

**Questions from April 29, 2020 COVID-19 Webinar
May 5, 2020**

General Questions

The Department has discussed the burden on providers, as well as recognized that there will likely be a valid need for supplemental payments to offset the additional burdens. Has DHS been in touch with providers regarding increasing rates?

DHS has heard from numerous providers and has been collecting data from them on the impact of COVID-19 and is working closely with the Governor's Budget and Policy Offices to develop plans to help stabilize our entire provider community to ensure they are there and able to serve our MA beneficiaries during and after the COVID-19 public health emergency. Under the CARES Act, Pennsylvania will receive approximately \$3.9 billion, with another \$1.0 billion going to local governments. These funds are intended to be used to address the needs throughout the state due to the impact of COVID-19. The Governor's Office is working closely with the legislature to determine the most appropriate way to distribute these funds.

Office of Income Maintenance (OIM) Questions

Will the additional \$600 in pandemic UC be counted as income for LIHEAP (assuming that a LIHEAP Crisis Recovery program does move forward)?

At this time, the LIHEAP Season is closed. The department anticipates receipt of additional federal funds as part of the Federal CARES Act, which would allow us to operate a crisis recovery program. We are not able to finalize the details of this program until we hear from the federal government how much additional LIHEAP funding Pennsylvania will receive. Once information is received by the federal government, we will be able to provide details about the crisis recovery program, including a determination of whether or not the additional pandemic UC funding will be counted as income.

Could DHS provide an update on customer service center call drops?

As CSC staff have returned to full-time operations, the call drops have dramatically decreased along with customer wait times. Both metrics have returned to nearly the same levels the CSC maintained prior to the COVID-19 Crisis. For example, On April 30, the CSC had an answer rate of 99.6% and an average answer time of 27 seconds.

Office of Medical Assistance Programs (OMAP) Questions

On a previous call DHS indicated it would expedite certain Medicaid supplemental payments to hospitals. Can you please outline which payments will be expedited?

DHS implemented a three-month capitation payment delay in the agreements with the physical health managed care organizations (PH-MCOs). The April 15, 2020 capitation payment to the PH-MCOs is the last capitation payment they will receive until July. However, DHS exercised agreement language that allows us to release the inpatient and outpatient hospital services components of the capitation payments earlier. These portions of the payments, which would have been paid to the PH-MCOs in July, were made on April 29, 2020. Per the terms of the 2020 HealthChoices Agreements, the PH-MCOs must pay hospitals within thirty (30) days of receipt of this payment; however, DHS has encouraged PH-MCOs to make this payment as soon as possible. DHS hopes these early payments will provide financial assistance to the hospitals in continuing their operations.

Is there a forthcoming change to the prior authorization waiver for long term acute hospital admissions?

