

COVID-19 Updates

Colorado Department of Health Care Policy & Financing

April 15, 2020

Overview

Executive Director Update

- Kim Bimestefer

Update on COVID-19 status in Colorado

- Dr. Lisa Latts, Chief Medical Officer

Update of Department Guidance Issued

- Dr. Tracy Johnson, Medicaid Director

Questions/Feedback

THANK YOU!

- Thank you for your service and passion
- Thank you for engaging through uncharted waters
- Thank you for your partnership with HCPF!!
- HCPF - how we are structured through this State of Emergency

Safety, Health, Leadership

- Pandemic that drives economic downturn - impact to Medicaid / CHIP membership - different than ACA, no lead time, lower \$\$
- Staying in Lock Step with CDPHE Care Guidance
- 30+ Operational memos issued - protecting members, opening up care access, removing admin barriers
- 30+ webinars - guidance, answer questions, facilitate collaboration
- Protecting our most vulnerable - seniors, individuals with disabilities (ie: nursing home focus)
- Helping the state - i.e.: PPE sourcing/acquisition, EOC expertise assistance ACS
- ***Passionately Rising to the Call*** - to cover Coloradans losing coverage

Service, Access, Coverage Partnership

- Re-examining new member messaging - clarity, PEAK, etc. (Leading PEAK work)
- Build Service Center Capacity - Members, Providers
- Claims are being paid promptly and accurately.
- CBMS-only system impacting HCPF w/issues: > 650 system adjustments made to improve app processing time. OIT/HCPF/CDHS/county partnership.
- Re-examining how to best recruit providers
- Telemedicine policy. Reduce Face-to-Face engagement, protect members & providers, improves care access
- Maintenance of Effort - no members terminated after March 18th
- Connect for Health Collaboration- Special Enrollment Period - through April 30th

Federal Engagement and Actions

- Requesting Admin/Ops Flexibility and \$\$ from CMS
 - Appendix K Amendment - Approved.
 - 1135 Waiver - Partially Approved.
 - 1115 Waiver - In Process.
 - Emergency State Plan - In Process.
- Implement Maintenance of Effort - CMS requirement that individuals eligible for Medicaid as of March 18th will stay enrolled
- Helping with financials/government rules on Alternate Care Sites

Member Projections and Financials

- HCPF modeling to forecast membership, utilization, impact to budgets, staff, etc.
- Monitor changing Fed stimulus \$\$ to states
- State has a significant revenue shortfall of over \$3.2B due to COVID19
- Working with OSPB to address shortfall. 96% HCPF budget is claim \$\$\$. Supplemental payments cover 14.8% of total claim spend. HCPF budget is ~ 4% admin, < 1% staff.
- Review CMS approval ls against budget and IT system requirements
- Tough choices. Temporary Rules. Operationalize. Implement.

