StateFedConnect Action Call

Maximizing Medicaid and CHIP During the Covid-19 Pandemic: What Every State Advocate Should Know

April 24, 2020

Alliance for Early Success
Every Child. Every State.
Welcome.

Lisa Klein

Executive Director,
Alliance for Early Success
Today’s Call

- **Housekeeping and Reminders**
  Karen Howard, *Alliance for Early Success*

- **Medicaid, CHIP, and COVID-19**
  Elisabeth Wright Burak, Senior Fellow
  *Georgetown Center for Children and Families*

- **State Landscape and Strategies**
  Adriana Kohler, Policy Director
  *Texans Care for Children*
  Leanne Barrett, Senior Policy Analyst
  *Rhode Island KIDS COUNT*

- **Questions and Answers**

- **Federal Advocacy**
  Danielle Ewen, *Education Counsel*

- **Wrap Up**
  Karen Howard and Helene Stebbins, *Alliance for Early Success*
Medicaid, CHIP, and COVID-19

Elisabeth Wright Burak

Senior Fellow,
Georgetown University Center for Children and Families
Medicaid, CHIP, and COVID-19

Elisabeth Wright Burak
Medicaid is in the eye of the storm
Areas for Attention - Short, Near, Longer-term

**FEDERAL:** Medicaid Fiscal relief – new FMAP bump, more needed

**STATE:**

1. Health insurance coverage – eligibility and enrollment
2. Access to needed services/benefits – immunizations, screenings, well-child visits
3. Vision for Future – What can we learn and apply in the long-term?
Medicaid and CHIP Support in Families First COVID-19 Response Bill

Temporary 6.2 percentage point increase in federal Medicaid matching rate (FMAP) during public health emergency

Because FMAP determines CHIP matching rate, temporary 4.34 percentage point increase for CHIP as well
More Medicaid/CHIP Fiscal Relief Needed

• Unemployment will likely increase far more than during Great Recession, so enrollment increases will likely be far larger

• Double whammy of higher health care costs due to COVID-19

• State budget deficits will likely be much larger than during Great Recession, well above total fiscal relief in Families First and CARES Act

• Further FMAP increases included in Take Responsibility for Workers and Families Act, tied to state unemployment

• Recent NGA letter repeats call for 12% FMAP bump (average state increase during 2009 Recovery Act)

• New state estimates of proposed Medicaid FMAP boosts (RWFJ and Urban Institute):
WHAT CAN STATES DO??

(And where to start?)
Considerations for Advocates

• Back to basics – outreach and education on coverage options as families’ circumstances change

• State Medicaid workforce overwhelmed- hospital and other provider capacity, new enrollment, long-term care, etc.

• Difficult to get attention on children - Can other child-serving systems that use Medicaid lead the way? (IDEA Part C early intervention, child welfare, children’s mental health)

• No clear consensus on standard of care in this new socially distanced reality

• State variation means no one-size-fits all solution…. “If you’ve seen one state Medicaid program…”
Challenge AND Opportunity: Medicaid Already Flexible!

Areas of State Policy and Oversight

- **Eligibility and Enrollment** — Most new federal changes here
- **Quality Improvement** — health equity opportunity
- **Benefits** — what they are, who can provide them, where/allowable settings
- **Payment** — reimbursement rates/contracts
- **Delivery system** (e.g. managed care, telehealth)
<table>
<thead>
<tr>
<th>Discontinued Relief State Plan Amendment (SPA) Template/instructions</th>
<th>Section 1135 emergency waiver</th>
<th>Section 115a emergency waivers</th>
</tr>
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<tbody>
<tr>
<td>- Quick way to add eligibility groups; simplify eligibility and enrollment, removing copays and premiums, enhance benefits, address provider workforce issues temporarily</td>
<td>- Largely around ensuring sufficient provider capacity- temporarily waives/ loosens provider requirements</td>
<td>- Triggered and time limited by public health emergency declarations (HHS)</td>
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<tr>
<td>- Triggered and time limited by (1) national emergency (White House) and (2) public health emergency(HHS) declarations</td>
<td>- Triggered and time limited by (1) national emergency (White House) and (2) public health emergency(HHS) declarations</td>
<td>- 12 state applications pending (AZ, AR, CA, CO, GA, IL, NH, NM, NC, RI, SC, TN)</td>
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<td>- 11 approved</td>
<td>- Almost all states have one approved</td>
<td>- WA approved so far</td>
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See Kaiser Family Foundation [tracker of emergency changes](https://ccf.georgetown.edu/2020/04/23/covid-19-medicaid-waiver-soup-explained/), CCF tracker of 1135 waivers and SPAs
1. HEALTH INSURANCE COVERAGE

