Medical Care Advisory Committee Meeting

September 23, 2020
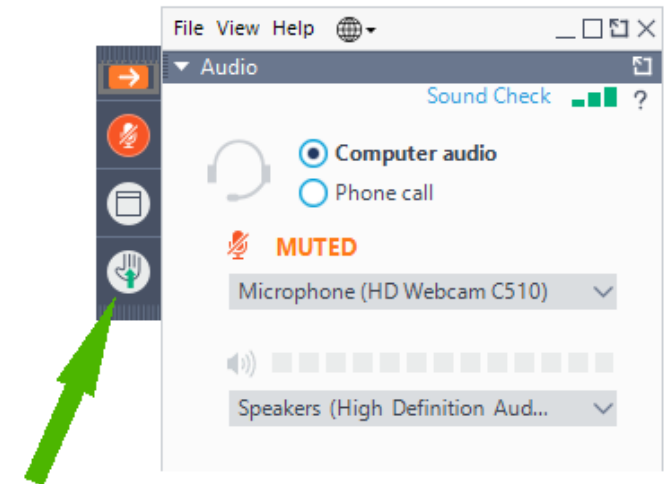
Welcome

Committee Members and Meeting Participants

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Meeting Logistics

- Attendee lines will be **muted** for the duration of the webinar to minimize disruption.

- MCAC members who wish to comment or ask questions should use the "Raise your hand" feature. We will unmute your line and recognize you to speak.

- A Medicaid health plan called a member to check in, due to the COVID-19 pandemic.

- The member's C-Pap machine was not working properly, and she did not know how to contact the company or where to get supplies for maintenance of the machine.

- Health plan staff contacted a prescribing physician to have supplies sent to the member and had a technician go to the member's home for adjustment of the face mask.

  – The member was very grateful for the assistance and verbalized that it was thoughtful that staff reached out just to see how she was doing and if she needed meals or supplies during the pandemic.
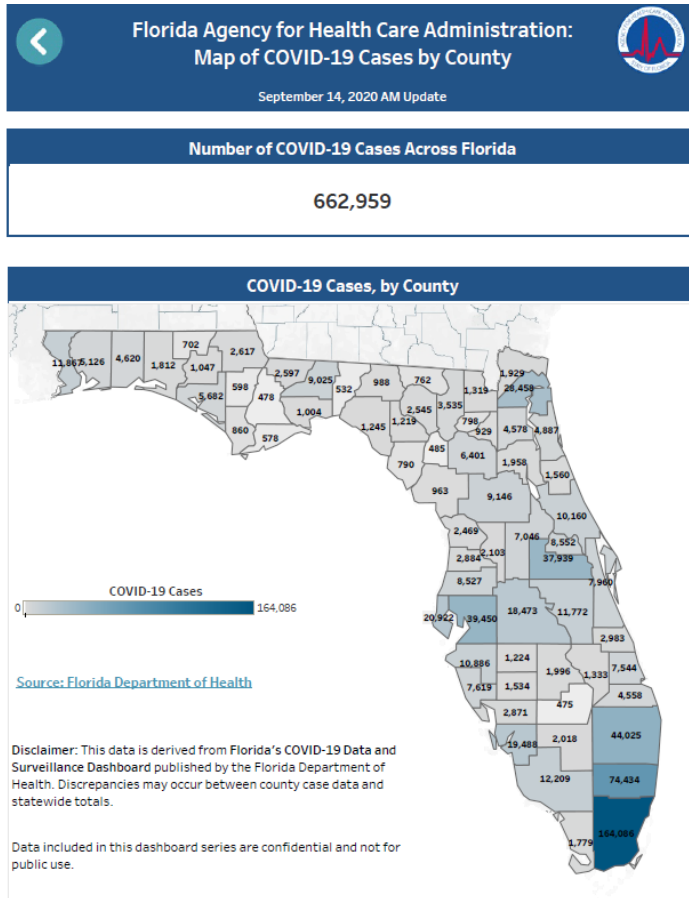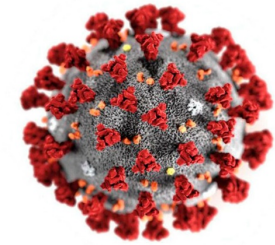
Member Impact Story

Changes in Agency Leadership

- Mary Mayhew, Secretary
- Toby Philpot, Chief of Staff
- Stefan Grow, General Counsel
- Abby Riddle, Assistant Deputy Secretary for Medicaid Operations
- James Kotas, Legislative Affairs Director

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Where Are We Now?

