STATE OF IOWA DEPARTMENT OF
Health AND Human
SERVICES

# Improving the Medicaid Program for Members

February 20, 2023

# Overview

- Community-Based Services Evaluation Report
- Medicaid Rate Reviews
- Prefile Legislation
- Dental Request for Proposals
- Continuous Coverage Unwind Plan
- Questions?

# Community Based Services Evaluation Report

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# CBSE Overview

- The Iowa Department of Health and Human Services (Iowa HHS) contracted researchers to conduct a systemwide assessment of community-based behavioral health, disability and aging services across the state.

- The evaluation was completed in Dec. 2022, and the evaluation report was released on January 31, 2023.

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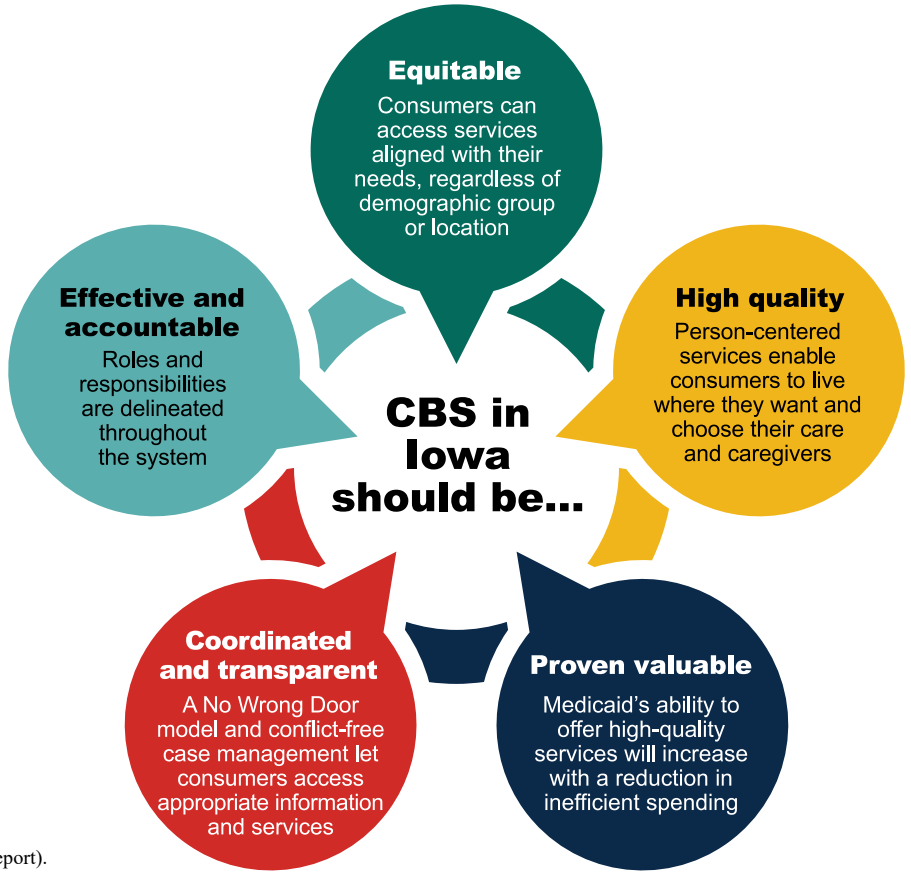
# What principles guided the work?

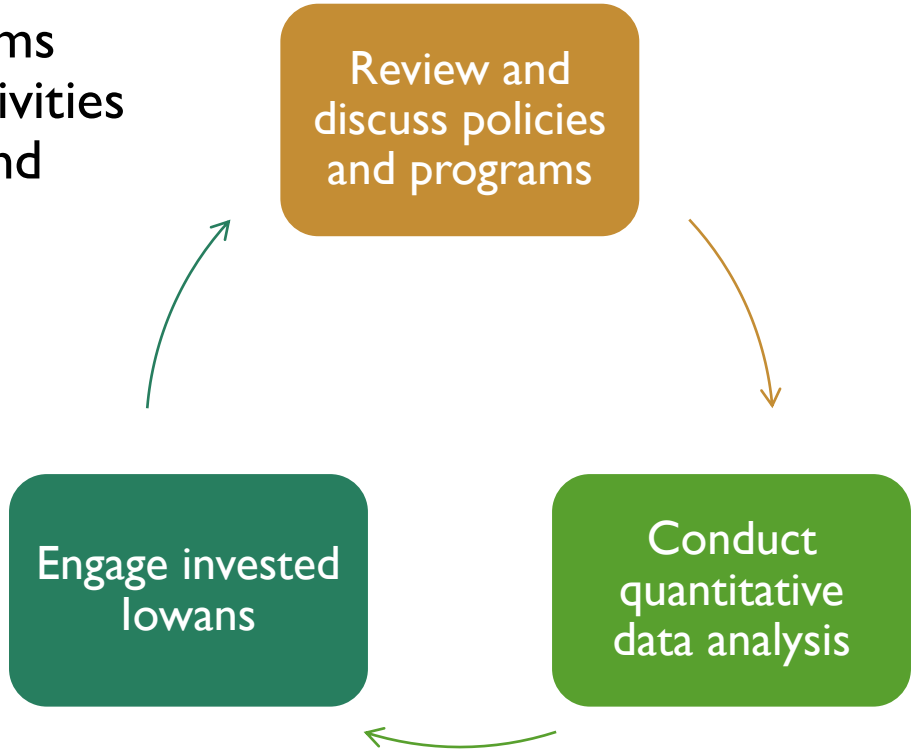
- The evaluation team worked closely with invested Iowans, including HHS staff and the advisory committee
- Together, they developed five guiding principles



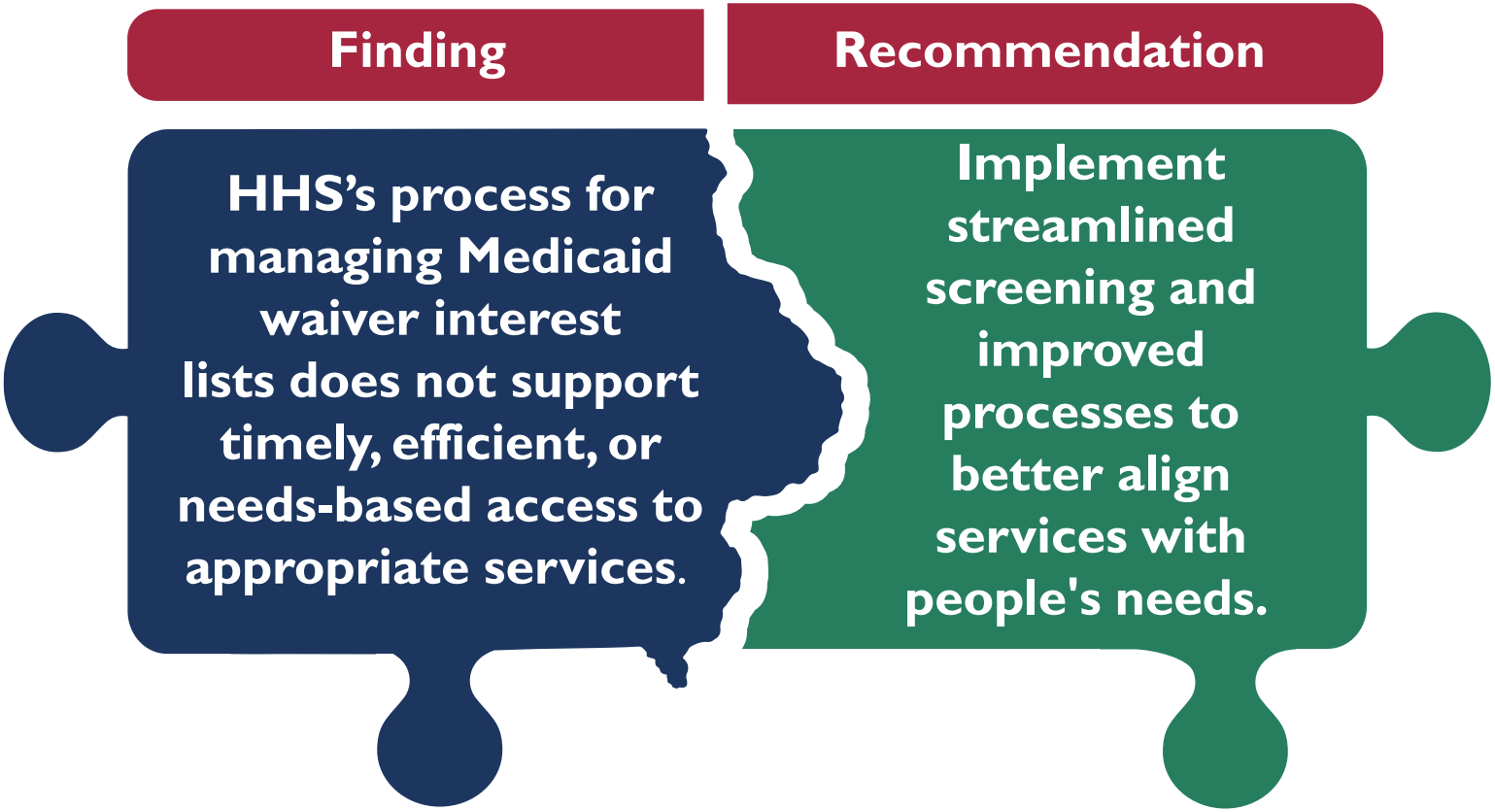

Source: Figure I.1. Guiding principles for Iowa's CBS system (from the Evaluation Report).

# How was the work designed in Year 1?

- Three work stream teams supported evaluation activities and developed findings and recommendations