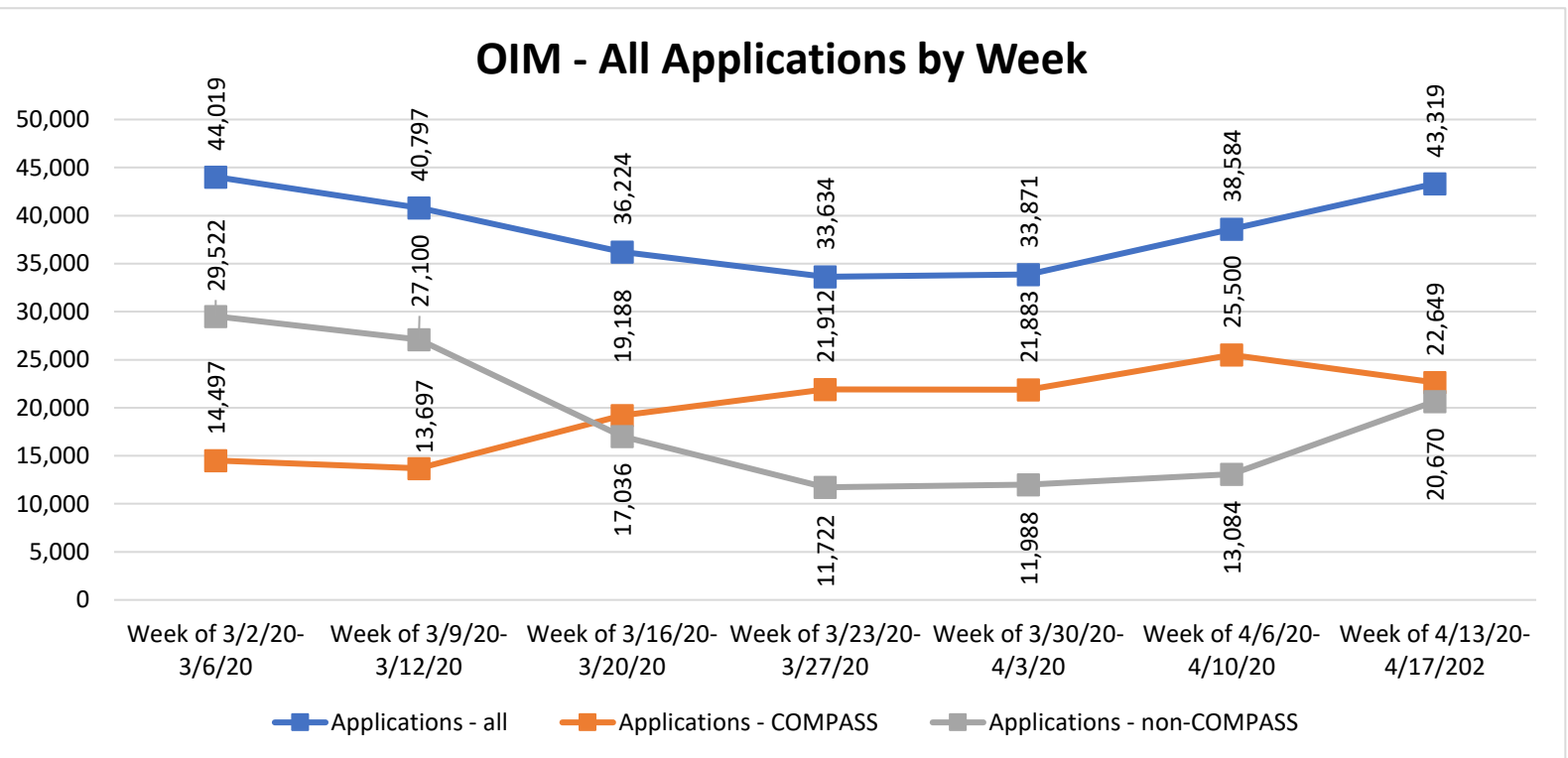
DHS recently announced that prior authorization for long term acute care hospital admissions is not required for the first 7 days of care, but will be required for services after the first 7 days. This was a change from previous guidance indicating prior authorization was not required for the first 30 days of care. Guidance on prior authorization for all hospital admissions, including long term acute hospital admissions, can be found on [DHS' website](#). Providers should check this site regularly for updates.

Questions from April 22, 2020 COVID-19 Webinar
 April 28, 2020

Office of Income Maintenance (OIM)

Has DHS experienced an increase in the number of applications for benefits? Could the Department share the number of applications by program? Does DHS have data on approval rates of applications and reasons for denial?

DHS continues to monitor applications and eligibility determinations, but we do not yet have enough complete data to fully answer this question. Since many of the impacts of this crisis didn't occur until late March, we wouldn't anticipate seeing increases until April and thereafter, and April enrollment data will not be available until mid-May. The graph below shows applications received each week. Based on the most recent evaluation of March 2020 applications data compared to March 2019, data shows similar approval rates. As more complete information on enrollments becomes available, we will share it.