Who’s eligible? Are they enrolled?
Already seeing increase in uninsured children

Figure 2. Rate of Uninsured Children Under 6, 2010-2018


* Change is significant at the 90% confidence level.

Nation’s Youngest Children Lose Health Coverage at an Alarming Rate, December 11, 2019
REMINDER: Children’s Coverage MOE Extended by Healthy Kids and Access Acts in 2018

- No new restrictive eligibility and enrollment standards, methodologies or procedures through 2027
  - For children only in Medicaid and CHIP
  - No decreases in eligibility levels below 300% FPL
  - No new burdensome requirements to enroll
  - No increases in premiums above inflation unless approved in 2010 state plan
- In place until 2027

Healthy Kids and Access Acts (CCF):
Families First MOE: Medicaid Only

• MOE is condition of the 6.2% FMAP bump
• No new restrictive eligibility and enrollment standards, methodologies or procedures
  • All Medicaid populations
  • Look back to January 1, 2020
  • Procedures approved but not implemented
• No new or increased premiums
• Disenrollment freeze
• No cost-sharing for COVID-19 testing or treatment
**Attention: Continued Coverage for ALL – Disenrollment Freeze**

• Anyone covered on or after March 18, 2020 must remain covered for the duration of the emergency

• This includes:
  ✓ Pregnant Women beyond the 60-day postpartum period
  ✓ Children aging out of child group
  ✓ Individuals losing other benefits that would typically affect Medicaid eligibility such as SSI and foster care assistance payments

Families First Coronavirus Response Act Explained (Georgetown CCF)
State Options to Expand Eligibility

- New Families First “uninsured individuals” group: covers testing with 100% federal match (tied to HHS emergency declarations) - emergency SPA
- Medicaid expansion (14 states)
- Increase income eligibility above current levels
- Coverage for lawfully residing immigrant families

The COVID-19 pandemic is a health and economic crisis. Expanding Medicaid helps address both problems.

EXPAND MEDICAID NOW.
Immigrant Families

- Medicaid/CHIP immigrant eligibility rules have not changed
- However, states may:
  - Adopt coverage for lawfully residing immigrant children (35 states) and pregnant women (25 states) during first 5 years in U.S. at higher CHIP match (called ‘ICHIA’)
  - Adopt CHIP “unborn” option (17 states)
  - Define Emergency Medicaid to include any individual receiving treatment for symptoms related to COVID-19

For more information on immigrant eligibility for public programs during COVID-19, see https://protectingimmigrantfamilies.org/immigrant-eligibility-for-public-programs-during-covid-19/
Boost Outreach, Simplify Enrollment = Ease Burdens on Families

• Boost outreach – ex) targeted campaigns for child care workers

• Adopt or expand presumptive eligibility (see your state [here](#))

• Create a simplified application

• Drop or suspend all premiums, enrollment fees, monthly contributions

10+ states have eliminated premiums and cost-sharing (as applicable) so far (AL, AZ, GA, ID, IN, IA, IL, ND, ME, UT, WV)
CHIP-Specific Strategies

Drop or suspend CHIP waiting periods – AZ, AR, FL, IL, IN, IA, LA, ME, NJ, SD, TX, UT and WY

Drop or suspend lockout periods for nonpayment if premiums are not waived

Suspend renewals

Suspend periodic checks of eligibility
2. ACCESS TO SERVICES

Benefits/Payment/Delivery System

The New York Times  https://nyti.ms/3bu2WGM

Vaccine Rates Drop Dangerously as Parents Avoid Doctor’s Visits

Afraid of Covid-19, parents are postponing well-child checkups, including shots, putting millions of children at risk of exposure to preventable deadly diseases.