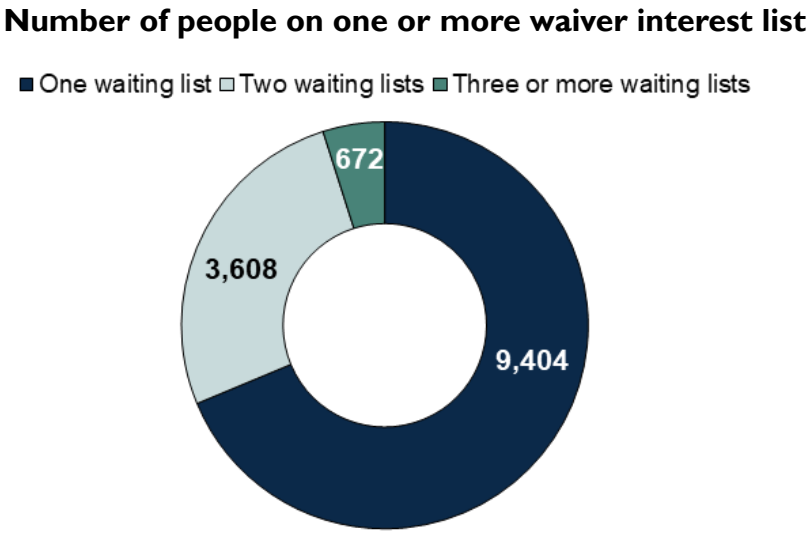


# How can Iowa HHS better support people when they begin to need HCBS?



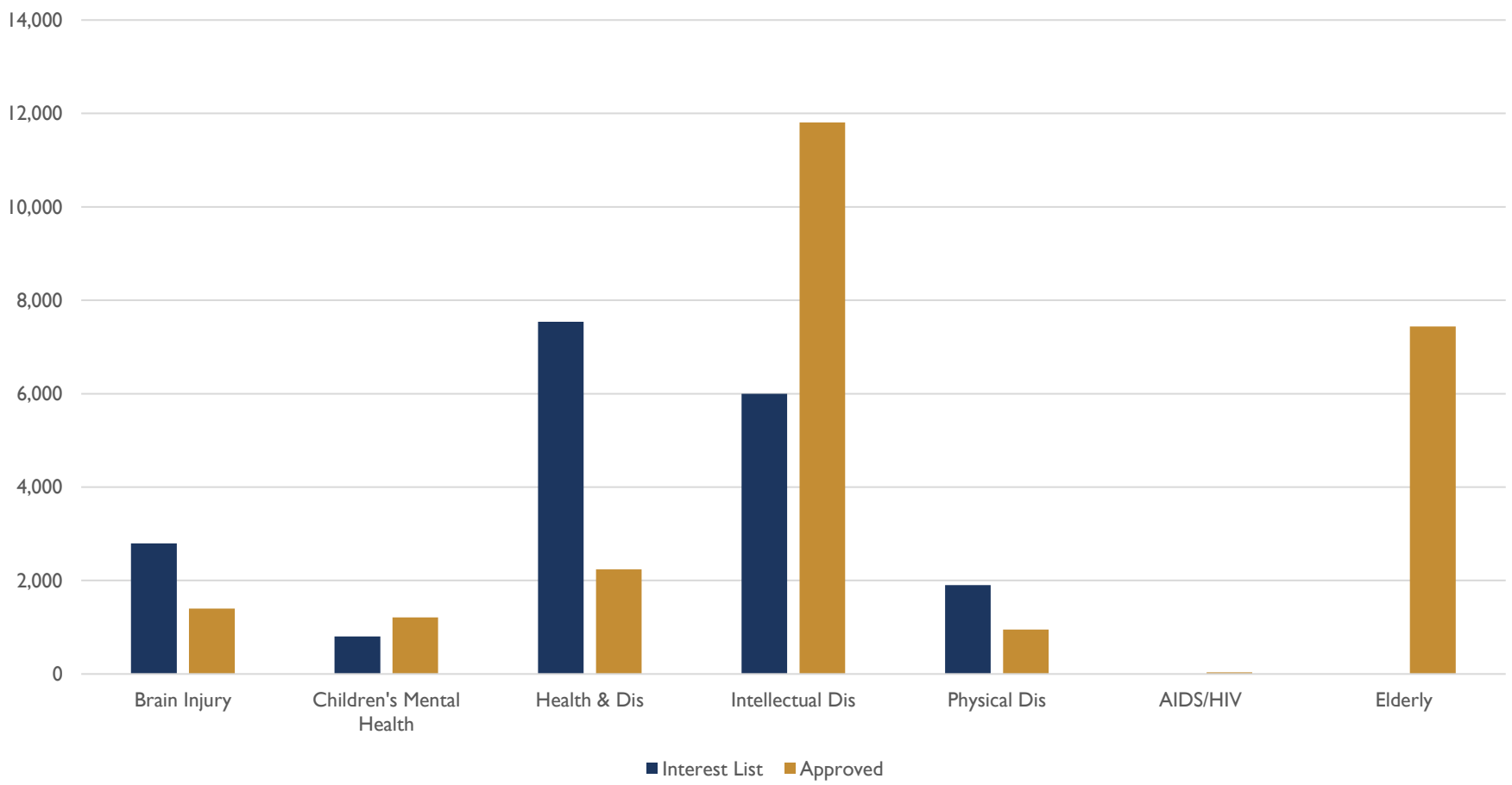
# The number of people requesting waiver slots overstates the true demand for services

- 13,000 Iowans requested more than 18,000 slots across Iowa's waiver interest lists in 2022
- Nearly one in three people are on more than one waiver interest list

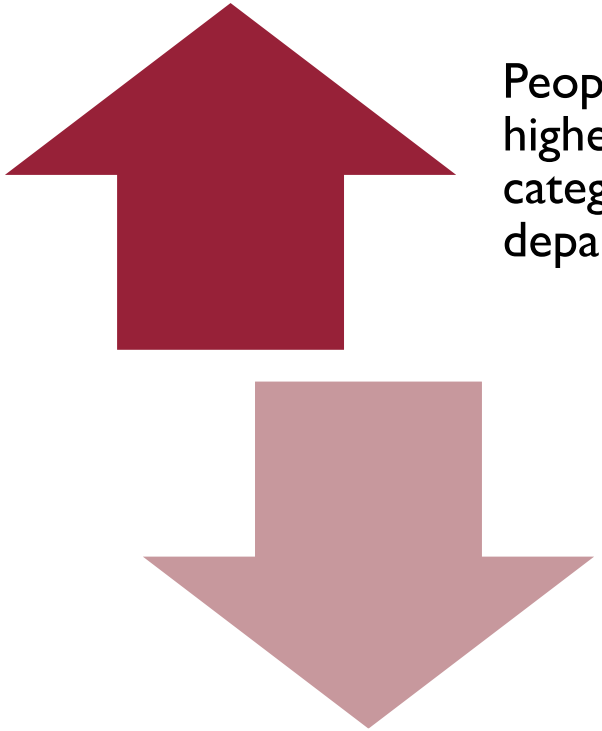



Source: Figure V.2. Point-in-time data about the Iowa waiver interest lists provided by HHS in June 2022 (from the Evaluation Report).

# Current Interest Lists



# Emergency department and inpatient costs are higher for those on a interest list than on a waiver



People on interest lists accrued higher costs in some payment categories, such as emergency department care and inpatient care

People on interest lists had lower total Medicaid spending per member per month (PMPM) than those on the waivers because they lacked access to HCBS

Note: We compared those on the interest list to those on a waiver; we did not compare those on an interest list, living in an institution with those on an interest list, living in the community.

# The system is not designed to coordinate MHDS and Medicaid services

About **75%** of MHDS participants were enrolled in Medicaid yet less than **5%** were on a waiver interest list.

MHDS spending is **higher** for those on a waiver or interest list compared to other Medicaid enrollees or those not on Medicaid.

# Continued

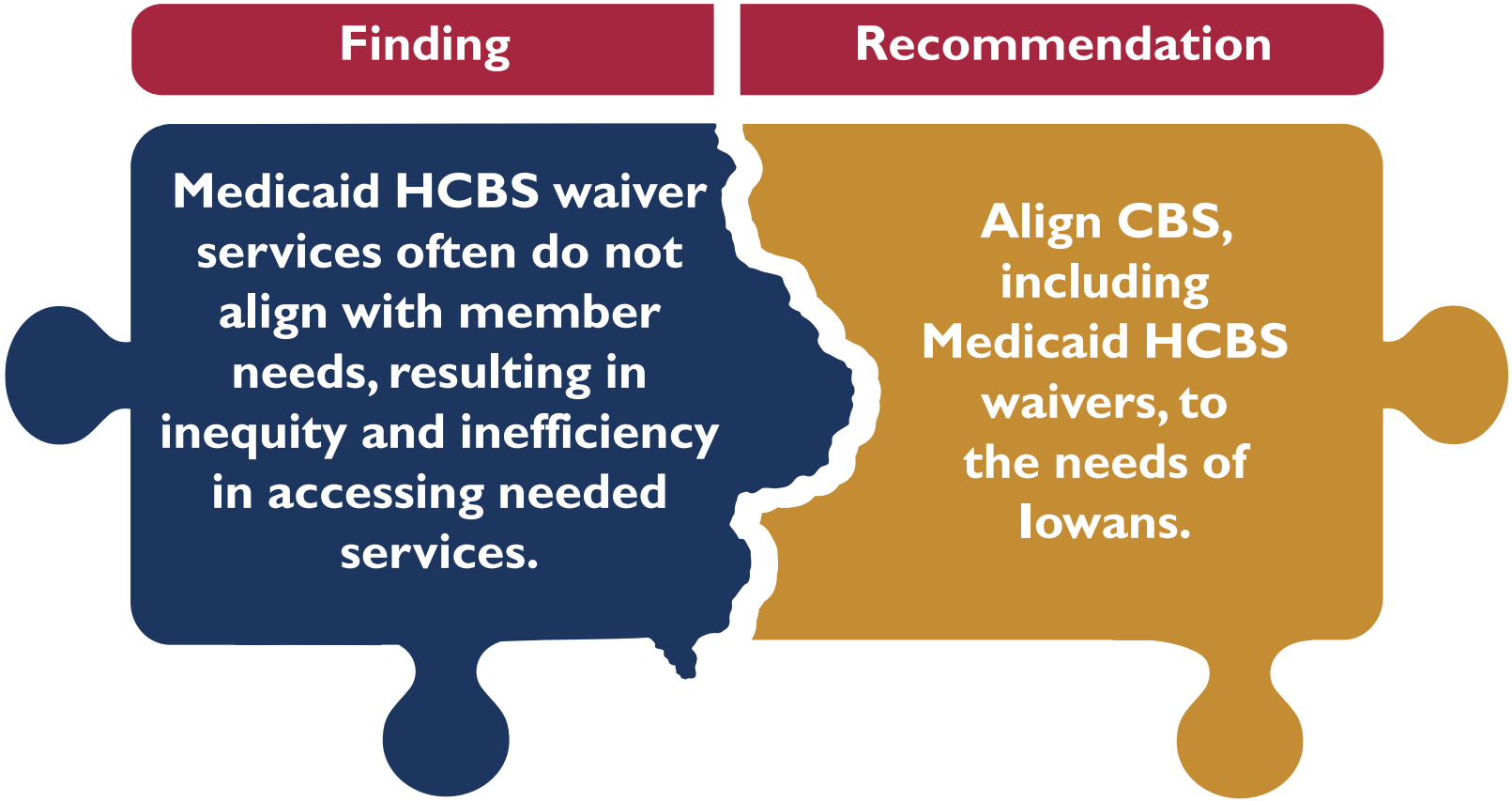
- *"The system is incredibly fragmented and difficult to navigate and understand. And that's coming from someone that doesn't have a disability and has consistent transportation. I can't imagine navigating these things with additional challenges."* - Listening session participant

**Medicaid enrollment and Medicaid ID verification for MHDS participants**

| | Region A | | Region C | |
|---|---|---|---|---|
| | Number | % | Number | % |
| **All participants** | 2,458 | - | 4,929 | - |
| **Participants enrolled in Medicaid** | 1,966 | 79% | 3,657 | 74% |
| **Participants enrolled in a waiver** | 379 | 15% | 958 | 19% |
| **Participants on an interest list** | 73 | 3% | 186 | 4% |

Source: Table V.3. MHDS data from Region A and Region B and Iowa Medicaid enrollment data (from the Evaluation Report).

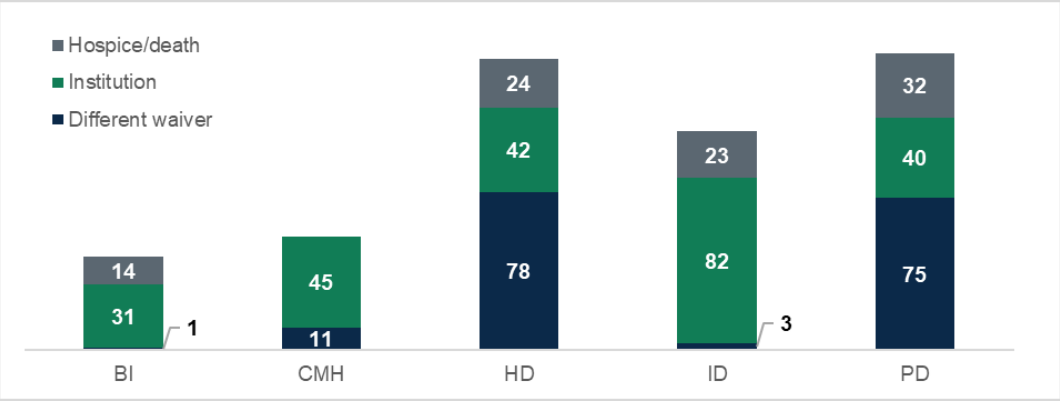
# How can Iowa HHS improve waiver assessments and service offerings?