Change in FMAP

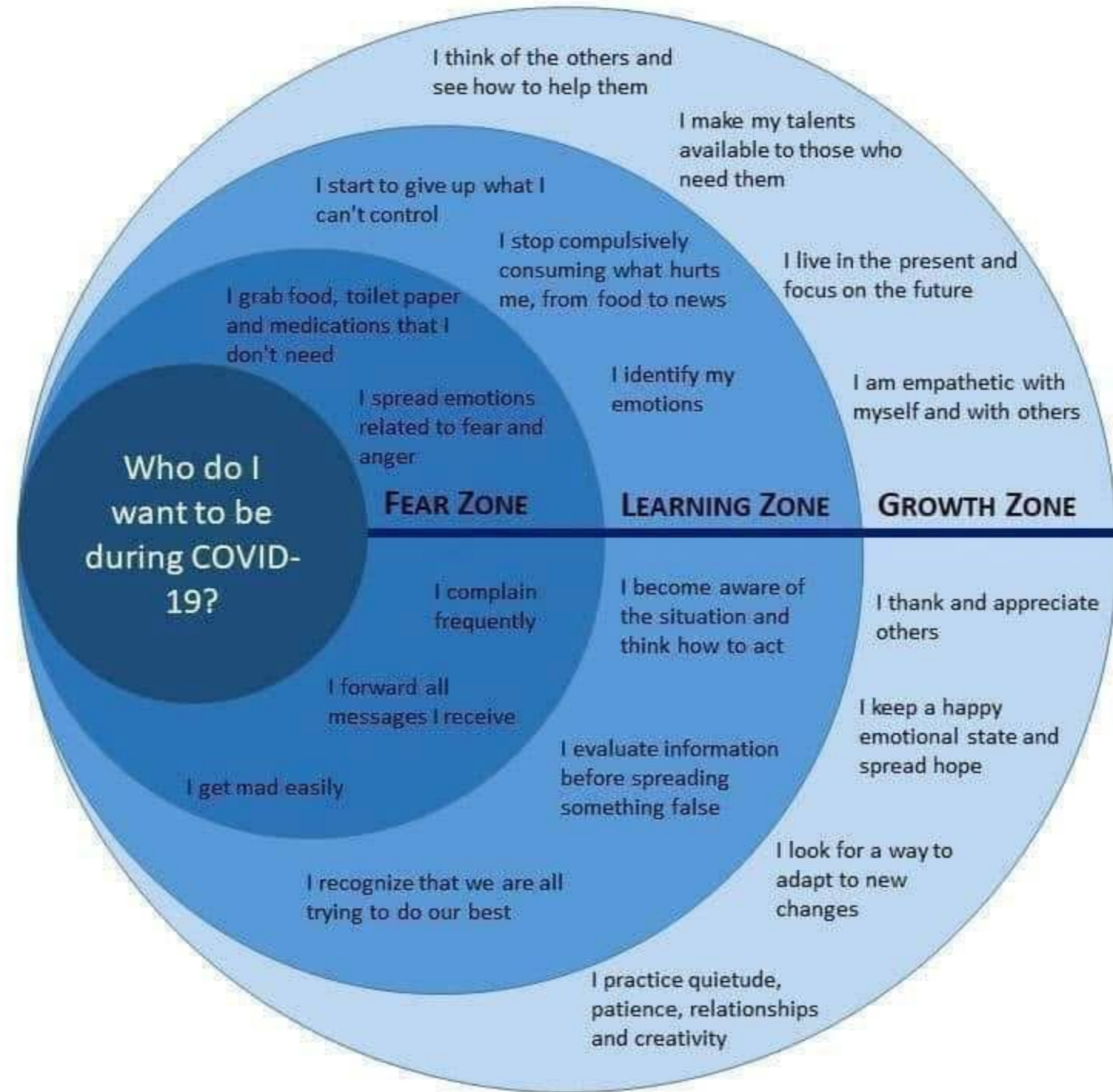
- Medicaid's Federal Medical Assistance Percentage (FMAP)
- FMAP 6.2 pt increase in Families First Coronavirus Response Act to States
- 6.2 pts for CO ~ \$119 million for the first quarter. Will help us cover the increase in Medicaid members, but more needed
- For every Federal dollar we spend, the state budget requires 44 cents. (Other states have 82 cents to our 56 cents)
- 3 federal stimulus bills to date with a 4th in the works. Must prioritize \$\$ for states, FMAP, etc.

Reducing Other Admin Burden

- Inpatient Hospital Prior Auths (4/1)
- O2 & other respiratory Prior Auths - suspended.
- Rx - early refills at 50% mark
- Suspending Inpatient and Residential SUD for 6-months, until Jan 1, 2021
- Payment Error Rate Measurement (PERM) Audits - CMS has delayed.
- Repurposing mtgs where appropriate - recognizing 1.3M members are relying on us and 99%+ do NOT have COVID19 and they need our support.

Who are we during COVID19?

We are in the outer most zone!!