By Jan Hoffman
April 23, 2020  Updated 11:03 a.m. ET

As parents around the country cancel well-child checkups to avoid coronavirus exposure, public health experts fear they are inadvertently sowing the seeds of another health crisis. Immunizations are dropping at a dangerous rate, putting millions of children at risk for measles, whooping cough and other life-threatening illnesses.
Benefit Changes

• **Add new benefits**
  • Pediatric benefits under Medicaid/EPSDT are already comprehensive
  • States may need to add new benefits for other covered groups to make sure COVID-19 testing and treatment is covered
  • Ensure full benefit package for pregnant women?

*In separate CHIP programs: SUPPORT Act of 2018* required mental and behavioral health coverage for children and pregnant women – Is state in compliance?

• **Adjust benefits**
  • Expand the types of providers that may deliver services
  • Lift limits on the number or duration of visits/treatment
  • Lift limits on the number of prescriptions
Access to Services

• Suspend prior authorization requirements
• Open managed care networks
• Telehealth
  • States have broad telehealth authority already
    New CMS Resource: Medicaid and CHIP Telehealth Toolkit
  • Theme in state plan changes to establish payment parity between in-person and telehealth during emergency period
  • Ensure access to telehealth across settings, providers, systems- ex) New MN approved SPA ensured telehealth access for substance abuse and mental health providers
IMMEDIATE NEXT STEPS – Health Insurance Coverage and Care Access

- **Help spread the word** about available coverage options for families.

- **Reach out to partners/coalitions** in Medicaid/CHIP policy and practice about opportunities and needs. HOW CAN YOU HELP ELEVATE NEEDS?
  - Child health, state budget, health consumer advocacy groups
  - AAP, ACOG, AAFP or other state provider chapters
  - Medicaid managed care plans (if applicable)
  - State agency partners

- **Identify actions or lessons from state systems that serve children and their families exclusively** – Part C, child welfare, home visiting– What might be applied to the broader watch of Medicaid children? (e.g. telehealth guidance)

- **Listen** to community-based organizations, health practitioners and families to understand gaps.

- **Highlight immediate needs** of children and their families.
3) VISION FOR FUTURE of Young Child Health
What can we learn and apply in the long-term? With partners/coalitions:

- Map the Medicaid policy landscape to figure out what is allowed, both Pre/Post COVID crisis.
- Help Medicaid follow the lead of their partner child-serving agencies (e.g. Part C, child welfare, etc.)
- Use this expanded opportunity to document what works and for whom– Data (including by race, income, location, setting), stories/testimonials.
- Learn from practitioners and families themselves to advance practice-informed policy.
- Consider timing, be on lookout for windows of opportunity.
For More Information

Elisabeth Wright Burak (Elisabeth.burak@Georgetown.edu)  
or  
Maggie Clark (Maggie.clark@Georgetown.edu)

Twitter:  
@GeorgetownCCF  
@ewburak, @maggieclark320

https://ccf.georgetown.edu
Questions and Answers

“Raise your Hand” to be unmuted to ask a question.
Medicaid, CHIP, and COVID-19: State Landscape

Adriana Kohler
Policy Director, Texans Care for Children

Amy Zaagman
Executive Director, Michigan Council for Maternal and Child Health

Leanne Barrett
Senior Policy Analyst, Rhode Island KIDS COUNT
Maximizing Health and Early Childhood Services through Medicaid and CHIP

Texas Perspectives

Adriana D. Kohler
Policy Director
akohler@txchildren.org
As a result of the Families First Coronavirus Response Act -

- TX suspended Medicaid renewals - children and postpartum moms can keep coverage
- TX suspended mid-year data checks in Children’s Medicaid
- Medicaid and CHIP will cover COVID-19 testing with no cost-sharing
- Medicaid will cover COVID-19 treatment

*What this means:*
- Less stress. Parents don’t have to do renewal paperwork or submit documentation
- Kids won’t lose Medicaid during federal emergency period
- New moms keep Medicaid *beyond* 60 days postpartum
New (Optional) Opportunities from Families First

