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.

We appreciate that Partners Health Plan (PHP) has 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 New York State Department of Health (DOH) and the New York Office for People with Developmental Disabilities (OPWDD), we are permitting PHP to temporarily suspend or limit face-to-face care coordination and Participant Advisory Committee (PAC) and Participant Feedback session activities required under the three-way contract (found in section 2.6.2, which references the FIDA-IDD IDT policy, and sections 2.10.2.2, and 2.10.3.2) between CMS, DOH, and PHP. We will exercise our enforcement discretion related to the aforementioned contract provisions if PHP (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, DOH, and OPWDD will consider extending this policy as conditions warrant.

PHP can request this flexibility by emailing CMS (MMCCapsModel@cms.hhs.gov), DOH (via joseph.shunk@health.ny.gov) and OPWDD (via timothy.a.byers@opwdd.ny.gov) a commitment to provide a concise written plan that describes how PHP 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 who reside in OPWDD certified facilities as well as those who do not.
In recognition of rapidly evolving local circumstances, PHP may immediately take advantage of the flexibilities described here, and we will use our enforcement discretion accordingly, as long as PHP 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 PHP 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.
- Description of coordination efforts with OPWDD and health care providers to ensure person centered service and care needs are met to the fullest extent possible, as providers respond to COVID-19.

OPWDD will provide additional guidance related to its Section 1115(a), and Section 1915(c) OPWDD Comprehensive Waiver requirements in the near future.

Finally, notwithstanding the guidance discussed in this memo, PHP should comply with any instructions issued by federal, state, or local public health officials related to COVID-19 response. We encourage PHP 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 PHP can utilize for beneficiary outreach and education, please see:


https://www.cms.gov/newsroom