

#### PHE Unwind Webinar #2

### Agenda

Overview of COVID-19 Public Health Emergency

MDHHS Redetermination and Preparedness

Legislative Update

Telehealth Update

MPCA Update

Questions





Figure 1: Actions Associated with Future PHE Renewals and Expirations



WHAT ENDS WHEN?					
In Enabled By	Policy/Flexibility Ends				
Disaster Relief State Plan Amendments (SPA)	HHS approved state requests to make temporary changes to address eligibility, enrollment, premiums, cost-sharing, benefits, payments, and other policies differing from their approved state plan during the COVID-19 emergency.				
1115 Waivers	HHS approved state requests to operate Medicaid programs without regard to specific statutory or regulatory provisions during COVID-19 emergency	60 days after PHE Ends or earlier date approved by CMS			
1135 Waiver Authority (CMS) –	HHS approved state waiver/modification request for Medicaid/Medicare/CHIP requirements	Date PHE Ends (Cannot be extended)			
FDA EUA	EUAs allow medical countermeasures to be available to the public before formal FDA approval.	Date PHE End, unless specific declared exception issued through FDA			
Extension of election and notice deadlines for COBRA	Group health plans subject to ERISA or the Internal Revenue Code must disregard the COVID-19 Outbreak Period in determining election, claims, and payment deadlines.	60 days after date PHE ends *Temporary COBRA subsidies have already expired			

**Liability immunity** extended to providers based on the PREP

Act emergency declaration



**PREP ACT Liability** 

**Immunity** 

October 1, 2024 (Prep Act

Declaration end date)

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# Policies, Services and Programs Impacted by End of PHE and COVID-19 Funding

- Vaccines
- Testing
- Treatment
- PPE
- Infection Control / Safety
- Emergency Preparedness / Response
- Coverage / Billing / Payment

- HRSA Programs
- CMS Policies
- Health Center Operations
- Funding / Grants
- SDOH / Special Population Impacts
- Telehealth
- Workflow Adaptations



PHE Unwind Webinar #2 MDHHS Redetermination and Preparedness

PHE Unwind Webinar #2

### MDHHS Medicaid Redetermination

### **Process**

- Redeterminations are processed based on the month (not year), process can take up to 3 months
- If MDHHS has enough information on file can auto renew and send approved renewal information (Remind beneficiaries to keep information updated in MI Bridges)
- Will send out beneficiary alert letter 30 days before end of PHE, sending out by ZIP code
- Beneficiaries will receive electronic or paper form depending on what they marked as preference (may not receive paper if marked electronic only in MI Bridges)
- NO link between eligibility for Medicaid and any of the other programs
   It is possible to qualify for one without qualifying for another
- MDHHS End PHE Resource page and MDHHS PHE Unwind Plan (6.7.22 PPT)



### Update your address, phone number, and email address.

The best way to check and update your contact information is online at michigan.gov/mibridges.



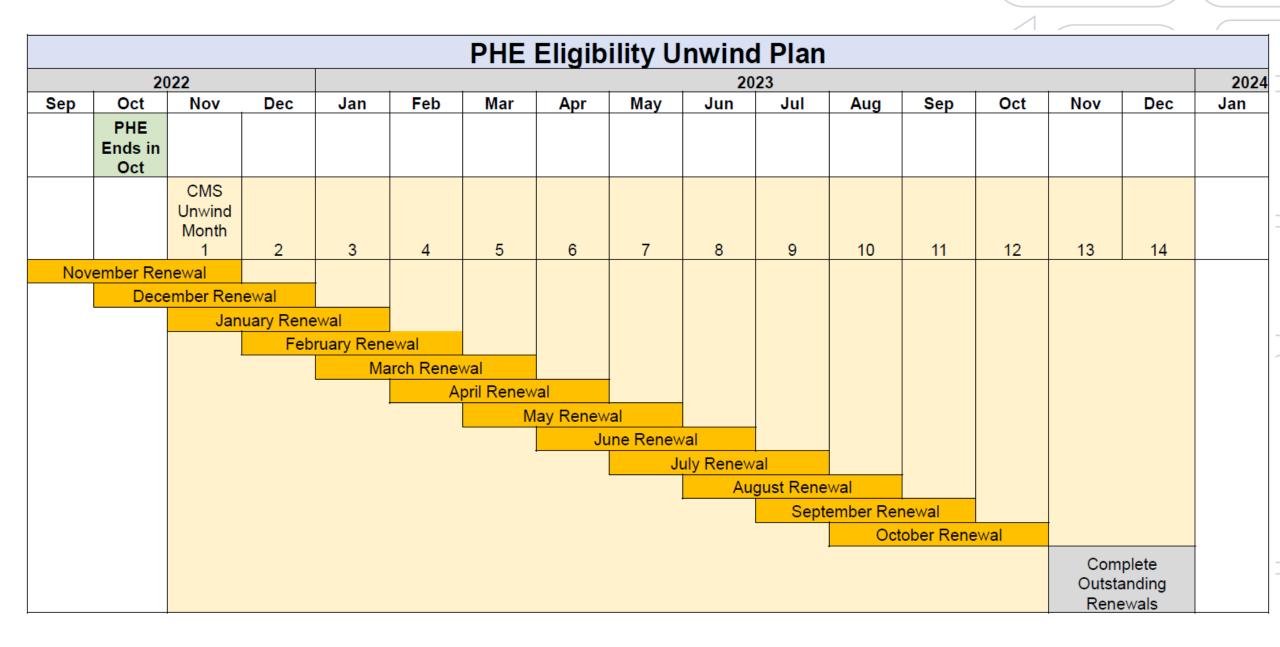
#### Report any changes to your household or income.

