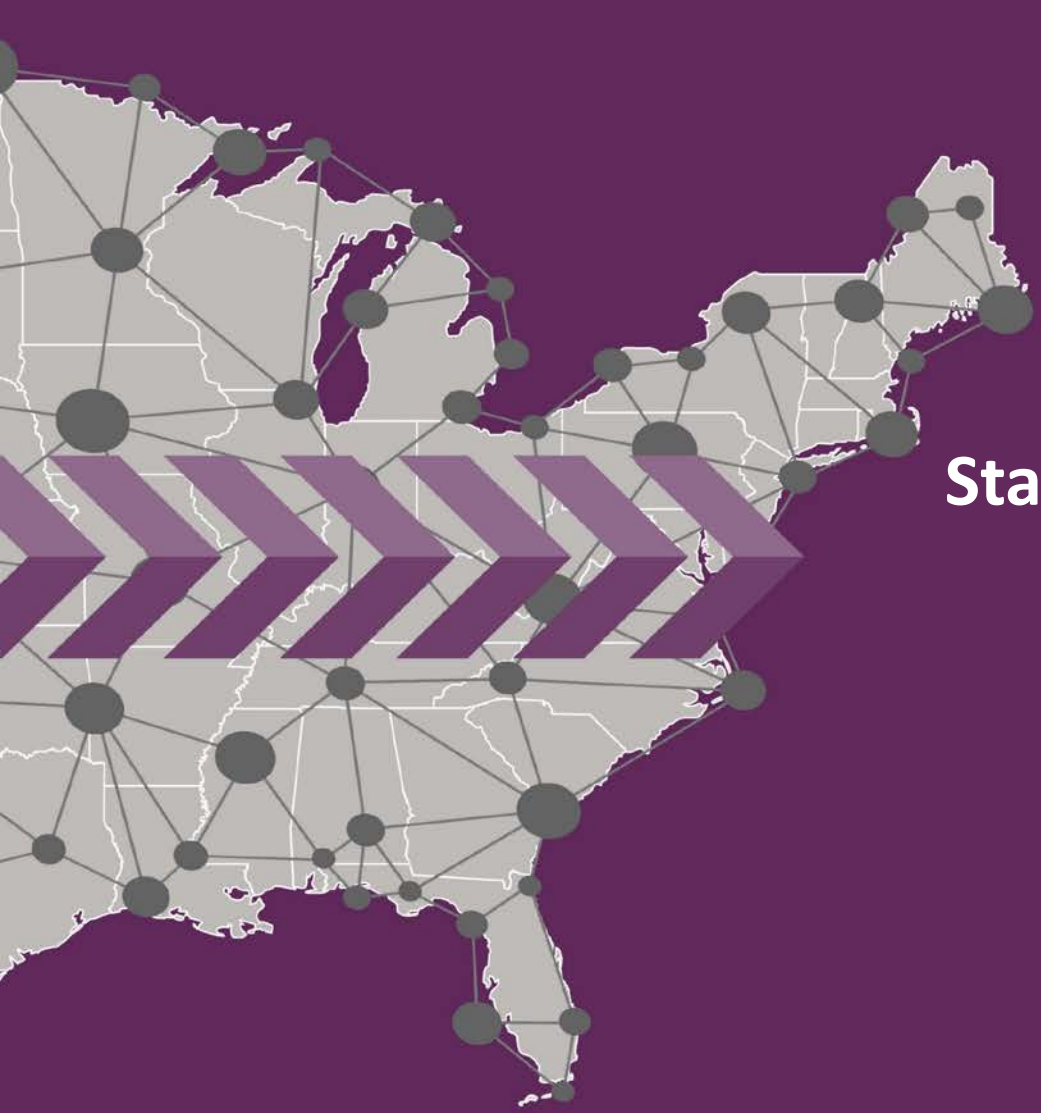


Responding to COVID-19: State Strategies for Medicaid and Commercial Health Insurance Oversight

March 18, 2020, 1:00 PM ET

STATE Health & Value STRATEGIES

Driving Innovation Across States

A grantee of the Robert Wood Johnson Foundation

About State Health and Value Strategies

State Health and Value Strategies (SHVS) assists states in their efforts to transform health and health care by providing targeted technical assistance to state officials and agencies. The program is a grantee of the Robert Wood Johnson Foundation, led by staff at Princeton University's Woodrow Wilson School of Public and International Affairs. The program connects states with experts and peers to undertake health care transformation initiatives. By engaging state officials, the program provides lessons learned, highlights successful strategies, and brings together states with experts in the field. Learn more at www.shvs.org.

Questions? Email Heather Howard at heatherh@Princeton.edu.

Support for this meeting was provided by the Robert Wood Johnson Foundation.
The views expressed here do not necessarily reflect the views of the Foundation.

Housekeeping Details

All participant lines are muted. If at any time you would like to submit a question, please use the Q&A box at the bottom right of your screen.

After the webinar, the slides and a recording will be available at **www.shvs.org**.

