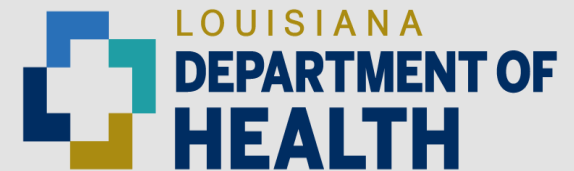


Medicaid Update Medicaid's COVID-19 Response

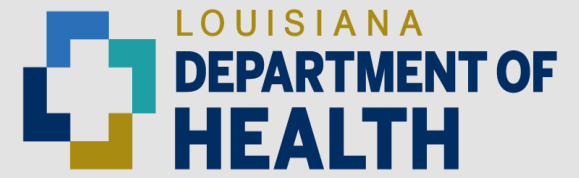
August 21, 2020



Medicaid Update/ Follow-Up Items

- Donor human breast milk coverage
- HEDIS 2019 report posted, feedback welcomed
- Feedback on health plan report card
- Patient experience survey report under development
- Quality strategy evaluation report under development

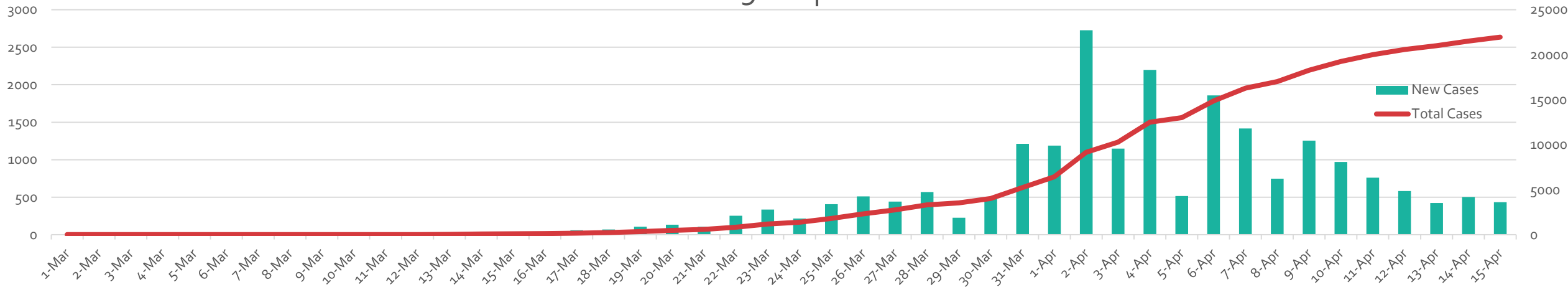
Medicaid's COVID-19 Response



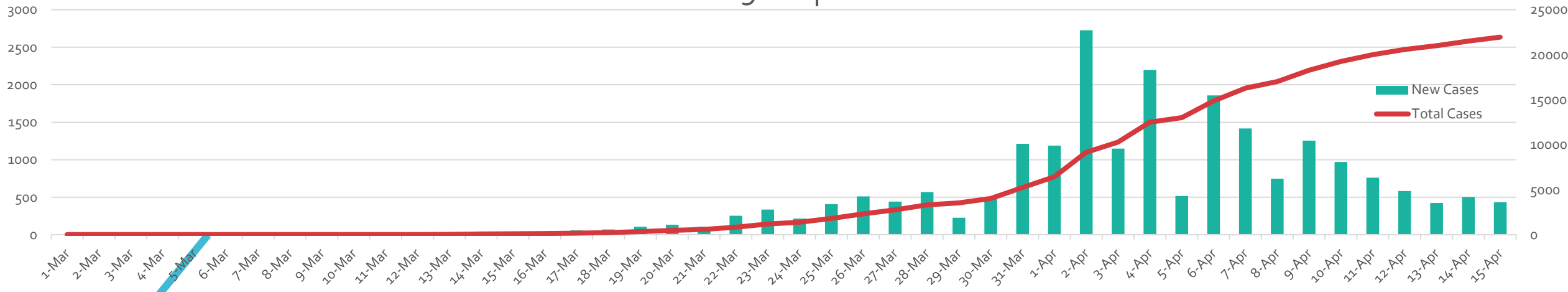
Overall Goals

- COVID-19 testing and treatment coverage
- Ensure access to care and continuity of care
- Reduce/eliminate requirements for in-person contact wherever possible
- Reduce/eliminate health plan side barriers to hospital throughput