Report changes to the MDHHS by visiting michigan.gov/mibridges. Or, contact your local MDHHS office.



#### Check your mail.

To keep your coverage, you may need to complete a yearly renewal form. If you do, we will mail one to you. To avoid gaps in healthcare coverage, please complete and send the form right away.



<sup>\*</sup>Hypothetical timeline assumes PHE ends in October 2022. Timeline is subject to change as dates are finalized.

### Preparing Staff & Workflows

- Leadership
  - Continue to monitor and assist with center workflows
  - Support staff effort towards enrollment and outreach activities
- Front office
  - Check patient insurance status upon check-in
  - Remind patient to update information in MI Bridges
  - Schedule appointment with Enrollment Staff
- Enrollment Staff
  - Remind patients to update information in MI Bridges and potential effects of loss of coverage such as increased prescription costs
  - Ensure patient has access to MI Bridges account connected to benefits
  - Assist patients who are disenrolled from Medicaid in transitioning to other coverage (Marketplace, Medicare, CHIP, Employer-based)
- Communications Teams
  - Post reminders to update information in MI Bridges, PHE Unwinding on social media, waiting room monitors, share communications tools with community partners
- Finance
  - Flag patients that do not have coverage and advise Enrollment staff
     mpca



### Before PHE Ends Example Workflow

Medicaid patient calls to schedule an appointment to see medical provider at the health center Front desk asks patient if they updated their contact information in MI Bridges or if they would like to schedule an appointment with Enrollment Staff for assistance after their visit with the provider

Patient has not updated information in MI Bridges and requests Enrollment Staff support after visit with provider

Front desk schedules time with Enrollment Staff after patient's visit with provider and notifies

Enrollment Staff

Patient meets with Enrollment Staff after visit with provider and updates information in MI Bridges and has discussion on PHE Unwinding Enrollment Staff flags the chart for follow-up when the PHE has ended and plans to send PHE Unwinding reminder letters/emails/texts or

### After PHE Ends Example Workflow

Patient is determined ineligible for Medicaid after redetermination and calls health center for help

Front desk offers to schedule an appointment with Enrollment Staff to review healthcare options or assess for Sliding Fee Scale eligibility

Patient agrees to appointment with Enrollment Staff and plans to bring proof of income and other enrollment documents

Front desk schedules appointment with Enrollment Staff and notifies Enrollment Staff

Enrollment Staff meets with patient and helps find a Marketplace plan and assists with enrollment

Enrollment Staff schedules a follow-up in one month to ensure new coverage is active and follows up with billing to see if any bills can be retoactively covered

### Monitor for Increased Enabling Services Needs

- Transportation needs
  - Increase in in-person care may increase need for transportation support
- Food assistance and access
  - Increase utilization of food pantries, lack of access to nutritious food
  - If found ineligible for Medicaid, may still be eligible for WIC/SNAP/food assistance
- Housing needs & utilities assistance
  - <u>CERA</u> will stop once program funds have been expended, a specific date not yet determined
- Internet/Wi-Fi access needs
  - Patients may wish to complete redetermination online and will need internet access to upload documents, view letters, access MI Bridges
  - Patients who will lose Medicaid coverage may seek alternate coverage options online
- Translation/Interpretation needs
  - Individuals who do not speak English as a primary language may need help understanding information and documents received from MDHHS, how redetermination effects their coverage, and how to access support
- Focused Support
  - Some patients may require additional support and reminders of the urgency to keep information updated in MI Bridges and potential effects in loss of coverage