Florida Agency for Health Care Administration:
Map of COVID-19 Cases by County

September 14, 2020 AM Update

Number of COVID-19 Cases Across Florida

662,959

COVID-19 Cases, by County provided by the Florida Department of Health as of September 14, 2020

- Hospitalizations declining

- Opening LTC facilities for visitors with strict controls

- Impacts to Florida budget

  – Reduced state revenues: $1.9 billion for FY 2019-20

  – Governor DeSantis vetoed $1 billion (1.1% of the budget)

  – Estimated Impact on FY 2021-2022 budget: $1.9 Billion

Medicaid Enrollment Growth
## (since mid-March)

- Added over 508,000 recipients
  - 13.5% increase
  - Continue to see increases weekly
- Now at 4.28+ million recipients
- Most growth is in children and caretaker adult categories
- All members are retaining eligibility through the end of the public health emergency (very limited exceptions)
  - Current end date of the PHE is Oct. 31; could be extended

# Spotlight: Supporting Access to Care During COVID-19 Response

Examples:

- Extended Medicaid recipient eligibility and extended time to complete application process
- Waived all co-payment requirements
- Waived prior authorization/ extended authorizations
  - Waived prior authorization requirements for all services necessary to appropriately evaluate and treat Medicaid recipients diagnosed with COVID-19, and for
  - Hospital, physician, advanced practice registered nursing, home health, nursing facility, behavioral health and DME
  - Extended authorizations for Behavior Analysis Services
- Waived service limits for behavioral health services
- Allow providers to exceed service limits to maintain the health and safety of recipients diagnosed with COVID-19 or when necessary to maintain a recipient safely in their home

Access to Care

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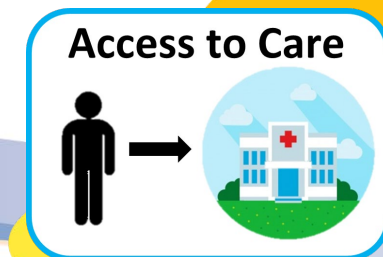
Spotlight: Supporting Access to Care During COVID-19 Response

- Expanded telemedicine/telehealth services
  - Remote patient monitoring, telephone communications, and store-and forward for physicians, APRNs, physician assistants
  - Telemedicine for Behavior analysis, Therapy, Specified behavioral health and Early intervention services
  - Telemedicine for iBudget waiver adult day training services
  - Audio-only communications for FQHCs
  - Partial well-child visits

- Enacted pharmacy flexibilities
  - Allowed early refills of maintenance medication (excludes controlled substances)
  - Allowed a 90-day supply of medications
  - Eliminated restrictions on the use of mail order delivery of maintenance medications

Access to Care
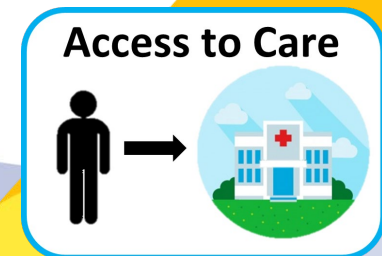
Spotlight: Supporting Providers During COVID-19 Response

Examples:

- Added coverage of COVID-19 laboratory testing services, including rapid tests and antibody tests

- Directed and provided guidance to health plans
  - Prohibit pre and post-payment reviews on claims for services where PA requirements have been waived during the state of emergency
  - Payment parity for services delivered via telemedicine in the SMMC program
- Enacted provider enrollment flexibilities
  - Provisional enrollment to quickly enroll providers not currently enrolled in Medicaid
  - Waived requirement that Medicaid providers be licensed in-state
  - Extended provider enrollment revalidation for six months
  - Postponed on-site or face-to-face provider site visits

Provider Support

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Spotlight: Supporting Providers During COVID-19 Response

Examples (con't.):

- Long-Term Care and Home and Community-Based Waivers
  - Expanded provider qualifications for LTC services to allow additional providers to render services when there are workforce shortages, location closures, etc.
  - Implemented retainer payments for certain individual budgeting (iBudget) waiver providers - adult day training, life skills development, person supports, and residential habilitation.
  - Implemented retainer payments for Long-Term Care waiver providers of Adult Day Health Care services.

