

# Pandemics and the Medicaid Program Response

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# Disclosure

Krista Capehart, PharmD has no relevant conflicts of interest to report.

# Learning Objectives

- Describe the immediate impact a pandemic has on a Medicaid pharmacy program.
- Examine lessons learned to prepare for the next pandemic.
- Identify plans of action for maneuvering through a pandemic for a Medicaid program.

# Learning Assessment Question 1

- Which of the following occurred as State-wide lockdowns were issued by Governors?
  - A. Patients were unable to access provider visits
  - B. Patients ran out of medication
  - C. Patients were unable to access food supplies regularly
  - D. All of the above

# Learning Assessment Question 2

- During a federally declared public health emergency, the Food and Drug Administration can allow medications and devices to be used by the public without having completed the rigorous process for full approval. They do this by issuing a(n) \_\_\_\_\_.
- A. Phase 2 approval
  - B. Emergency use authorization
  - C. Emergency waiver
  - D. Abbreviated new drug approval

# Learning Assessment Question 3

Preparing for the next public health emergency/pandemic should include:

- A. Partnerships
- B. Legislative/policy planning
- C. After action review
- D. All of the above

# Thinking Back...

Office of the Governor > News > Press Releases > 2020 Press Releases > COVID-19 UPDATE: Gov. Justice announces closure of West Virginia schools

## COVID-19 UPDATE: Gov. Justice announces closure of West Virginia schools

3/13/2020



February 28, 2020  
CDC reports four additional presumptive positive cases of COVID-19 in California, Oregon, and Washington: one case is likely travel-related, but three are likely due to community spread of the SARS-CoV-2 virus in the U.S.

March 1, 2020  
CDC creates a hospitalization surveillance network for the SARS-CoV-2 virus called "COVID-NET" to track the numbers and rates of COVID-19 hospitalizations by modifying existing respiratory virus surveillance networks that monitor for hospitalizations associated with influenza and Respiratory Syncytial Virus (RSV).

