

## **Ohio Medicaid Update**

**Director Maureen Corcoran** 

May 14, 2020

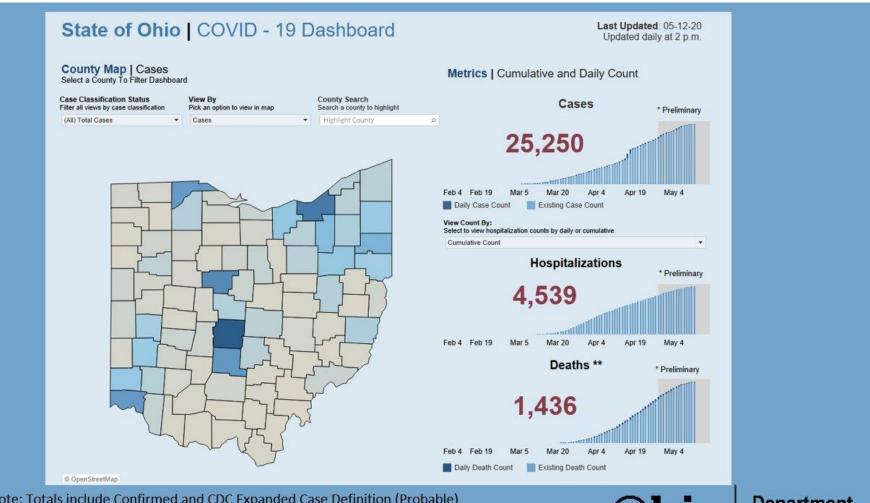


## **Agenda**

- ➤ Opening Remarks
  - Brief update on virus (PPE, testing, trends)
  - Recognition of heroic efforts during the crisis
  - 1135 and Appendix K updates
- ➤ Economic Outlook and Budget Shortfalls
  - Understanding 2020 rate reduction
  - 2021 Budget
- > Federal Relief
  - FMAP
- Closing and Questions



#### **Ohio COVID-19 Status**



Note: Totals include Confirmed and CDC Expanded Case Definition (Probable)



Department of Health

## **DeWine Administration Efforts to Help Ohioans**

Ohio

Department

Ohio

Department of Administrative Services

Ohio

Department of Developmental Disabilities



Ohio

Department of Rehabilitation & Correction

○hio

Department of Aging

Ohio

Department of Mental Health and Addiction Services

Ohio

Department of Job and Family Services

<u>Link</u> to COVID CareLine
<u>Link</u> to Strive for Five Challenge
<u>Link</u> to Staying Connected Check-In Service



Your mental health is just as important as your physical health.

COVID CareLine: 1-800-720-9616

Help is available 24 hours a day, seven days a week



OHIO'S STRIVE FOR 5 CHALLENGE



### **Heroic Work During the Pandemic**

ODM staff in coordination with sister agencies committed considerable time and energy to implement emergency efforts to ensure access to services via telehealth and help providers during the COVID-19 crisis

Autumn Darnell Sara Vollmer Icilda Dickerson Kim DeDino Sarah Jones

Megan Powell Lynne Lyons Mary Haller Nicole Small

...and so many others





## **Managed Care Pandemic Assistance**

#### **General Assistance**

- Full provider reimbursements for waived member cost-sharing for COVID-19 testing and treatment
- Expanded telehealth services
- Accelerated claims payments to providers
- Reduced PA requirements
- Donations to community providers for purchase of PPE
- Streamlined provider credentialing

#### **Community and Provider Assistance**

- Offering up to three months paid leave for health plan clinical staff to join medical reserve force
- Accelerating and increasing donations to frontline nonprofit organizations
- Providing members access to free delivery of grocery and everyday essentials
- Donations of personal care items
- Providing meals to Ohioans, including to high risk pregnancy members and senior citizens
- Allowing for early prescription refills and delivery
- Working to assist members of Ohio's homeless population



#### Section 1135 SPA and Waiver

#### **Approved Waiver Items:**

- > Temporarily suspend Medicaid fee-for-service prior authorization requirements.
- > Provider Enrollment requirements temporarily suspended
  - Application fees
  - Site visits
  - Instate licensure
- Provision of Services in Alternative Settings
  - Allowing facilities, including NFs, intermediate care facilities for individuals with intellectual and developmental disabilities (ICF/IDDs), psychiatric residential treatment facilities (PRTFs), and hospital NFs, to be fully reimbursed for services rendered to an unlicensed facility
- > HCBS Settings Requirements Allowing Alternate Settings