# The waiver structure introduces inequities and inefficiencies into the system

- People with similar HCBS needs but different diagnoses are not able to access the same supports
- People move between waivers to try to access the services they need

**Number of waiver exits to an institution, another waiver, or hospice/death**




Source: Exhibit VI.1. Iowa Medicaid encounter data from 2018 (from the Evaluation Report). Waivers names are defined in the appendix.

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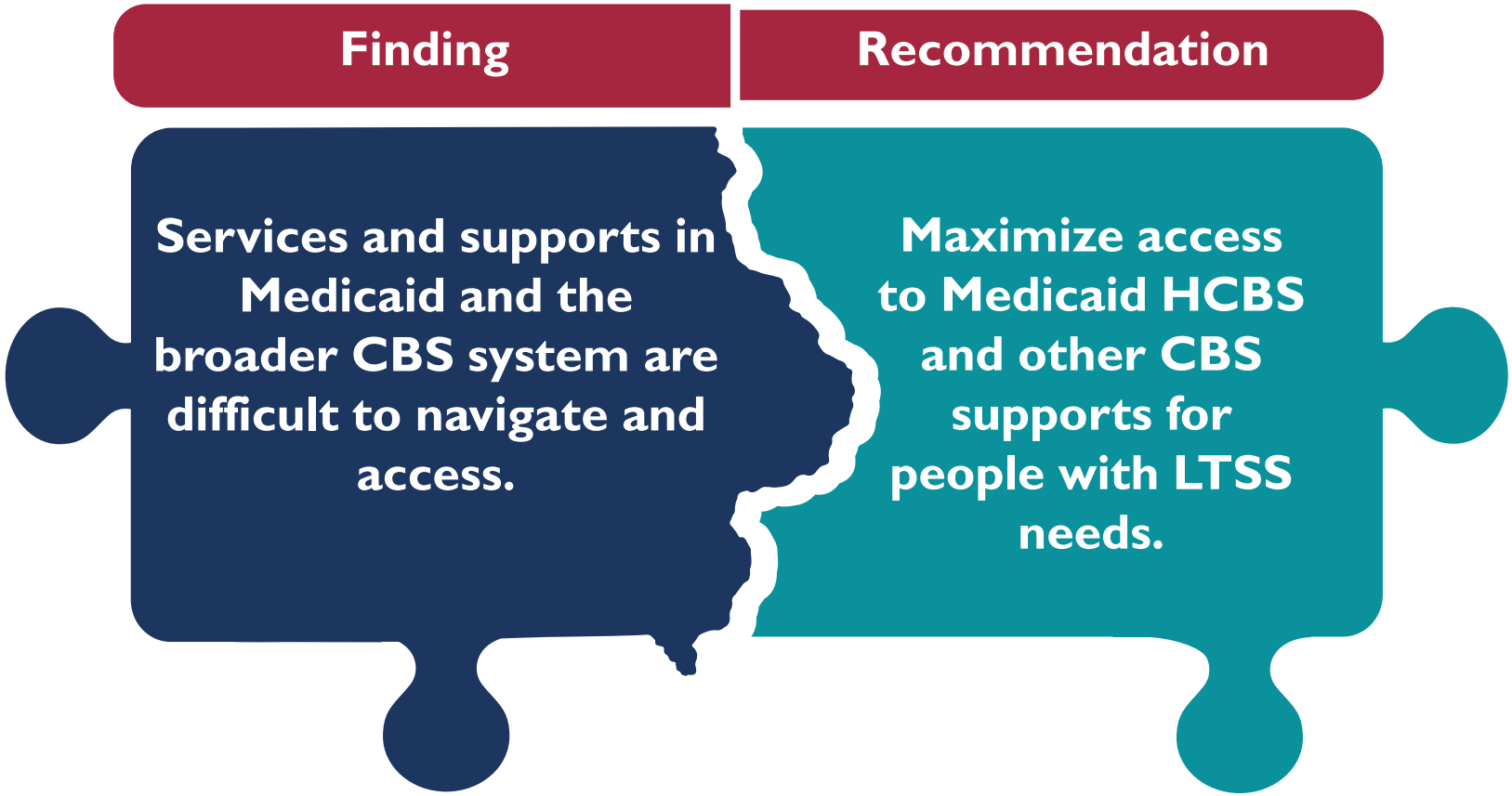
# Waivers are not meeting needs

***"It's not so much a challenge as it is kind of dumbfounding, the categorical nature of these waivers. We actually had to switch from the brain injury waiver to the intellectual disability waiver so we could access day habilitation. But in doing that, we lost home and vehicle modifications. And I think it's almost designed to weed out people so they just give up. But I don't give up."***

— Listening session participant

# How can Iowa HHS enhance access to services for people already enrolled in a waiver?



# There are gaps in the continuum of care

- Services that are unavailable or difficult to access include:

| | | | |
|---|---|---|---|
| Residential crisis services for members on the Intellectual Disability (ID) wavier with intellectual or developmental disabilities | Youth-specific crisis and psychiatric stabilization services | Services to support those with co-occurring conditions | Transportation services |

- Service gaps, coupled with provider shortages, create challenges for accessing services to remain the community

*"Staffing shortages make it increasingly difficult for parents of children with disabilities to hold a career. Although we can get approved for services, we can't get them covered, meaning that parents have to take time off work to provide nursing care, transportation, and other services directly. The time off of work can be covered by [Family Medical Leave Act] to an extent. But that is unpaid and has a down-spiraling effect on the financial circumstances and resources for the household."* - Response to online feedback form

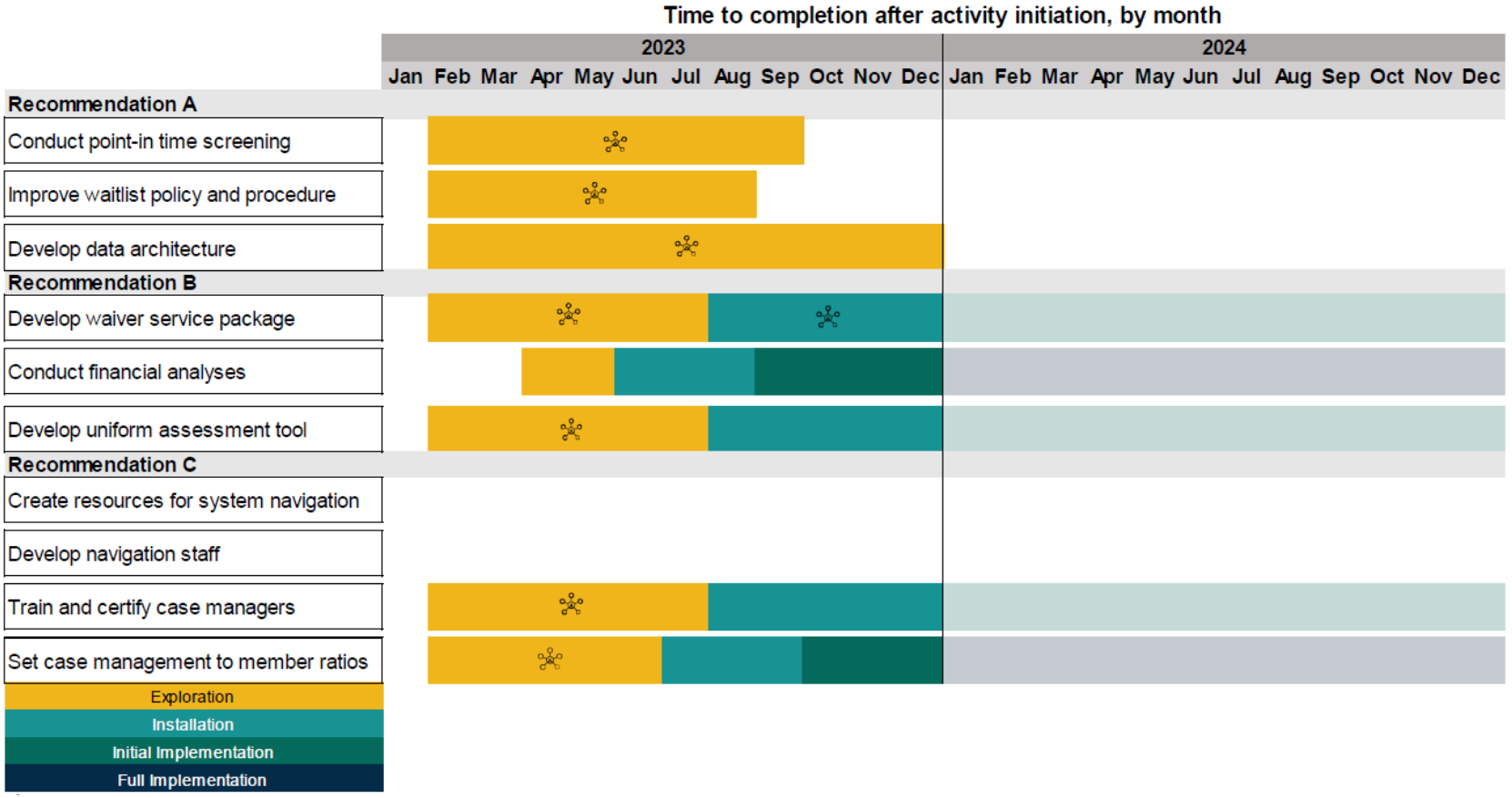
# There is not enough support to navigate the complexities of the CBS system

- Consumers face challenges navigating the system, such as the inability to find clear and consistent information
- Members' case managers change frequently, which interrupts care

***"I have been trying to get services [for] over two years…and have still found services lacking. In fact, most of them I can't even get information on unless I go to three or four different people on the phone each giving a different answer."***

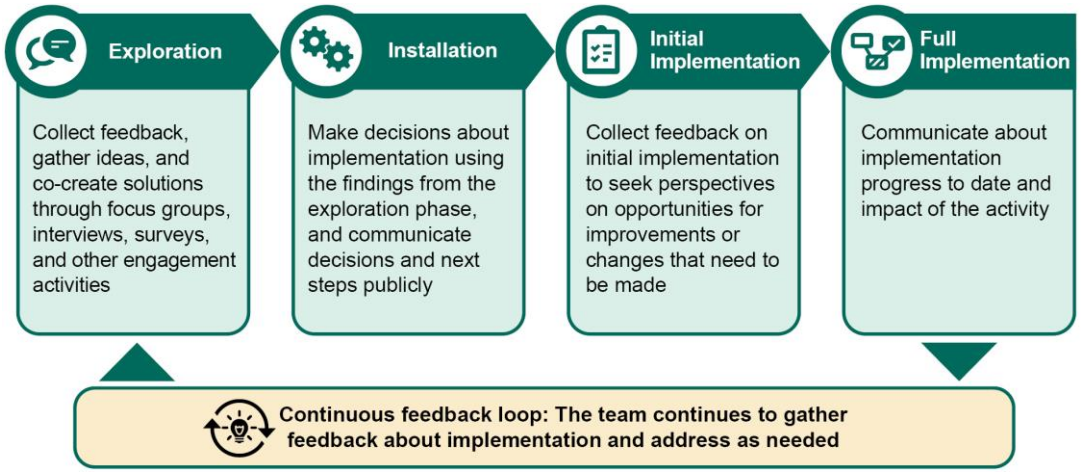
— Response to online feedback form

# Timeline for next steps



# How will Iowa HHS seek feedback and communicate updates to Invested Iowans?

- Each activity will move through four stages
- We will seek feedback from Invested Iowans and provide updates during each stage of the feedback loop




Source: Exhibit III.1. Continuous feedback loop (from the Transformation Plan).

