

# MEDICAID POLICY INFORMATION SHEET

**Policy Analyst:** Michelle Tyus

**Phone Number:** 517-335-5246

Initial

Public Comment

Final

## Brief description of policy:

The purpose of this bulletin is to notify providers of available treatments for COVID-19. The Michigan Department of Health and Human Services (MDHHS) will provide reimbursement to Medicaid-enrolled home health agencies for the administration of EUA monoclonal antibody (mAb) COVID-19 infusions for beneficiaries meeting criteria.

## Reason for policy (problem being addressed):

MDHHS is implementing this policy in order to align with the provisions outlined in Section 3713 of the Coronavirus Aid, Relief, and Economic Security (CARES) Act. The purpose is to notify Medicaid-enrolled home health agencies of Medicaid program coverage and reimbursement of EUA mAb COVID-19 infusions for people who have tested positive for COVID-19 and have mild to moderate symptoms at high risk for progressing to severe COVID-19 and/or hospitalization.

## Budget implication:

budget neutral

will cost MDHHS \$ , and (select one) budgeted in current appropriation

will save MDHHS \$

## Is this policy change mandated per federal requirements?

No.

## Does policy have operational implications on other parts of MDHHS?

Potentially claims processing.

## Does policy have operational implications on other departments?

No.

## Summary of input:

controversial (Explain)

acceptable to most/all groups

limited public interest/comment

## Supporting Documentation:

State Plan Amendment Required: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Public Notice Required: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, please provide status:	If yes, Submission Date:
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Pending <input type="checkbox"/> Denied	
Date: 5/12/21 Approval Date:	

<b>DRAFT FOR PUBLIC COMMENT</b>  <b>Michigan Department of Health and Human Services</b>		
	<b>Project Number:</b> 2127-HHA	<b>Date:</b> June 23, 2021

**Comments Due:** July 28, 2021  
**Proposed Effective Date:** As Indicated  
**Direct Comments To:** Michelle Tyus  
**Address:**  
**E-Mail Address:** [tyusm@michigan.gov](mailto:tyusm@michigan.gov)  
**Phone:**

**Fax:**

**Policy Subject:** COVID-19 Response: Coverage of U.S. Food & Drug Administration (FDA) Emergency Use Authorization (EUA) Monoclonal Antibody COVID-19 Infusions by Home Health Agencies

**Affected Programs:** Medicaid, Healthy Michigan Plan, Children’s Special Health Care Services (CSHCS), Maternity Outpatient Medical Services (MOMS)

**Distribution:** Medicaid Home Health Agencies, Medicaid Health Plans, Integrated Care Organizations

**Summary:** The purpose of this bulletin is to notify providers of available treatments for COVID-19. The Michigan Department of Health and Human Services (MDHHS) will provide reimbursement to Medicaid-enrolled home health agencies for the administration of EUA monoclonal antibody COVID-19 infusions for beneficiaries meeting criteria.

**Purpose:** MDHHS is implementing this policy in order to align with the provisions outlined in Section 3713 of the Coronavirus Aid, Relief, and Economic Security (CARES) Act. The purpose is to notify Medicaid-enrolled home health agencies of Medicaid program coverage and reimbursement of EUA monoclonal antibody COVID-19 infusions for people who have tested positive for COVID-19 and have mild to moderate symptoms at high risk for progressing to severe COVID-19 and/or hospitalization.

**Cost Implications:** Budget neutral

**Potential Hearings & Appeal Issues:** None

<b>State Plan Amendment Required:</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <b>If yes, date submitted:</b> February 12, 2021	<b>Public Notice Required:</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <b>Submitted date:</b>
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**Tribal Notification:** Yes  No  - **Date:** January 12, 2021

**THIS SECTION COMPLETED BY RECEIVER**

<input type="checkbox"/> <b>Approved</b>	<input type="checkbox"/> <b>No Comments</b>
<input type="checkbox"/> <b>Disapproved</b>	<input type="checkbox"/> <b>See Comments Below</b>
	<input type="checkbox"/> <b>See Comments in Text</b>

<b>Signature:</b>	<b>Phone Number</b>
<b>Signature Printed:</b>	
<b>Bureau/Administration</b> <i>(please print)</i>	<b>Date</b>

Comment001

Revised 6/16

**Bulletin Number:** MSA 21-21

**Distribution:** Medicaid Home Health Agencies, Medicaid Health Plans, Integrated Care Organizations

**Issued:** June 23, 2021

**Subject:** COVID-19 Response: Coverage of U.S. Food & Drug Administration (FDA) Emergency Use Authorization (EUA) for Monoclonal Antibody COVID-19 Infusions by Home Health Agencies

**Effective:** As Indicated

**Programs Affected:** Medicaid

To assist with providing timely access to available treatments for COVID-19, the Michigan Department of Health and Human Services (MDHHS) will provide reimbursement to Medicaid-enrolled home health agencies for the administration of EUA monoclonal antibody (mAb) COVID-19 infusions for beneficiaries meeting criteria. This bulletin provides information regarding Medicaid program coverage and reimbursement of EUA mAb COVID-19 infusions provided by Medicaid-enrolled home health agencies for dates of services on or after May 6, 2021.