#### **Section 1135 SPA and Waiver**

#### **Pending SPA Items:**

- > Hospital PE for ABD covered groups including institutional
- > ODM designated as a Qualified Entity for conducting PE
- > Suspending copayments and premiums
- > Adding HCIC as a NF benefit
- > Suspending face to face requirements generally
- > Increase bed hold days to 60
- > Suspend limits on Home health and PDN
- > NF ventilator weaning staff requirements relaxed
  - Respiratory care professional or respiratory therapist in lieu of RN



## **Appendix K Requests**

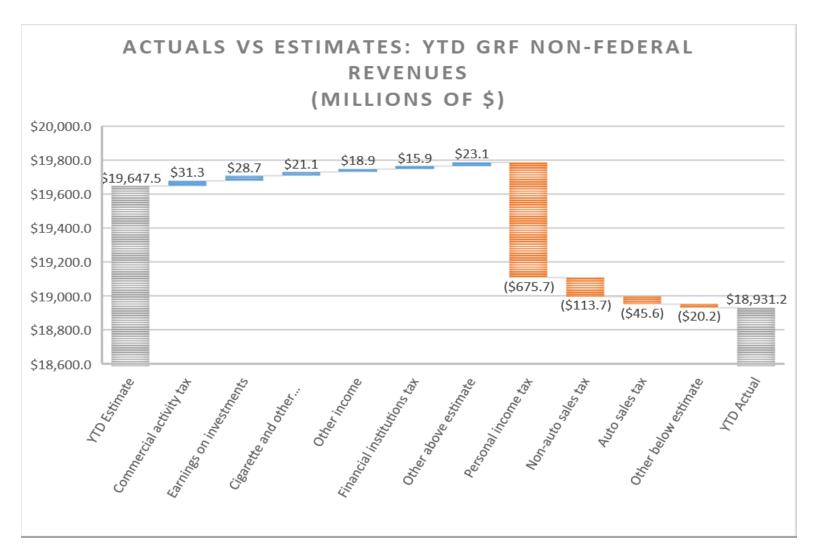
#### **Items pending:**

- Increasing service limits
- Adding service settings ADS/Voc Rehab
- Family member as provider of care
- Faster provider enrollment/providers across waivers/waive background checks
- ADS/Voc Rehab providers can do HPC and respite
- Alternative service site delivery authority
- Waive face to face for LOC
- Service authorization and service planning over phone

# **ECONOMIC OUTLOOK**



#### State Revenues are Down in FY 2020



Source: OBM Monthly Financial Report (April)

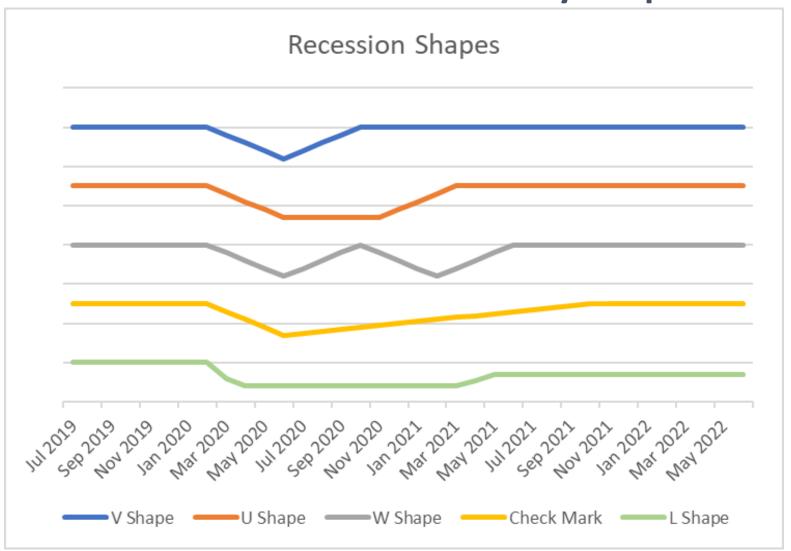


### **Ohio Recession and Recovery Shape**

- ▶ V-shaped
  - Quick bounce back of economy
- ➤ U-shaped
  - Takes more time for recovery
- ➤ Nike swoosh/check mark
  - Restriction lifted but takes even longer time to reach pre-pandemic state
- ➤ W-shaped
  - Second surge of COVID-19
- ➤ L-shaped
  - Most pessimistic; permanent damage, long slow recovery