Timeline of Medicaid's COVID-19 Response

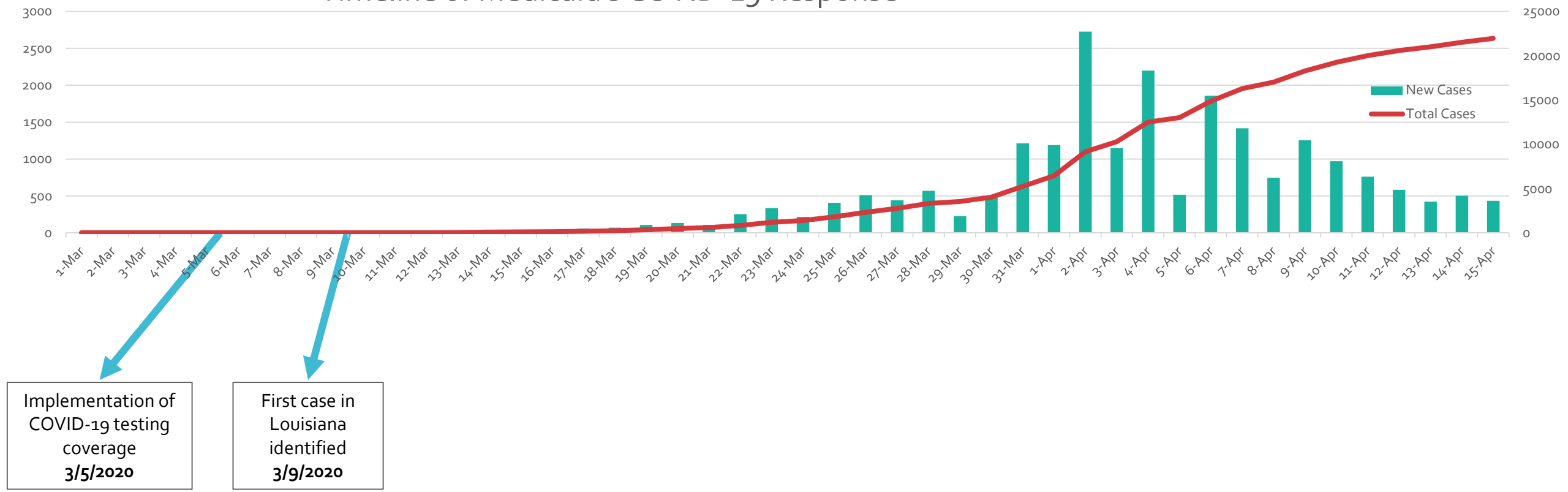


Timeline of Medicaid's COVID-19 Response

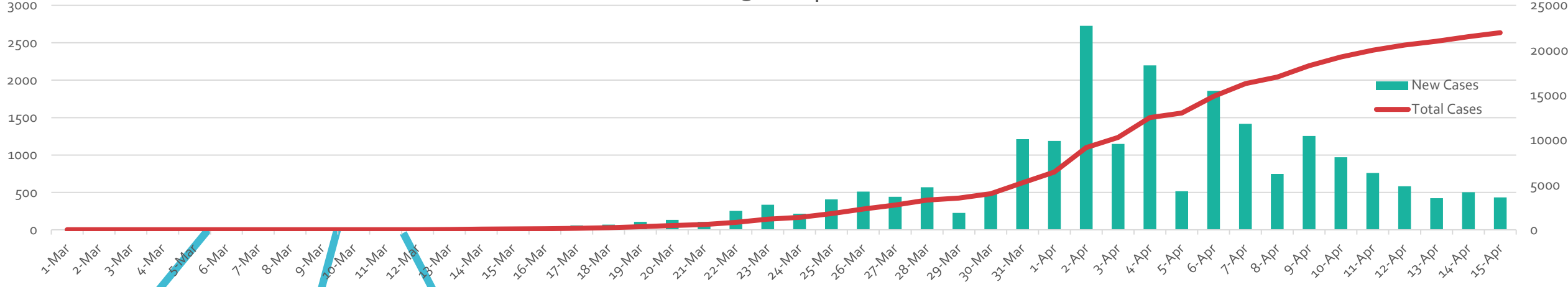


Implementation of
COVID-19 testing
