Agenda

- Opening Remarks
  - Brief update on virus (PPE, testing, trends)
  - Recognition of heroic efforts during the crisis
- Economic Outlook and Budget Shortfalls
  - Understanding 2020 rate reduction
- Federal Relief
  - 1135 and Appendix K updates
- Closing and Questions
- FMAP
Ohio COVID-19 Status

1,436 Deaths
4,539 Hospitalizations
25,250 Cases

Note: Totals include confirmed and CDC Expanded Case Definition (Probable)
DeWine Administration Efforts to Help Ohioans

Staying Connected

Link to COVID Careline

Link to Strive for Five Challenge

Link to Staying Connected Check-in Service

Ohio Department of Job and Family Services

Ohio Department of Addiction Services

Ohio Department of Mental Health and Aging

Ohio Department of Developmental Disabilities

Ohio Department of Developmental Disabilities

Ohio Department of Mental Health

Ohio Department of Veterans Services

Ohio Department of Health

DeWine Administration Efforts to Help Ohioans
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.

...and so many others:

Autumn Darnell
Sara Vollmer
Sara Jones
Kim DeDino
Icilda Dickerson
Megan Powell
Nicole Small
Lynne Lyons
Mary Haller
Sarah Jones
Sara Vollmer
Icilda Dickerson
Megan Powell
Nicole Small
Managed Care Pandemic Assistance

General Assistance

Community and Provider Assistance

- Streamlining provider credentialing
- Purchase of PPE
- Donations to community providers for
- Reduced PA requirements
- Donations of personal care items
- Providing meals to Ohioans
- Expanded telehealth services
- Accelerated claims payments to
- COVID-19 testing and treatment
- Full provider reimbursements for

• Offering up to three months paid leave for health plan clinical staff to join the medical reserve force
• Frontline nonprofit organizations receiving donations for everyday essentials
• Delivering of grocery and everyday essentials to members
• Allowing up to thirty days of early prescription refills and delivery
• Working to assist members of Ohio’s homeless population
• Full provider reimbursements for waived member cost-sharing for COVID-19 testing and treatment
• Accelerated and increasing donations to nonprofit organizations providing meals to Ohioans, including to high-risk pregnancy members and senior citizens
• Donations to community providers for purchase of PPE
• Streamlined provider credentialing
Section 1135 SPA and Waiver

**Approved Waiver Items:**

- Temporarily suspend Medicaid fee-for-service prior authorization requirements.
- Provider Enrollment Requirements temporarily suspended.
- Authorization Requirements: Temporarily suspended Medicaid fee-for-service prior authorization.

**HCBS Settings Requirements Allowing Alternate Settings:**

- 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 reimbursable for services rendered to an unlicensed facility.

**Provision of Services in Alternate 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 reimbursable for services rendered to an unlicensed facility.

**Section 1135 SPA and Waiver Items:**
Section 1135 SPA and Waiver

Pending SPA Items:

- Hospital PE for ABD covered groups including institutional
- OD designated as a Qualified Entity for conducting PE
- Hospital PE for ABD covered Groups Including Institutional

- NF Ventilator weaning staff requirements relaxed
- Suspending limits on Home Health and PDN
- Increase bed hold days to 60
- Suspending face to face requirements Generally
- Adding HCC as a NF benefit
- Suspending copayments and premiums

- Respiratory care professional or Respiratory Therapist in lieu of RN

Pending SPA Items:
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
- Waive face to face for LOC
- Alternative service site delivery authority
- Increasing service limits ADS/Voc Rehab

Items pending:

Appendix K Requests
ECONOMIC OUTLOOK
State Revenues are Down in FY 2020

Ohio Recession and Recovery Shape

- V-shaped
  - Quick bounce back of economy
- U-shaped
  - Takes more time for recovery
- W-shaped
  - Restriction lifted but takes even longer time to reach pre-pandemic state
- Nike swoosh/check mark
  - Takes more time for recovery
- L-shaped
  - Second surge of COVID-19
- U-shaped
  - Takes more time for recovery
- W-shaped
  - Second surge of COVID-19
- V-shaped
  - Fast bounce back of economy

Most pessimistic; permanent damage, long slow recovery

Ohio Recession and Recovery Shape
Ohio Recession and Recovery Shape

Recession Shapes
Recession Impact on Total Caseload

Estimates that it could reach 20% COVID-19 Recession - current

11% Peak Unemployment Rate

Great Recession - 19%

2,799,864

4,108,446

1,772,677

500,000

1,000,000

1,500,000

2,000,000

2,500,000

3,000,000

MAR-20

JUN-10

DEC-07

Excludes Family Planning Limited Benefit

Department of Medicaid

Ohio
Recession Impact on Caseload

Planning and US Unemployment Rate

Medicaid Caseload Trends Excluding Expansion and Family

US Unemployment Rate

Total Caseload wo Expansion

CFC MONTHLY CASELOAD

Recession

Clean-up System

Resumed

Delayed

Recessed

Recession

<table>
<thead>
<tr>
<th>April 2000</th>
<th>April 2005</th>
<th>April 2010</th>
<th>April 2015</th>
<th>April 2020</th>
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</thead>
<tbody>
<tr>
<td>1.200,000</td>
<td>1.400,000</td>
<td>2,000,000</td>
<td>2,200,000</td>
<td>2,600,000</td>
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</tbody>
</table>
Chart 2 - Expansion Group VIII Caseload Trends