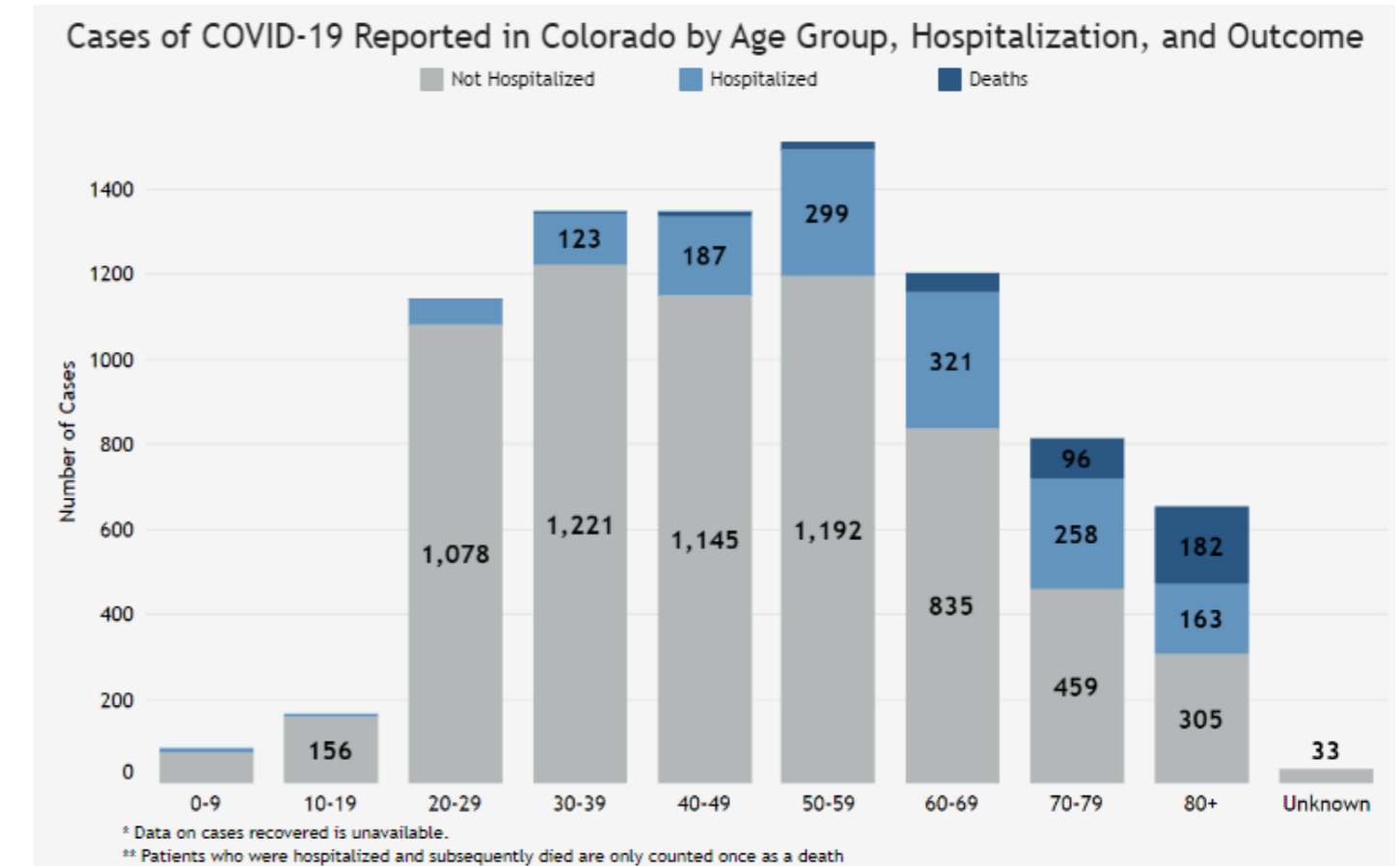
COVID-19 in Colorado

- 8,280 cases
- 1,636 hospitalized
- 357 deaths
- 83 facility outbreaks

COVID-19 in Colorado by Race & Ethnicity

	Cases	Deaths
American Indian or Alaska Native - Non Hispanic	0.49%	0.63%
Asian - Non Hispanic	2.59%	2.85%
Black - Non Hispanic	7.04%	7.28%
Hispanic, All Races	29.49%	17.72%
Multiple - Non Hispanic	1.60%	0.95%
Native Hawaiian or Pacific Islander - Non Hispanic	0.53%	1.27%
White - Non Hispanic	57.23%	69.30%
Other	1.04%	0.00%

* Cases with an unknown race or ethnicity are excluded from the above calculations.



Ongoing/Upcoming Clinical Trials

Denver Health

- NIAID: Adaptive COVID-19 Treatment Trial (ACTT)

UCH

- Regeneron: An Adaptive Phase 2/3, Randomized, Double-Blind, Placebo-Controlled Study Assessing Efficacy and Safety of Sarilumab for Hospitalized Patients with COVID-19
- Gilead: A Phase 3 Randomized Study to Evaluate the Safety and Antiviral Activity of Remdesivir (GS-5734TM) in Participants with Severe COVID-19
- Gilead: A Phase 3 Randomized Study to Evaluate the Safety and Antiviral Activity of Remdesivir (GS-5734TM) in Participants with Mild COVID-19
- NHLBI (PETAL): Hydroxychloroquine for the Early Treatment of COVID-19 in Hospitalized Adults: A Multicenter Randomized Clinical Trial
- NIAID (ACTG): A Randomized, Controlled, Open-Label, Trial to Evaluate the Efficacy of Hydroxychloroquine (HCQ) and Azithromycin versus Vitamin C to Prevent Hospitalization and Death in Persons with COVID-19

Eligibility and Billing

The federal government has said no one can lose eligibility during the pandemic but redeterminations are not happening and are holding up PARs and in turn services and payment. What can we do?

