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 MMPs 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 Rhode Island Executive Office of Health and Human Services (EOHHS), we are permitting the Rhode Island MMP to request to temporarily suspend or limit face-to-face care coordination activities required under the three-way contract (found in sections 2.6.2.3, 2.6.2.4, and Appendix K) between CMS, EOHHS, and the 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) implements the use of informational telephonic scripts with COVID-19 education for all incoming enrollee calls, outbound telephonic welcome calls, and assessment/reassessment communications to mitigate risks of COVID-19. This flexibility is effective until the State of Emergency related to COVID-19 in Rhode Island has been lifted.

CMS and EOHHS will consider extending this policy as conditions warrant.

The MMP can request this flexibility by emailing CMS (MMCOCapsModel@cms.hhs.gov) and EOHHS (via John.Neubauer@ohhs.ri.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) implement the use of informational telephonic scripts with COVID-19-related education for incoming enrollee calls and outbound telephonic welcome calls and assessment and reassessment outreaches
In recognition of rapidly evolving local circumstances, the MMP may immediately take advantage of the flexibilities described here upon submission of their request, and we will use our enforcement discretion accordingly, as long as the MMP submits the concise written plan within seven (7) business days. All scripting and related materials should be consistent with guidance from the Rhode Island Department of Health (RIDOH) and federal health authorities. 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
- Content of informational scripts inclusive of education about COVID-19 risks and scenarios of the utilization for such telephonic scripts for incoming enrollee calls, outbound telephonic welcome calls, and calls related to assessments/reassessments.

Finally, notwithstanding the guidance discussed in this memo, the MMP should comply with any instructions issued by federal, state, or local public health officials related to COVID-19 response. We encourage the MMP 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/newsroom


https://health.ri.gov/diseases/ncov2019/