coverage
3/5/2020

Timeline of Medicaid's COVID-19 Response



Timeline of Medicaid's COVID-19 Response



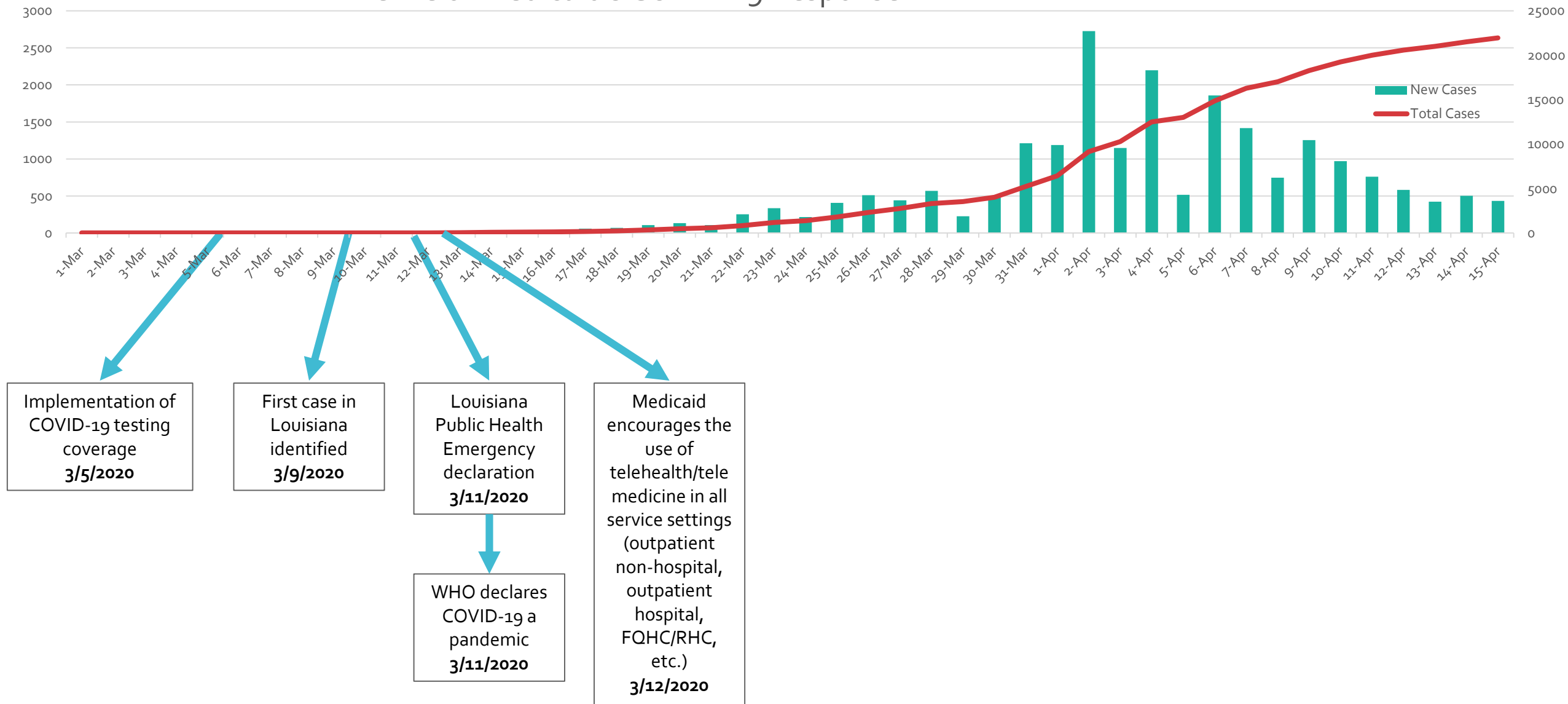
Implementation of
COVID-19 testing
coverage
3/5/2020