The Department will be implementing continuous enrollment on Sunday, April 5 to lock in members existing Medicaid eligibility and waiver program coding from March 18 through the resolution of the pandemic. Case managers will be able to approve the PARs and providers will be able to bill without the redetermination.

Eligibility for Members

My redetermination has not gone through and I am worried about not getting my services.

The Department will be implementing continuous eligibility on Sunday, April 5 to lock in members existing Medicaid eligibility and waiver program coding from March 18 through the end of the pandemic. Case managers will be able to approve the Prior Authorization Requests (PARs) without the redetermination.

Access to Care

What steps can I take if I am having trouble contacting my Primary Care Provider (PCP) or having difficulty filling a prescription?

Regional Accountable Entities (RAEs) can help you access your primary care provider or healthcare services. You can reach out directly to the RAEs to help you get timely care that you need. Your RAE is based on where your Primary Care Provider operates. To find your RAE go to <https://www.healthfirstcolorado.com/health-first-colorado-regional-organizations/> or call 1-888-367-6557

You can also call the Nurse Advice Line 24/7 at 1-800-283-3221

Access to Care

Is Medicaid helping the uninsured for COVID-19?

Yes. Starting Sunday, April 5 we will be providing coverage for COVID-19 testing to people who are not eligible for Medicaid or CHP+ and have indicated that they have been affected by COVID and need testing. (CMS denied our request to cover COVID19 treatment, complications.)

A Special Enrollment Period for the Connect for Health Exchange is also being extended through April 30th.

The MOE also impacts the otherwise (potentially) uninsured.

HIPAA

Will there be any flexibility around releases of information for advocates to communicate with the Department during the pandemic?

No. The Department has not been granted any flexibility under any of the new HIPAA guidance, only providers.

Appendix K & 1115 Demonstration

Emergency Preparedness & Response

- **Removal or Modification of Limitation on Services**
 - Ex. Temporarily permit payment for services rendered by family caregivers or legally responsible individuals
- **Workforce and Provider Solvency**
 - Ex. Provide payments to facilities for providing services in alternative settings
- **Operational Requirement Modifications**
 - Ex. Temporarily modify processes for level of care evaluations or re-evaluations
 - Ex. Treat individuals as institutionalized or receiving home and community-based services (HCBS), even if they receive less than 30 days of continuous care in the respective setting.

<https://www.colorado.gov/pacific/sites/default/files/COVID%20Emergency%20Waiver%20Overview%20-%2003-25-2020.pdf>

Temporary Authorization of TeleMedicine during COVID-19

Expanding the telemedicine policy to authorize the following:

1. Expanding the definition to include telephone only and live chat modalities.
2. Authorizing Federally Qualified Health Centers (FQHCs), Rural Health Clinic (RHCs), and Indian Health Services to bill for telemedicine visits
3. Adding specified Physical Therapy, Occupational Therapy, and Home Health, Hospice and Pediatric Behavioral Therapy services to the list of eligible interactive audiovisual telemedicine services.

[Link: Guidance](#)

Telemedicine for Behavioral Health Provider

- Behavioral Health allowable for Telemedicine
- Contact RAEs for additional Guidance
- SAMHSA guidance to relax requirements to obtain written consent prior to disclosure of records

Formal Guidance for Telemedicine



[Temporary Authorization](#)

[Telemedicine FAQs](#)

[Billing Guidance](#)

Member & Provider Guidance

Members: <https://www.colorado.gov/hcpf/telemedicine>

Service Providers: <https://www.colorado.gov/hcpf/covid-19-provider-information>

Includes info on:

- HCBS service changes
- Home health service information
- Telemedicine guidance

Colorado COVID19 website (CDPHE): <https://covid19.colorado.gov/>

Questions about other Changes

Visit the HCPF COVID Site:
[Colorado.gov/hcpf/covid](https://colorado.gov/hcpf/covid)

Apr-20

More Information



www.cdc.gov/coronavirus/2019-ncov/



www.cms.gov/About-CMS/Agency-Information/Emergency/EPRO/Current-Emergencies/Current-Emergencies-page



covid19.colorado.gov



Local Public Health Agencies

www.colorado.gov/cdphe/find-your-local-public-health-agency



www.colorado.gov/hcpf/COVID



**What are we not
thinking of?**

**What else needs
consideration?**

Thank You!