# Medicaid Rate Review Process

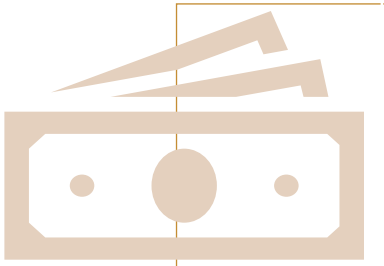
# Background on Rate Reviews

Iowa Medicaid does not have a regular process established to review provider reimbursement schedules.

Currently, the fee schedule rate reviews are conducted through:

- Legislative change directed in the HHS appropriations bill, or,
- As federal/state law dictate, or,
- When there is a programmatic need identified

# Why a Regular Rate Review is Needed



The result of not having a regular rate review process is that Medicaid provider reimbursement lags with changes in the cost of providing the service.

It can also result in reimbursement for services being misaligned with other services that may have received a targeted rate increase.

# Rate Review Findings

| Provider Type | State Share at 85% | State Share at 90% | State Share at 95% | State Share at 100% |
|---|---|---|---|---|
| Physician MD | ($527,031) | $9,893,896 | $20,308,740 | $30,729,267 |
| Physician DO | $213,836 | $480,886 | $747,756 | $1,014,790 |
| Podiatrist | $381,014 | $516,208 | $651,394 | $786,580 |
| Optometrist | $3,437,275 | $4,037,677 | $4,637,789 | $5,238,045 |
| Optician | $689,291 | $755,998 | $822,683 | $889,310 |
| Pharmacy | ($649,060) | ($16,510) | $595,142 | $1,218,929 |
| Independent Lab | ($1,216,047) | ($593,694) | $29,057 | $651,309 |
| Medical Supplies | $144,104 | $1,036,798 | $1,929,343 | $2,820,885 |
| Clinic | ($117,719) | ($84,419) | ($49,380) | ($14,986) |
| Physical Therapist | $418,121 | $621,794 | $824,662 | $1,028,322 |
| Chiropractor | ($94,112) | $212,174 | $518,102 | $824,391 |
| Audiologist | ($1,237) | $1,555 | $4,346 | $7,139 |
| Rehab Agency | ($773,072) | ($356,321) | $59,477 | $475,651 |
| Community MH | ($757,868) | $536,704 | $1,864,411 | $3,192,499 |

# Rate Review Findings

| Provider Type | State Share at 85% | State Share at 90% | State Share at 95% | State Share at 100% |
|---|---|---|---|---|
| Family Planning | ($4,167) | $35,726 | $74,499 | $114,386 |
| Psychologist | $311,563 | $461,854 | $612,129 | $762,388 |
| Screening Center | ($178,905) | ($169,908) | ($160,921) | ($151,919) |
| Occupational Therapist | $64,692 | $105,424 | $146,064 | $186,777 |
| Maternal Health Center | ($60,113) | ($57,951) | ($55,791) | ($53,629) |
| Certified Nurse Midwife | $3,122 | $5,233 | $7,336 | $9,447 |
| CRNA | ($23,895) | ($9,773) | $4,341 | $18,471 |
| Clinical Social Worker | $24,460 | $87,388 | $150,182 | $213,102 |
| Nurse Practitioner | $915,402 | $1,361,675 | $1,807,568 | $2,253,703 |
| Lead Inspection Agency | $10,221 | $11,629 | $13,040 | $14,449 |
| Behavioral Health | $7,219,530 | $8,954,235 | $10,549,522 | $12,162,899 |
| Behavioral Health Intervention Srvs | $1,872,158 | $2,597,653 | $3,296,439 | $3,995,240 |
| Assertive Comm Treatment | ($302,919) | ($184,337) | ($66,003) | $52,578 |
| Physician Assistant | $29,691 | $133,909 | $238,135 | $342,331 |

# Rate Review Findings

| Provider Type | State Share at 85% | State Share at 90% | State Share at 95% | State Share at 100% |
|---|---|---|---|---|
| Independent Speech | ($5,636) | $5,523 | $16,666 | $27,806 |
| Public Health Agencies | $12,403 | $21,126 | $29,887 | $38,624 |
| Crisis Response Services | ($12,677) | ($4,783) | $3,059 | $10,895 |
| **Total** | **$11,022,425** | **$30,325,883** | **$49,581,057** | **$68,874,048** |

- Benchmarked to Medicare, RJ Health Care Average Wholesale Price, or surround state Medicaid rate

## RESIDENTIAL SUBSTANCE USE TREATMENT SERVICES

| State Dollars | 2022 Payments | 85% of Benchmark | 90% of Benchmark | 95% of Benchmark | 100% of Benchmark |
|---|---|---|---|---|---|
| **Modeled Payments** | $6,343,914 | $10,005,026 | $10,587,083 | $11,168,948 | $11,751,005 |
| **Difference from 2022 Payments** | | $3,661,112 | $4,243,169 | $4,825,033 | $5,407,091 |
| **Incremental Difference for each payment level** | | | $582,057 | $581,864 | $582,057 |

- Benchmarked to surrounding state Medicaid residential substance use treatment rates

# Prefile Proposal

# Components

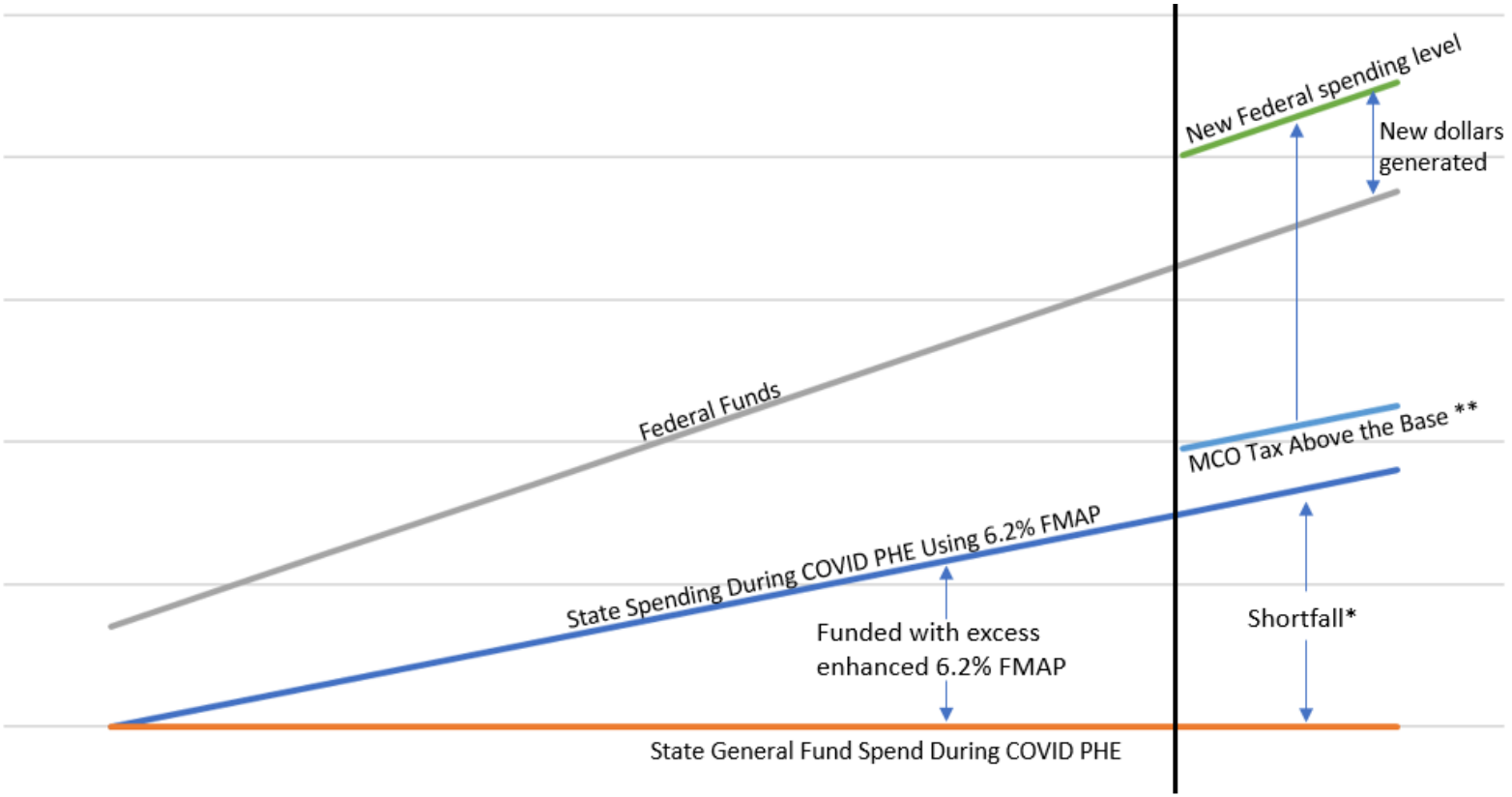
## Lien Recovery

- Bringing Iowa into compliance with federal law, to ensure MCOs have clear third-party recovery rights, to expand and clarify Iowa Medicaid's third-party recovery rights and to strengthen third party recovery related to minors.

## Medicaid Managed Care Premium Tax

- Aligns Medicaid Managed Care with other insurance carrier requirements for premium tax obligations to the state.

# Illustration of Managed Care Premium Options

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# Dental Request for Proposal

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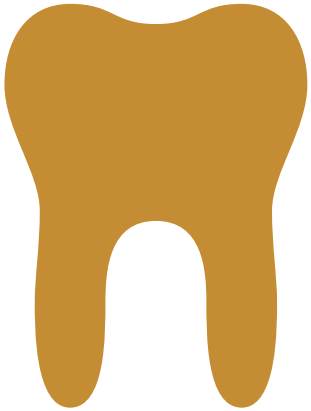


# Overview

- Currently, Iowa Medicaid dental carrier contracts are "open contracts" and not competitively procured through Request for Proposal.
- This practice does not align with our other managed care contracts for physical, behavioral, and long-term services and supports.

# Challenges

- Lack of choices
- Instability of contracts/dental coverage
- Lack of innovation in manages care practice
- Outdated contract terms
- Lack of competition
- Misaligned with Iowa Medicaid's vision for integrated healthcare

# What Medicaid Wants to Accomplish with an RFP

To align dental plans with MCO contract requirements, oversight, accountability and procurement style.

Incent innovation and high performance.