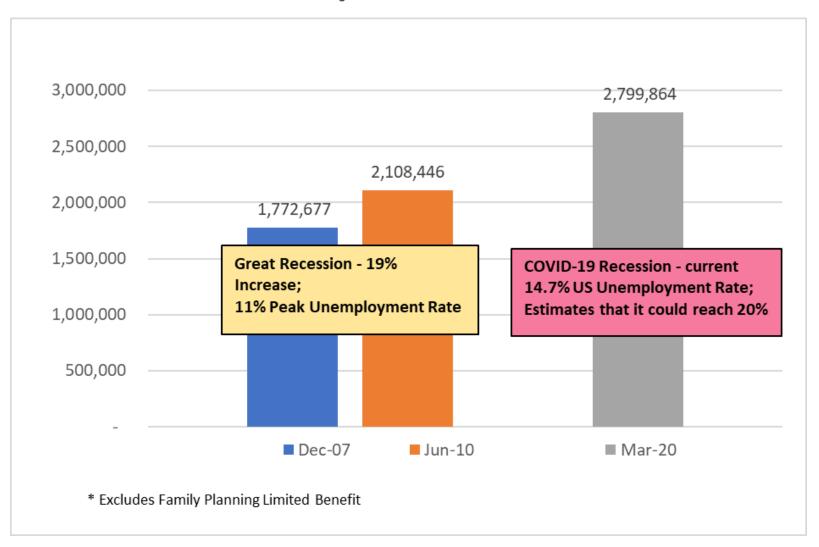


## **Ohio Recession and Recovery Shape**



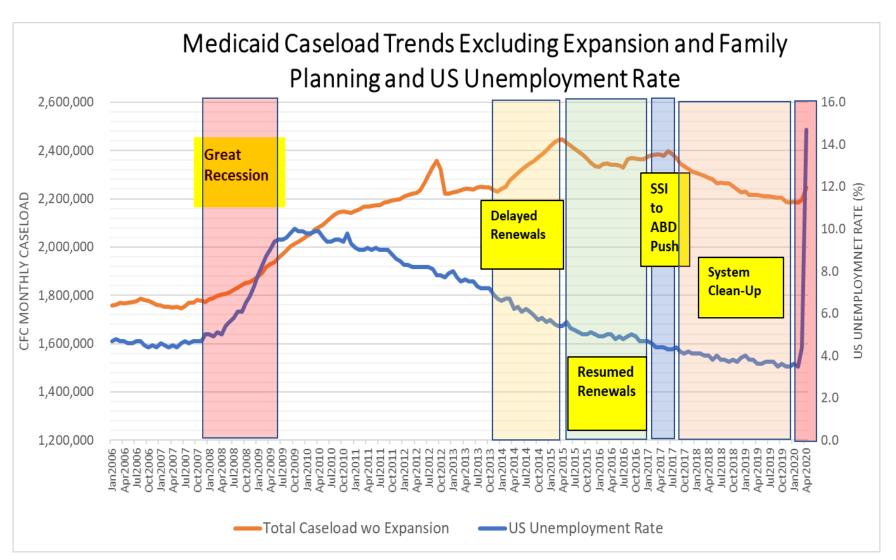


### **Recession Impact on Total Caseload**



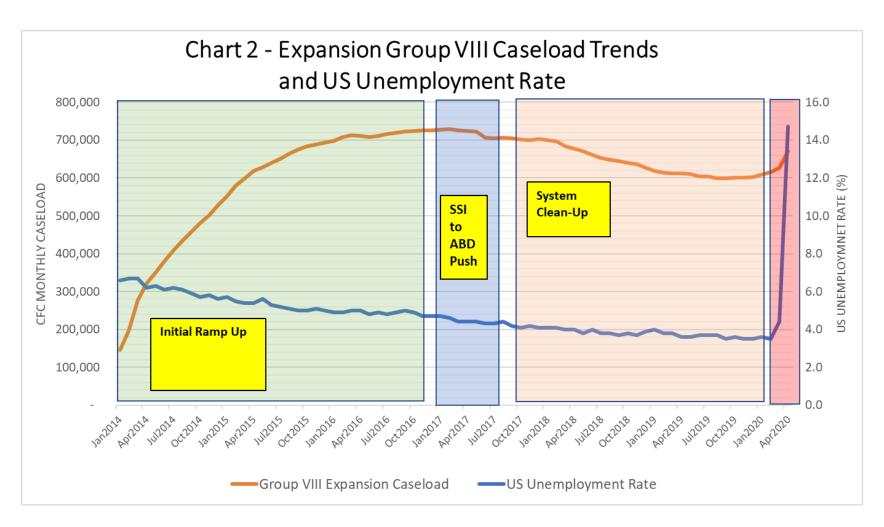


## **Recession Impact on Caseload**





## **Recession Impact on Caseload**





## **State's Appropriation Problem**

#### Impact on the Medicaid Budget

- Increase COVID-19 hospitalization/ICU Caseload
  - Increase Overall number of individuals on the program
  - Decrease New enrollment will likely cost less on a per person basis (decreased morbidity)
- Decrease Deferred and Missed Utilization
- Increase Use of telemedicine
- Increase Prior Authorization



