

COVID RESPONSE

DMAS

Renewals

Virginia has instituted several changes to prevent current Medicaid enrollees from losing coverage.

- Not canceling coverage when:
 - A member ages out (19,21,26, and 65);
 - A woman's 60-day postpartum period ends;
 - A consumer does not return a renewal form or complete a verification request related to a renewal, and;
 - A member becomes eligible for Medicare and is enrolled in a Medicaid category which does not allow members to be enrolled in both Medicaid and Medicare (such as Breast Cancer Prevention and Treatment and Expansion).
- Virginia is also delaying all June, July, and August renewals for 90 days. June renewals will be delayed until September, July renewals until October, and August renewals until November.

There has been no additional guidance or flexibility afforded to initial applications.

These changes are important so Virginia can receive the enhanced FMAP rate (6.2%) through the Families First Coronavirus Response Act. Effective March 18, 2020, to qualify for the temporary FMAP increase, states must, through the end of the month when the public health emergency as declared by the Secretary of HHS ends:

- Maintain eligibility standards, methodologies, or procedures that are no more restrictive than what the state had in place as of January 1, 2020 (maintenance of effort requirement).
- Not charge premiums that exceed those that were in place as of January 1, 2020
- Cover, without impositions of any cost sharing, testing, services and treatments—including vaccines, specialized equipment, and therapies—related to COVID-19.
- Not terminate individuals from Medicaid if such individuals were enrolled in the program as of the date of the beginning of the emergency period, or becomes enrolled during the emergency period, unless the individual voluntarily terminates eligibility or is no longer a resident of the state (continuous coverage requirement).

CMS Families First Coronavirus Response Act – Increased FMAP FAQs:

<https://www.medicaid.gov/state-resource-center/downloads/covid-19-section-6008-faqs.pdf>

Service Flexibilities for Current Enrollees

Virginia has also implemented a series of changes for current enrollees to ensure continued access to services without putting themselves or their care providers at risk. These changes are in effect during the public crisis as set out in the Governor's Emergency Declaration.

- Eliminated co-pays for Medicaid/FAMIS-covered services
- Encouraging use of telehealth (*phone and video visits*) and limiting or suspending face-to-face interactions
- Members can fill a 90-day supply of many routine prescriptions, elimination of "fill-too-soon" restrictions
- No pre-approvals needed and automatic approval extensions for many critical medical services, especially for individuals on waivers (full list in provider notice and MCO letter)
- Reaching out to higher risk populations and older members to review critical needs
- Relaxing out-of-network authorization requirements
- Modifying appeal process to increase flexibility (automatically granting benefits pending appeal for the MCO appeal and State Fair hearing, applying for authority to accept appeals even if they are filed late and directing MCOs to also accept late appeals, phone hearings, requests to reschedule hearings will be granted)
- No DD Waiver slots will be rescinded or lost during the emergency

Details about these changes can be found in:

- DMAS's COVID-19 Information for Medicaid Members:
https://coverva.org/materials/One_Pager_3_24_FINAL.pdf
- Provider Memo: Provider Flexibilities Related to COVID-19:
http://dmasva.dmas.virginia.gov/files/links/5249/3.19.2020_COVID%2019%20MEMO_4_0.pdf
- MCO letter: MCO Services Delivery Flexibilities related to COVID-19:
<http://dmasva.dmas.virginia.gov/files/links/5248/COVID%2019%20MCO%20Guidance%201%20%203-19-2020%20Final.pdf>

Additionally, when both a national emergency and a public health emergency have been declared, a state can apply for a §1135 waiver to enhance the state's ability to react to the emergency. In this case, CMS has released a list of blanket waivers available to the states without application: <https://www.cms.gov/files/document/covid19-emergency-declaration-health-care-providers-fact-sheet.pdf>. Virginia is also applying for additional flexibilities through a §1135 waiver. DMAS has indicated that this is an on-going process and new flexibilities can be applied for after the initial approval. They plan to submit their initial §1135 waiver this week.

For additional questions about the memos, announced changes memo or other COVID-19 related issues, DMAS has created a centralized point of access for submission at:

<http://dmas.virginia.gov/contactforms/#/general>