### Communications & Messaging

#### **Prior to Redetermination**

- Have #Medicaid coverage? If so, then listen up! Your renewal may have been on pause due to #COVID19, but it's making a comeback. Be sure MDHHS knows your current address so you receive your renewal letter: <u>Michigan.gov/MIBridges</u>
- Medicaid/CHIP renewals are coming! Make sure your address is up to date:
   Michigan.gov/MIBridges
- Changed your address in the last year? Update your address with us and MI Bridges so you get your Medicaid renewal letter: <u>Michigan.gov/MIBridges</u>

### <u>After Redetermination Is Complete and Consumer Is No Longer Eligible For</u> Medicaid Or CHIP

- Lost or denied Medicaid or CHIP coverage? You may qualify for coverage with a Special Enrollment Period at <u>www.healthcare.gov</u>. Connect with our Enrollment Specialist today!
- Need health coverage? Visit HealthCare.gov or connect with our Enrollment Staff to see if you qualify for Marketplace coverage & review your coverage options today! <a href="https://www.healthcare.gov">www.healthcare.gov</a>





Don't miss this letter.

Check that your state Medicaid office has your current mailing address.

Medicaid.gov

### Resources & Toolkits

#### PHE Unwinding Planning

- CMS Monthly PHE Unwinding Webinars
- Medicaid.gov Unwinding Resources
- MDHHS PHE Ending Webpage
- MDHHS PHE Ending Webinars and Recordings
- MDHHS Communications toolkit (TBD)
- MPCA PHE Unwinding Toolkit

#### Healthcare Coverage Resources

- Healthcare.gov Screener
- Medicaid.gov Renewals
- Benefits.gov Michigan

#### **COVID-19 Resources**

- <u>Insurance Options for Over-the-counter COVID tests</u>
- MDHHS Covid Testing Options
- Free COVID tests from <u>Libraries</u> & <u>MI Safe Schools</u>
   <u>Testing Program</u>
- MDHHS Testing locator

#### PHE and Emergency Response

- ASPR Public Health Declarations
- OSHA News Releases



### Post-PHE Medicaid Revenue Change Impact Tool

MPCA has developed a tool to help health centers determine the impact of changes to Medicaid redetermination once the Public Health Emergency Ends

- This tool can be downloaded and adjusted with your specific health center information
- The tool can be found on the Health Center Revenue Cycle Resources OneDrive (mpca.net > Operations, Training, & Programs > Billing & Finance > Health Center Revenue Cycle Resources > Additional Resources > Public Health Emergency
   > Post PHE Medicaid Revenue Change Impact Tool) & below
  - Post PHE Medicaid Revenue Change Impact Tool.xlsx





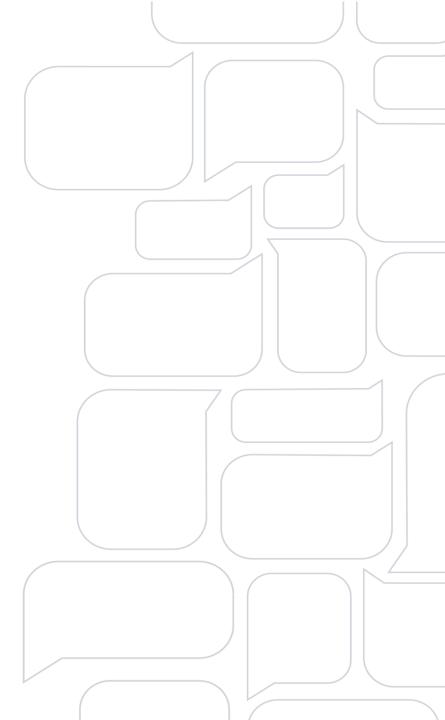
## Telehealth Flexibility and Stable Reimbursement

MPCA recommends supporting **Senate Bill 1135** which would codify current temporary policies regarding telehealth and ensure that health centers and other providers can receive appropriate reimbursement for the telehealth services they provide to patients. The legislation will:

- Ensure a comprehensive array of services- including primary and specialty medical, dental, behavioral, and substance use services are permanently covered as telemedicine services.
- Ensure continued reimbursement for audio-only telemedicine services which have been critical for patients who do not have easy access to broadband and/or smartphones.
- Ensuring healthcare providers are not reimbursed at a lower rate than in-person services for telemedicine and that other services limitations or provider requirements are not more restrictive for telemedicine than they are for in-person services.