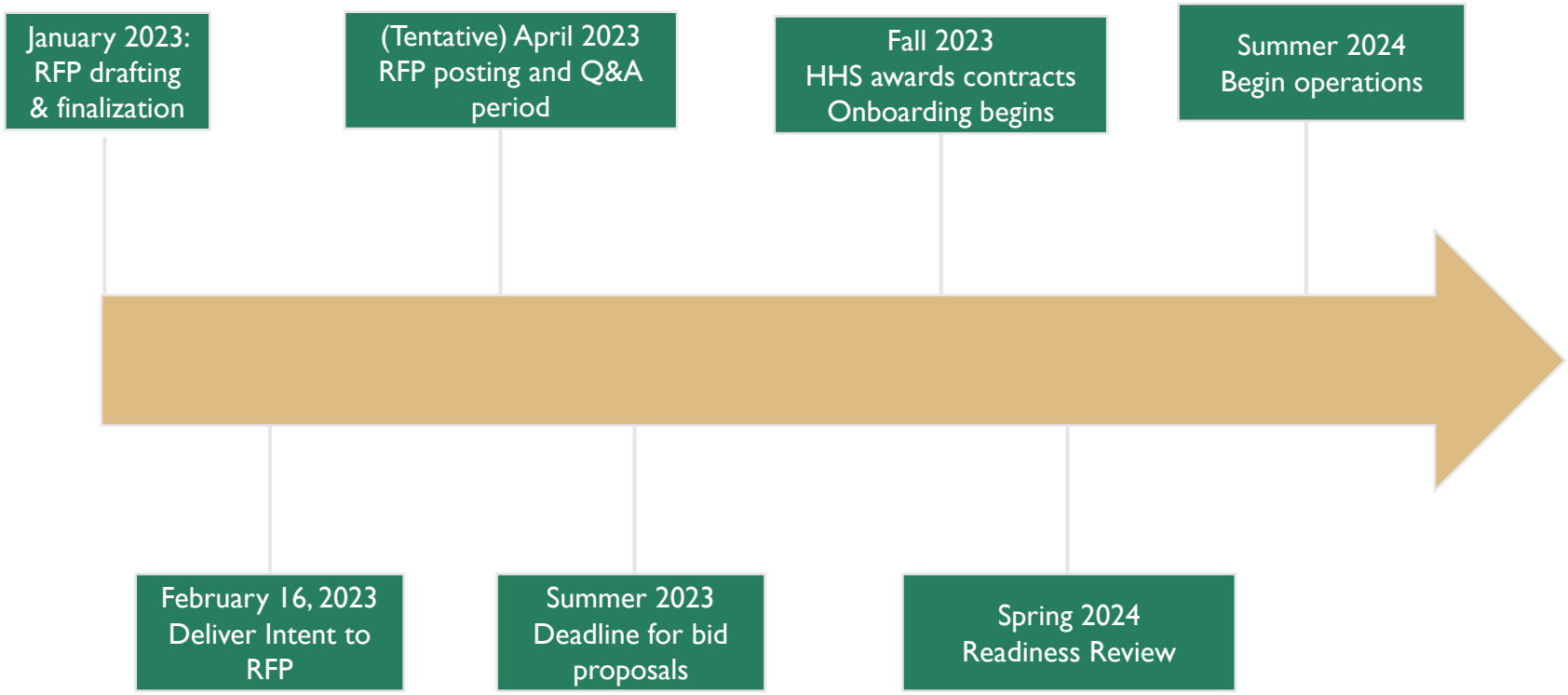
Allow flexibilities in dental reimbursement.

Alignment in populations covered to increase continuity as members transition eligibility groups.

Better coordination of care for members.

Increasing member choice.

# Timeline

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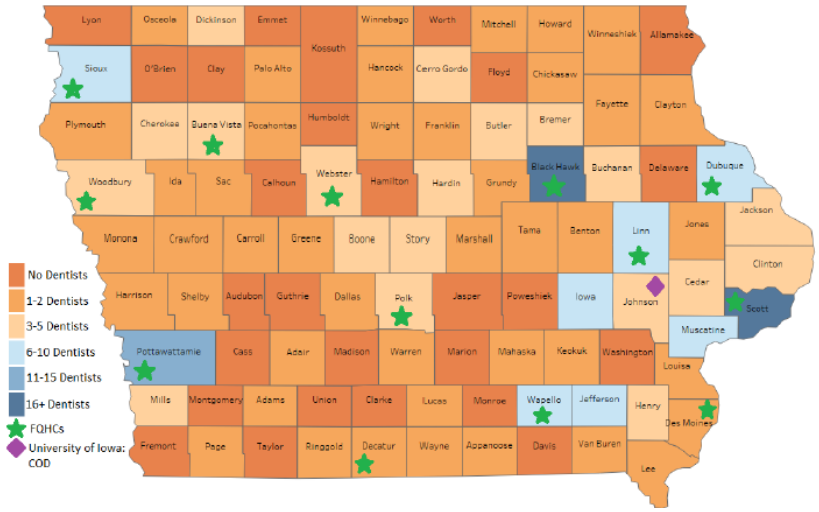
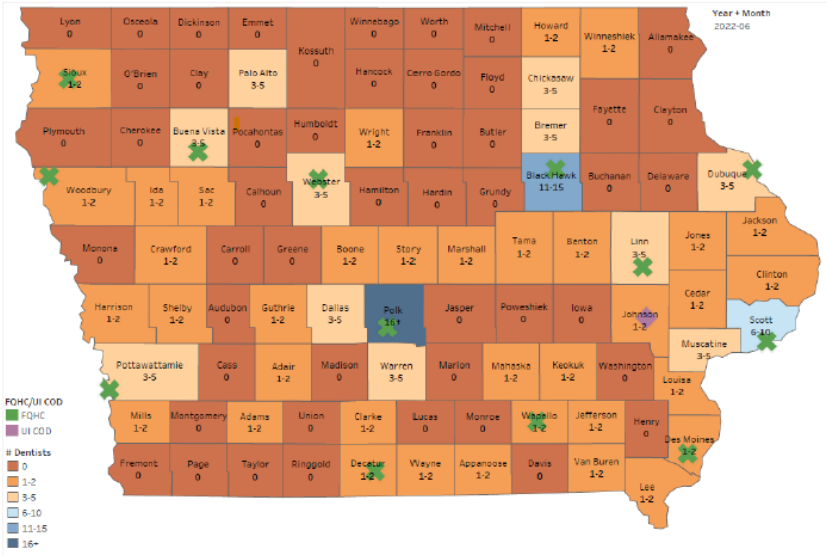
# Dental Stakeholder Workgroup

- Primary goal: increasing access to medically necessary dental services for Iowa Medicaid members.

September 2017: Number of Dentists Accepting Medicaid Referrals for Children Across Iowa




2022-06: Number of General/Pediatric Dentists Accepting New Medicaid Referrals Across Iowa




In addition to the above, HRSA has designated 9 geographic areas in Iowa as dental health professional shortage areas.

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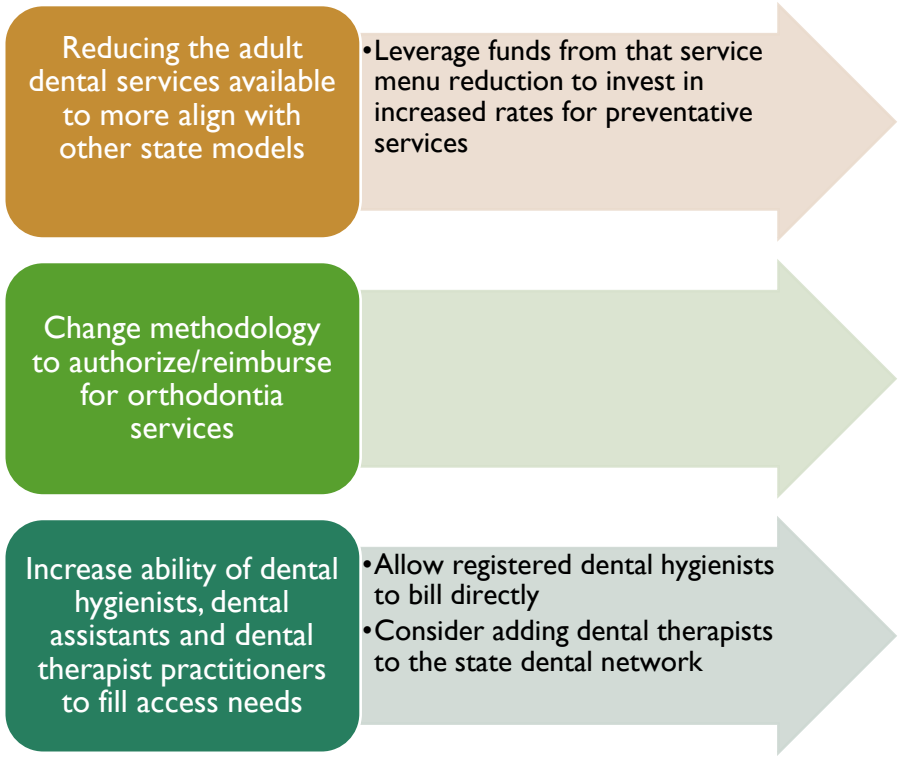
# Dental Stakeholder Workgroup (continued)

- One initiative alone will not get the program to this goal
- Initiatives under examination and consideration:




In 2011, the Centers for Medicare and Medicaid (CMS) released an oral health strategy that identified the principal barriers to care – these remain barriers to care in Iowa:

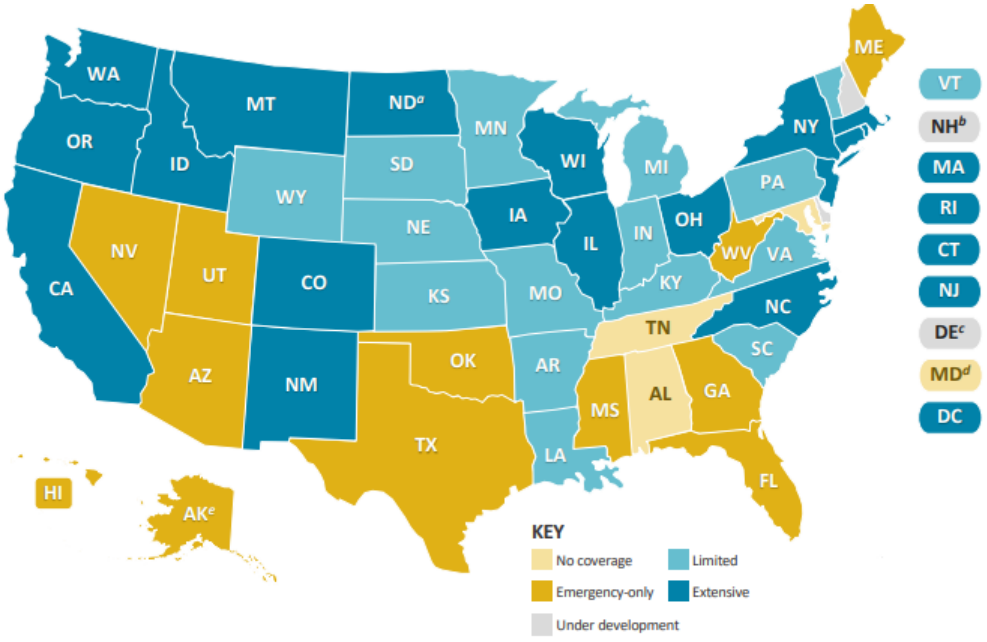
- Limited availability of dental providers
- Low reimbursement
- Administrative burdens
- Missed appointments
- Transportation

# Dental Rates

| Provider Type | State Share at 85% | State Share at 90% | State Share at 95% | State Share at 100% |
|---|---|---|---|---|
| Diagnostic | $920,868 | $1,223,787 | $1,526,967 | $1,829,702 |
| Preventative | $1,514,292 | $1,884,497 | $2,255,374 | $2,625,838 |
| Restorative | $1,072,574 | $1,609,560 | $2,146,609 | $2,683,494 |
| Major Restorative | $132,790 | $432,868 | $732,927 | $1,033,006 |
| Orthodontics | ($2,561,953) | ($2,514,765) | $(2,467,570) | $(2,420,374) |
| Other | $208,745 | $274,126 | $339,423 | $404,722 |
| **Total** | **$1,287,316** | **$2,910,074** | **$4,533,729** | **$6,156,388** |

- Benchmarked to surrounding state Medicaid dental rates

# Adult Dental Benefit Comparison




**Emergency Coverage** = dental coverage provided for the relief of pain and infection under defined emergencies

**Limited Coverage** = dental coverage for **fewer than 100** diagnostic, preventative and restorative procedures

**Extensive Coverage** = dental coverage for **more than 100** diagnostic and preventative services as well as minor and major restorations

# Dental Access Approaches

2019 report by the Association of State and Territorial Dental Directors - identified expanded use of dental hygienists, dental assistants, and dental therapists as a best practice that states should consider.

States that have implemented dental therapy to increase access to care:
Alaska
Minnesota
Oregon
Vermont
Washington
Arizona
Michigan
Connecticut
Idaho
Nevada

2017 report published by University of Washington concluded increased use of dental therapy by the Yukon Kuskokwim communities was associated with:

- More pediatric preventative services utilized
- Fewer extractions of front teeth for children under the age of 3, and
- Fewer permanent tooth extractions for adults 18 years and older.