About Manatt Health

Manatt Health, a division of Manatt, Phelps & Phillips, LLP, is an integrated legal and consulting practice with over 90 professionals in nine locations across the country. Manatt Health supports states, providers, and insurers with understanding and navigating the complex and rapidly evolving health care policy and regulatory landscape. Manatt Health brings deep subject matter expertise to its clients, helping them expand coverage, increase access, and create new ways of organizing, paying for, and delivering care. For more information, visit www.manatt.com/ManattHealth.aspx

About Georgetown's Center on Health Insurance Reforms (CHIR)

- A team of experts on private health insurance and health reform.
- Conduct research and policy analysis, provide technical assistance to federal and state policymakers, regulators, and consumer advocates.
- Based at Georgetown University's McCourt School of Public Policy.
- Learn more at https://chir.georgetown.edu/

Webinar Objective

Explore the strategies available to state Medicaid and insurance agencies to respond to COVID-19 and the opportunities for state regulators to reduce gaps in coverage and lower barriers to accessing care

Discuss the steps states have taken so far, as well as strategies and opportunities for states to consider as they ramp up their response to COVID-19

Agenda

- Background
- State Medicaid and the Children's Health Insurance Program (CHIP) Strategies to Respond to COVID-19
- Commercial Health Plan Strategies to Respond to COVID-19
- Questions

BACKGROUND

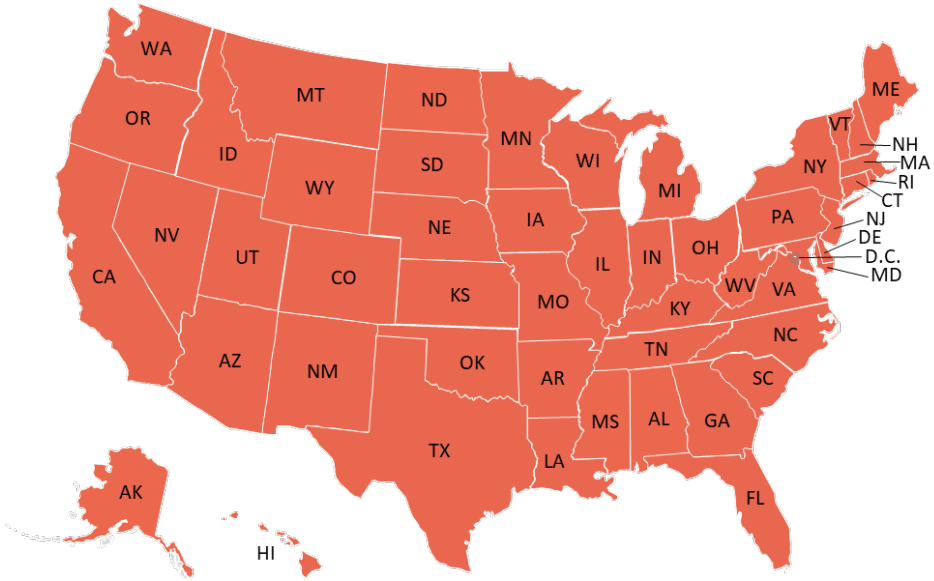
COVID-19 State Medicaid and CHIP Level-Setting

As concerns regarding widespread COVID-19 infection in the United States increase, state Medicaid and CHIP agencies are evaluating how to leverage their public health insurance programs to respond by:

- "Dusting off" disaster preparedness toolkits and inventory checklists that were originally prepared to respond to hurricanes, floods, and wildfires

and...

- Tailoring those strategies to address the impacts that COVID-19 will likely have on Medicaid/CHIP enrollees, providers, and state agency workforce



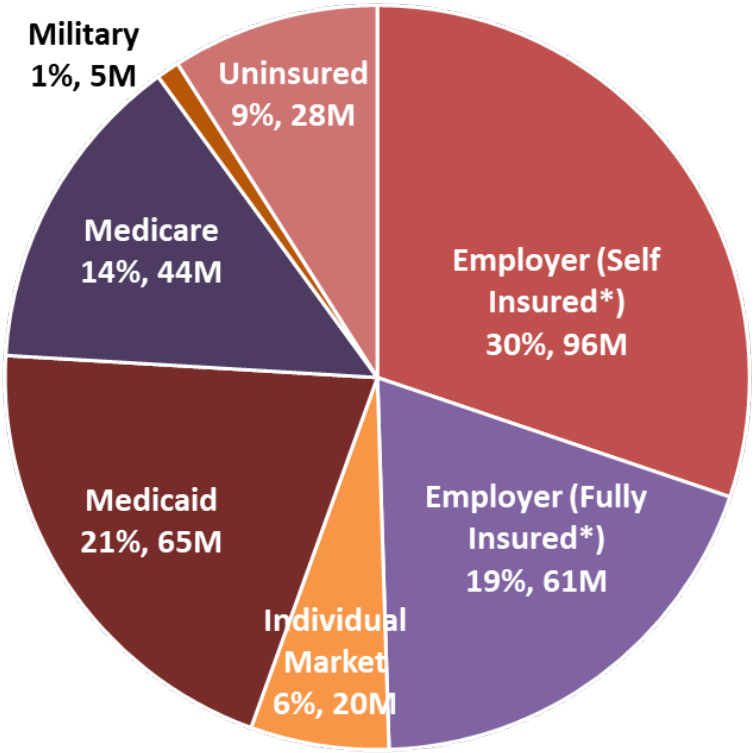
Total Confirmed Cases	Total Deaths
4,226	75

**Per the Centers for Disease Control and Prevention (CDC)*

COVID-19 Regulatory Level-Setting: Coverage Rules Vary by Market Segment

The United States health insurance system is highly stratified with different coverage rules and different mixes of federal and state regulation.