- New 100% federal funding to cover COVID-19 testing and related visits for uninsured individuals
  - States must opt-in; Texas applied April 17 (via state plan amendment)

- Funding in the Public Health and Social Services Emergency Fund cover COVID-19 testing and related visits for the uninsured through the FFCRA & CARES Act
  - Available for uninsured who are not U.S. citizens (lawfully present & undocumented)

- **What this means:** Important federal funding streams for states and health systems, especially in non-Medicaid expansion states
Health Flexibilities During Emergencies

- State can suspend CHIP renewals so kids can keep their insurance
  - Need federal approval
  - TX still waiting approval of CHIP request

- State can waive CHIP enrollment fees, 90-day waiting period, and copays for medications and services
  - 7 states have waived copays and enrollment fees (Source: CCF)
  - Can be done via CHIP disaster state plan amendment

Tips:
- Talk to health partners (pediatric society, medical associations)
- Q to ask: is Medicaid agency planning a request (1135 waiver or disaster SPA)?
Opportunities Around Telehealth

- TX Medicaid agency approved telehealth for behavioral health, physical therapy, speech therapy, occupational therapy, case management
  - *Tip:* Work with health partners, including therapist groups and Early Intervention providers (Part C)
  - *Tip:* Ask about coverage for telephonic/audio-only, where clinically appropriate

- Asking for Medicaid and CHIP to cover well-child visits via telemedicine at same reimbursement rate
  - Well-child visits critical for developmental screens & referrals
  - *Tip:* Collaborate with health partners (pediatric society, medical associations)
  - *Tip:* Medicaid telehealth policy ≠ on-the-ground reality. Family + provider preferences; access to broadband Internet
For More Information

• Visit txchildren.org
• Sign up for our emails
• Follow us on Twitter at @putkids1st
• Follow us on Facebook/TexansCare

Please Reach Out With Any Input

ADRIANA KOHLER
Policy Director
akohler@txchildren.org

STEPHANIE RUBIN
CEO
srubin@txchildren.org
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Adriana Kohler
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Senior Policy Analyst, Rhode Island KIDS COUNT
Michigan
Medicaid and CHIP Advocacy
During the COVID-19 Emergency

April 24, 2020

Amy Zaagman
Executive Director
azaagman@mcmch.org
Emergency Response
Ongoing and Changing Quickly

In Michigan
- Medicaid expansion; suspension of work requirements per court case
- Section 1135 Medicaid waiver granted on April 6
- Dozens of specific Medicaid policies issued in March and April
  - Telehealth and relaxation of face-to-face requirements
    - Important to note that this does not extend to all services
  - Expansion of scope of practice for physician assistants and nurse practitioners
- Federal Medical Assistance Percentage (FMAP) increase under families First
  - 6.5% increase for Medicaid = 64.06% to 70.26%
  - 4.34% increase for CHIP = 86.34% to 90.68%
- State must retain all enrollees until end of the emergency;
  includes women past 60 days postpartum
Opportunities & Partnerships

- Work with health advocacy partners to identify opportunities
  - Few published standards of care during pandemic so recognize there may not be one approach and there may be tension among providers

- Challenge the status quo on Medicaid and CHIP
  - During the emergency
    - Emergency waivers and state plan amendments
    - Relax co-pays and deductibles
    - Cover uninsured and undocumented residents
    - Creative approaches to fund support services like home visiting, early intervention

- And as we recover
  - State budget implications
    - State obligation to Medicaid and CHIP
    - Winners and losers based on your state financing structure (i.e. managed care)
  - Maintain coverages and policies beyond the end of emergency
    - Telehealth policies
  - Capture relevant data for future advocacy
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Rhode Island Early Childhood
Telehealth, Medicaid, & COVID-19
Rhode Island Context