#### **Frank Waters**

Director of Policy & Government Affairs





### Where Telehealth Stands Now

#### **Permanent**

- Medicaid
  - Audio/video Telemedicine
- Medicare
  - Mental Health services provided by Telecommunications
  - Virtual Communication Services (VCS)

#### Time-limited/Impacted by the PHE

- Medicaid
  - Audio only telemedicine
  - PPS reimbursement for providers who are working from a location other than the office (ie. their home)
  - Expanded services list (including dental, physical therapy, occupational therapy & speech therapy)
- Medicare
  - Medical Telehealth Services

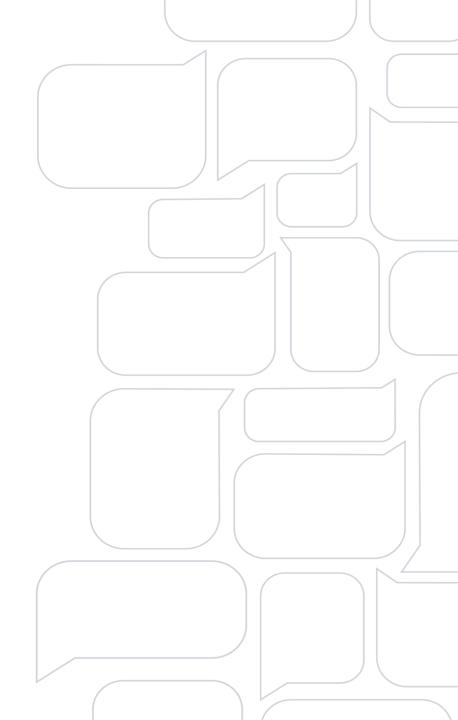


#### **Medicaid Telemedicine Proposed Policy Expected**

- Expected regarding to be released by MDHHS early August
- Additional information regarding documentation, telemedicine guiding principals & use of telemedicine
- Information provided is based on what MDHHS has shared will be in the proposed policy and may change based on the details in the proposed policy that is expected to be released

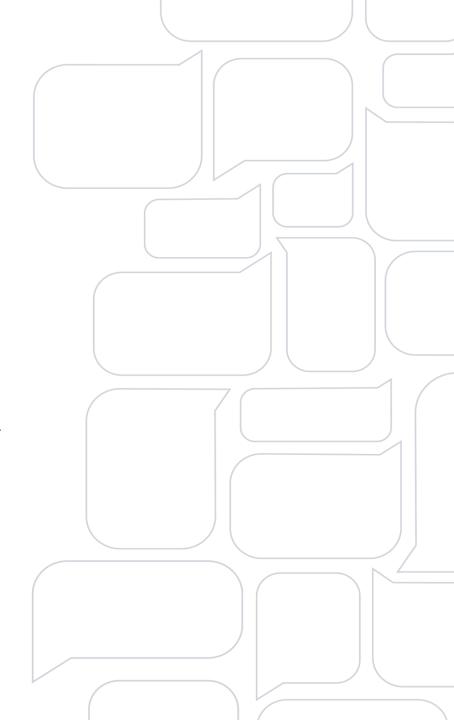
#### **Expected Telemedicine Billing Changes Forthcoming**

- Billing with modifier 95
- Billing with Place of Service (POS) that would be used if service was in-person
- No longer using GT modifier, POS 02, or POS 10



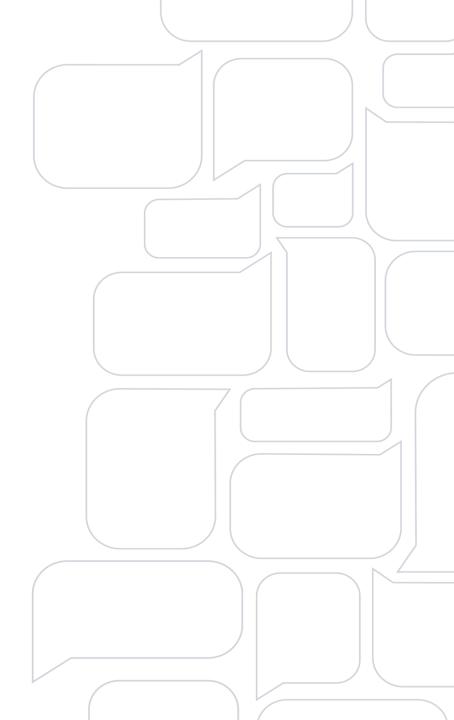
#### **Telemedicine Allowances Expected to Continue**

