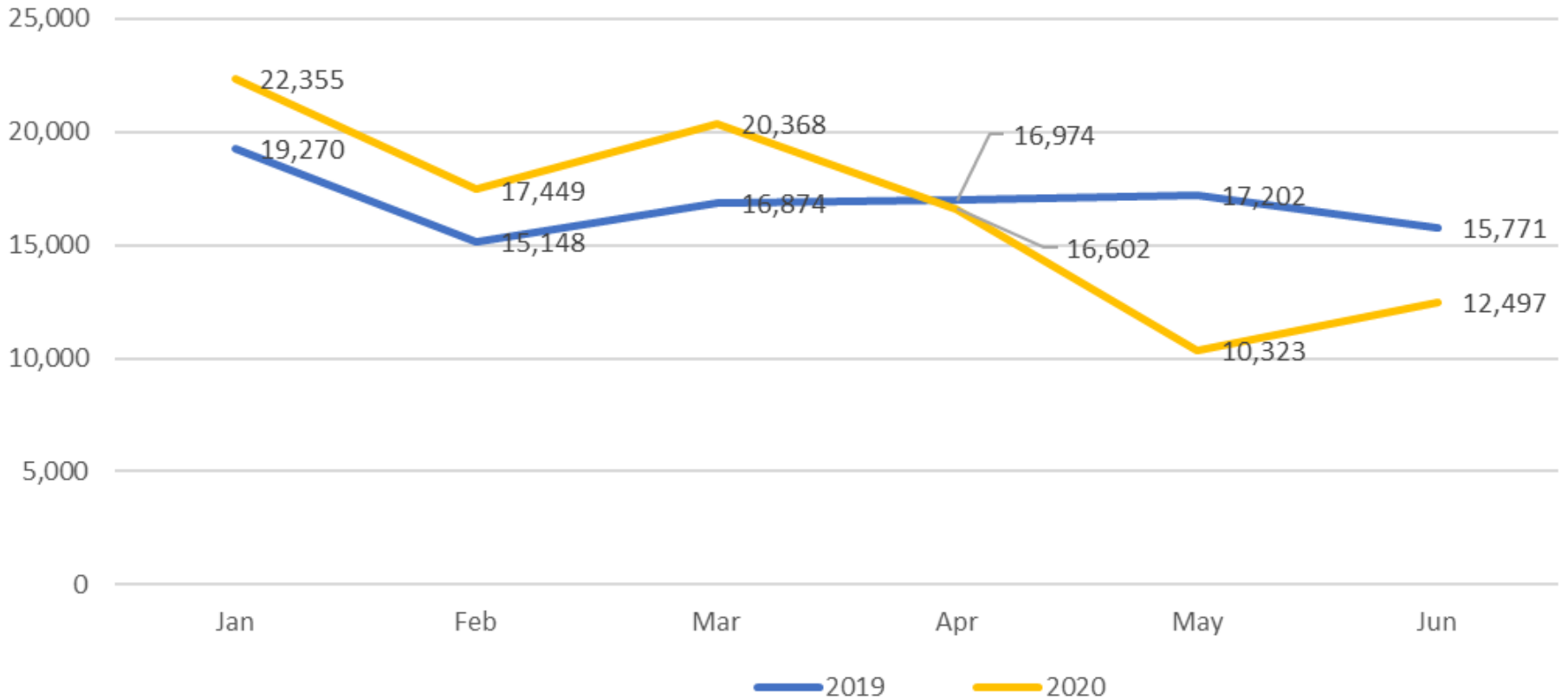
**Active Recipients by Calendar Month**  
*People Served by Dept. of Social Services by calendar month*