There are estimates PA will see an increase in MA enrollment by a low 450k to high 1M. Is DHS seeing a marked increase in the number of applications for MA? If so, could the Department share generally the percentage of that increase? If not seeing increases, what does the Department perceive as the reason? Is DHS exploring possible reasons or barriers?

DHS continues to see growth in the number of individuals applying for Medicaid, however we have not yet seen a significant increase in applications due to this crisis. Medicaid eligibility is viewed as a monthly total for all individuals determined eligible at any time during the month. OIM's best measure of eligibility trends is monthly data. Because the stay at home orders did not begin statewide until the back half of March, the data for April will be the best measure of the trends DHS is initially seeing as a result of the current crisis. We would note that in past recessions, there is often a delay in terms of an impact on Medicaid applications.

As a community partner that provides SNAP application assistance, our organization is concerned that DHS hasn't seen a very significant increase in SNAP applications. Looking at our 1st quarter data, we submitted approximately 25% more applications in March than the average for January and February. Have application submissions increased in the last week? If not, is DHS planning additional public outreach/messaging (such as PSAs, social media, or other avenues) to make sure residents know how to access benefits that can help them?

In Pennsylvania, a significant segment of households that are likely eligible for SNAP are estimated to already be enrolled in SNAP. However, the economic impacts of the public health crisis may result in households that do not currently use SNAP becoming eligible. We are anticipating an increase in SNAP applications as the crisis continues, but the increase may not be as dramatic as it could be in states that have an overall lower current participation rate. Even though CAOs are closed to the public, OIM continues to receive applications and determine eligibility. We continue to regularly promote the availability of these programs through DHS' social media, and we are working to get this messaging out through press releases and media availabilities. We are exploring other tactics to communicate availability of assistance programs to Pennsylvanians who may not be familiar with or do not see themselves as someone who could be helped by SNAP or other DHS programs.

Office of Medical Assistance Programs (OMAP)

During this pandemic crisis, will DHS allow parents or grandparents to provide home health services as paid employees of a provider organization under EPSDT? Will the certification course be waived for families?

DHS' leadership has been reviewing the requirements for pediatric home health care workers, especially in light of hiring parents or grandparents as home health care aides to provide paid care to the EPSTD population during the COVID-19 emergency. DHS has asked for a waiver of the federal regulation that precludes an individual's family from providing personal care services, which in Pennsylvania are provided home health care aides.

The Pennsylvania Department of Health (DOH) is the state agency that licenses home health agencies and certifies the agencies for the federal Medicare program. In addition to the certification course requirement, DHS has identified additional issues and is working with DOH to address them. These include:

- Criminal background check requirements – home health care nurses and aides need to obtain federal and state background checks before or upon hire with a licensed home health agency;
- TB testing – a health examination and TB testing is required by home health agencies; and,
- Federal and state training requirements for home health care aides.

DHS continues to work through the issues above and need to do this with DOH since the requirements are based on state and federal statutes, licensure standards, and certification standards that DHS cannot waive independently.

Office of Developmental Programs (ODP)

Are expanded retainer payments and increased rates still a priority for ID/A community services?

The Wolf Administration realizes the financial strain that the COVID-19 pandemic has placed upon providers. Over the past several weeks, DHS has been collecting data from providers on the impact of COVID-19 and is working closely with the Governor's Budget and Policy Offices to develop plans to help stabilize our provider community to ensure they continue to be available and able to serve participants once the pandemic is over.

Similarly to providers, Pennsylvania is also experiencing financial strains due to decreased sales tax revenue, payroll tax, and several other income sources – with an estimated \$3 to \$5 billion in projected revenue loss. However, under the CARES Act, Pennsylvania will receive approximately \$2.7 billion, with another \$2.2 billion going to local governments. These funds are intended to be used to address the needs throughout the state due to the impact of COVID-19.

The Governor’s Office is working closely with the legislature to determine the most appropriate way to distribute these funds to assist providers with financial needs, and as more information becomes available, DHS will continue to share that information and keep providers informed.