- Originating Site Flexibility
  - Including Home
- Distant Site Flexibility
  - Continuation of PPS with providers working from home
- Continuation of Telemedicine for Dental (MSA 20-21)
  - Limited Oral Evaluation (Do140)
  - Real-time audio/video interaction
- Continuation of Telemedicine for Physical Therapy, Occupational Therapy, Speech Language Services, & Audiology
  - Allowable service codes detailed in MSA 20-22 (PT, OT & ST) & MSA 20-53 (Audiology)
  - Real-time audio/video interaction
  - Initial evaluation must be done in-person
- Addition of services to the Telemedicine Services Database
  - Timeline of additions forthcoming



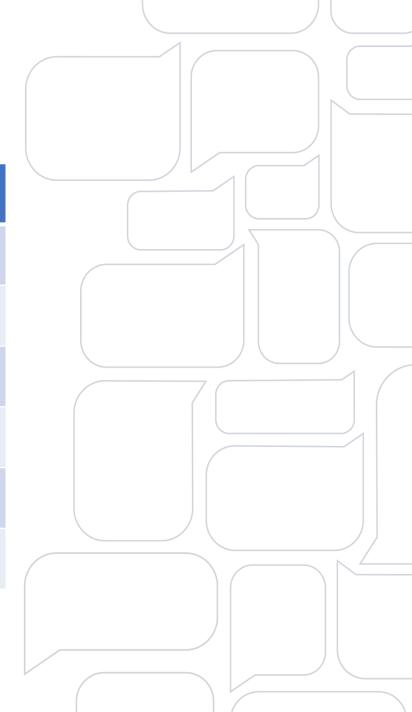
#### **Telemedicine Allowances Expected to End**

- Audio only
  - Telephone service codes (99441-99443 & 98966-98968) will be added to the Telemedicine Services Database
  - Audio only/Telephone services are not eligible for PPS reimbursement
- COVID-19 Service Exception Database
  - Services that are expected to continue will be transitioned to the Telemedicine Services Database



Allowance	Current (during PHE)	Post-PHE w/out changes*	Post-PHE with Proposed Policy Changes
Medical Services	Paid (at PPS rate)	Paid (at PPS rate for audio/video)	Paid (at PPS rate for audio/video)
Behavioral Health	Paid (at PPS rate)	Paid (at PPS rate for audio/video)	Paid (at PPS rate for audio/video)
Audio Only	Paid (at PPS rate)	No allowance	Telephone codes only (9944X & 9896X - not PPS eligible)
PPS from Home	Paid (at PPS rate)	No allowance	Paid (at PPS rate for audio/video)
Dental	Paid (at PPS rate)	No allowance	Paid (at PPS rate for audio/video)
PT/OT/ST	Paid (at PPS rate)	No allowance	Paid (at PPS rate for audio/video)

Grid above is based on information provided by MDHHS and may change based on details of proposed policy that is expected to be released \*Post-PHE once MDHHS temporary allowances have ended and if no additional policies are released



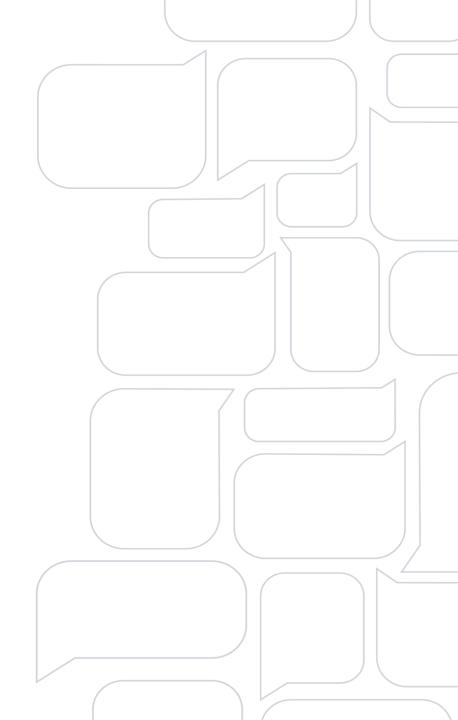
#### **Public Comments**

- Expected proposed policy to go through full policy promulgation
  - 35-day public comment period
  - Once public comment period has ended MDHHS will consider comments and develop final policy
  - Final policy will be released and take effect 30 days from issuance
- MPCA will be submitting comments on the proposed policy
  - We would encourage health centers to do the same
  - MPCA will create a comment template for health centers to build public comment