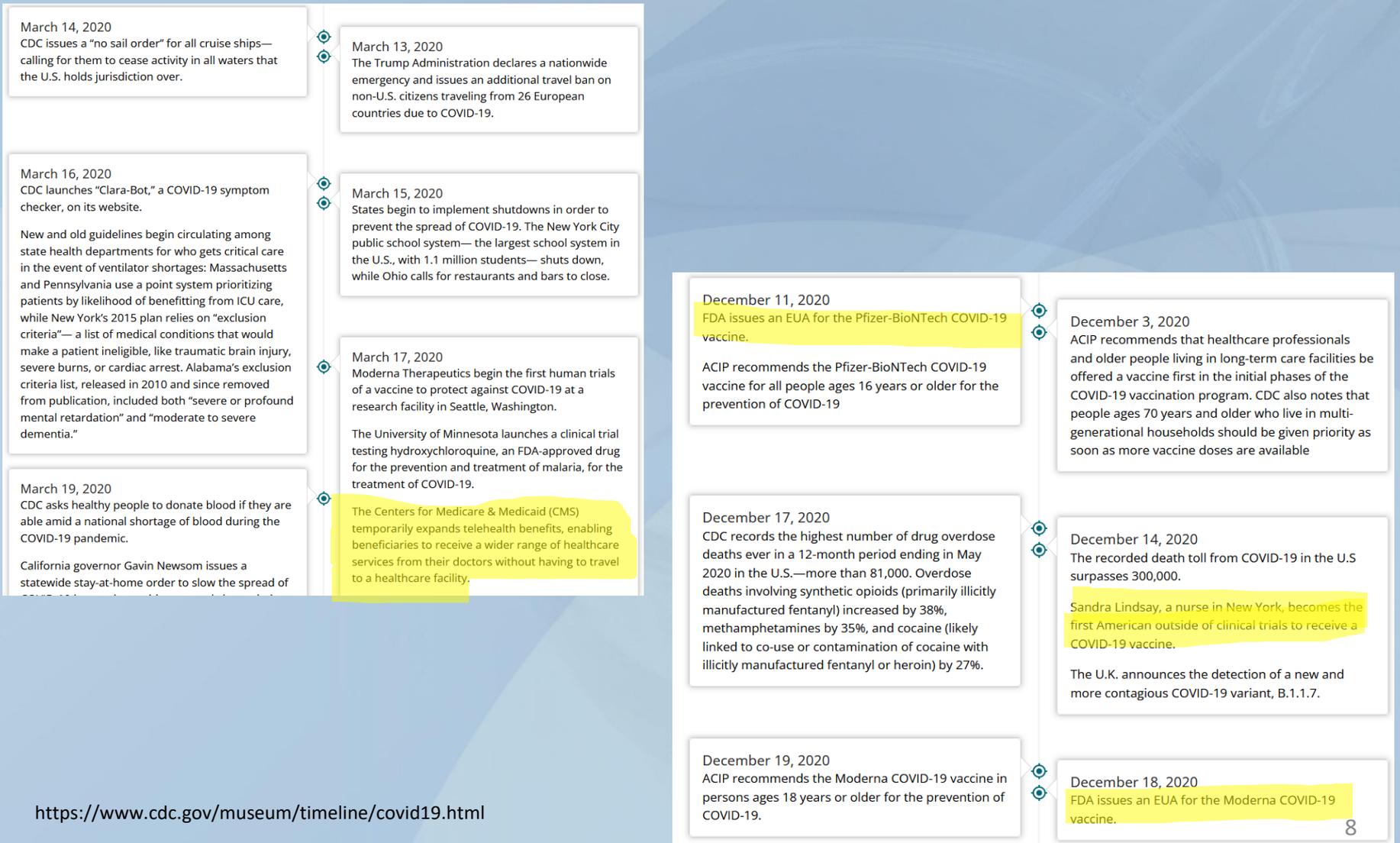
February 25, 2020  
CDC's Dr. Nancy Messonnier, the incident manager for the COVID-19 response, holds a telebriefing and braces the nation to expect mitigation efforts to contain the SARS-CoV-2 virus in the U.S. that may include school closings, workplace shutdowns, and the canceling of large gatherings and public events, stating that the "disruption to everyday life may be severe."

February 29, 2020  
CDC updates its Criteria to Guide Evaluation and Testing of Patients Under Investigation (PUI) for COVID-19 to any patients with a severe respiratory illness even in the absence of travel history to affected areas or known exposure to another case to prepare for possible widespread person-to-person transmission.

FDA announces a "new policy...for certain laboratories that develop and begin to use validated COVID-19 diagnostics before FDA has completed review of their emergency use authorization (EUA) requests," allowing laboratories to create tests to address testing shortages in the U.S.

CDC and the Washington Department of Public Health report the first death in an individual with laboratory-confirmed COVID-19 in the U.S. The patient was a male in his 50s who was hospitalized with a pneumonia of unknown cause and later died of his illness.

# It all happened in an afternoon...



# General Categories Impacted Almost Immediately

- Access
- Providers
- Eligibility of benefits

# When the pandemic hit...

- Stay-at-home mandates
- Physician/provider offices close = unable to access prescriptions and needed care
- Who is “essential?”
- Are new tests/services covered?
- Should there be services covered that are not?
- Reimbursement rates?
- Narcotic treatment programs?

# Access

- Stay at home orders
- Patients running out of medication, no refills
- Providers closing offices, often turning to emergency practice to care for more acute patients
- For substance use, investigational drugs, specialty programs

# Providers

- Providers granted authority never allowed before
- How to enroll and ensure payment
- Emergency use authorizations
- Telehealth

# Eligibility of benefits

- Economic Instability
- *Families First Coronavirus Response Act*, passed March 18, 2020
  - Nutritional supplementation
  - Coverage for diagnosis and testing of SARs-CoV2
  - Aging and Disability Service Programs
  - Veterans Affairs Medical Services related to COVID-19
  - For the “Public Health and Social Services Emergency Fund,” which supports the National Disaster Medical System, to pay the claims of providers for the detection of SARS–CoV–2 or the diagnosis of the virus that causes COVID–19 and testing related visits for the uninsured.
  - Unemployment Insurance Stabilization
  - Emergency Paid Sick Leave
  - For Medicaid: created state option to cover SARS-CoV-2 or COVID-19 related testing and testing-related services (only) for uninsured individuals at a 100% federal match during the emergency period.
  - Provides states & territories with a temporary 6.2 percentage point increase in the regular federal matching rate for the emergency period