2020	
Active Recipients	
Jan	827,966
Feb	825,922
Mar	826,565
Apr	841,142
May	847,651

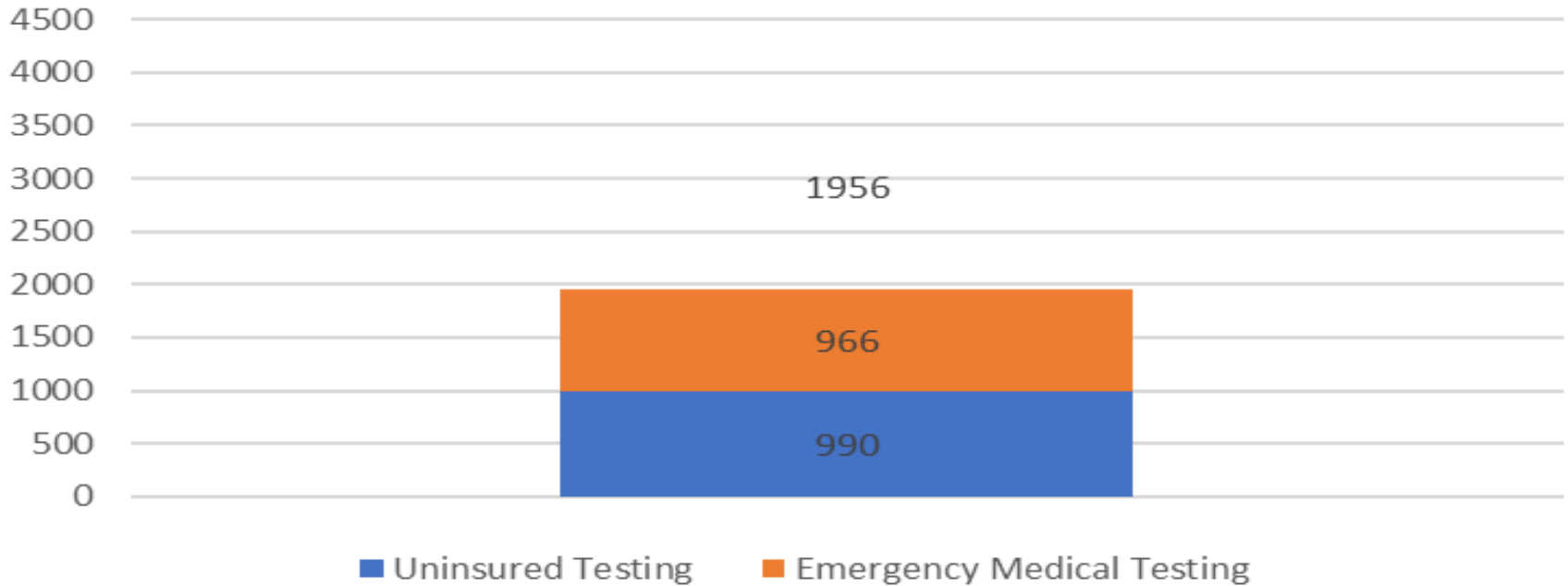
Data includes all enrollment in Medicaid but does not include:

- enrollment in the new Medicaid Uninsured COVID-19 Testing Coverage Group
- HUSKY B (CHIP)
- state funded medical programs
- Medicare Savings Programs (MSP)

Year-Over-Year Medical Applications



### COVID-19 Testing Coverage Enrollment 3/18/20 - 7/7/20





# Member Supports

## To support members during the PHE, HUSKY Health:

- Is covering COVID-19 testing and treatment with no cost share
- Extended coverage to 90-day periods for prescription drugs, medical surgical supplies, hearing aid batteries, parenteral/enteral supplies, respiratory equipment and supplies
- Through CHNCT, is maintaining a 24/7 nurse care line, supporting referrals to providers, and using data to identify and connect people who are at high risk with Intensive Care Management



- Through Beacon Health Options, has implemented a peer staff warm line
- Expanded home and community-based long-term services and supports under the waivers
- Is ordering and distributing Personal Protective Equipment (PPE) to consumer employers who participate in self-directed care under Community First Choice
- Through Veyo, recently implemented a specialized Non-Emergency Medical Transportation (NEMT) service for COVID-positive people





# Provider Supports

## HUSKY Health has supported providers by . . .

- Implementing coverage for telemedicine at the same rates that are paid for in-person visits
- Providing administrative flexibilities (e.g. removal of prior authorization) in how and where care can be provided
- Continuing to pay 100% of clean claims on a timely, bi-weekly basis
- Making payment advances and provider relief payments
- Advocating at the federal level for further financial relief

Please see this link for a comprehensive Frequently Asked Questions document that includes links to all of the provider bulletins issued by the Department as well as an inventory of all codes approved for telehealth:

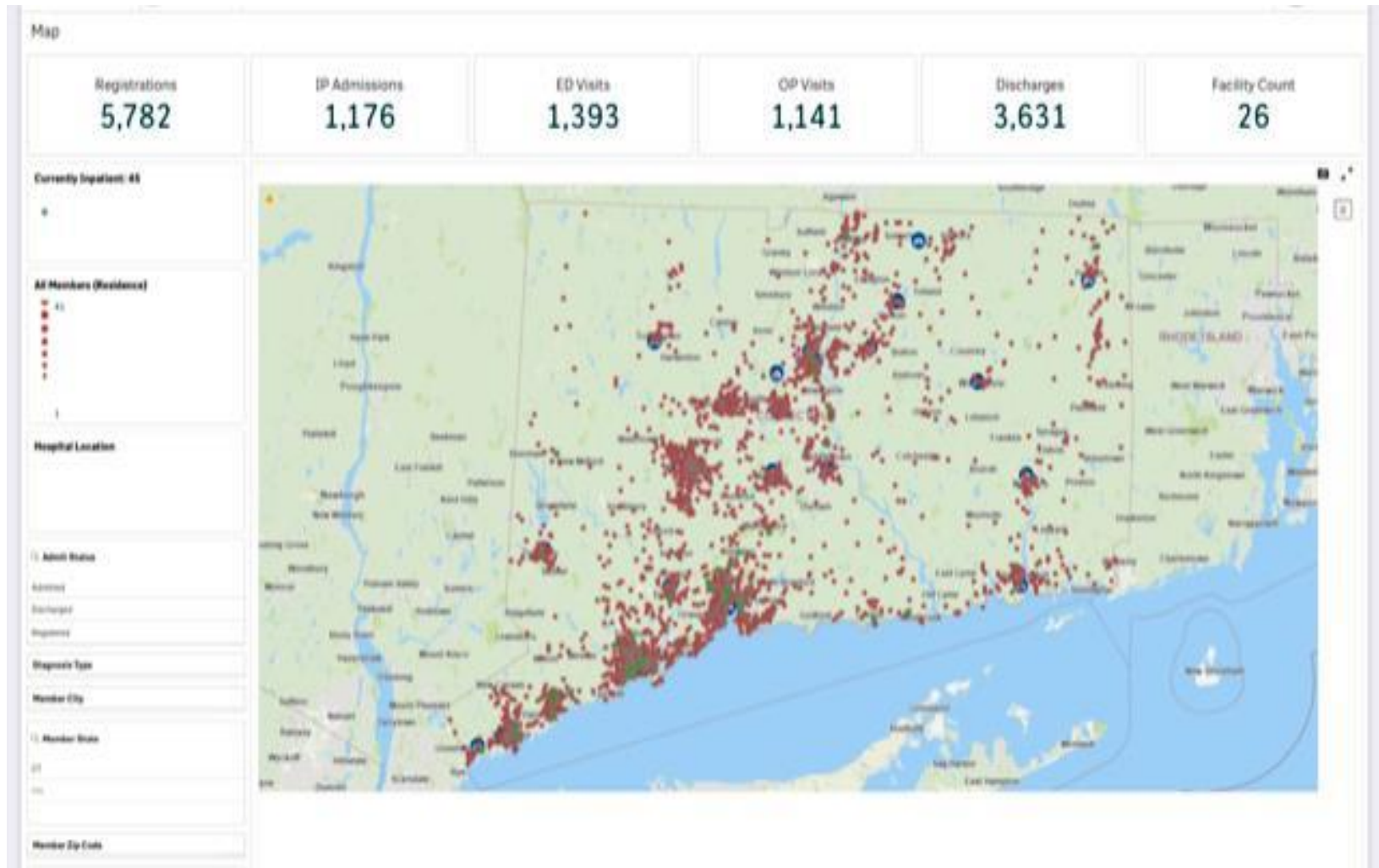
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