# Additional Considerations for the Budget Workforce and Maintaining Access

#### >Increased provider costs

- Staffing and overtime
- PPE and testing

#### > Provider lost revenue

- Services that rely heavily on people
- Services patients aren't utilizing

### > Cash flow challenges

- Hospitals outpatient shortfall and anticipated ICU case spikes
- NFs increased costs and loss of revenue
- Other Providers



## **FY 2020 and 2021 Budget**

- ➤ Budget will exceed current appropriations due to the increased caseload
- **→** Rainy Day fund
- **➢ODM** cuts of \$211M
- **➢OBM** guidance for FY21
  - Administration 20% of ODM contract funding will be held by OBM
  - Other guidance pending
- **→** Spending considerations for 2021
  - Cut optional services and provide types
  - Change rates
  - Add additional utilization management (prior authorization)
  - Add new limits on services for adults
  - Cannot add premiums or co-pays per MOE
- > Revenue considerations for 2021
  - Increase HFF
  - Add other provider taxes
  - MFAR?

## **Medicaid Services- Mandated and Optional**

#### Figure 9. Ohio Medicaid Covered Services

#### Federally mandated services

- Inpatient hospital
- Outpatient hospital
- Early and Periodic Screening, Diagnostic, and Treatment Services (EPSDT)
- Nursing facility care
- Home health
- Physician services
- Lab and x-ray
- Family planning
- Nurse midwife
- Freestanding birth center services
- Tobacco cessation counseling for pregnant women
- Rural health clinic services
- Federally qualified health center services
- Transportation to medical care
- Certified pediatric and family nurse practitioners

#### Ohio's optional services

- Ambulance
- Chiropractic services
- Alcohol and drug screening analysis
- Intensive outpatient (to treat addiction)
- Methadone administration
- Medical and surgical dental care
- Durable medical equipment and supplies
- Medical and surgical vision care
- Individual or group counseling
- Occupational therapy
- Physical therapy
- Podiatry
- Prescription drugs
- Private duty nursing
- Speech therapy
- Ambulatory surgical centers

Note: For more information and a complete list of Ohio covered services, visit medicaid.ohio.gov

**Source:** Adapted from Ohio Department of Medicaid

# FEDERAL RELIEF



#### **Enhanced FMAP**

#### **Revenue:**

- ➤ 6.2% Boost to FMAP (currently\*)
- ➤ Ohio receives approximately \$300 million per quarter
- ➤ CARES Act Maintenance of Effort (MOE)—only three reasons permitted for disenrollment:
  - Deceased
  - Moves out of state
  - Requests to be disenrolled
- ➤ Effective 1/1/2020; in place during the crisis

#### **Uses:**

- ➤ Spending increases related to caseload
- >Lower than projected state revenue



## **Other Federal Funding**

- > CARES Act Provider Fund:
- >\$100 billion in initial act
- >\$75 billion additional in later bill
- > Money is being disbursed by the federal government
- State Medicaid programs are not a vehicle for this funding



## **Relief Funding for Ohio**

CARES Act Provider Relief Fund: \$175 billion to hospitals and other healthcare providers on the front lines of the coronavirus response:

- > \$50 billion general distribution to Medicare facilities and providers based on providers' net patient revenue
  - \$30 billion distributed April 10- 17. Ohio distribution: 10,166 providers, \$989,773,417
  - \$20 billion being sent out to same providers beginning April 24—Ohio distribution TBD
- > \$50 billion targeted allocation to providers in hot spots, rural providers, others who serve low-income and uninsured populations
  - \$12 billion COVID-19 High-Impact Allocation hospitals serving in areas where COVID-19 has been particularly severe
    - \$56M to 4 Ohio hospitals in Ohio
  - \$10 Billion Rural Allocation: Rural Acute Care General Hospitals, Critical Access Hospitals (CAHs), Rural Health Clinics (RHCs), and Community Health Centers located in rural areas.
    - \$368,963,066 to 216 providers in Ohio
  - Remaining \$28 billion: additional providers, including Medicaid providers.
     Reimbursement at Medicare rates for COVID-related treatment of the uninsured—other TBD
- > \$75 billion Congress recently added \$75 billion in additional funding to support our critical healthcare system—allocation TBD



## **Closing and Next Steps**

- Email other specific questions to <u>Medicaid@medicaid.ohio.gov</u> or Allison.Conklin@Medicaid.ohio.gov
- Additional questions will be addressed at the May MCAC meeting, May 21<sup>st</sup> at 2:00 PM
- A link to the meeting will be sent out next week
- Continue to check the <u>ODH COVID-19</u> <u>webpage</u> and the <u>ODM COVID-19</u> <u>webpage</u> for updates