- 98% of children (58% private and 42% public) have health insurance, 3rd highest in the U.S.
- 50% of all births are covered by Medicaid
- Early Intervention serves 7% of children < age 3 and is financed through Medicaid and private health insurance billing (60% Medicaid, 37% private, 3% uninsured)
- First Connections, a short-term home visiting model focused on newborns and at-risk families, is financed with Medicaid, Maternal Child Health, and Part C funds.
- First 1,000 Days of Rite Care Planning Group focused on advancing policies for infants and toddlers with Medicaid
  - coverage of community-based doula services
  - coverage of evidence-based home visiting
  - extending Medicaid coverage to 12 months postpartum (from 60 days)
  - Expanding the capacity of the maternal, infant, and early childhood mental health system
Access to Health Care & Telemedicine

• March 9, State of Emergency declared
• March 13, the RI Medicaid Director and the Office of Health Insurance Commissioner informed public and private health insurance providers that they must ensure access and continuity of health care and expand telemedicine
• March 16, RI Department of Health confirmed community transmission of COVID-19
• March 18, Governor issued Executive Order on Telemedicine:
  • Suspending patient location requirement that is in statute for telemedicine
  • Suspending prohibitions in statute that did not allow audio only telemedicine and restricted video conferencing for telemedicine
  • Suspending the statute that limits the scope and reimbursement of telemedicine
  • Requires that “all such clinically appropriate, medically necessary telemedicine services delivered by in-network providers shall be reimbursed at rates not lower than services delivered through traditional (in-person) methods.”
  • Requires that “no insurance carrier shall impose any specific requirements on the technologies used to deliver telemedicine services (including any limitations on audio only or live video technologies).”
• April 6, Governor issued Executive Order on Medicaid rates.
RI Early Intervention & Telehealth

- Medicaid and private insurance billing for all families. No cap.
- All Early Intervention providers transitioned to telehealth in 2 weeks and are open and accepting referrals. Referrals are down attributed to fewer well-child visits happening.
- Providers purchased technology for staff that didn’t have it already. Some agencies have gotten grants to help purchase technology for families.
- Evaluations and eligibility can happen remotely using standardized tools for remote observation, parent report, and through informed clinical opinion.
- Currently enrolled families were given the option to put services on hold OR to have some or all of their services be provided via telehealth.
- Service Coordinators have been in contact with families with services “on hold” at least every few weeks to check in. Some of the families end up deciding to pick up their services during these check in calls.
- “No-show” rates are down. Telehealth sessions are shorter than in-person sessions, but may be more frequent (2 short visits per week instead of 1 long visit).
- Some barriers with families with limited technology AND with providers working from home having access to everything they need to conduct visits (i.e. info from family's charts).
RI Infant/Early Childhood Mental Health & Telehealth

• Out-patient and community care is now 100% telehealth
• Medicaid and private insurance billing.
• Increased referrals for services from primary care, home visiting, EI, and other programs
• Reduced “no show” rates – families want connection and support
• Focus on the trauma preconditions: lack of predictability; immobility; loss of connection; and loss of safety
• Help families establish a routine/schedule; work on emotional regulation, feel connected, and manage their stress
• Help families find a silver lining with all of this -- they are spending more time with their children and are able to observe their child and learn about their child
• Weekly packets mailed that include: a friendly note, activities, materials from Conscious Discipline, and self-care suggestions
• “It is going well – but it is exhausting”
RI Home Visiting & Telehealth

- Telehealth visits started almost immediately after public health emergency was declared, even before HFA and PAT had national telehealth model guidance. Home visiting providers already had technology for telehealth.
- First Connections (short-term model) providers bill Medicaid for visits. No commercial insurance billing.
- Two of our evidence-based programs can bill Medicaid for up to 3 visits per family per year (HFA and NFP). We are working to expand Medicaid funding to cover more visits.
- DOH allows in-person visits only for First Connections and for very urgent and severe family needs.
- Referrals are steady and increased interest from parents - Families want help
- Decreased no-show rates. Improved flexibility for completing visits – home visitors are more available for night and weekend telehealth visits with families.
- Increased reports and involvement with domestic violence cases. Have dropped off food, diapers, formula, and other supplies for families.
Questions and Answers

“Raise your Hand” to be unmuted to ask a question.
Federal Updates

Danielle Ewen
Principal,
Education Counsel
Questions and Answers

“Raise your Hand” to be unmuted to ask a question.
Thank you.

earlysuccess.org/resources/COVID19