Boston University School of Social Work

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Center for Innovation in Social Work & Health

catalystctr.org | cyshcn@bu.edu
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Catalyst Center COVID-19 Resource Series

THE CORONAVIRUS AID, RELIEF, AND ECONOMIC SECURITY (CARES) ACT AND HEALTH COVERAGE

The public health emergency resulting from the COVID-19 pandemic has real implications for state Title V programs as well as families raising children and youth with special health care needs (CYSHCN).

State programs like Medicaid/CHIP and Title V, which are integral to the system of services and supports for children and youth with special health care needs, must be ready to adapt and respond to the current challenges faced by children, families, providers, and other stakeholders.

These fact sheets help explain health coverage provisions for CYSHCN and families in the CARES Act. Understanding these policy changes can support activities related to care coordination, benefits and coverage counseling, and aid in reducing the risk of family financial hardship. This information can also inform the changing landscape of health coverage for CYSHCN.

IN THIS SERIES:

- Can Medicaid/CHIP Enrollees Lose Coverage During the Public Health Emergency? Federal Medical Assistance Percentage (FMAP) Increase and Maintenance of Effort Requirements Under the CARES Act
- What COVID-19 Diagnostic Testing and Preventative Care Coverage Is Included in the CARES Act?
- What Telehealth Policy Provisions Are Included in the CARES ACT?

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Can Medicaid/CHIP Enrollees Lose Coverage During the Public Health Emergency?

Federal Medical Assistance Percentage (FMAP) Increase and Maintenance of Effort Requirements Under the CARES Act

The goal of this fact sheet is to provide Title V programs and allies with a summary of guidance in clear language in order to build understanding of key financing and coverage provisions during the COVID-19 emergency, support care coordination, benefits and coverage counseling and aid in reducing the risk of family financial hardship.

The CARES Act became law on March 27, 2020. This $2.2 trillion package builds on two previous Congressional legislative efforts to address the health and economic impacts of the Coronavirus pandemic.

The following are brief highlights of one of the health coverage-related provisions of the CARES Act that has implications for states, children and youth with special health care needs, their families, and providers.

Federal Medical Assistance Percentage (FMAP) increase (Section 3720)

The amount of funding states receive from the federal government in support of their Medicaid programs has been increased by 6.2% from January 1, 2020 through the end of the emergency period.

To be eligible for the funds, states are required to:

- Maintain the eligibility standards and premium schedule they had in place on January 1, 2020 (expanding eligibility is allowed under a Section 1135 waiver).
- Continue eligibility for current and new enrollees from March 18, 2020 through the end of the month of the emergency period. This means Medicaid enrollees cannot be removed from the program for any reason unless they move out-of-state or disenroll themselves.

The information presented is accurate as of its publication date. Further federal agency guidance, regulations and rules are being issued rapidly and may have an impact on this content. For the most up-to-date information on Medicaid/CHIP guidance, state flexibility-related tools and checklists, waiver and amendment approvals, and clinical/technical guidance please view Coronavirus resources for states at Medicaid.gov.

This project (U1TMC31757) is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling $500,000, with no financing by nongovernmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement by, HRSA, HHS or the U.S. Government.

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What COVID-19 Diagnostic Testing and Preventative Care Coverage Is Included in the CARES Act?

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COVID-19-related diagnostic testing and preventative services coverage: applies to all plans (including high deductible, short-term limited duration plans, association health plans, and Medicaid) (Sections 3201-3203)

- COVID-19 diagnostic testing must be provided without cost-sharing (i.e. co-pays, coinsurance or deductibles) under Medicaid, CHIP, and private insurance. Any hospital, emergency department, urgent care or provider office visits associated with COVID-19 testing must also be provided without cost-sharing.
- Plans may not require prior authorization for COVID-19 testing.
- COVID-19-related preventative services such as immunizations must also be covered without cost-sharing.
- Coverage for COVID-19 testing is extended to the uninsured under Medicaid.

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What Telehealth Policy Provisions Are Included in the CARES Act?

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Telehealth

- States already have broad flexibility in covering telehealth through Medicaid. No special approval from CMS is necessary for state Medicaid programs to reimburse providers for telehealth services (telephonic or via video-conference) in the same manner or at the same rate that states pay for equivalent in-person services. To change payment methodologies would require a State Plan Amendment (SPA). States can use Appendix K to allow case management to be offered by telephone or videoconference to home and community-based service waiver recipients.

- Section 3701: For plan years beginning on or before December 31, 2021, high-deductible health plans with a health savings account (HSA) are permitted to cover any telehealth services without cost-sharing prior to a patient reaching the deductible, including those related to COVID-19 care and treatment.

- Individual and group plans will be allowed to make mid-year changes to their products in support of greater access to telehealth services or by reducing or eliminating cost-sharing. This flexibility applies to COVID-19-related services as well as any telehealth service.

For more information, see the Centers for Medicare and Medicaid Services (CMS) telehealth and telemedicine toolkit for use by states during the COVID-19 pandemic.

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