#### 2023 Physician Fee Schedule Proposed Rule

- Implementation of the extension of telehealth provisions established in the Consolidated Appropriations Act 2022
  - Allowing COVID-19 flexibilities to remain in place for 151 days after the Public Health Emergency (PHE) ends
  - This includes the in-person requirements related to mental health services (Mental Health services for Medicare beneficiaries will continue post-PHE)
- Transition to the use of modifier 93 for audio-only Mental Health services (replacing FQ modifier currently in use)
- This is currently Proposed Rule and is open for comment
  - Final Rule is usually out by early November and MPCA will plan to share out details via the listservs



## Medicaid & Medicare Telehealth Clarification Needed

#### **Medicaid Clarification**

 Understanding telehealth (particularly audio only claims) for dual eligible beneficiaries will be processed by MDHHS and the impact to the health centers cost reconciliation

#### **Medicare Clarification**

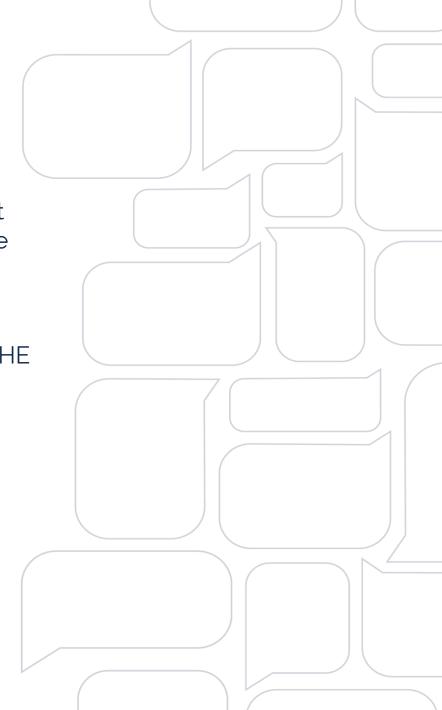
 Distant Site locations that can be used for Mental Health services long term



### Telehealth Coverage Information

#### PHE Unwind - Telehealth Coverage Information (Detailed)

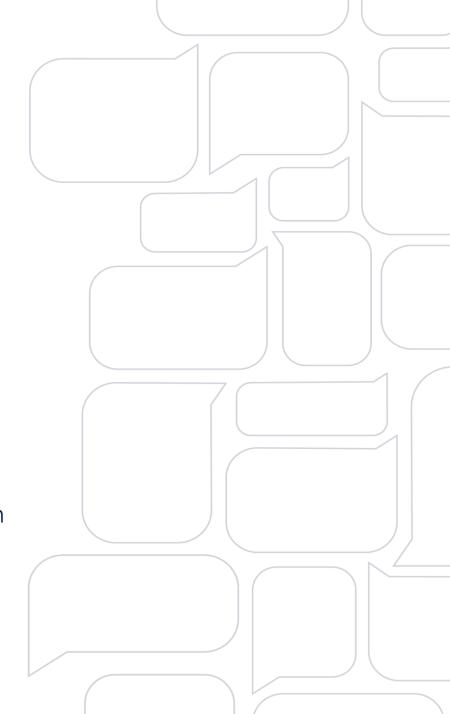
- Shared during the May PHE Unwinding Session as in development
- Detailed document is now available on the Health Center Revenue Cycle OneDrive (details on where to find can be located in the telehealth tools & resources slide)
- Four tabs on the excel document
  - Telehealth Info (Current) where telehealth stands with the PHE in place
  - Telehealth Info (Post-PHE) where we expect changes to telehealth based on the information we have thus far
  - Resource Links & Modifier & POS Info additional details
- We will not make any changes to this document until updates are permanent (once MDHHS Final Policy or Medicare Final Rule is released however comments may indicate potential changes).
- Document is dated and will be updated when changes occur