- Service-specific changes
  - Waived certain EVV requirements for home health services
  - Authorized PPEC centers to deliver services to Florida Medicaid recipients in the home setting
  - Allow higher payment for ambulance providers when transporting individuals requiring isolation precautions related to COVID-19

Provider Support

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Spotlight: Managed Care Plan Activities to Support Members During COVID-19 Response

- Implementation of the recipient and provider flexibilities implemented by the Agency

- Increased member contact, including targeted contact to vulnerable populations

- Ensured primary and preventive care is in place to keep members out of strained health care system

- Worked with members and providers to expand the use of telehealth

- Closely monitoring/tracking COVID positive members

Vulnerable Member Support

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Medicaid Telemedicine Utilization: A Changed Landscape Due to COVID-19

Quarterly % change in count of Enrollees receiving Telehealth services

Medicaid Telemedicine Utilization: A Changed Landscape Due to COVID-19

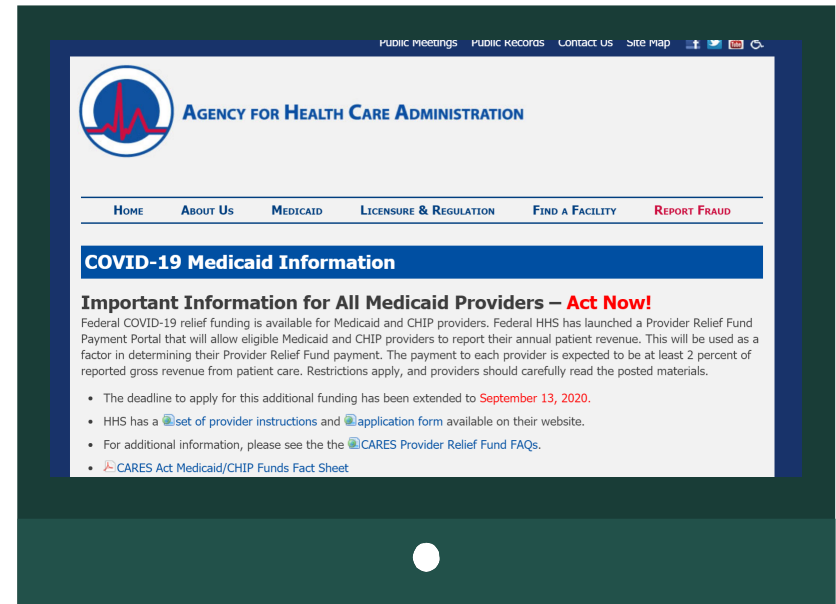Quarterly % change in Treating Providers
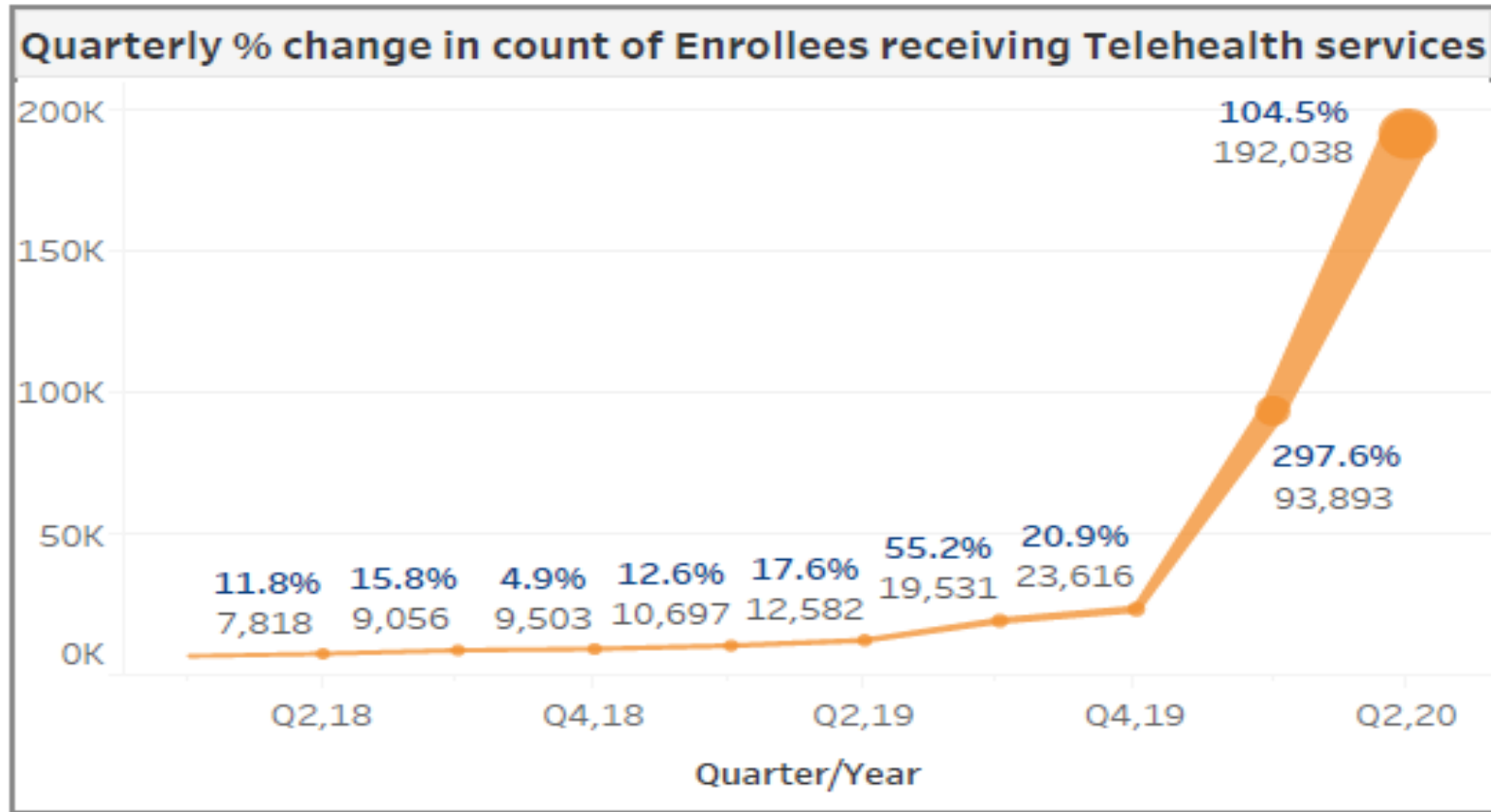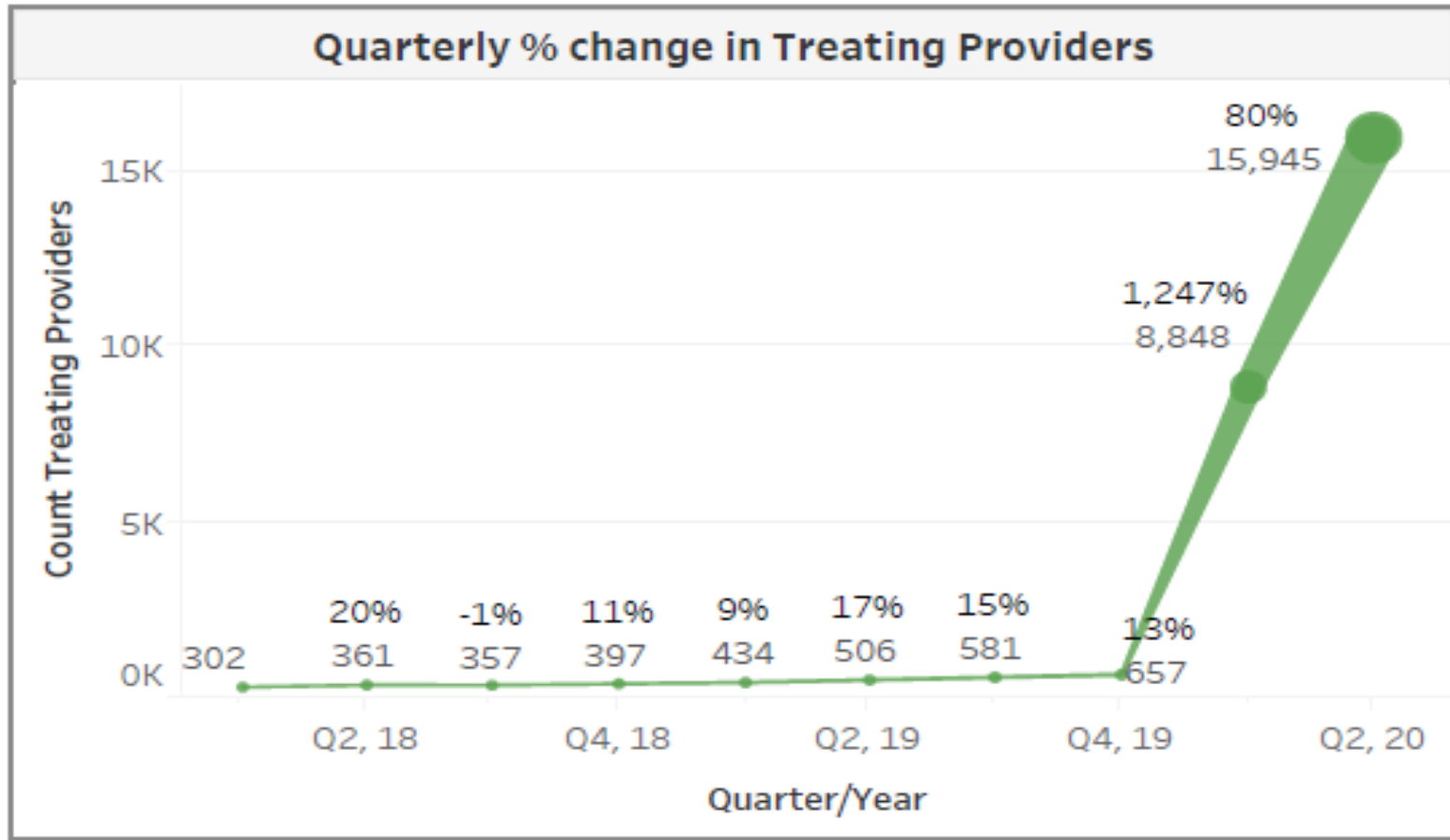
COVID Websites