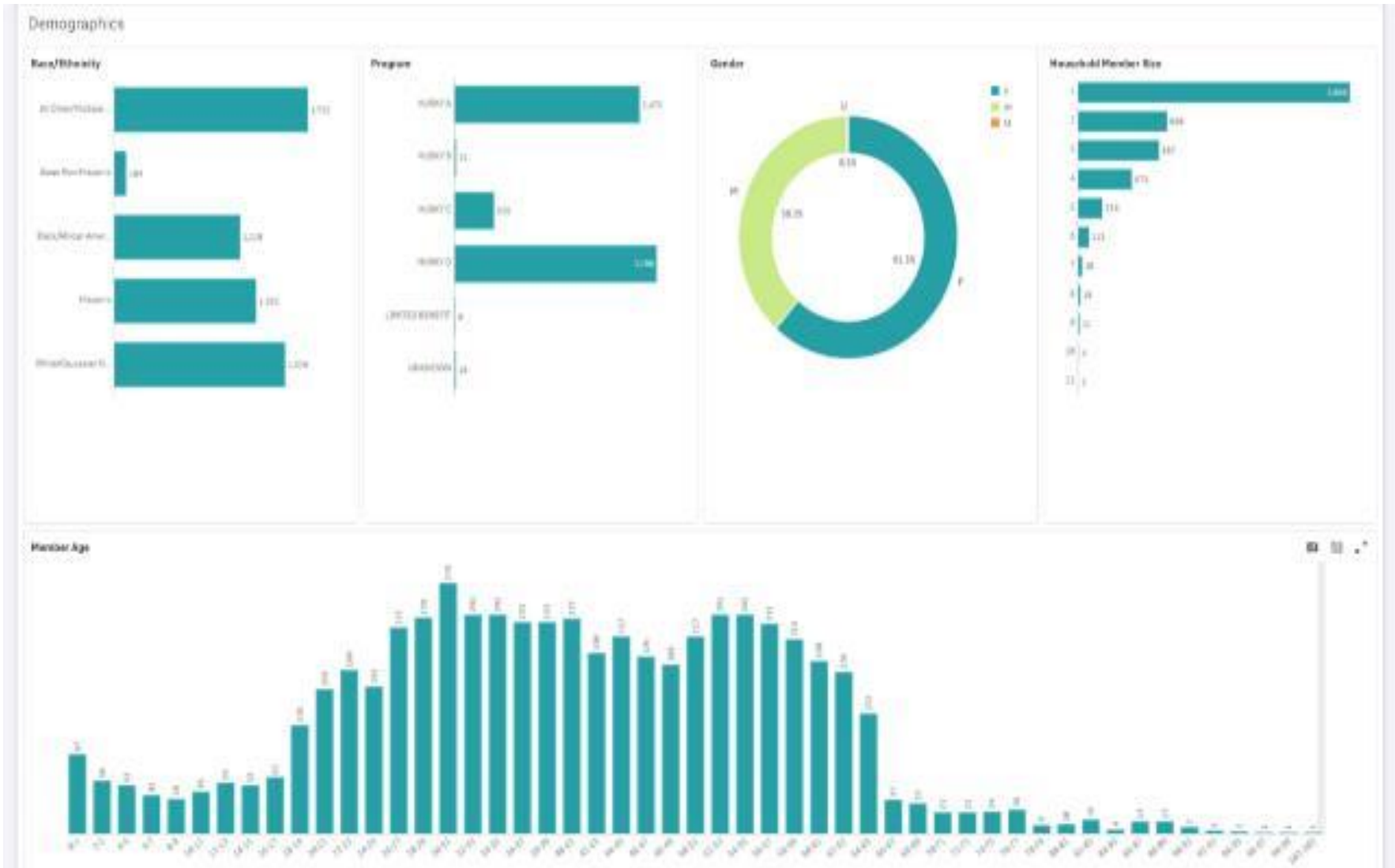