### Telehealth Tools & Resources

#### Resources

- MPCA Telehealth Resources webpage
  - Additional Details can be found on the Health Center Revenue Cycle Resources OneDrive (mpca.net > Operations, Training, & Programs > Billing & Finance > Health Center Revenue Cycle Resources > Additional Resources > Public Health Emergency)
- Medicaid COVID-19 PHE Ending Resources webpage
- MDHHS Proposed Policy Webpage
- 2023 PFS Proposed Rule (<u>Fact Sheet & Full Document</u>)
- CMS Mental Health via Telecommunications for RHCs & FQHCs (SE22001)
- CMS FQHC Center
  - Medicare Benefit Policy Manual, FQHC Chapter (Ch 13), Section 240 – VCS
  - Medicare Claims Processing Manual, FQHC Chapter (Ch 9), Section 70.7 - VCS





### MPCA Monthly Update Returns September 2022

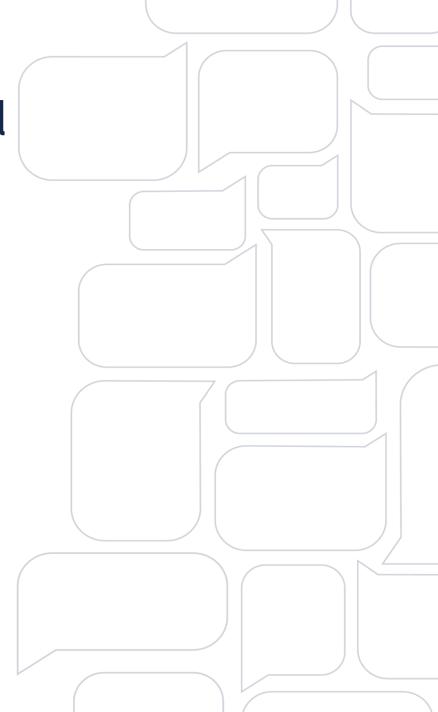
The MPCA Monthly Update returns in the Fall, with a focus on bringing the most timely and key information for Michigan Health Centers over a breadth of topics. The Update will still include COVID and PHE related information, as well as clinical, financial and operational topics and HRSA Health Center program information.

- MPCA Monthly Updates will resume Wednesday, September 7th from 12:00 p.m. – 1:00 p.m.
- Information and registration can be found on the MPCA Events webpage.



### COVID-19 Vaccine Information Grid

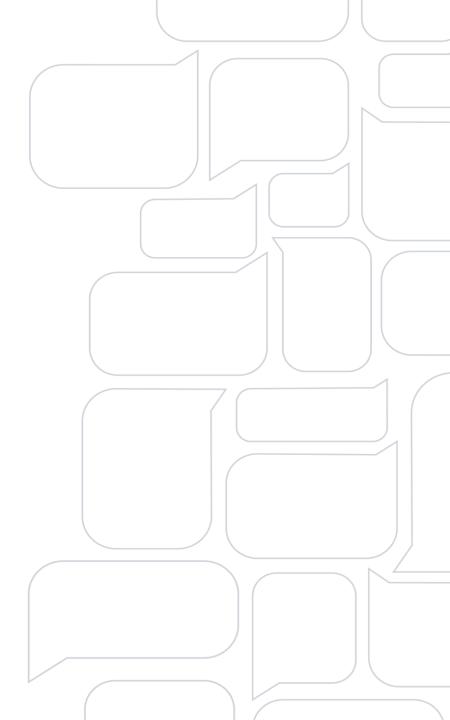
- MPCA has developed a tool with COVID-19 vaccine information that pulls from multiple resources into one grid that health staff can utilize.
- The COVID-19 vaccine information grid contains details on codes, descriptions (both long & short), dosage details, cap & vial boarder colors, effective dates, coverage information and more.
- The grid is available on the Health Center Revenue Cycle Resources OneDrive (mpca.net > Operations, Training, & Programs > Billing & Finance > Health Center Revenue Cycle Resources > Medicaid > 6. Other > COVID Information > COVID-19 Vaccine Info 07.21.2022) & below
  - COVID19 Vaccine Info (07.21.2022).xlsx
  - Date listed with grid name & update dates will change upon any change made to the document – please continue to check the Health Center Revenue Cycle Resources OneDrive for the most up to date information



MPCA UPDATES

### Recording Link for Unwinding PHE: Action Planning for Health Centers Webinar #1: May 26, 2022

Please use this link to access the recording



PHE Unwind Webinar #2 Questions?