Arizona passed a bill in 2018, with bipartisan support, to include dental therapy as an option for individuals in the state who are challenged with access to dental care.

The goal of leveraging multiple practitioner types is not to reduce traffic to dental offices – it is to **improve preventative/routine access for our members** and provide space for dentists to work at the top of their scope of practice.

# Continuous Coverage Unwind Plan

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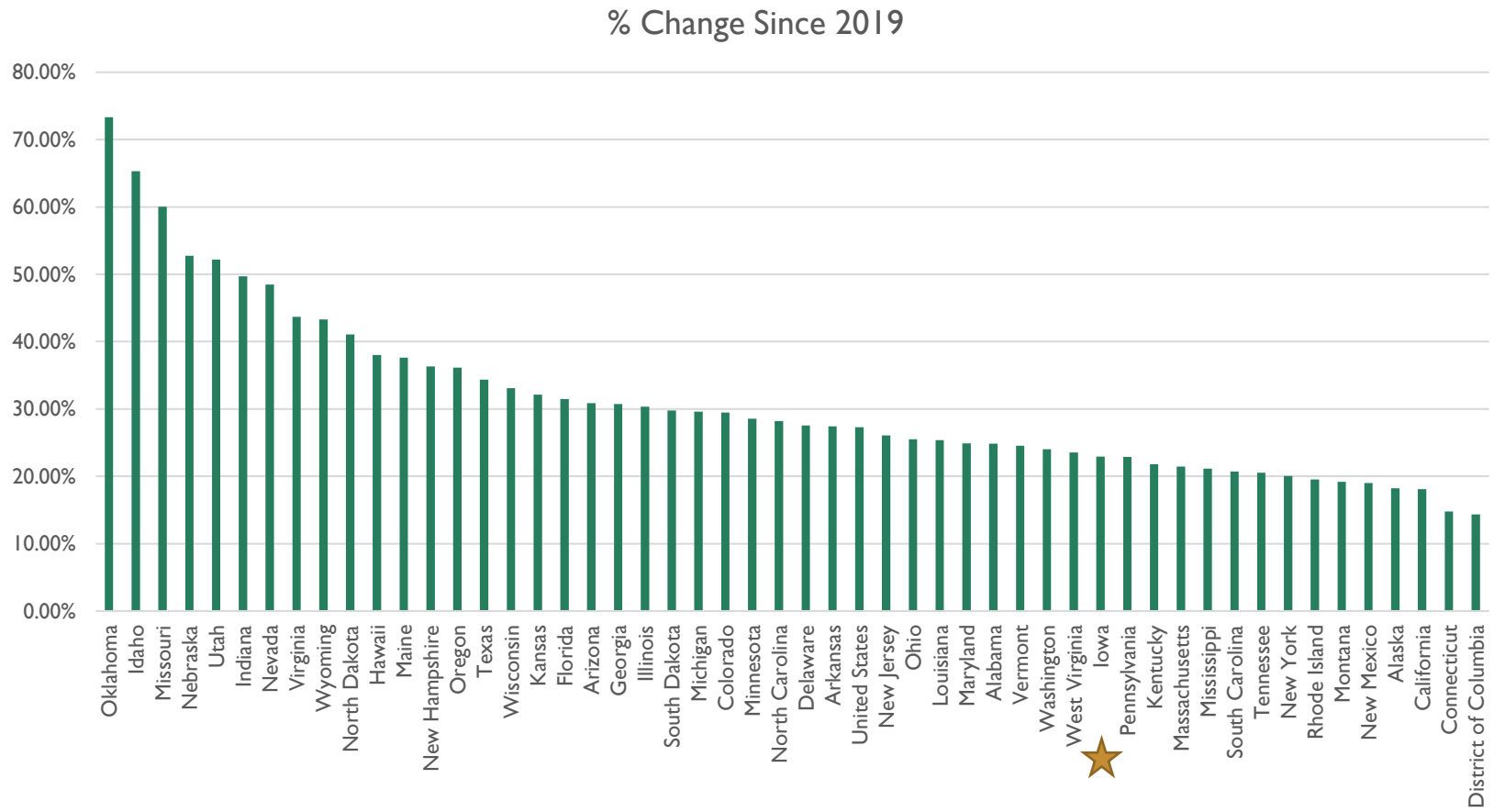
# State Comparison of Medicaid Enrollment

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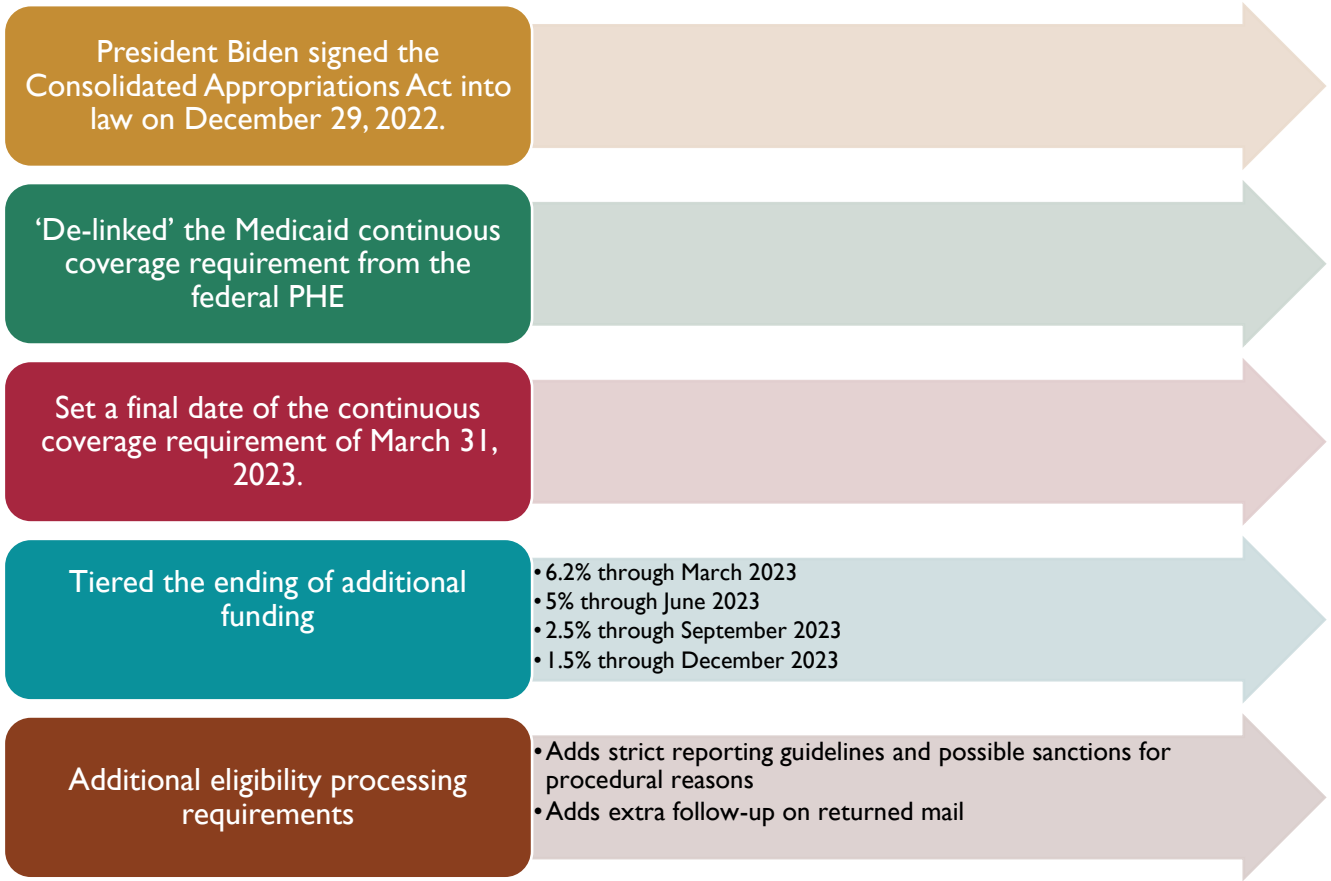
# End of the Continuous Coverage Requirement (Consolidated Appropriations Act Changes)



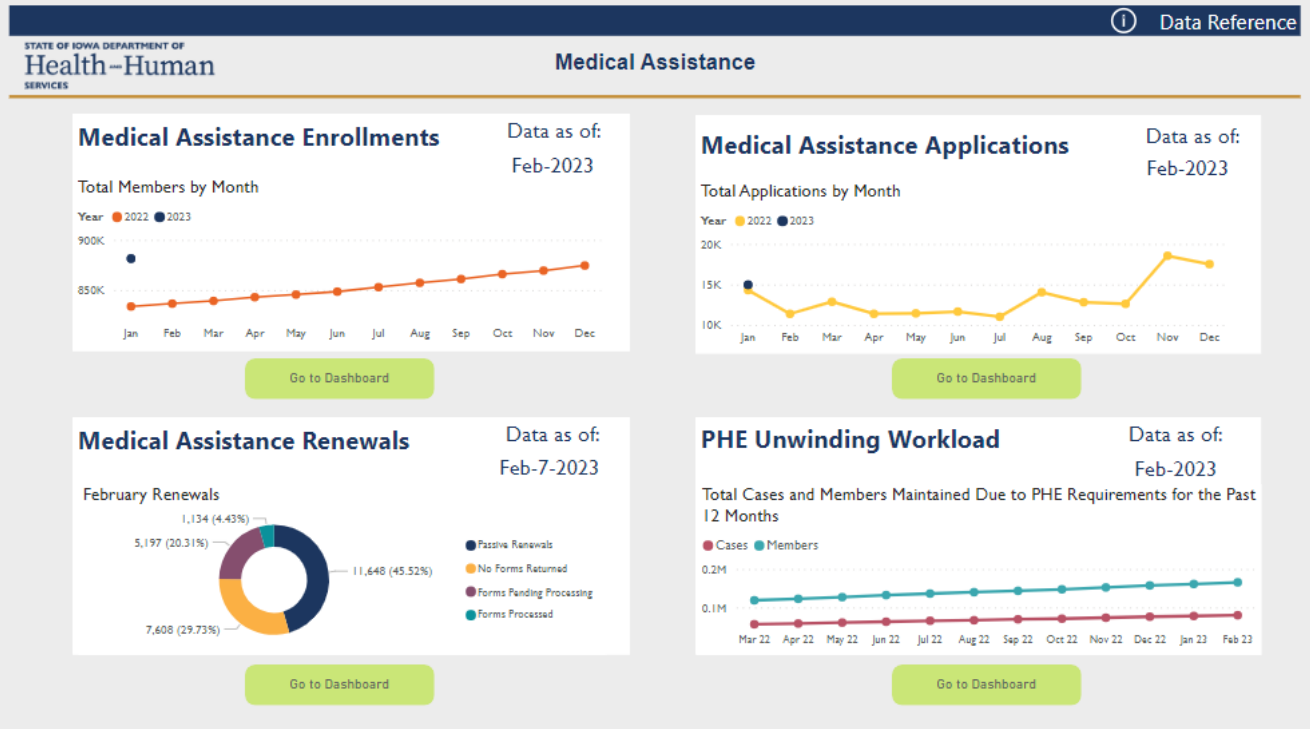
# Redistribution Plan for 12-month Unwind Period

1. Prioritizing work on redeterminations for those who have not had a successful renewal completed in the past 12 months.

2. Redistribution plan that will 'front load' redeterminations in the first few months following end of the continuous coverage requirement.