# Data

- DSS receives data daily from CHNCT that illustrates the impact of COVID-19 on members of HUSKY Health. This includes a “heat” map as well as analysis of “registration events” (COVID-involved admissions, discharges and transfers; ADT) by age, gender, race and ethnicity
- As of July 8, 2020, there have been a total of 5,782 registration events, with 1,176 inpatient admissions, 45 of whom remain hospitalized as of that date
- DSS and the UConn Center on Aging have also maintained a dashboard of indicators for people who receive community-based long-term services and supports

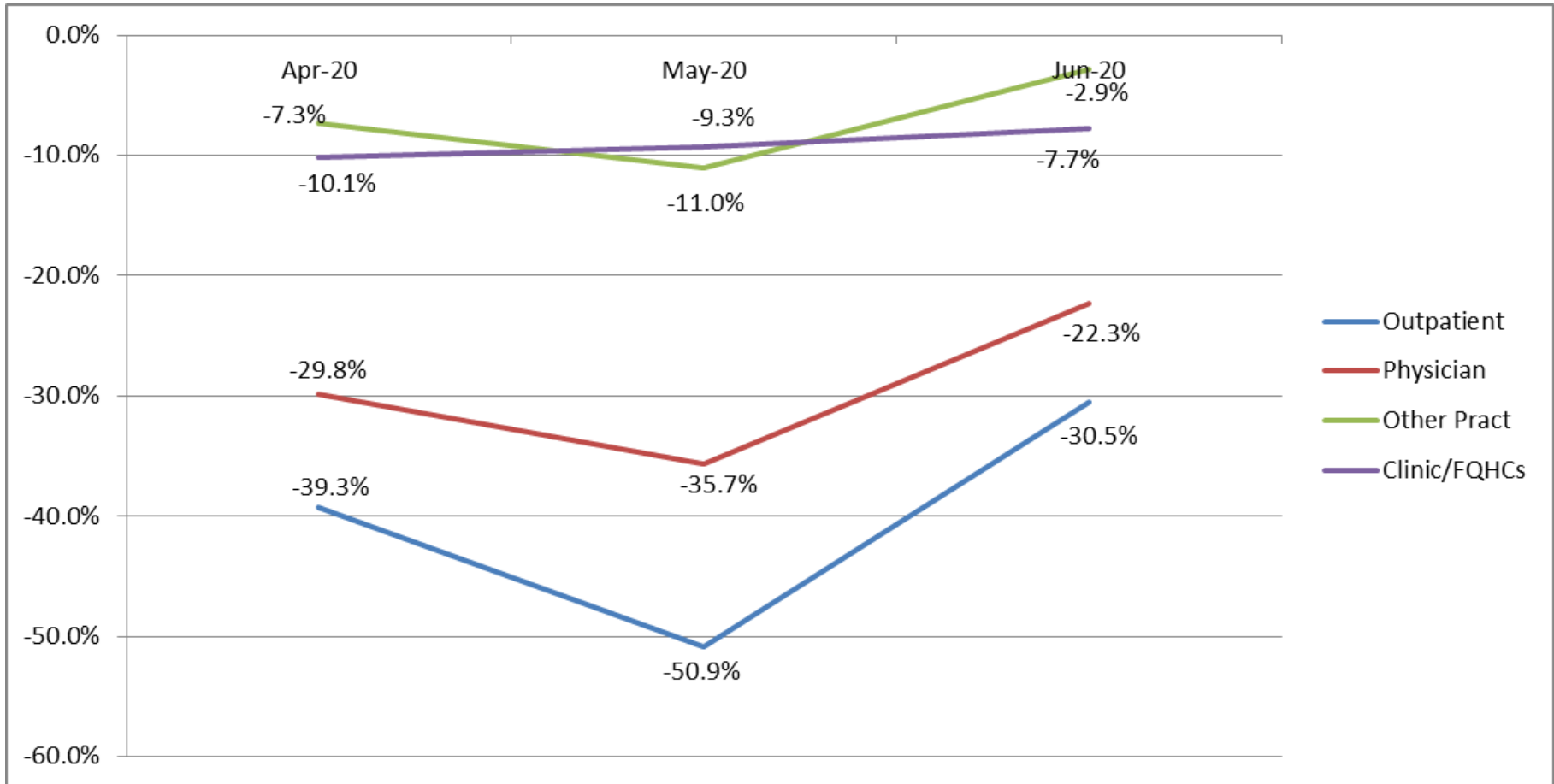






# Financial Overview

As expected, Medicaid payments in many categories of service experienced a decline in the last quarter of FY2020 as compared to the average of the first nine months of the fiscal year. We are beginning to see a lessening of that decline in June.