# What we learned?

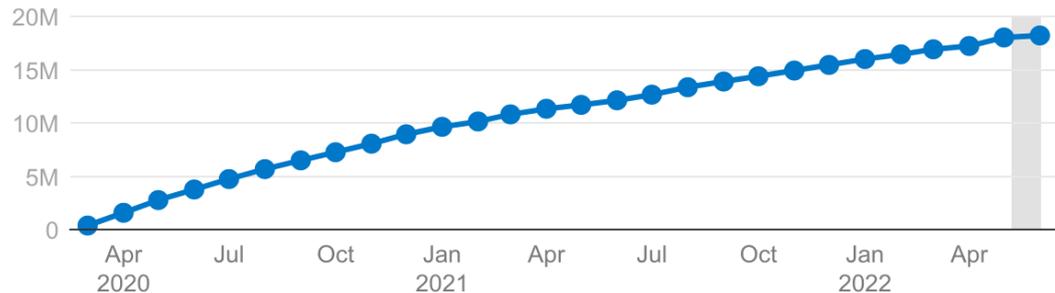
- Medicaid enrollment has dramatically increased

Figure 1

## Medicaid/CHIP Enrollment, February 2020-June 2022

Cumulative Change In Medicaid/CHIP Enrollment Since February 2020

# Change % Change



NOTE: M = Millions. The shaded area represents preliminary data for June 2022, which are subject to change in subsequent enrollment reports; all other months are based on updated enrollment reports. These data differ from those reported in monthly "Medicaid & CHIP Enrollment Snapshots" published by CMS, which report preliminary data for all months. Medicaid/CHIP enrollment reports are submitted monthly by state Medicaid agencies, reflecting enrollment on the last day of the month. With each update, states often revise data for the previous month(s) to better align with reporting criteria, such as including retroactive enrollment or other criteria. February 2020 (baseline) enrollment was 71,239,414 in the updated enrollment report.

SOURCE: CMS, Medicaid & CHIP: Monthly Application and Eligibility Reports, last updated September 30, 2022.

KFF

<https://www.kff.org/medicaid/issue-brief/10-things-to-know-about-the-unwinding-of-the-medicaid-continuous-enrollment-requirement/>

# What will happen to all of these “new” enrollees?

- Estimated between 5-14 million will lose their Medicaid coverage when the Public Health Emergency ends
- Chronic disease care has fallen as we care for acute COVID-19 patients
- Patients have delayed care
- Providers are leaving healthcare leaving facilities without beds and unable to provide COVID-19 or chronic disease care

# Partner, Partner, Partner

- Medicaid is a complex program combining federal and state requirements
- When a public health emergency is added information and requirements come from many more sources
- Federal waivers, state waivers, executive orders, state agency policy changes, managed care organization advisories, emergency use authorizations, changes in coverage....

# How and why should we partner?

- Initially during a public health crisis people were hungry for information-clung to the television, awaited case totals, deaths and the newest information
- As we progressed along, information fatigue set in. What can be done?
  - By using partners, patients hear the same information from different sources and may be more likely to act and understand
  - WV experience with COVID-19 vaccines and Medicaid population

# Other Partnership Examples

- Board of Pharmacy Partnerships:
  - Be aware of changes in scope of authority
  - Have a plan of communication and action for implementing other agencies actions
  - Examples
    - Vaccines

# Pharmacies as partners

- Ensure that pharmacists are aware of what is happening within the program
- Patients are there at the pharmacy (or in this case in the drive thru/on the phone)
- With EUAs in a public health emergency, without pharmacies as partners, patients may not have access to medications