# Unwind Dashboard

A public dashboard is available on the Iowa HHS website: https://dhs.iowa.gov/dashboard_welcome

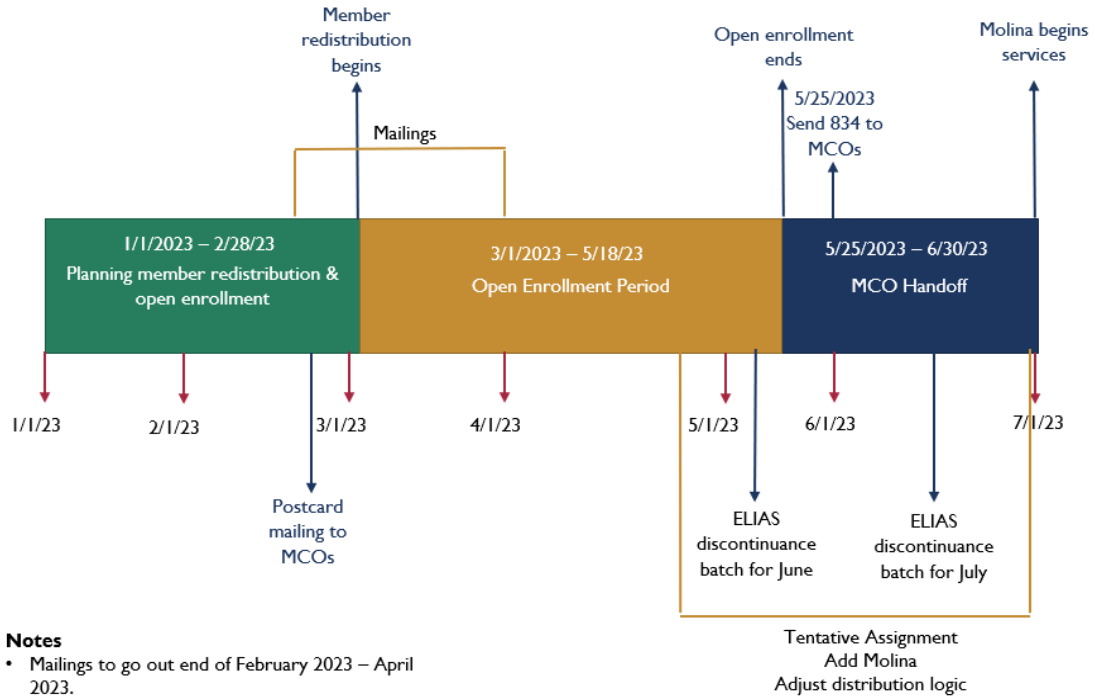



- Medical assistance enrollments
  - Medicaid enrollment from 2019 and ongoing.
- Medical assistance applications
  - Comparison of total applications received from 2019 and ongoing
- Medical assistance renewals
  - Renewals due
  - Renewals processed
- Unwinding workload
  - Cases and members maintained because of continuous coverage requirements

*Branding will change to new HHS standards in 2023.

# Other Considerations for the Unwind

- MCO Open Choice period
  - New MCO (Molina) is being onboarded which is including an open choice period for all MCO members at the same time the unwinding period is starting




**Notes**
- Mailings to go out end of February 2023 – April 2023.

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# Resources to Help Members with Renewals

**Monthly Townhalls**

Medicaid Town Halls | Iowa Department of Health & Human Services

**Website**

Medicaid Member Services | Iowa Department of Health & Human Services

**Unwind**

Unwind: The End of the Continuous Coverage Requirement | Iowa Department of Health & Human Services

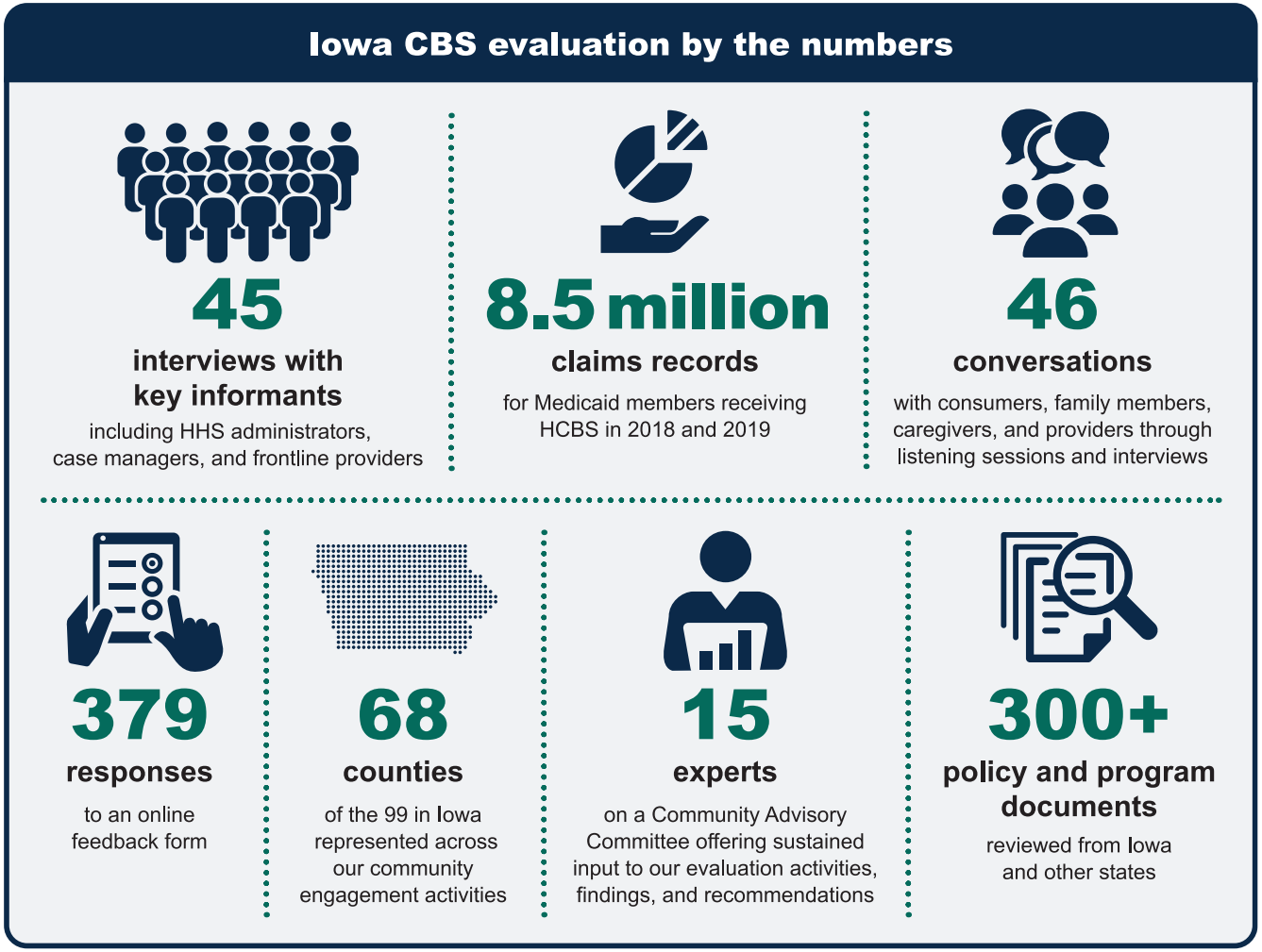
**Key Messages to Share with Members**

1. Check your mail for a notice of a new certification period or a new review form.
2. Complete and return your renewal form in a timely manner.
3. If additional information is requested, provide that information to Iowa Medicaid in a timely manner.

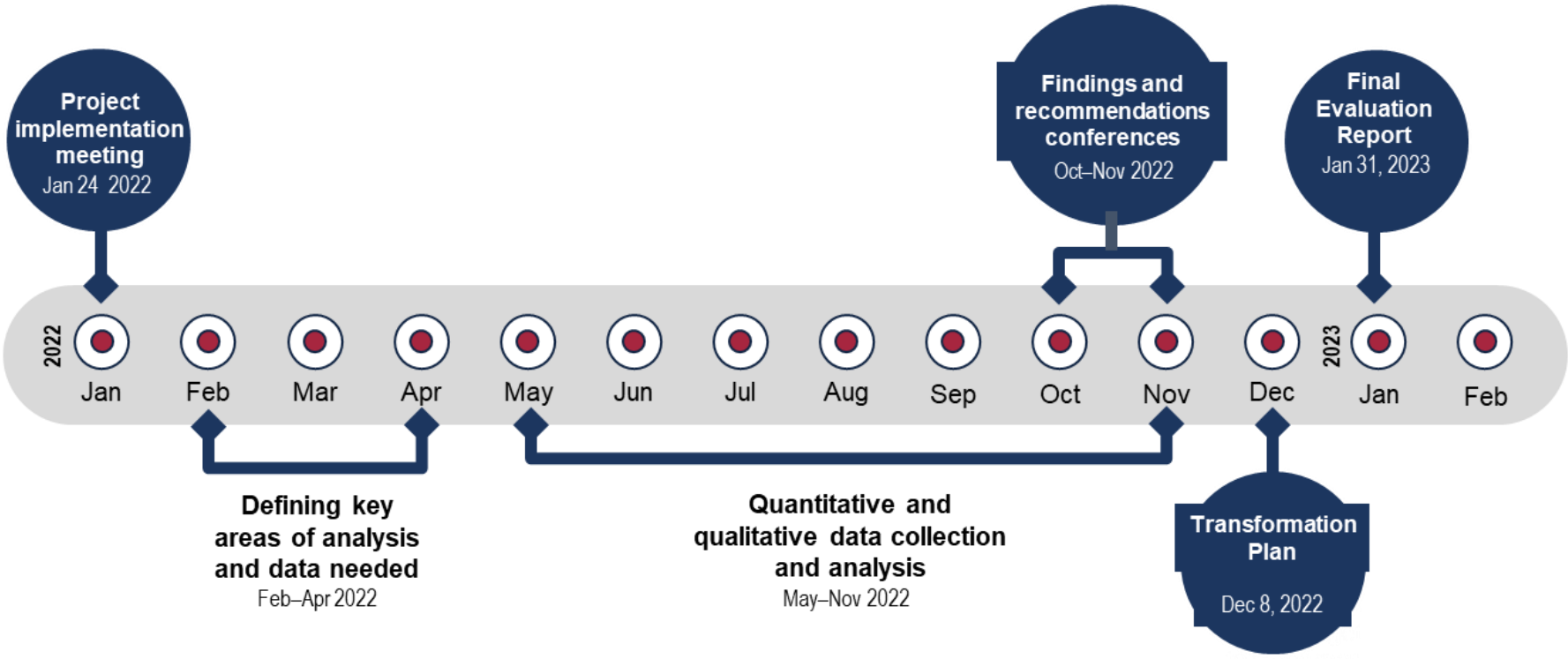
# Questions?