National Health Insurance Coverage, by Type (2018)



Coverage Type	Regulator
Medicare	Centers for Medicare & Medicaid Services (CMS)
Medicaid	CMS and states
Employer: Self-Insured	Department of Labor and Employee Retirement Income Security Act (ERISA) of 1974 provisions
Employer: Fully Insured	States
Individual Market	States and Affordable Care Act (ACA) provisions
Uninsured	Federal requirement of emergency room care

**Employer coverage is calculated based on a national estimate of self-insured and fully insured plans*

Emergency Powers Are Rapidly Expanding

With federal and state emergency action expanding daily, the authority of federal and state agencies to waive rules and issue emergency guidance is also expanding.

Federal Emergency Powers

- The Families First Coronavirus Response Act ensures free access to testing and includes emergency supplemental appropriations to agencies on the front-lines, among other items
- President Trump's emergency declaration on March 13 provided Health and Human Services (HHS) Secretary Alex Azar to grant 1135 waiver authority
- The Senate plans to negotiate on a third stimulus package that could inject $1 trillion into the economy

State Emergency Powers

- California issued an All Plan Letter directing all full-service commercial plans and Medi-Cal plans to provide free screening and testing for COVID-19, including hospital, urgent care visits, and provider office visits
- Washington state ordered insured plans, including short-term, limited duration plans, to cover free COVID-19 testing

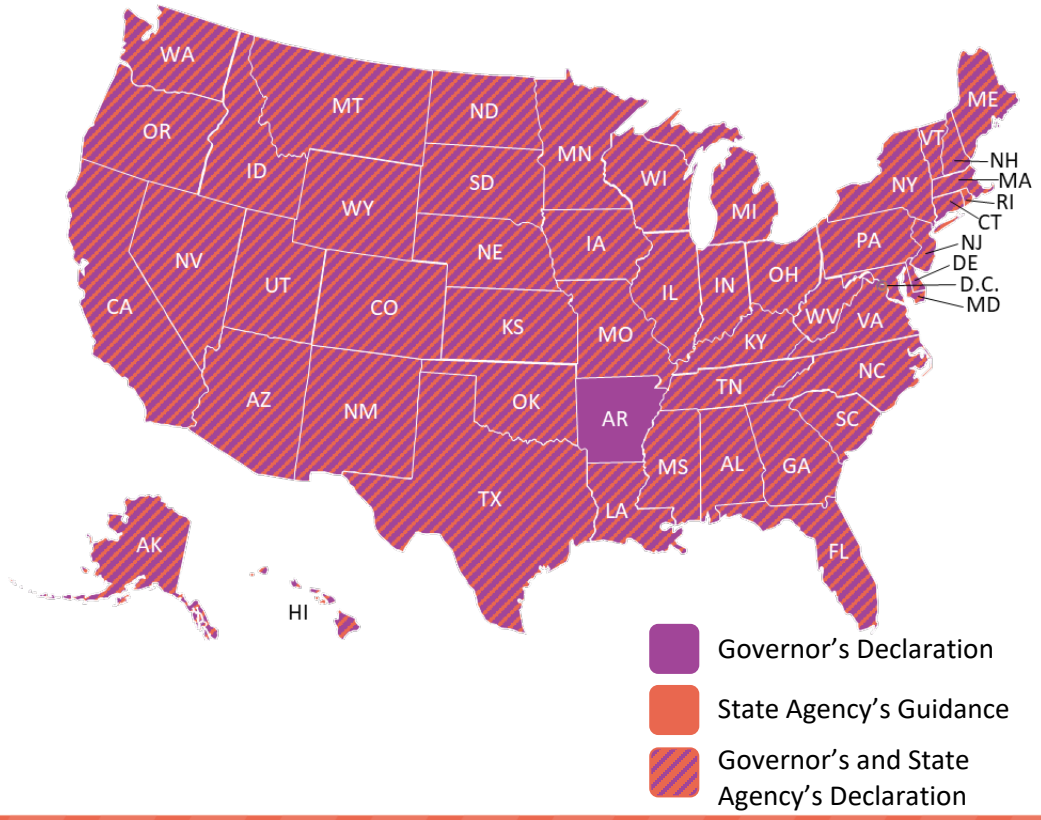
State emergency powers often allow governors to be more specific than broader federal emergency orders that leave detailed directives to the states

Emergency Powers Are Rapidly Expanding (Cont'd)

As of March 18, 51 governors (including DC) had issued emergency orders/declarations and 50 state agencies (including DC) issued emergency guidance, thereby broadening the ability of states to prevent, contain, and treat COVID-19.