First case in
Louisiana
identified
3/9/2020

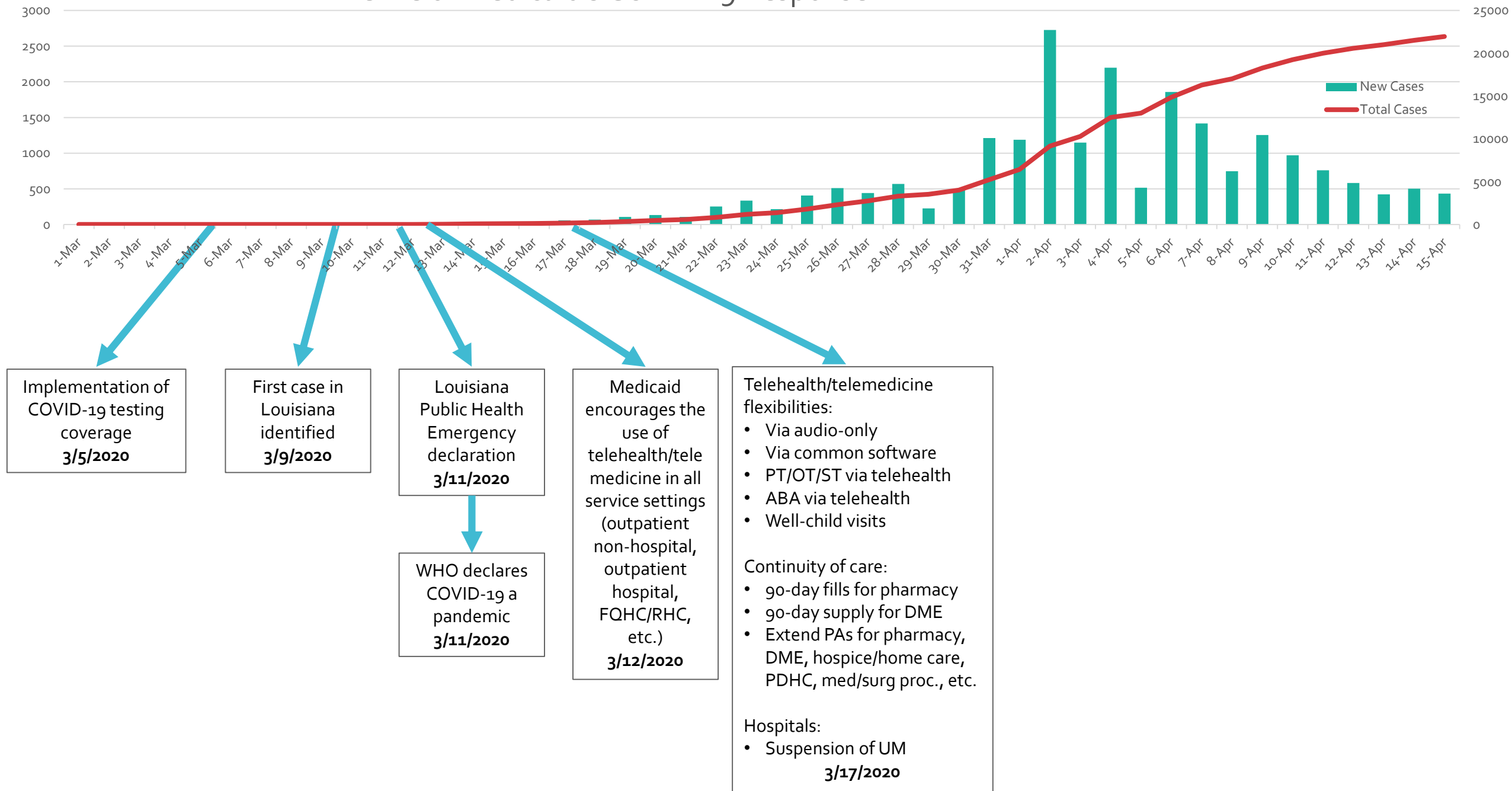
Louisiana
Public Health
Emergency
declaration
3/11/2020

WHO declares
COVID-19 a
pandemic
3/11/2020

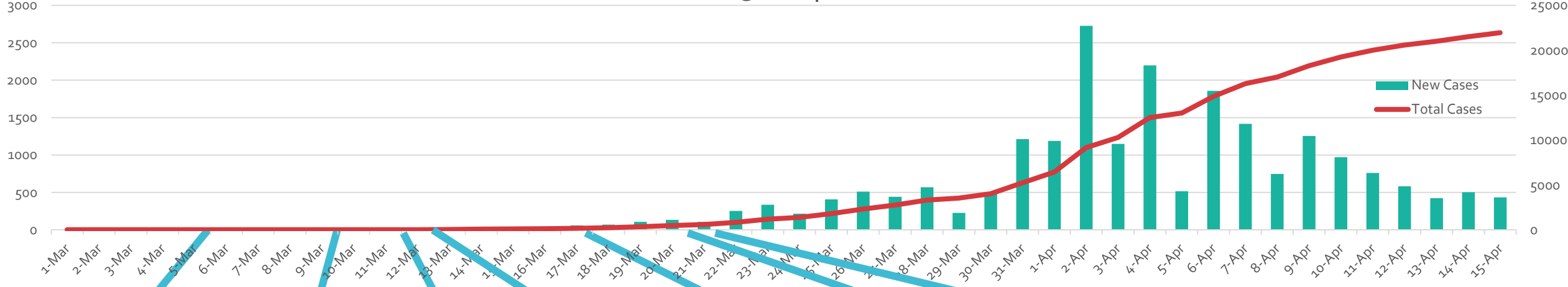
Timeline of Medicaid's COVID-19 Response