**Telehealth Claims by  
Categories of Expenditure**

COE	COE Description	Members*	Claims	Paid	Billing Providers	Performing Providers
100	Medicare Crossover	10,686	21,547	\$ 547,981.95	1,058	3,474
120	Hospital Outpatient – Emergency Room	45	47	\$ 13,567.79	5	20
122	Hospital Outpatient – All Other	3,256	5,875	\$ 1,060,390.72	23	634
130	Physician Services – All	102,518	167,423	\$ 13,120,707.56	1,137	5,991
131	Other Practitioner	55,391	227,558	\$ 22,857,095.40	3,338	4,830
145	Home Health Services	95	385	\$ 124,252.23	17	70
150	FQHC – Medical	68,830	120,638	\$ -	19	602
152	FQHC – Mental Health	21,056	109,901	\$ -	18	594
160	Dental	19	19	\$ 452.96	2	5
161	Vision	172	206	\$ 7,262.76	27	42
162	Clinic Services	33,547	161,765	\$ 15,844,503.99	219	801
999	All Other	7,035	54,822	\$ 5,645,758.30	163	324
<b>Total</b>		<b>245,591</b>	<b>870,186</b>	<b>\$ 59,221,973.66</b>	<b>5,051</b>	<b>13,405</b>

Claims Service Dates Between 3/1/2020 and 6/30/2020, claims paid through 6/30/2020

- The Department has been working closely with the Office of Policy and Management regarding funding for all COVID-related expenditures.
  
- As a result, there are approximately 30 specific COVID-related items with financial impacts that either have been implemented or are in process, with a total funding impact of \$245 million. Of this amount:
  - approximately \$184 million reflects federal Coronavirus Relief Fund (CRF) dollars
  - approximately \$29 million reflects State funds
  - approximately \$32 million reflects federal Medicaid support

- Actions taken, or in process, include the following CRF and non-CRF funded relief:
  - financial advances to federally qualified health centers, to address their inability to perform most dental procedures during the PHE
  - CRF grants to all Connecticut nursing homes, approximating the value of a 10% rate increase for April 2020, and the value of a 20% rate increase for May and June 2020, adjusted for the projected impact of Medicare billings for a portion of COVID-positive patients

- CRF grants to Connecticut nursing homes with demonstrated hardship costs above the various forms of relief provided at the state and federal level
- Rate increases for residential care homes (RCH) and intermediate care facilities for individuals with intellectual disabilities (ICF-IID) (an average of 10%)
- CRF grants to home health, home care and waiver providers (in process)
- CRF distributions to chronic disease hospitals and certain behavioral health providers
- Medicaid 20% Diagnosis Related Group (DRG) add-on for COVID-specific diagnoses



# Federal Financial Assistance

- The federal Families First Coronavirus Response Act (FFCRA) included a 6.2% increase in the Federal Medical Assistance Percentage (FMAP; federal match) for all states, exclusive of the Medicaid expansion group
- This was implemented retroactive to January 1, 2020
- Prior to this adjustment, Connecticut's overall FMAP was approximately 59% - this reflects a blend of traditional 50% FMAP with the higher FMAP associated with HUSKY D, our Medicaid expansion group
- States were just notified that the enhanced FMAP will continue through the third quarter of 2020

- HHS has recently prioritized \$15 billion in federal funds for distribution to Medicaid providers, based on Medicaid claims and other data provided by states:
  - **Eligibility:** Any provider that has not previously received a funding award from the first \$50 billion in provider awards (Medicare-focused) and that directly billed a state Medicaid program or Medicaid managed care plan between January 1, 2018 and May 31, 2020
  - **Process:** Providers attest to information through a provider relief fund portal established by HHS
  - **Award Amounts:** Minimum of 2% of gross patient care revenues, with final amount determined by provider-specific data including number of Medicaid patients served

- More information on the Provider Relief Fund is available at the following links:

## Overview:

<https://www.hhs.gov/coronavirus/cares-act-provider-relief-fund/for-providers/index.html>,

## FAQs:

<https://www.hhs.gov/coronavirus/cares-act-provider-relief-fund/faqs/index.html#medicaid-targeted>

**Questions?**