Common Regulatory Initiatives

- Make testing free
- Reduce barriers to treatment
- Expand telehealth
- Enhance network capacity
- Address drug refills/shortages
- Provide consumer information



STATE MEDICAID AND CHIP STRATEGIES TO RESPOND TO COVID-19

Responding to COVID-19: State Medicaid and CHIP Strategies

Eliminate Cost Sharing for Testing and Care	Address Issues Related to Opioid Use Disorder (OUD) Treatment	Increase Access to Home and Community-Based Services (HCBS)
Suspend Prior Authorization Requirements	Expand Access to Critical Services and Providers	Cover the Uninsured
Suspend or Increase Prescription Refill Limits	Expand Telehealth	Communicate, Communicate, Communicate

Eliminate Cost Sharing for Testing and Care

Eliminate Co-Payments for Medicaid Enrollees Seeking COVID-19 Testing, Treatment, and Care

- The recently enacted Families First Coronavirus Response Act prohibits cost sharing for COVID-19 testing in Medicaid. States may wish to waive cost sharing policies more broadly to ensure access to other critical health care services
- **New Jersey and New York** already announced they will eliminate COVID-related co-payments
- ***Required State Action:*** Implement/operationalize the temporary suspension of co-payments; work with CMS to secure any necessary State Plan Amendment (SPA) authority

Eliminate or Suspend Medicaid Premiums Authorized Under 1115 Waivers

- This strategy will help ensure continuity of coverage for enrollees
- ***Required State Action:*** Implement/operationalize the temporary suspension of premiums; work with CMS to secure any necessary approvals

Suspend CHIP Premiums, Enrollment Fees, and Co-Payments

- This strategy will help ensure continuity of coverage for enrollees
- ***Required State Action:*** Implement/operationalize the temporary suspension of premiums, enrollment fees, and co-payments; work with CMS to secure any necessary SPA authority

**States may submit a SPA and implement changes prior to CMS approval so long as the SPA is submitted within the quarter in which the change was implemented; in addition, CMS has indicated that it is willing to retroactively approve Medicaid SPAs beyond the quarter in which they were submitted so that items submitted after March 31, 2020 may be effective as of the public health and/or national emergency*

Suspend Prior Authorization Requirements

States can temporarily suspend prior authorization requirements in fee-for-service (FFS) and Medicaid managed care (MMC), as well as extend existing prior authorizations for services in MMC to ensure access.

Suspend Prior Authorization in FFS and MMC

- ***Example Services:***
  - Early and extended prescription refills
  - Home health services
  - Home hemodialysis/peritoneal dialysis services
  - Out-of-state/out-of-network services
- ***Required State Action:*** State change to policy (in FFS) and administrative directive to plans (in MMC); and, only if SPA articulates conflicting prior authorization practices, 1135 waiver to eliminate need to change SPA

Extend Existing Prior Authorization in MMC

- ***Example Services:***
  - Home infusions
  - Home oxygen therapy
  - Medications related to asthma and smoking cessation therapy
  - Telehealth
- ***Required State Action:*** Administrative directive to plans (in MMC)

California recently released an All Plan Letter reinforcing plans' obligations under existing state authority to cover all medically necessary treatment, including for COVID-19, without prior authorization

Suspend or Increase Prescription Refill Limits

To ensure access to prescriptions, states can temporarily suspend or increase (e.g., 90-day supply) limits on prescription refills to ensure consumers have an adequate supply of their medications.

- In the event of widespread social distancing measures, refilling prescriptions would be more challenging
- Because Section 1927 of the Social Security Act does not limit how much of a drug can be dispensed, a payment for a covered outpatient drug that is otherwise eligible for the Federal Medical Assistance Percentages (FMAP) would likely remain eligible for FMAP, even if dispensed in a larger-than-usual quantity
- ***Required State Action:*** Amend the Medicaid State Plan, as necessary, to make modifications to current pre-fill limits

New York issued policy guidance for COVID-19-related services, in which it (1) reiterated that Medicaid covers a 90–day supply for most prescriptions; and (2) recommended that practitioners and pharmacists consider 90–day supplies of long–term maintenance medications for individuals in quarantine

Address Issues Related to OUD Treatment

States are grappling with crafting prescription refill policy that addresses unique challenges with regard to OUD treatment. Emerging strategies include:

Instructing all opioid treatment, mental health, and substance use disorder (SUD) providers to review and update their plan for public health disasters to reflect the current pandemic:

- ✓ Call and contact individual patients to advise them of the protocol during COVID-19
- ✓ Contact any mental health or SUD providers who rely on the clinic for methadone and ensure they have sufficient supply
- ✓ Alert local emergency departments if the clinic is closing to advise them they may see an increase in patients seeking methadone, and provide information on how to contact the clinic for name and dosage information
- ✓ Provide scripts to staff on what to tell clients during the pandemic
- ✓ Apply for exceptions to the guest dosing and filing exceptions from SAMHSA
- ✓ If applicable, communicate with opioid treatment providers in locations that remain open to advise them that they may be receiving guest methadone patients and how to confirm doses if needed

SAMHSA
Substance Abuse and Mental Health Services Administration

SAMHSA expanded its guidance to allow states to:

1. Request blanket exceptions for all stable patients in an opioid treatment program (OTP) to receive 28 days of take home doses of the patient's medication for OUD
2. Request up to 14 days of take home medication for less stable patients

Address Issues Related to OUD Treatment (Cont'd)

States are grappling with crafting prescription refill policy that addresses unique challenges with regard to OUD treatment. Emerging strategies include:

- ✓ Engage and establish regular communication with the state opioid treatment authority
- ✓ Ask the state opioid treatment authority about any existing disaster plans and communication with methadone clinics
- ✓ Require or advise providers/pharmacies to prescribe/distribute Narcan with large opioid script refills
- ✓ Review if and how the state tracks patients who are authorized to receive methadone
  - — If applicable, use the state's centralized database to help providers determine who should get methadone
- ✓ Review current practices with the state's opioid treatment authority or directly with clinics via conference/video call

Pennsylvania's Department of Drug and Alcohol Programs issued a notice that (1) urged drug and alcohol treatment providers to review and update continuity plans in preparation for additional COVID-19 cases; and (2) asked that Opioid Treatment Programs and Narcotic Treatment Programs consider expanding guest dosing and filing exceptions

1135 Waiver Authority: Expand Access to Critical Services and Providers

On March 13, President Trump declared a national emergency in response to the COVID-19 crisis, and Secretary Azar issued a Section 1135 declaration invoking the authority broadly for Medicare, Medicaid, and CHIP.

- HHS established on March 13, 2020 "blanket waivers" that apply automatically to the Medicare program, but not to Medicaid
- Section 1135 relates to "conditions of participation" (not payment); CMS can also modify deadlines and timelines
- A CMS 1135 Application Template is forthcoming
- **Each state must request a state-specific Section 1135 waiver with respect to its Medicaid program.**

1135 Waiver Authority: Expand Access to Critical Services and Providers (Cont'd)

Each state must request a state-specific Section 1135 waiver with respect to its Medicaid program.

- States are waiving Medicaid requirements related to prior authorization, long-term services and supports (LTSS)/the Preadmission Screening and Resident Review (PASRR) screening, fair hearings, provider enrollment, and alternate settings, among others
- Temporarily allowing non-emergency ambulance suppliers and non-enrolled non-emergency medical transportation (NEMT) providers to provide services
- Section 1135 can temporarily lift the federal rule limiting Medicare/Medicaid reimbursement to services furnished by a provider with in-state licensure; an 1135 cannot, however, modify any state laws that may restrict in-state practice by providers holding an out-of-state license

Expand Telehealth

To support remote diagnosis and treatment of Medicaid and CHIP enrollees and reduce the risk of exposure to providers, states can take the following actions:

- Review current telehealth policies and permit coverage for telehealth
- Expand eligible technologies to include services delivered via video, telephone, and email
- Establish a patients' home as the originating site
- Ensure provider payment parity
- Ensure eligible provider types include mid-level and other non-physician providers
- Remove requirements for "telepresenters" or other providers to be physically present
- Remove prior authorization, initial in-person evaluation (or established patient relationship), and referral requirements

Required State Action: Change in administrative policy – no SPA needed unless state has separate reimbursement rate for telehealth services; separate reimbursement page is required under that circumstance

In **Missouri**, any licensed health care provider can deliver telehealth services, and the state requires that reimbursement to providers delivering the service at the "distant site" be equal to the current fee schedule amount for the service provided

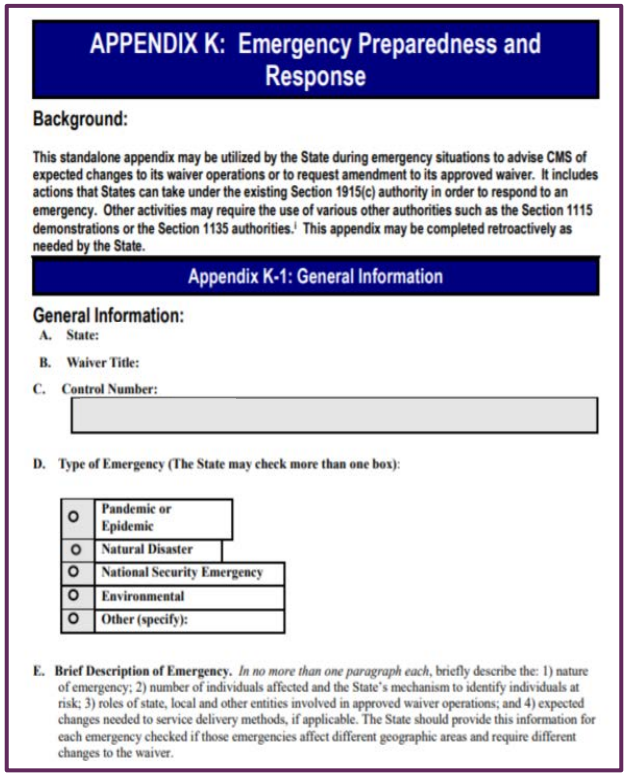
Increase Access to HCBS

To ensure enrollees are able to maintain care safely in their homes, states should review the 1915(c) waiver options detailed in Appendix K, including but not limited to:

- ✓ Adding services to address the emergency situation (e.g., heightened case management, emergency medical supplies)
- ✓ Expanding settings where services may be provided (e.g., hotels, shelters, schools, churches)
- ✓ Modifying targeting criteria and timeframes/processes for level of care evaluations (within regulatory requirements)
- ✓ Instituting or expanding opportunities for self-direction and permitting payment for services rendered by family caregivers or legally responsible individuals
- ✓ Modifying provider qualifications (e.g., expand the provider pool, temporarily suspend licensure and certification requirements)

North Carolina used Appendix K in response to a hurricane to permit waiver of a beneficiaries' relatives residing in and out of the home to provide services prior to background checks and training

Required State Action: Submit 1915(c) Waiver Appendix K (CMS template forthcoming)



APPENDIX K: Emergency Preparedness and Response

Background:

This standalone appendix may be utilized by the State during emergency situations to advise CMS of expected changes to its waiver operations or to request amendment to its approved waiver. It includes actions that States can take under the existing Section 1915(c) authority in order to respond to an emergency. Other activities may require the use of various other authorities such as the Section 1115 demonstrations or the Section 1135 authorities.[1] This appendix may be completed retroactively as needed by the State.

Appendix K-1: General Information

General Information:

A. State:

B. Waiver Title:

C. Control Number:

D. Type of Emergency (The State may check more than one box):

o	Pandemic or Epidemic
o	Natural Disaster
o	National Security Emergency
o	Environmental
o	Other (specify):

E. **Brief Description of Emergency.** *In no more than one paragraph each*, briefly describe the: 1) nature of emergency; 2) number of individuals affected and the State's mechanism to identify individuals at risk; 3) roles of state, local and other entities involved in approved waiver operations; and 4) expected changes needed to service delivery methods, if applicable. The State should provide this information for each emergency checked if those emergencies affect different geographic areas and require different changes to the waiver.

Cover the Uninsured

States that have not expanded Medicaid, in particular, may have new imperatives to consider expansion in light of the COVID-19 crisis.

Actor	Recommended Strategy	Required State Action
Medicaid Expansion States	Expand coverage above 138% of the federal poverty level (FPL) *State would receive regular FMAP*	Submit revised Eligibility SPA
Non-Expansion States	Expand coverage to less than 138% FPL *State would receive regular FMAP*	Submit Eligibility SPA and Alternative Benefit Plan (ABP) SPA
	Implement ACA expansion up to 138% FPL *State would receive enhanced FMAP*	Submit Eligibility, FMAP, and ABP SPA

All states can consider suspending renewal processing to minimize churn and ensure continuity of coverage

Required State Action: Update administrative policies consistent with federal requirements

Communicate, Communicate, Communicate

As states seek to share rapidly evolving information with enrollees and providers, they can partner with their MMC plans as part of their communication strategy.

Looking to New York and Washington State...

- ✓ Develop COVID-19 scripts and share local department of health information with all call centers
- ✓ Monitor call center volume and add call center seats, as needed
- ✓ Identify COVID-19 call center "specialists"
- ✓ Establish on-going communication channels with providers and MMC plans

Required State Action: State operational changes

COMMERCIAL HEALTH PLAN STRATEGIES TO RESPOND TO COVID-19

Financial Barriers Could Inhibit Consumers from Seeking COVID-19 Testing, Care

- Cost-sharing has been shown to cause consumers to delay, forego necessary care
- 29% of the United States population considered “underinsured”
- Deductibles in private plans have been on steady rise
  - Average over $1,850 for self-only employer coverage (↑100% in last ten years)
  - Average over $6,500 for self-only bronze-level individual market coverage
  - Deductibles alone account for 4.7% of median income, on average
- Coverage even worse in non-ACA compliant plans (i.e., short-term, fixed indemnity, sharing ministries, Farm Bureau):
  - Pre-existing condition denials/exclusions
  - Caps on benefits
  - No coverage of preventive services
  - Surprise balance billing

States are Stepping Up: Reducing Financial Barriers to Accessing Care

- State departments of insurance (DOIs) are requiring insurers to expand coverage in multiple ways, including:
  - Waiving cost-sharing for COVID-19 testing and associated services
  - Waiving cost-sharing for a vaccine, if developed
  - Allowing early Rx refills
  - Telehealth services
  - Non-formulary drugs
  - Surprise balance billing
- Only MA, NM (so far) are requiring insurers to waive cost-sharing for COVID-19 treatment
  - NM: requiring waiver of cost-sharing for influenza and pneumonia, too
- Other: Ensuring network capacity, improving enrollee communication, limiting prior authorization/utilization review, data calls to assess compliance

