

Delaware Health and Social Services (DHSS)
 Medical Care Advisory Council (MCAC)
 Meeting Minutes
 April 28, 2020

<p>Date: April 28, 2020</p> <p>Place: Conference Call</p> <p>Time: 9:00 – 11:00 am</p>	<p>Members Present: Linda Barnett; Nadine Chance, Cheryl Heiks; Pam Reuther; Lynn Robinson, Dr. Julia Pillsbury</p> <p>Guests: Anthony Carter, Janet Bailey, Kathy Bernstein; Christina Crooks, Pamela Dorsey, C’Kenya Downer, Louvel Fauntroy; Fred Fiola, Todd Graham, Glenn Hamilton, Cheryl Heiks; Joanne Landry, Dwayne Parker</p> <p>Division of Medicaid and Medical Assistance (DMMA) Staff Present: Steve Groff; Dr. Liz Brown, Kathleen Dougherty, Richard Holaday, Tyneisha Jabbar-Bey, Jamie Johnson; Bill McGonegal; Chris Ogunremi; Cindi Powell; Betty Sloven; Glyne Williams; Lisa Zimmerman</p>
<p>I. CALL TO ORDER</p>	
<p>Call to Order:</p>	<p>DMMA Division Director S. Groff called the meeting to order at 9:00 am on behalf of Dr. J. Pillsbury.</p>
<p>II. NEW BUSINESS</p>	
<p>Stephen Groff DMMA Director</p>	<p><u>COVID-19</u> S. Groff provided an update on how the Medicaid program is functioning during the COVID-19 pandemic.</p> <ul style="list-style-type: none"> - A DMMA Medicaid client COVID-19 tracking /confirmed positive cases spreadsheet was reviewed. A request was made by Council Member C. Heiks for a breakdown of the COVID-related deaths by age. DMMA will provide this information. It was noted that even though nursing homes residents receive high-quality care, the nursing homes have been heavily impacted and have the highest mortality rate. In addition, DMMA has been partnering with the Delaware Health Care Facilities Association (DHCFA) on weekly calls to have a better of understanding of the status of the facilities and their needs. - Federal Level – Delaware is under a state of emergency as well as a national Public Health Emergency (PHE). Therefore, certain emergency authorities became available through CMS to address the current emergency need: <p><u>1135 Waiver:</u> This waiver grants authority to DMMA to have retroactive approval for changes that have already been made. Changes made in mid-March during the beginning of the pandemic will be approved in April. This also includes provider enrollment, fair hearings and procedural matters. CMS has been very responsive and helpful to the states. Delaware, along with other states, have requested additional authority around housing support but the discussions between CMS and the states on this matter continues. It was noted that client needs also include non-medical support such as food and housing.</p> <p><u>Appendix K [An emergency authority as related to the 1915c HCBS Waiver]:</u> This waiver authority is administered by the Division of Developmental Disabilities (DDDS) which allows them to have more</p>

flexibility around how they serve their members , reduce administrative requirements that may otherwise require face-to-face contact in order to maintain social distancing by limiting exposure and provide payment support to providers that are unable to serve their members during this time.

1115 Demonstration Waiver Amendment: DMMA is working on this request to gain additional authorities as well as submission of a disaster State Plan Amendment (SPA) in order to make necessary and temporary changes to what is otherwise required in the State Plan, most notably around premium requirements for members and telehealth.

Stimulus Bills/COVID Related: There have been four (4) bills introduced intended to mitigate loss of employment but there has also been financial relief for providers. There has been an increase in the federal matching percentage of 6.2% for states who satisfy Maintenance of Effort Requirements. The states have been instructed to not disenroll any members in the Medicaid Program during the period of the emergency unless the member is deceased, moves out of state or voluntarily requests to be disenrolled. DMMA was already moving in this direction prior to the directive. Medicaid members will not be disenrolled during this time.

- DMMA Update during the past six (6) weeks:

Coverage and Copays: Delaware Medicaid covers services including testing, physician, clinic, and emergency visits without copays for members. Coding for COVID-19 Testing: Delaware Medicaid will add Healthcare Common Procedure Coding System (HCPCS) codes as they become available. In February 2020, CMS developed the first HCPCS code (U0001) to bill for tests and track new cases of the virus. This code is used specifically for CDC testing laboratories to test patients for COVID-19. The second HCPCS billing code (U0002) allows laboratories to bill for non-CDC laboratory tests for COVID-19. This second HCPCS code should be used for tests developed by these additional laboratories when submitting claims to Medicaid. Providers should follow CDC ICD-10-CM Official Coding Guidelines when selecting a diagnosis code to ensure proper reporting. New codes are being added that require policy changes and will be tabled for follow-up.

Emergency Medical Emergency Medical Benefit: DMMA has determined that the Medicaid Emergency Benefit for non-citizens includes emergency services related to the coronavirus (COVID-19).

Prior Authorizations: All existing prior authorizations have been extended for six months to prevent any lapse in services during the emergency.

Pharmacy Co-Pays: All pharmacy co-pays have been waived for all programs, including the Delaware Prescription Assistance Program (DPAP).