# Planning for the Future

- We were not prepared
- Infrastructure took time to establish and still left wide gaps
  - Coverage for testing from all providers, vaccine coverage from all providers, administration of medications from all providers
  - Coverage for EUA medications “regardless of the setting”

# After-Action Report

## Internal Document for Improvement

1. Describe the event, its purpose, and identify if it had a code name.
2. Record the event date(s) and the date of the event review.
3. List out the names of participants and/or participating organizations, and their roles in the event.
4. Discuss the following questions:
  - a. What was expected to happen? (e.g., objectives for addressing the event, expectations, outcomes)
  - b. What actually occurred?
  - c. What went well and why?
  - d. What can be improved and how?
5. Record the objectives for addressing the event, performance measures and targets, and any accomplishments.
6. Determine next steps and create any improvement activities for each event objective, including who will be responsible and by what deadline.
7. Discuss other pertinent information to help improve the response to the event in the future.

# Keep the Partnerships OR Build Them

- Partnerships established during the pandemic need to be fostered (federal qualified healthcare centers, pharmacies, pharmacists, local health departments, inter- and intra-agency partnerships)
- Recognize the vast number of entities that play a roll in action during a public health emergency/pandemic and plan ahead

# WV Joint Interagency Task Force

- Established by the Governor for management of all things COVID-19
- Included representation from all walks of community life
  - WV Dept of Health and Human Resources
  - Local Health Dept
  - Hospitals
  - Pharmacies
  - Community health centers
  - Long term care facilities
  - Corrections
  - Education
  - National Guard
  - Behavioral health
  - Manufacturing
  - Etc.

# Partnerships

- Created direct lines of communication for information sharing and policy development
- Solution oriented
- Action oriented

# Establish Team-Based Care Mechanisms BEFORE the next Pandemic

- COVID-19 saw expansion of scope for a variety of professions for many healthcare activities (Public Readiness and Preparedness Act-PREP Act, plus many federal and state executive orders and waivers)
- Patient care was not compromised
- Create the structure (within your state or federally) to make certain these mechanism for care remain

# Current Bills Introduced in Congress

- Pharmacy and Medically Underserved Areas Enhancement Act (H.R. 2759)
  - amend section 1861(s)(2) of the Social Security Act to include pharmacists as recognized health care providers
- Equitable Community Access to Pharmacist Services Act (H.R. 7213)
  - Written to establish pharmacist services more permanently for Medicare Part B beneficiaries as well as for possible medical emergencies

# Equitable Community Access to Pharmacist Services Act (H.R. 7213)

- 56 Co-sponsors
- Establishes Medicare Part B reimbursement for essential services
- Testing for: COVID-19, flu, RSV, Strep throat
- Treatment: COVID-19, flu, Strep throat
- Vaccination: COVID-19, flu

# Conclusion

- We were not prepared
- Necessitated ‘building the plane as we were flying it’ in many cases.
- Consider completing an after-action review of your department’s activity during the COVID-19 response.
- Prepare for the next public health emergency
- Foster and grow the partnerships

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# References

- CDC COVID-19 Timeline <https://www.cdc.gov/museum/timeline/covid19.html>
- **H.R.6201 — 116th Congress (2019-2020)** <https://www.congress.gov/bill/116th-congress/house-bill/6201/text>
- Ten Things to Know about the Unwinding of the Medicaid Continuous Enrollment Requirement <https://www.kff.org/medicaid/issue-brief/10-things-to-know-about-the-unwinding-of-the-medicaid-continuous-enrollment-requirement/>
- N Engl J Med 2021; 385:1633-1636 DOI: 10.1056/NEJMp2112063
- After Action Reports  
[https://www.phf.org/resourcestools/Pages/After Action Report Tool.aspx](https://www.phf.org/resourcestools/Pages/After_Action_Report_Tool.aspx)
- PREP Act <https://www.federalregister.gov/documents/2020/03/17/2020-05484/declaration-under-the-public-readiness-and-emergency-preparedness-act-for-medical-countermeasures>
- Pharmacy and Medically Underserved Areas Enhancement Act (H.R. 2759)
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