Considerations for States: Reducing Financial Barriers to Accessing Care

- Legal authority
  - Emergency declaration needed?
  - Legislative action?
  - “Require” vs. “Expect” vs. “Ask” or “Encourage”
- Limited scope: fully insured individual/group plans
- Solvency issues
- What about non-ACA compliant products?
  - WA has extended COVID-19 requirements to short-term plans
  - NM is requiring enhanced disclosures for issuers of excepted benefit products

States Stepping Up for the Uninsured: COVID-19 Special Enrollment Periods

- Option for state-based Marketplaces only
  - Several states have declared temporary COVID-19 SEP
  - Also, marketing opportunities?

- Considerations for SEPs:
  - Scope: Who is eligible?
  - Duration: For what length of time?
  - Adverse selection: Impact on premiums, issuers?

Questions

The slides and a recording of the webinar will be available at www.shvs.org after the webinar

Thank You

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Sources

COVID-19 State Medicaid and CHIP Level-Setting (Slide 10)

1. CDC. Cases in the U.S. March 18, 2020. https://www.cdc.gov/coronavirus/2019-ncov/cases-in-us.html. Accessed March 17, 2020.

COVID-19 Regulatory Level-Setting: Coverage Rules Vary by Market Segment (Slide 11)

1. The Kaiser Family Foundation. Health Insurance Coverage of the Total Population. 2018. https://www.kff.org/other/state-indicator/total-population/?dataView=1&currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D. Accessed March 15, 2020.

Emergency Powers Are Rapidly Expanding (Slide 12)

1. HR 6201 Families First Coronavirus Response Act. March 14, 2020. https://appropriations.house.gov/sites/democrats.appropriations.house.gov/files/Families%20First%20Summary%20FINAL.pdf . Accessed March 16, 2020.
2. White House. Proclamation on Declaring a National Emergency Concerning the Novel Coronavirus Disease (COVID-19) Outbreak. March 13, 2020. https://www.whitehouse.gov/presidential-actions/proclamation-declaring-national-emergency-concerning-novel-coronavirus-disease-covid-19-outbreak/. Accessed March 16, 2020.
3. California Health and Human Services Agency, Department of Managed Health Care. All Plan Letter. March 5, 2020. http://www.dmhc.ca.gov/Portals/0/Docs/OPL/APL-COVID-19WaiverOfCostShare3-5-20Final.pdf. Accessed March 13, 2020.
4. Washington Office of Insurance Commissioner. Emergency Order No. 20-01. March 5, 2020. https://www.insurance.wa.gov/sites/default/files/documents/emergency-order-number-20-01.pdf. Accessed March 13, 2020.

Emergency Powers Are Rapidly Expanding (Cont'd) (Slide 13)

1. National Association of Insurance Commissioners (NAIC). NAIC Coronavirus Resource Center. March 18, 2020. https://content.naic.org/naic_coronavirus_info.htm. Accessed March 17, 2020.

Eliminate Cost Sharing for Testing and Care (Slide 16)

1. New Jersey Department of Human Services. Certificate of Waiver of Medicaid/ NJ FamilyCare and Charity Care Copayments for COVID-19 Testing, Visits for Testing and Testing-related Services. March 10, 2020. https://www.state.nj.us/humanservices/providers/policies/Certificate%20of%20Waiver%20of%20Medicaid.NJ%20FamilyCare%20and%20Charity%20Care%20Co-payments%20for%20COVID-19%20Testing.Visits%20for%20Testing%20and%20Testing-related%20Services.pdf. Accessed March 13, 2020.
2. New York State Department of Health. New York State Medicaid Update, March 2020 Special Edition - COVID-19. March 2020. https://health.ny.gov/health_care/medicaid/program/update/2020/2020-03-10_covid-19.htm. Accessed March 13, 2020.
3. CMS. Example of CHIP Disaster Relief State Plan Amendment. 2012. https://www.medicaid.gov/medicaid-chip-program-information/by-topics/childrens-health-insurance-program-chip/downloads/chip_disaster_relief_spa_sample_01102012.pdf. Accessed March 13, 2020.

Sources

Suspend Prior Authorization Requirements (Slide 17)

1. California Health and Human Services Agency, Department of Managed Health Care. All Plan Letter. March 5, 2020. http://www.dmhc.ca.gov/Portals/0/Docs/OPL/APL-COVID-19WaiverOfCostShare3-5-20Final.pdf. Accessed March 13, 2020.

Suspend or Increase Prescription Refill Limits (Slide 18)

1. Social Security Act § 1927. https://www.ssa.gov/OP_Home/ssact/title19/1927.htm. Accessed March 13, 2020.
2. New York State Department of Health. New York State Medicaid Update, March 2020 Special Edition - COVID-19. March 2020. https://health.ny.gov/health_care/medicaid/program/update/2020/2020-03-10_covid-19.htm. Accessed March 13, 2020.

