

March 16, 2020

To: BadgerCare and Medicaid SSI HMOs
From: Jim Jones, State Medicaid Director
Subject: Wisconsin Medicaid Managed Care Response to COVID-19 Outbreak

The Division of Medicaid Services (DMS), Wisconsin Department of Health Services (WI DHS), is providing this bulletin to health maintenance organizations (HMOs) serving Medicaid and BadgerCare members in response to the ongoing COVID-19 outbreak occurring in the United States and worldwide. DMS encourages its HMOs that provide Medicaid services to be proactive in reviewing emergency policies and procedures, promoting practices that facilitate safe access to care during the outbreak, and sharing information with members that informs them of what they can do to stay healthy and prevent infection.

While we know the current policy is that your members are not responsible for copays, DMS would like to remind HMOs that there are no copays for any BadgerCare member until June 30, 2020.

This bulletin focuses on what can be done now under existing circumstances and authorities. DMS is currently reviewing what flexibilities could be put in place moving forward should more cases in Wisconsin place greater stress on our health care system.

Preparedness. HMOs should review their internal processes and operations to ensure that they are prepared to address COVID-19 cases in Wisconsin, including providing members with information and timely access to all medically necessary covered health care services. Weekly calls with DMS staff will allow HMOs to ask questions about COVID-19 as the situation continues to evolve, in order that DMS can provide technical assistance and support their needs.

Information Access. Providing the public with access to accurate information and dispelling rumors is the best path to positive health outcomes. HMOs should amplify messaging from CDC and WI DHS by providing members with useful information available on these websites and linking to the Wisconsin Department of Health Services page regarding COVID-19 at <https://www.dhs.wisconsin.gov/disease/covid-19.htm> or to the CDC's "What You Should Know" page at <https://www.cdc.gov/coronavirus/2019-ncov/about/index.html>.

HMOs should remind their members of the availability of their 24-hour nurse hotlines that can supply factual information and provide guidance on what to do if someone is experiencing the primary symptoms of COVID-19 (fever, cough, shortness of breath). These hotlines should reinforce prevention messages, encouraging members to wash their hands frequently, cover their coughs, avoid touching their faces, and staying home

when they feel ill. They should also clearly identify when individuals need to be seen by a health care professional and when they should remain in their residences.

Testing for COVID-19. As of March 9, clinicians in Wisconsin are able to test patients for COVID-19 without first acquiring the approval of the Division of Public Health. DMS is requiring HMO partners to accept the new Healthcare Common Procedure Coding System (HCPCS) codes recently developed by CMS to test patients for SARS-CoV-2 specific to the 2019 Novel Coronavirus. Providers and laboratories will be able to bill for services that occurred after February 4, 2020.

These procedure codes will allow the labs conducting the tests to bill for the specific test instead of using an unspecified code. This will allow Wisconsin to track this aspect of the public health response during this outbreak.

Telehealth Delivery of Services. Given that COVID-19 is a communicable disease, telehealth services, if offered by providers, may be preferred to limit travel and exposure of members requiring health care. Current Wisconsin Medicaid telehealth policy ([ForwardHealth #510](#)) permits reimbursement for select synchronous telehealth services. Wisconsin Medicaid HMOs can (and many already do) allow coverage above this policy and may choose to review this option as part of their planning for the outbreak.

DHS is also developing policy to expand services that could be provided via telehealth. Specifically, for currently covered telehealth services DHS will expand originating site to allow services to be provided regardless of the member location. DHS will not make changes to originating site fee policy at this time. In addition, DHS will allow coverage of e-visits and certain Medicare-allowable telehealth services. Policy details and guidance will be provided in a forthcoming provider update. We will continue to explore other opportunities for expanding this important service delivery method.

While there is variation in electronic prescribing (e-prescribing) capabilities and use, the majority of Wisconsin Medicaid hospitals, providers, and pharmacies have the technology to support e-prescribing.

Network Adequacy and Access to Out-of-Network Services. HMOs should verify their provider networks are adequate to handle a potential increase in the need for health care services in the event more COVID-19 cases are diagnosed in Wisconsin. The department determined that COVID-19 testing and treatment meets the definition of emergency medical services under Article IV(A)(9)(b). HMOs must provide out-of-network services related to the testing and/or treatment of COVID-19 as if they are in-network.

Utilization Management. Timely decision making is essential to responding appropriately to COVID-19. Since HMOs determine their own utilization management policies and practices, HMOs should closely examine their UM policies and practices so that do not delay the confirmation or treatment of COVID-19.

Access to Prescription Drugs. As a reminder, the pharmacy benefit is carved out of HMOs and covered by Medicaid fee for service. Providers are encouraged to visit the [Pharmacy Resources section](#) of the ForwardHealth Portal for up-to-date pharmacy drug coverage information.

As of March 20, 2020, providers will be allowed to override the overuse precaution (early refill or ER) prospective drug utilization review (DUR) alert for all drugs, except for controlled substances that are currently listed on the [Drug Authorization and Policy Override Center Early Refill Drugs list](#).

Additionally, providers are encouraged to review the [Three-Month Supply Drugs table](#), which is a list of drugs that are either allowed or required to be dispensed in a three-month supply. Providers are encouraged to dispense drugs in a three-month supply when possible.

In emergency situations, pharmacy providers are able to dispense a 14-day emergency supply of a drug when a member receives a prescription for a covered drug with prior authorization restrictions. Drugs dispensed in emergency situations do not require prior authorization. Providers should review the [Expedited Emergency Supply Request Drugs table](#) for additional information.

Providers and members are also encouraged to consider mail delivery services for prescription drugs. Wisconsin Medicaid-enrolled pharmacies are permitted to dispense and deliver prescription or over-the-counter medication to members via the mail when program requirements for coverage are met.

Our division and HMOs need to work together to address the COVID-19 outbreak and its impact on our members. To that end, DMS is requesting that HMOs share their approaches to responding to COVID-19 to better inform the public, the public health response, and to help learn from one another. As part of that effort, we will be holding weekly teleconferences with the HMOs to share information and answer questions. Our first call was held on **Thursday, March 12th from 11am-12pm**. All future calls will be held on **Thursdays from 11am-12pm**.