- Agency COVID Website:
http://ahca.myflorida.com/covid-19_alerts.shtml

- Medicaid COVID Website:
http://ahca.myflorida.com/COVID-19_Medicaid.shtml#alerts

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COVID-19 Medicaid Information

Important Information for All Medicaid Providers – Act Now!

Federal COVID-19 relief funding is available for Medicaid and CHIP providers. Federal HHS has launched a Provider Relief Fund Payment Portal that will allow eligible Medicaid and CHIP providers to report their annual patient revenue. This will be used as a factor in determining their Provider Relief Fund payment. The payment to each provider is expected to be at least 2 percent of reported gross revenue from patient care. Restrictions apply, and providers should carefully read the posted materials.

- The deadline to apply for this additional funding has been extended to September 13, 2020.
- HHS has a set of provider instructions and application form available on their website.
- For additional information, please see the the CARES Provider Relief Fund FAQs.
- CARES Act Medicaid/CHIP Funds Fact Sheet

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COVID Isolation Nursing Facilities

- COVID isolation facilities support:
  - COVID positive who no longer require hospitalization but are in need of skilled nursing facility care
  - Transfers of COVID positive individuals from other nursing homes and assisted living facilities.

- The Agency has agreements with 23 isolation facilities that can serve over 1,500 patients

  - Over 3,600 served so far

- Agency is in the process of phasing out state contracts for these facilities, but they can continue to accept COVID positive patients as long as they follow CDC protocols

# Legislative Session - Impacts for Medicaid

- Funding to expand electronic visit verification for behavioral analysis statewide

- SB 82 relating to the iBudget waiver
  - Revise requirements related to waiver support coordination. It will require support coordination providers to be enrolled in Medicaid as a group of four or more support coordinators and will no longer allow individual providers to provide this service.

- HB 731 Medicaid Related Changes
  - Exempts all Medicaid providers from health care clinic licensure
  - Extends the existing and future Medicaid managed care contracts (including dental) to a 6-year contract period
    - Current contracts will now be in place through December 31, 2024

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Canadian Prescription Drug Importation