Address Issues Related to OUD Treatment (Slides 19 and 20)

1. SAMHSA. Opioid Treatment Program (OTP) Guidance. March 16, 2020. https://www.samhsa.gov/sites/default/files/otp-guidance-20200316.pdf. AccessedMarch 18, 2020.
2. Pennsylvania Department of Drug and Alcohol Programs. Wolf Administration Urges Drug and Alcohol Treatment Providers to Review Community Plans. March 13, 2020. https://www.media.pa.gov/Pages/DDAP_details.aspx?newsid=142. Accessed March 15, 2020.

1135 Waiver Authority: Expand Access to Critical Services and Providers (Slides 21 and 22)

1. HHS. Waiver or Modification of Requirements Under Section 1135 of the Social Security Act. March 13, 2020. https://www.phe.gov/emergency/news/healthactions/section1135/Pages/covid19-13March20.aspx. Accessed March 16, 2020.
2. CMS. COVID-19 Emergency Declaration Health Care Providers Fact Sheet. March 13, 2020. https://www.cms.gov/files/document/covid19-emergency-declaration-health-care-providers-fact-sheet.pdf. Accessed March 16, 2020.

Expand Telehealth (Slide 23)

1. CMS. Telemedicine. https://www.medicaid.gov/medicaid/benefits/telemedicine/index.html. Accessed March 13, 2020.
2. State of Missouri. MO Health Net Physician Manual. December 27, 2019. http://manuals.momed.com/collections/collection_phy/print.pdf. Accessed March 13, 2020.

Insure Access to HCBS (Slide 24)

1. CMS. 1915(c) Waiver Appendix K: Emergency Preparedness and Response. https://www.medicaid.gov/medicaid/home-community-based-services/downloads/1915c-appendix-k-template.pdf. Accessed March 16, 2020.
2. North Carolina Department of Health and Human Services, Division of Medical Assistance. 1915(c) Waiver Appendix K: Emergency Preparedness and Response. September 2018. https://files.nc.gov/ncdma/documents/files/Appendix%20K%20NC.0423.R02.05%20Innovations.PDF. Accessed March 13, 2020.

Sources

Communicate, Communicate, Communicate (Slide 26)

1. New York State, Office of Governor. Governor Cuomo Announces New Directive Requiring New York Insurers to Waive Cost-Sharing for Coronavirus Testing. March 2, 2020. https://www.governor.ny.gov/news/governor-cuomo-announces-new-directive-requiring-new-york-insurers-waive-cost-sharing. Accessed March 13, 2020.
2. Washington Office of Insurance Commissioner. Emergency Order No. 20-01. March 5, 2020. https://www.insurance.wa.gov/sites/default/files/documents/emergency-order-number-20-01.pdf. Accessed March 13, 2020.

States are Stepping Up: Reducing Financial Barriers to Accessing Care (Slide 29)

1. Massachusetts Office of Consumer Affairs and Business Regulation, Division of Insurance. Bulletin 2020-02: Addressing COVID-19 (Coronavirus) Testing and Treatment. March 6, 2020. https://www.mass.gov/doc/bulletin-2020-02-addressing-covid-19-coronavirus-testing-and-treatment-issued-362020/download. Accessed March 18, 2020.
2. Massachusetts Office of the Governor. Order Expanding Access to Telehealth Services and to Protect Health Care Providers. March 15, 2020. https://www.mass.gov/doc/march-15-2020-telehealth-order/download. Accessed March 18, 2020
3. New Mexico Office of Superintendent of Insurance. Order Adopting Emergency Amendment to 13.10.13 NMAC, Section 12. March 12, 2020. https://www.osi.state.nm.us/wp-content/uploads/2020/03/Order-Adopting-an-Emergency-Amendment-to-13.10.13-NMAC-Section-12.pdf. Accessed March 18, 2020.
4. Vermont Department of Financial Regulation. Insurance Bulletin No. 209: Access to COVID-19 Testing. March 6, 2020. https://dfr.vermont.gov/sites/finreg/files/regbul/dfr-insurance-bulletin-209-covid19-testing.pdf. Accessed March 18, 2020.

Considerations for States: Reducing Financial Barriers to Accessing Care (Slide 30)

1. New Mexico Office of Superintendent of Insurance. Order Adopting Emergency Amendment to 13.10.13 NMAC, Section 12. March 12, 2020. https://www.osi.state.nm.us/wp-content/uploads/2020/03/Order-Adopting-an-Emergency-Amendment-to-13.10.13-NMAC-Section-12.pdf. Accessed March 18, 2020.
2. Washington Office of Insurance Commissioner. Emergency Order No. 20-01. March 5, 2020. https://www.insurance.wa.gov/sites/default/files/documents/emergency-order-number-20-01.pdf. Accessed March 13, 2020.

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1. DC Health Link. Coronavirus (COVID-19). https://www.dchealthlink.com/coronavirus. Accessed March 18, 2020.