## Thank you

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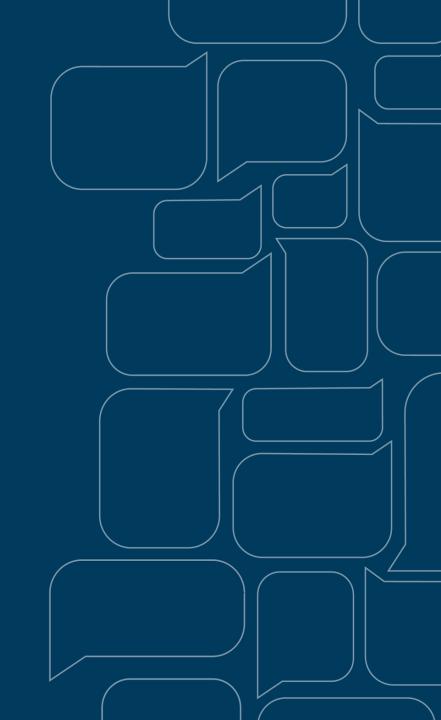
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### MPCA COVID-19 Resource Point of Contacts

Lead COVID- 19 Vaccine Support	Marji Nichols, BSN, RN Immunization Program Manager <u>mnichols@mpca.net</u> 517-827-0468	<ul> <li>COVID-19 vaccine program enrollment</li> <li>Immunization authorization, clinical guidance and recommendations, storage and handling</li> <li>MCIR processes and documentation</li> <li>Vaccine patient education, vaccine communication and hesitancy resources, vaccine site search tool</li> <li>HRSA Health Center COVID-19 Vaccine Program ordering, expectations, reporting</li> </ul>
COVID-19 Emergency Response, Safety and Supply Acquisition	Jeff Jones Emergency Preparedness and Operations Specialist jjones@mpca.net 517.381.8002	<ul> <li>COVID-19 Emergency Response and preparedness</li> <li>Personal protective equipment (PPE), infection control supplies/equipment, and other COVID-19 related supply acquisition and stockpiles</li> <li>COVID-19 testing supplies and ordering</li> <li>COVID-19 facility safety, safety plans and policies</li> <li>OSHA ETS and CMS Rule Compliance</li> <li>COVID-19 List Serv, MIHAN Alerts and emergency communications</li> <li>COVID state and regional emergency management systems and Regional Health Care Coalitions</li> </ul>

MPCA Staff Point of Contact COVID-19 Resource Directory

### MPCA COVID-19 Resource Point of Contacts

HRSA Program, HR & Workforce and Health Center Operations	Anne Scott, MPH Health Center Operations Officer ascott@mpca.net 517.827.0485	<ul> <li>COVID-19 related HRSA Program requirements and compliance</li> <li>Policy, OSHA ETS and CMS Rule application for Health Centers, including vaccine mandate</li> <li>COVID-19 related human resources and workforce issues</li> </ul>
COVID-19 Therapeutics	Faiyaz Syed, MD, MPH Chief Medical Officer fsyed@mpca.net 5178270887 Amy Alward, RN, BSN Population Health Consultant Aalward@mpca.net 5178270875	<ul> <li>Monoclonal antibody therapy for COVID-19 clinical guidance and infusion access</li> <li>Oral antiviral treatments</li> </ul>
COVID-19 Grant Funding	Amber Desgranges, MPH Grant Program Officer adesgranges@mpca.net 517.827.0462	COVID-19 vaccine administration funding from MPCA
COVID-19 Data Reports	Cheryl Gildner Clinical Data Manager cgildner@mpca.net 517.827.0870	COVID-19 related reports, measures and dashboards in Azara
COVID-19 Data Maps	Beth Holtz, BSN, RN Clinical Data Specialist bholtz@mpca.net 517.827.0487	COVID-19 vaccine coverage data and interactive maps
Billing and Reimbursement	Kelsea Frazier Finance and Revenue Cycle Specialist <a href="mailto:kfrazier@mpca.net">kfrazier@mpca.net</a> 517.827.0465	<ul> <li>Coding and billing for COVID-19 related services</li> <li>Medicaid and Medicare COVID-19 related payment policy (including temporary telehealth policies),</li> <li>COVID-19 related financial resources and programs (PPP, Provider Relief Fund etc.)</li> </ul>