- Procurement responses are due October 6th
- Federal rulemaking is entering its final stages
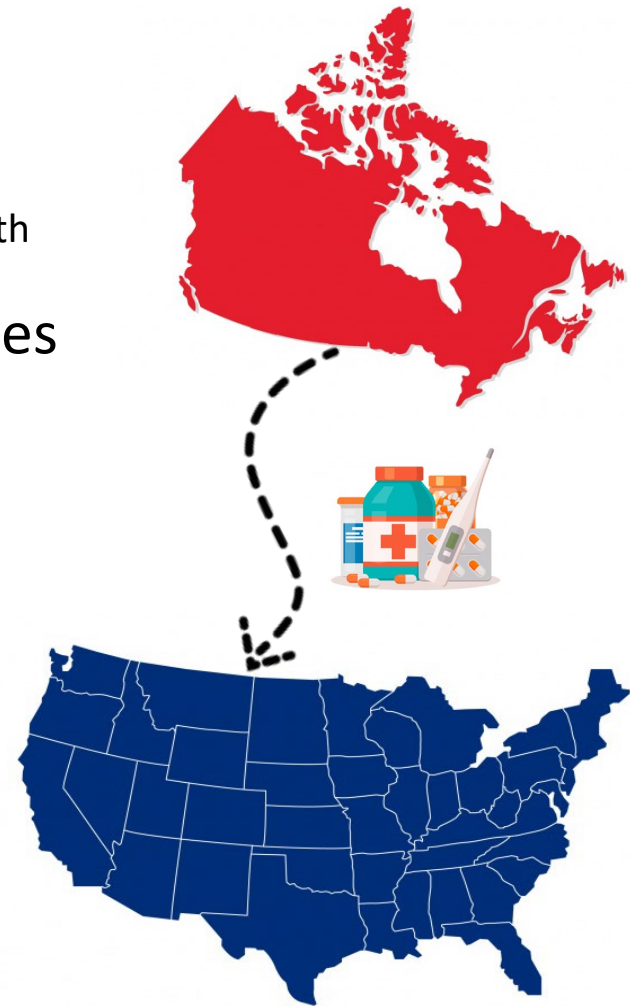
Home Health Provider Enrollment Moratorium

- Moratorium extended for 6 months with exemptions if providers meet the following criteria:
  - A currently enrolled Medicaid provider
  - Apply for limited enrollment in Regions 1, 2, 3, 4, or 8
  - License is in good standing with no outstanding debt to the Agency
  - Served a minimum of ten children through their currently enrolled Medicaid location in the six months prior to applying

Other Medicaid Priorities

- 1115 Waiver Extension Request Submitted
  - Requesting a 2-year extension, through July 2024
  - Federal public comment period has closed
  - Staff will now work with CMS to complete the review process
- Enterprise Data Warehouse procurement award posted
  - Bid protest hearing will take place in October

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Quality Initiatives: Birth Outcomes

- Goals: Reduce Neonatal Abstinence Syndrome, unnecessary C-sections and pre-term birth.

- Working with stakeholders such Florida Perinatal Quality Collaborative, Florida Hospital Association, and MMA plans

- Projects:
  - Doula Billing Standardization
  - C-section Awareness campaigns
  - Maternity Bundle Payment pilot

- As a result of COVID 19, these projects have been on hold, we are anticipating stakeholder reengagement in late September.

Quality Initiatives: Immunizations

- Due to the pandemic, children and adolescents are missing important health visits and immunizations.

- We are partnering with MMA plans to help make sure children are getting vaccinated on time.

- A focus of the project is children under the age of 24 months because that is the age where infants receive critical vaccinations to prevent potentially life-threatening and crippling diseases.

- Plans will use the campaign tools and best practices from the American Academy of Pediatrics (AAP) to target the decline in immunizations.

- Plans will also help ensure their contracted pediatricians are following the AAP's guidelines, for example, by contacting parents of children who are behind or coming due for vaccines.

- Plans may also be able give financial incentives to providers who are able to successfully catch children up on their vaccinations or offer drive-up vaccination clinics.

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Quality Initiatives:
Telehealth Awareness Campaign

- We are working with MMA plans to launch an awareness campaign to promote telehealth services.

- Goal: Increase use of telehealth services and reduce gaps in delivery of care.

- MMA plans will educate members about the availability of telehealth and the availability of support tools (internet and cell phone coverage) through:
  - online portals
  - social media
  - email and text

Member Impact Story

- A Medicaid health plan proactively contacted a member to check in during COVID-19.

- The member stressed she hasn't eaten much because she cannot go out and has no one to shop for her.

- A plan employee delivered groceries to her door.

- The plan then contacted a food pantry nearby and arranged for weekly food deliveries.

NEXT

- Future meetings will be:
  - held virtually for the foreseeable future.

  - scheduled quarterly.

- Please send your questions or suggested meeting topics to our MCAC liaison Carla Sims at Carla.Sims@ahca.myflorida.com.

Thank You!