Timeline of Medicaid's COVID-19 Response



Timeline of Medicaid's COVID-19 Response



Implementation of COVID-19 testing coverage
3/5/2020

First case in Louisiana identified
3/9/2020

Louisiana Public Health Emergency declaration
3/11/2020

WHO declares COVID-19 a pandemic
3/11/2020

Medicaid encourages the use of telehealth/telemedicine in all service settings (outpatient non-hospital, outpatient hospital, FQHC/RHC, etc.)
3/12/2020

Telehealth/telemedicine flexibilities:

- Via audio-only
- Via common software
- PT/OT/ST via telehealth
- ABA via telehealth
- Well-child visits

Continuity of care:

- 90-day fills for pharmacy
- 90-day supply for DME
- Extend PAs for pharmacy, DME, hospice/home care, PDHC, med/surg proc., etc.

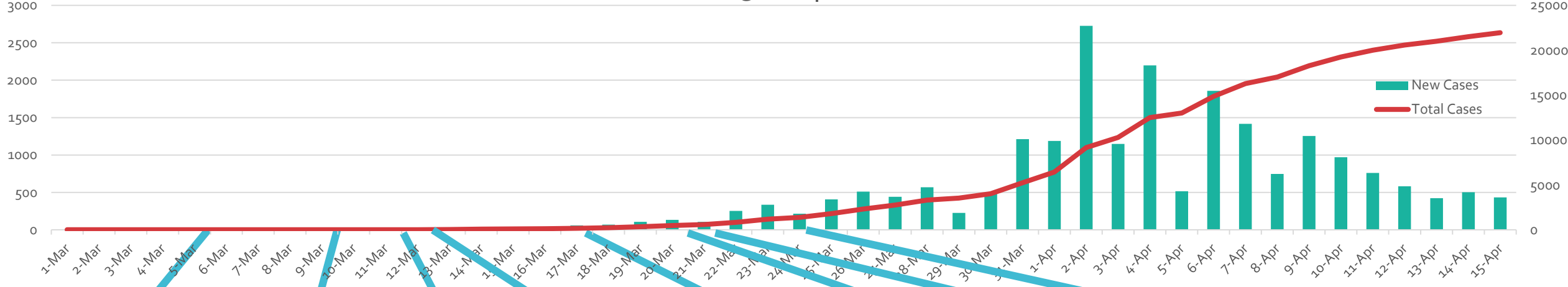
Hospitals:

- Suspension of UM
3/17/2020

Implementation of MHR services via telehealth
3/20/2020

Implementation of LMHP services via telehealth
3/21/2020

Timeline of Medicaid's COVID-19 Response



Implementation of COVID-19 testing coverage
3/5/2020

First case in Louisiana identified
3/9/2020

Louisiana Public Health Emergency declaration
3/11/2020

WHO declares COVID-19 a pandemic
3/11/2020

Medicaid encourages the use of telehealth/telemedicine in all service settings (outpatient non-hospital, outpatient hospital, FQHC/RHC, etc.)
3/12/2020

Telehealth/telemedicine flexibilities:

- Via audio-only
- Via common software
- PT/OT/ST via telehealth
- ABA via telehealth
- Well-child visits

Continuity of care:

- 90-day fills for pharmacy
- 90-day supply for DME
- Extend PAs for pharmacy, DME, hospice/home care, PDHC, med/surg proc., etc.

Hospitals:

- Suspension of UM
3/17/2020

Implementation of MHR services via telehealth
3/20/2020

Implementation of LMHP services via telehealth
3/21/2020

Member copays for prescribed drugs waived
3/24/2020
(effective)

Other Changes

- “Maintenance of Effort” for eligibility: no closures unless out-of-state move, death, or request to withdraw
- Directing MCOs to ensure that COVID-19 does not negatively impact provider quality and value-based payment incentive programs
- Reducing/eliminating in-person visit requirements across the program
- Transition to teleconference for all LDH/MCO required activities
- Temporarily suspending many required MCO activities and MCO-provider activities to allow focus on COVID-19 response (many have since resumed)
- Allowing and encouraging MCOs to engage with contracted providers virtually

Next Steps

- Addition of new COVID-19 testing codes as information becomes available
- We are exploring adding coverage for interprofessional assessment/management services (Medicare covered service)
- We are open to any provider suggestions about additional telehealth/telemedicine services or other policies that promote access to care and continuity of care

Next Steps

- Currently, most flexibilities are aligned with Medicare/Federal Public Health Emergency declaration
- If and how to unwind any flexibilities? What goes? What stays?
- What is the quality of care?
- Is there cost effectiveness or cost savings?
- What is working well and what is not working well?
- Clinician feedback is essential

Questions/
Comments?