# Appendix

# CBSE: Accomplishments in Year One



# CBSE: Timeline



# Continuous Coverage Unwind Timeline

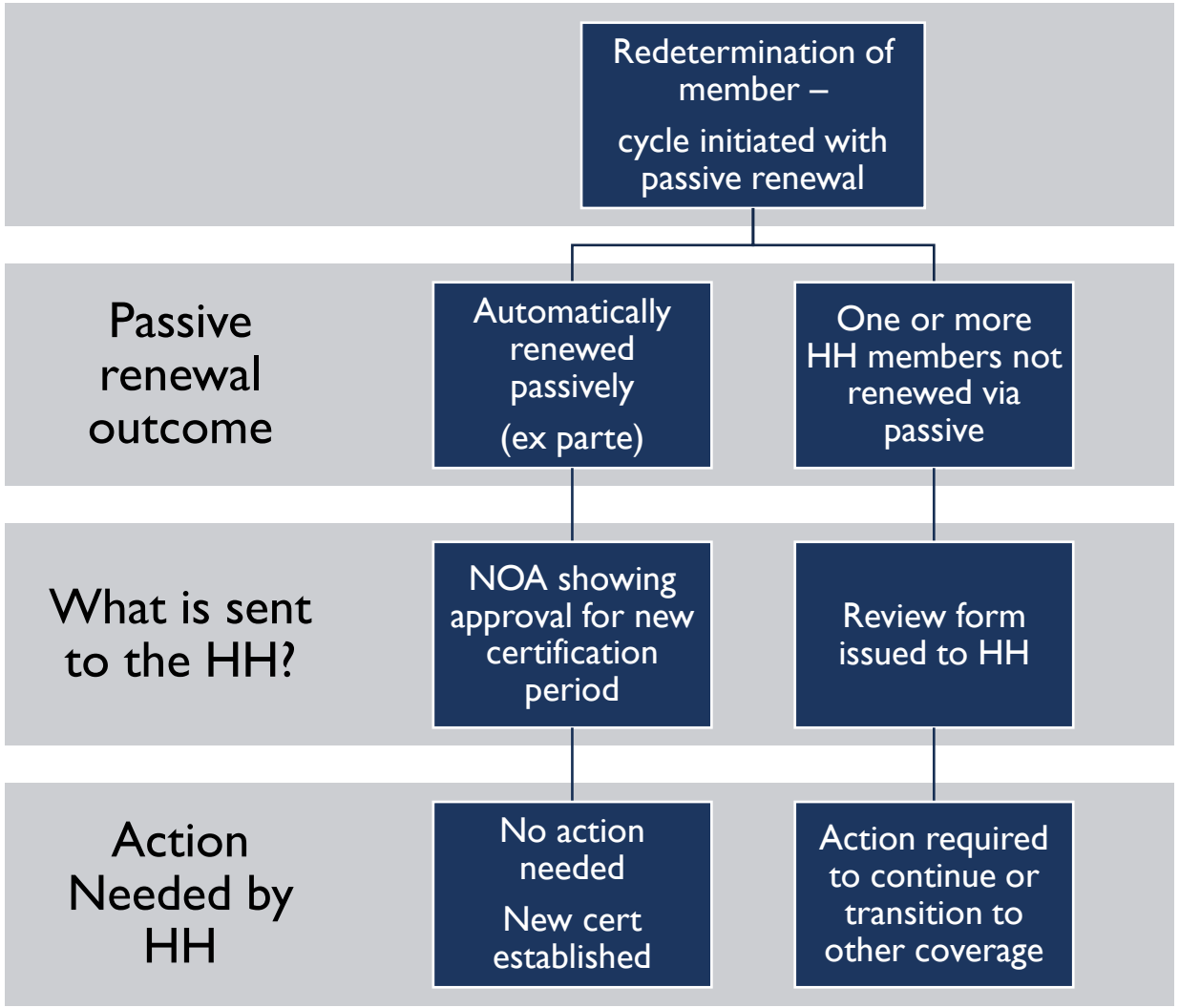
| | Green Phase | Blue Phase | Red Phase | Yellow Phase |
|---|---|---|---|---|
| **Date** | Prior to January 1, 2023 | January 1, 2023 – April 1, 2023 | Iowa's 12-month unwind period: after the member receives their renewal packet in the mail. | Iowa's 12-month unwind period: If a member receives notice that they are no longer eligible for Medicaid. |
| **Description** | Updating member information to have the correct address, phone, and email contacts to reach members with important updates about their health coverage. | Preparing members and stakeholders for the Iowa Medicaid unwinding period. This includes explaining changes that will resume normal Medicaid operations, timelines for these changes, and how that might impact them. | Helping members successfully fulfill their renewal requirements to ensure that their annual Medicaid eligibility renewal is completed accurately. This will help to prevent members from losing their Medicaid eligibility for procedural reasons. | Specifically for individuals that were disenrolled from Medicaid based on their annual renewal, this phase will focus on providing information, resources, and processes on obtaining alternative health coverage after disenrollment. |

**Note:** Phases Blue, Red, and Yellow all occur during Iowa's full 12-month unwinding period but are different for each member based on their scheduled renewal month.

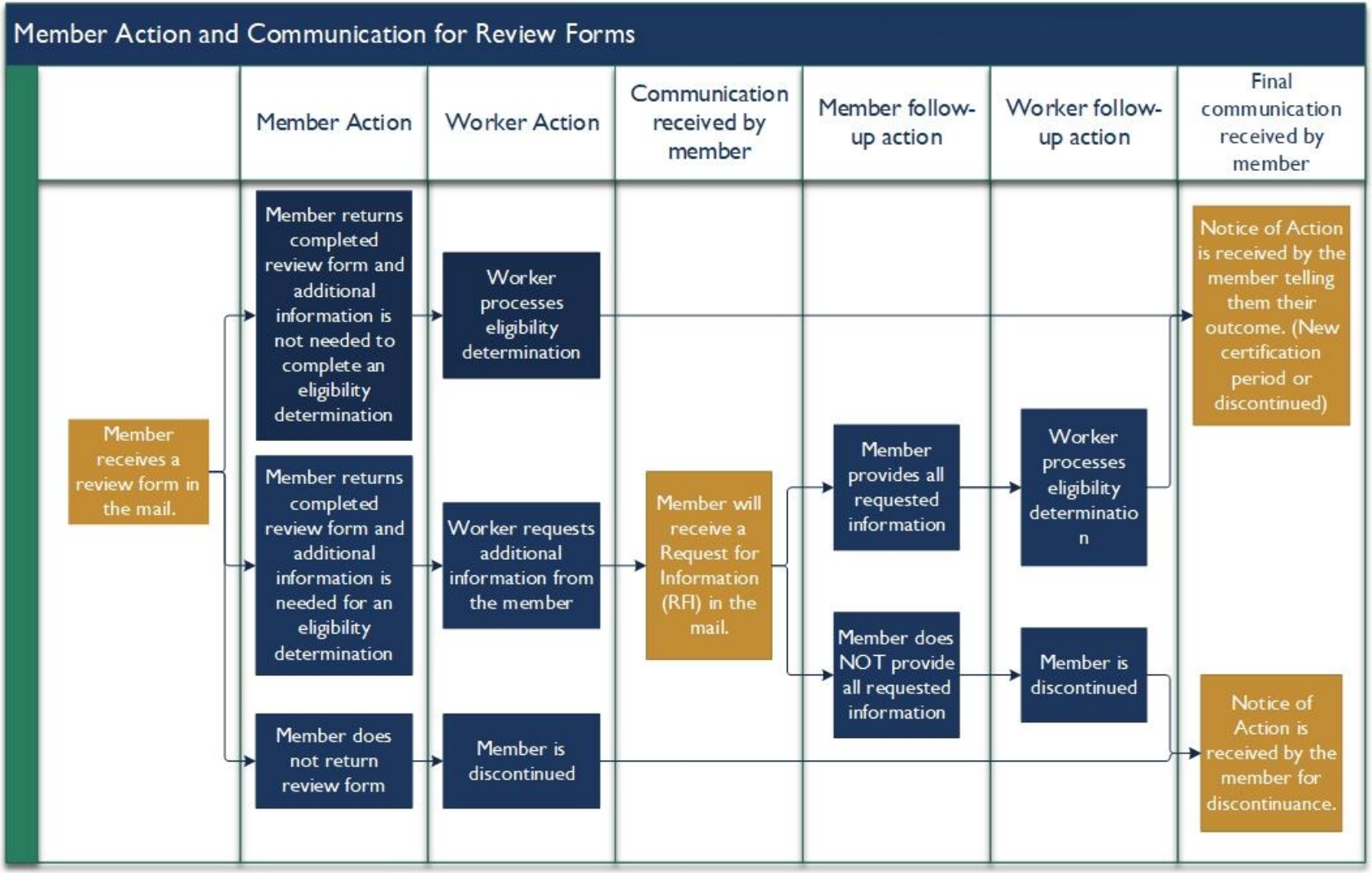
# Communications Materials

- Iowa Medicaid will utilize the following resources:
  - Leverage MCOs, stakeholders and other partners for help in critical messages
  - One-page stakeholder guide & contacts
  - Social media messaging and reminders
  - Training Member Services on the phased communications plan
  - Frequently Asked Questions
  - Visual dashboards
  - Updated informational letters
  - Targeted email notifications
  - Webpage campaign including website updates, unwind resources, guides, toolkits and scheduled webinars
  - E-Newsletter updates

# Member Communication at Passive Renewal




See next slide for flow if review form is issued to the member.


Member Action and Communication for Review Forms
Member Action
Worker Action
Communication received by member
Member follow-up action
Worker follow-up action
Final communication received by member
Member receives a review form in the mail.
Member returns completed review form and additional information is not needed to complete an eligibility determination
Member returns completed review form and additional information is needed for an eligibility determination
Member does not return review form
Worker processes eligibility determination
Worker requests additional information from the member
Member is discontinued
Member will receive a Request for Information (RFI) in the mail.
Member provides all requested information
Member does NOT provide all requested information
Worker processes eligibility determinatio n
Member is discontinued
Notice of Action is received by the member telling them their outcome. (New certification period or discontinued)
Notice of Action is received by the member for discontinuance.

# Unwind: Timeline

| | December 2022 & January 2023 | Month before MOE Ends (February 2023) | MOE Ends (March 31, 2023) | Month Following MOE End (April 2023) | Remainder of 12-month unwind period (May 2023 – March 2024) |
|---|---|---|---|---|---|
| **Factors** | President Biden signs Consolidated Appropriations Act into law, which de-links the continuous coverage requirement from the end of the PHE | Continue to maintain Medicaid for all enrollees while planning for 12-month unwinding period. | Last month of continuous coverage requirement.<br><br>6.2% enhanced federal match is decreased to 5%. | Begin returning to normal Medicaid operational processes. | Enhanced federal match rate incrementally decreases:<br>• 5% effective April 2023<br>• 2.5% effective July 2023<br>• 1.5% effective Oct 2023<br>• No match starting Jan 2024 |
| **Eligibility Renewals** | Continue:<br>• Ex parte renewals<br>• Attempting renewal when acting on change in circumstances<br>• Attempting renewals when completing SNAP recertifications<br><br>Finalization of redistribution of renewals<br><br>Development of eligibility staff training for unwinding period | Begin ex parte process for renewals that may result in a discontinuance after continuous coverage requirement ends.<br><br>Review forms will be issued for those that did not successfully get renewed during the ex parte process for those with renewal month in the trigger/kick-off month (first month after the continuous coverage requirement ends). | Most review forms will be received by households (whose renewal is due in the trigger/kick-off month).<br><br>Iowa Medicaid will start to receive some completed renewal forms back. | Review forms (for those with a renewal in the trigger/kick-off month) are due on the 5th of this month.<br><br>First discontinuances will occur this month for coverage effective the following month. | Renewal cycle continues each month for members with upcoming renewals.<br><br>Monitoring and adjusting redistribution of renewals based on CMS guidelines. |
| **Communication** | Stakeholder outreach and toolkit development.<br><br>Continue Phase I of communication plan. Campaign for updated contact information from members and initiate Phase II of the communication plan. | | Phase III begins. Ensure members complete their renewal and provide requested information for accurate eligibility determinations. | Continue to focus on members completing renewals and initiate Phase IV of communication plan for those that are found ineligible for Medicaid. | Continue implementation of Phase III and IV of communication plan until all unwinding activities are complete for the 12-month unwinding period. |

# Unwind: Helpful Tips for Discontinued Members

- Assistance in enrolling at healthcare.gov
- Find Local Help
  - Search for local agent/broker or assister
  - Allows members to select assisters, including assisters with specialized services such as assistance with deaf/hearing impaired or low-income populations.
- Those potentially eligible for Medicare can contact SHIIP/ID for help and information
  - Find a SHIIP Counselor | SHIIP-SMP (iowa.gov)