- Pharmacy: DMMA relaxed early refill limits for prescriptions and certain consumable durable medical equipment. Additionally, quantity limits have been lifted for respiratory acute treatment drugs. DMMA temporarily waived the requirement in Pharmacy policy manual Section 1.1.2.2, to obtain a signature for all DMMA covered medications to reduce face-to-face interactions and promote social distancing. DMMA changed the status of all hydroxychloroquine and chloroquine NDCs to require prior authorization effective



4/1/2020. Patients previously established on the medication will be grandfathered in the system to avoid any interruptions. All new prescriptions must have with a diagnosis code. Any prescriptions with a FDA-approved diagnosis will qualify for payment per Medicaid policy of a 34 day supply or 100 units whichever is greater.

- Telehealth: To the extent it is practical, DMMA encourages the use of telehealth to provide COVID-19 related services to Medicaid members. In accordance with the Governor's amended Executive Order, CMS guidance for Medicaid telehealth services, and the Office for Civil Rights Notification of Enforcement Discretion for telehealth remote applications, DMMA is revising telehealth policies to remove barriers created by requirements that patients present in-person before telehealth services may be provided and allow out of state healthcare providers to provide services if they hold an active license in another jurisdiction. DMMA will also expand allowable interfaces. (Guidance and FAQs can be found on the DMMA website).
- Provider Enrollment: The following changes have been made, in accordance with CMS waiver authorities and the Governor's Emergency Declaration to maintain an adequate workforce and support telemedicine: All provider revalidations are suspended, and providers that were screened by Medicaid in another state or Medicare will be temporally enrolled in Delaware Medicaid for the duration of the public health emergency.
- Logisticare (Transportation): There was initially a decline in availability of providers; however, there was also a decline in transportation requests being scheduled by clients. DMMA has been able to provide transportation requests, as needed. There was also a need for ambulance transportation for any individual diagnosed with COVID-19 (all positive COVID-19 clients must be transported to the hospital by ambulance), and a need for dialysis patients. DMMA worked with Logisticare and regulation authorities of the state to institute a temporary agreement to allow ambulance services from the State of Maryland. In addition, Logisticare assisted in the identification of hotels to support homeless individuals with COVID-19 as well as providing transportation to these sites so the individual can receive support and services.

Director Groff expressed his thanks to all of the DMMA partners, MCOs and DMMA staff for all of their outstanding work during the pandemic. In addition, gratitude was given to Deputy Director Zimmerman, Alexis Bryan-Dorsey and the DMMA administrative support staff for quickly enabling the majority of the DMMA workforce to work remotely from home. The nursing staff worked early on to develop procedures to provide care remotely. Everyone has worked collaboratively through this challenging time.

Lisa Zimmerman recognized the leadership and guidance that was provided by Steve Groff during this time. The needs of the clients always come first.

III. OPEN DISCUSSION

	<p>Q: Cheryl Heiks: Requested clarification on State Plan Amendment.</p> <p>A: The State Plan Amendment primarily focuses on changes that need to be made to the existing State Plan. This amendment involves waiving premiums and telehealth. The 1115 Waiver will be focus on retainer payments and other means of support.</p> <p>Q: Cheryl Heiks: Logisticare – is there any cleaning occurring for the transport vehicles?</p> <p>A: All transportation providers must be able to prove they are following CDC guidelines on transport and cleaning. Cheryl Heiks was encouraged to send her concerns via email and DMMA can provide written guidelines that are to be met.</p> <p>Christina Bryan: Thanked Director Groff for all that DMMA has done, especially the changes for Telehealth coverage and services.</p> <p>Q: A behavioral health facility member is having a problem with the lack of coverage regarding the partial-hospitalization program in regard to telehealth. Is there an update?</p> <p>A: Telehealth has been a positive program and has been embraced by Medicaid Directors around the country. However, the partial-hospitalization program has been a challenge and it is anticipated that the provider should have an answer this week.</p> <p>Q: Linda Barnet: Noted the cost of the programs during the pandemic. Has DMMA been asked to make any budget cuts during this time?</p> <p>A: No, there are no current plans to cut the budget. In the last bill, some federal support may be offered to help offset State revenue loss. There is a hope for an increase in the federal matching for the Medicaid Program.</p> <p>Q: Nadine Chance: Aware that DMMA is trying to slow down the trend in nursing homes; what is being done for slow the trend in independent care facilities?</p> <p>A: Some DMMA clients reside in those facilities and are enrolled either with an MCO or the PACE Program and services are being provided. There has been collaboration between DMMA and the Housing Authority on how these services will be delivered. If there is a client who tests positive for COVID, DMMA provides case management through the MCOs on direction on how to stay safe, client screening, treatment and transportation. Medications are being delivered through the mail and there has been an increase in meal delivery.</p> <p>Q: Lynn Robinson: ACO Applications – has the May 24th deadline been pushed back?</p> <p>A: The original deadline was April 24th and it has been pushed to May 15th. If the deadline date changes again, DMMA will post it on the division website.</p>
	<p>IV. PUBLIC COMMENT</p>
	<p>No Public Comments were made at this time.</p>
<p>VI. ADJOURNMENT</p>	

Adjournment <i>Dr. Julia Pillsbury</i> <i>Chair</i>	There being no further business, Dr. Pillsbury adjourned the meeting at 10:40 am. The next meeting is scheduled for Wednesday, July 22, 2020, at 9:00 am via conference call.
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Respectfully submitted Cynthia Powell 6/16/2020
Recorder