EUA mAb COVID-19 infusion treatments are for people who have tested positive for COVID-19 and have mild to moderate symptoms at high risk for progressing to severe COVID-19 and/or hospitalization.

### **Reimbursement for Administration of EUA mAb COVID-19 Infusions**

During the federally declared Public Health Emergency (PHE), when EUA mAb COVID-19 infusion drugs for COVID-19 treatment are procured and purchased by the federal government, they will be made available to Medicaid-enrolled home health agencies at no cost. Medicaid will not reimburse Medicaid-enrolled home health agencies for EUA mAb COVID-19 infusion drugs that are federally purchased or supplied for free. Home health agencies may bill the procedure code and the cost of the EUA mAb COVID-19 infusion drugs as \$0.00. During the federally declared PHE period, including any extensions, reimbursement for the administration services of the EUA mAb COVID-19 infusion will be temporarily increased to 100% of Medicare rates for equivalent services.

For the duration of the federally declared COVID-19 PHE, Medicaid will cover FDA EUA mAb COVID-19 infusions and their administration for COVID-19 treatment. The established separate coding and enhanced reimbursement for administration of the EUA mAb COVID-19 infusions in the beneficiary's home or residence reflects the complex products and monitoring requirement. Centers for Medicare & Medicaid Services (CMS) allows the submission of claims for the enhanced reimbursement rate when the home health agency furnishes a COVID-19 mAb product in a "home or residence." CMS defines "home or residence" such as a beneficiary's permanent residence, temporary lodging (e.g., hotel/motel, cruise ship, hostel, or homeless shelter) and homes or residences that have been made provider-based to the hospital during the COVID-19 PHE.

CMS has established the applicable Healthcare Common Procedure Coding System (HCPCS) codes for EUA mAb COVID-19 infusion drugs. Medicaid-enrolled home health agencies must use appropriate HCPCS codes for the EUA mAb COVID-19 infusion administration when submitting a claim for reimbursement. MDHHS covered HCPCS codes and associated rates can be found on the COVID-19 Response database at [https://www.michigan.gov/mdhhs/0,5885,7-339-71551\\_2945\\_42542\\_42543\\_42546\\_42551-159815--,00.html](https://www.michigan.gov/mdhhs/0,5885,7-339-71551_2945_42542_42543_42546_42551-159815--,00.html).

### **Documentation Requirement**

Medicaid-enrolled home health agencies must verify the administration of EUA mAb COVID-19 infusions are supported by documentation to ensure terms of the applicable EUA are met. The administration of EUA mAb COVID-19 infusions must evaluate the safety and efficacy of treatment for the beneficiary to support medical necessity.

In accordance with current policy, Medicaid-enrolled home health agencies must adhere to the Medicare Conditions of Participation regulations at 42 CFR §484.60 and the Home Health chapter of the MDHHS Medicaid Provider Manual.

### **Additional Resources for Home Health Agencies**

Information on Monoclonal Antibody COVID-19 Infusion can be found at <https://www.cms.gov/medicare/covid-19/monoclonal-antibody-covid-19-infusion>

### **Durable Medical Equipment, Prosthetics, Orthotics & Supplies (DMEPOS)**

In response to the federally declared COVID-19 PHE, MDHHS established a temporary waiver of the required beneficiary signature as proof of delivery for DMEPOS delivery to the beneficiary's home. Additional information on the MDHHS' temporary waiver for home-delivered DMEPOS items can be found in policy bulletin [MSA 20-35](#).

## Public Comment

The public comment portion of the policy promulgation process is being conducted concurrently with the implementation of the change noted in this bulletin. Any interested party wishing to comment on the change may do so by submitting comments to Michelle Tyus via e-mail at [tyusm@michigan.gov](mailto:tyusm@michigan.gov).

Please include "COVID-19 Response: Coverage of U.S. Food & Drug Administration (FDA) Emergency Use Authorization (EUA) for Monoclonal Antibody COVID-19 Infusions by Home Health Agencies" in the subject line.

Comments received will be considered for revisions to the change implemented by this bulletin.

## Manual Maintenance

Information in this bulletin is time-limited and will not be incorporated into any policy or procedure manuals.

## Questions

Any questions regarding this bulletin should be directed to Provider Inquiry, Department of Health and Human Services, P.O. Box 30731, Lansing, Michigan 48909-8231, or e-mailed to [ProviderSupport@michigan.gov](mailto:ProviderSupport@michigan.gov). When you submit questions, be sure to include your name, affiliation, NPI number, and phone number so you may be contacted if necessary. Typical Providers may phone toll-free 1-800-292-2550. Atypical Providers may phone toll-free 1-800-979-4662.

## Approved

A handwritten signature in black ink, appearing to read "K. Massey", followed by a long horizontal line.

Kate Massey, Director  
Medical Services Administration