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**DATE:** March 17<sup>th</sup>, 2020

**TO:** Medicare-Medicaid Plans in Illinois

**FROM:** Lindsay P. Barnette  
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**SUBJECT:** Illinois MMAI Medicare-Medicaid Plan Flexibilities Related to  
Coronavirus Disease 2019 - COVID-19

COVID-19 presents new challenges for coordination of care and communication with those dually eligible older adults and people with disabilities enrolled in Medicare-Medicaid Plans (MMPs). We appreciate your ongoing commitment to the people we serve.

Many of you have already taken steps to reduce the risks of COVID-19 transmission and maintain continuity of operations. To support those efforts, after consultation with our partners at the Illinois Department of Healthcare and Family Services (HFS), we are permitting MMPs in Illinois to request to temporarily suspend or limit face-to-face care coordination activities required under the three-way contract (found in sections 2.5.3.7.2, 2.6.3, 2.6.4, and 2.6.5) between CMS, HFS, and each MMP. We will exercise our enforcement discretion related to the aforementioned contract provisions if the MMP (1) can substitute face-to-face interactions with other approved modalities for conducting care coordination activities, such as telephonic and telehealth, and (2) conducts assertive outreach to at-risk enrollees to mitigate risks and provide education on COVID-19. This flexibility is effective through May 31, 2020. CMS and HFS will consider extending this policy as conditions warrant.

MMPs can request this flexibility by emailing CMS ([MMCOCapsModel@cms.hhs.gov](mailto:MMCOCapsModel@cms.hhs.gov)) and HFS (via [Keshonna.Lones@Illinois.gov](mailto:Keshonna.Lones@Illinois.gov)) a commitment to provide a concise written plan that describes how the MMP will:

- 1) complete care coordination activities in lieu of face-to-face contact; and
- 2) conduct outreach and COVID-19-related education to at-risk enrollees.

In recognition of rapidly evolving local circumstances, each MMP that submits such request may immediately take advantage of the flexibilities described here, and we will use our enforcement discretion accordingly, as long as the MMP submits the concise written plan within one week.

Any education materials developed for beneficiaries and providers must be consistent with CDC and CMS guidance. This plan should include, but not be limited to:

- How and under what circumstances the MMP will complete health risk assessments, care plan development, interdisciplinary care team meetings, and other care coordination activities via modalities other than in-person contact within the required timeframes; and
- Description of the at-risk population identified by the plan for outreach and education about COVID-19 and the tools and resources the plan may deploy to identify and mitigate risks normally identified through face-to-face care coordination.

HFS will provide additional guidance related to the relevant 1915(c) waiver requirements in the near future.

Finally, notwithstanding the guidance discussed in this memo, MMPs should comply with any instructions issued by federal, state, or local public health officials related to COVID-19 response. We encourage MMPs to review previously issued guidance from CMS regarding obligations and permissible flexibilities related to disasters and emergencies.

For more information on COVID-19 and CMS and CDC resources that MMPs can utilize for beneficiary outreach and education, please see:

<https://www.cms.gov/About-CMS/Agency-Information/Emergency/EPRO/Current-Emergencies/Current-Emergencies-page>

<https://www.cms.gov/newsroom>

<https://www.cdc.gov/coronavirus/2019-ncov/about/index.html>