



Top Ten List: Ensuring Access to Medicaid Services During the COVID-19 Pandemic

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States can take many actions to protect and increase access to Medicaid health services – including COVID-19 testing and treatment – during the pandemic. Here are ten of the most important advocacy steps you can take to work with your state to ensure appropriate access to Medicaid services during the COVID-19 pandemic:

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1. **Ensure that Medicaid beneficiaries have access to free COVID-19 testing.** [CMS has clarified](#) that under the Families First Coronavirus Relief Act states must cover screening and testing for COVID-19 in their Medicaid programs. Advocates should work with their states to ensure that these services are offered at no cost to beneficiaries, to ensure that no one is discouraged from obtaining a test due to cost. In addition, states have the option to extend [limited Medicaid coverage for COVID-19 testing and testing-related services](#) to individuals who are otherwise uninsured. Advocates should press their states take up this option, and provide the testing and related services available under it at no cost.
2. **Make sure that your state is covering the range of necessary treatments for COVID-19 at no cost.** Currently, there is no one treatment for COVID-19. Some individuals do not require treatment and can recover from the illness on their own, while others require extensive treatment including surgeries and ventilation. All of the services used to treat COVID-19, such as [inpatient hospital services, physician services, and laboratory services](#), should be already covered by state Medicaid programs. Now is the time for advocates to make sure that state coverage policies are clear and do not pose any unnecessary barriers to beneficiaries getting the COVID-19 treatment they need. Advocates should work with their states to eliminate any cost-sharing associated with these services, which is required by the Families First Coronavirus Treatment Act for states who claim additional Medicaid funding to account for the impact of COVID-19. In addition, advocates should encourage their states to take up broad options for no-cost coverage of items that can assist in preventing the spread of COVID-19, such as [disinfectant sprays and wipes and hand sanitizer](#), particularly for people who receive home- and community-based services that cannot be provided from a distance.

3. **Ensure your state is helping beneficiaries to access to time-sensitive services unrelated to COVID-19.** Many states have encouraged people to stay home during the pandemic and avoid seeking medical care for non-emergent situations. In addition, many providers have been impacted by COVID-19 and have had to close, reduce their hours, or make other changes to their delivery of services. As it becomes clear that physical distancing will have to continue for weeks if not months in many parts of the country, advocates should work with their Medicaid programs to ensure that people have access to the full range of necessary services when they need them. Advocates should work with their states to make sure that beneficiaries have timely access to time-sensitive services, such as pregnancy-related services and dialysis. All states should [encourage providers](#) to work with beneficiaries to identify on a case-by-case-basis whether a particular service should be provided or delayed, and when it is appropriate to provide services by telehealth. In particular, advocates should work with their states to [maximize safe provision of EPSDT services to children](#), including immunizations and well-child visits.
4. **Work with your state to identify services that can be provided by telehealth and taking steps to ensure access.** The Centers for Medicaid & Medicare Services have made clear that state Medicaid Programs can provide access to many services remotely, using telehealth. Advocates should check out our [fact sheet on access to Medicaid services by telehealth](#) for background about ways to work with their states on this.
5. **Remove prior authorization requirements for Medicaid services.** Many Medicaid programs require beneficiaries to obtain prior authorization from the state or their managed care plan before they can receive certain services. Applying prior authorization to services now can pose an insurmountable barrier to receiving needed services, especially since many Medicaid and managed care plan staff, and treating providers, are working with reduced capacity. Advocates should work with their states to [eliminate prior authorization requirements for Medicaid services](#) during the pandemic, to ensure that beneficiaries can quickly access care that they need.
6. **Eliminate cost-sharing in state Medicaid programs.** For decades, [research has shown](#) that even small cost-sharing requirements – things like premiums or co-pays – in Medicaid, can discourage people from seeking medical care they need. During the pandemic, advocates should work with their states to eliminate any cost-sharing associated with accessing Medicaid services, to ensure that people can access services they need without any barrier. While it is particularly important that screening, testing, and treatment for COVID-19 be available without cost, states should eliminate cost-sharing on other services as well, to encourage beneficiaries to seek all the medically necessary care they need during this time.
7. **Make sure that your state's policies do not discriminate.** The pandemic has squeezed resources that were already in short supply – personal protective equipment, ventilators,

and ICU beds. Advocates should work with their states to ensure that the providers and plans that make decisions about how to allocate limited services [do not discriminate](#) against people with disabilities, people on Medicaid, or on the basis of any other improper factor. Unfortunately, COVID-19 is already [disproportionately affecting](#) low-income people and African-Americans, as well as people with chronic conditions such as asthma. Thus it is particularly important to ensure that states combat bias and discrimination and take steps to ensure equal access to necessary care during the pandemic.

8. **Work with your state to expand its provider networks and help providers maintain communication with their patients.** Care providers of all kinds—from hospitals to direct care workers—are impacted by the pandemic. For various reasons, providers may have less availability than before, or may not be available at all. As a result, beneficiaries may experience difficulty finding a provider to deliver care they need. States should [expand their provider networks](#) by streamlining provider enrollment during the pandemic, without sacrificing beneficiary safety by taking steps like allowing providers who are already enrolled in another state Medicaid program to participate in their program without additional screening, and waiving the application fee for new providers. Advocates can work with their states on [messages to beneficiaries](#) about how to access care, and [scripts for providers](#) about the services they can provide during the pandemic. Advocates should also make sure that their states have straightforward ways to find out which providers are delivering services and how to contact them to arrange for care.
9. **Ensure access to prescription drugs through early refills, extended supplies, mail order and home delivery.** Continued access to prescription medications can be difficult as Medicaid beneficiaries in many jurisdictions have been asked to limit contact with people outside of their homes. Advocates should work with their states to ensure people [have access to the medications they need](#) during the pandemic by [suspending policies](#) that limit refills on prescriptions and extending the amount of pills that a pharmacist can dispense at one time. In addition, advocates should work with their state to enable Medicaid beneficiaries, especially those who are considered high risk, to obtain their medications without physically traveling to a pharmacy, by expanding access to [mail order and home delivery services](#) for medications, and eliminating and fees or costs associated with those services. [Recent federal action](#) also allows states to dispense larger quantities of controlled substances to those who need them, and relaxes limitations on prescribing those medications by telehealth. Advocates can work with states to permit opioid treatment programs to [distribute naloxone to participants through a lockbox](#), to minimize the need for human contact in order to receive necessary medication assisted treatment.
10. **Recognize the behavioral health impacts of COVID-19 and expand access to behavioral health services.** As the COVID-19 pandemic continues, its impact on people’s behavioral health will continue to grow. Fears about COVID-19 and isolation due to necessary physical distancing have been linked to [increased stress and worsening of symptoms](#) of anxiety and depression, and an [increase in substance use](#), which in turn

often lead to adverse impacts on physical health. At the same time, many methods of delivering behavioral health services, like group therapy and in-patient hospital care, increase the risk of contracting COVID-19. Thus advocates must work with their states to [restrict inpatient admissions](#) to situations where there is actual risk to life if the person is not hospitalized, and to make home and community-based mental health and substance use disorder services available [by telehealth](#) whenever possible.