Recession Impact on Caseload
Impact on the Medicaid Budget

- Increase in COVID-19 hospitalization/ICU caseload
- Increase in the overall number of individuals on the program
- Decrease in new enrollment will likely cost less on a per person basis (decreased morbidity)
- Decrease in deferred and missed utilization
- Increase in the use of telemedicine
- Increase in COVID-19 hospitalization/ICU caseload
- Increase in prior authorization
- Decrease in states' appropriation problem

Impact on the Medicaid Budget

State's Appropriation Problem
Additional Considerations for the Budget

### Workforce and Maintaining Access

- Increased provider costs
- Increased costs and loss of revenue
- Hospitals - outpatient shortfall and anticipated ICU case spikes

### Cash Flow Challenges

- Service providers aren't utilizing services that rely heavily on people
- Services that rely heavily on people

### Provider Lost Revenue

- PPE and testing
- Staffing and overtime

### Other Providers

- NFS - increased costs and loss of revenue
- Increased provider costs and loss of revenue
Budget will exceed current appropriations due to the increased caseload.

Revenue Considerations for 2021:
- Cannot add premiums or co-pays per MOE
- Add new limits on services for adults
- Add additional utilization management (prior authorization)
- Change rates
- Cut optional services and provider types

Spending Considerations for 2021:
- Other guidance pending
- Administration – 20% of ODM contract funding will be held by OBM

OBM Guidance for FY21:
- ODM cuts of $221M
- Rainy Day Fund

By 2020 and 2021 budget
<table>
<thead>
<tr>
<th>Ohio's Optional Services</th>
<th>Federally Mandated Services</th>
</tr>
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<tbody>
<tr>
<td>Ambulatory surgical centers</td>
<td>Certified pediatrics and family nurse</td>
</tr>
<tr>
<td>Speech therapy</td>
<td>Transportation to medical care</td>
</tr>
<tr>
<td>Private duty nursing</td>
<td>Federally qualified health center services</td>
</tr>
<tr>
<td>Prescription drugs</td>
<td>Rural health clinic services</td>
</tr>
<tr>
<td>Podiatry</td>
<td>Pregnant women</td>
</tr>
<tr>
<td>Physical therapy</td>
<td>Tobacco cessation counseling for</td>
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<tr>
<td>Occupational therapy</td>
<td>Free-standing birth center services</td>
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<tr>
<td>Individual or group counseling</td>
<td>Nurse midwife</td>
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<tr>
<td>Medical and surgical vision care</td>
<td>Family planning</td>
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<tr>
<td>Medical and surgical equipment and supplies</td>
<td>Lab and x-ray</td>
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<tr>
<td>Medical and surgical dental care</td>
<td>Physician services</td>
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<tr>
<td>Methadone administration</td>
<td>Home health</td>
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<tr>
<td>Intensive outpatient (to treat addiction)</td>
<td>Nursing facility care</td>
</tr>
<tr>
<td>Alcohol and drug screening and clinics</td>
<td>and treatment services (EPsDT)</td>
</tr>
<tr>
<td>Chiropractic services</td>
<td>Early and periodic screening, diagnostic,</td>
</tr>
<tr>
<td>Ambulance</td>
<td>Outpatient hospital</td>
</tr>
<tr>
<td>Figure 9. Ohio Medicaid Covered Services</td>
<td>Inpatient hospital</td>
</tr>
</tbody>
</table>

Figure 9. Ohio Medicaid Covered Services
Enhanced FMAP

Revenue: 6.2% Boost to FMAP (currently)

Spending increases related to caseload

Uses: Effective 1/1/2020; in place during the crisis

Reasons permitted for disenrollment:
- Requests to be disenrolled
- Moves out of state
- Deceased

Ohio receives approximately $300 million per quarter

CARES Act Maintenance of Effort (MOE)—only three

Ohio receives a projected 6.2% boost to FMAP (currently*).

Revenue:

Lower than projected state revenue

[Image: Department of Medicaid]
Other Federal Funding

State Medicaid programs are not a vehicle for this funding. Money is being disbursed by the federal government.

$100 billion in initial act

$75 billion additional in later bill

CARES Act Provider Fund:
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
  - $368,963,066 to 216 providers in Ohio
- $20 billion being sent out to same providers beginning April 24—Ohio distribution to 4 Ohio hospitals in Ohio
  - $56M 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

Other TBD

$368,963,066 to 216 providers in Ohio

Remainin$28 billion: additional providers, including Medicaid providers

$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, hospitals serving in areas where COVID-19 has been particularly severe

$20 billion Targeted Allocation to providers in hot spots, rural providers, others who serve low-income and uninsured populations
  - $20 billion being sent out to some providers beginning April 24—Ohio distribution TBD
  - $989,773,417
  - $30 billion distributed April 10 - 17. Ohio distribution: 10,166 providers

$50 billion General Distribution to Medicare facilities and providers based on providers’ net patient revenue

$75 billion Congress recently added $75 billion in additional funding to support our critical healthcare system—allocation TBD

Providers on the front lines of the coronavirus response:

Department of Medicaid

Relief Funding for Ohio
Closing and Next Steps

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