IA Health Link Legislative Changes

Executive Summary

Legislation passed during the last session asked the Department of Human Services (DHS) to implement several policy changes.

Legislation

House File 2285 (HF 2285) asked DHS to work with the Centers for Medicare and Medicaid Services (CMS) to provide prospective payments for Ground Emergency Medical Transportation (GEMT) claims submitted to the Iowa Medicaid Enterprise (IME) and the Managed Care Organizations (MCOs). The prospective payments will cover the difference between a provider's actual and allowable costs per transport and the allowable amount received from Iowa Medicaid and any other sources of reimbursement for covered emergency group transports.

Summary of HF 2285	
Ground Emergency Medical Transportation (GEMT) Supplemental Payments	• This is a voluntary program that makes provider-specific prospective payments to qualified publicly owned or operated GEMT providers. • The prospective payments cover the difference between a provider's actual and allowable costs per transport and the allowable amount received from Iowa Medicaid and any other sources of reimbursement for covered emergency transports. • CMS has approved this program. • This program is effective for dates of service July 1, 2019 or after for both Fee-for-Service (FFS) and MCO claims. • More program details can be found in Informational Letter (IL) 2057-MC-FFS (11/19/19) and on the DHS website. • Interested providers need to complete an Intergovernmental Transfer Agreement and submit cost reports for State Fiscal Year (SFY) 2018 and 2019 to Iowa Medicaid by December 31, 2019 to participate in the program.

Table A: This is a high-level summary of HF 2285 and is not all-inclusive.

House File 623 (HF 623) asked DHS to adopt rules around prior authorization (PA) for medication-assisted treatment (MAT) drugs to allow one form of each drug for MAT without a clinical PA.

Summary of HF 623

Medication-Assisted Treatment (MAT) Drugs	• The new rules will not require a clinical PA for one form of the currently covered MAT drugs under the pharmacy benefit. • DHS anticipates the rules will be effective February 1, 2020.

Table B: This is a high-level summary of HF 623 and is not all-inclusive.

House File 766 (HF 766) asked DHS to adopt rules for several policy changes including allowing a qualifying non-state government entity (NSGO) to participate in the quality of care rate add-on program, allowing legal permanent resident (LPR) pregnant women to be eligible for Medicaid, and allowing pharmacists to order and administer vaccines through pharmacist protocols.

Summary of HF 766	

Non-State Government Entity (NSGO) Nursing Facility Quality of Care Rate Add-On	• This policy change allows a qualifying NSGO to participate in the quality of care rate add-on program for nursing facilities.
	• Providers would be paid prospectively through an intergovernmental transfer the difference between the state Medicaid payment and the Medicare upper limit payment.
	• The tentative implementation of this program change is late 2021 pending CMS approval.
	• Implementation is more than a year away because Iowa Medicaid must:
	    o Change the provider enrollment process,
	    o Develop intergovernmental transfer agreements, and
	    o Have the MCOs amend their contracts with eligible providers.

Medicaid for Legal Permanent Resident (LPR) Pregnant Women	• This policy change would allow a LPR pregnant woman to be eligible for Medicaid. • However, implementation of this policy change will depend on CMS' approval. • CMS' initial response was that there cannot be a specific carve-out of this subset of individuals, but DHS continues to work with CMS on possible implementation.
Pharmacist immunizations	• Pharmacies are currently reimbursed for limited vaccines under Medicaid when a prescription is received or administered through a physician protocol. • This policy change would establish pharmacists as a new provider type, allowing them to order and be reimbursed for payable vaccines similar to all other provider types. • Once implemented, this policy change will allow Medicaid members increased access to additional vaccines at their pharmacy.

Table C: This is a high-level summary of HF 766 and is not all-inclusive.

House File 518 (HF 518) asked DHS to work with CMS to allow for the payment of the nursing facility room and board expense for a dually eligible Medicare and Medicaid member at 95% of the nursing facility's Medicaid FFS rate rather than indirectly as a pass-through payment from the hospice services provider.

Summary of HF 518	
Hospice Room and Board	• This policy change would allow for the payment of the nursing facility room and board expense for a dually eligible Medicare and Medicaid member at 95% of the nursing facility's Medicaid FFS rater rather than indirectly as a pass-through payment from the hospice services provider. • DHS has had discussions with CMS about this, but at this time, it does not appear CMS will approve this policy change. • DHS will continue to work with CMS to determine if there is a way to pursue this policy change.

Table D: This is a high-level summary of HF 518 and is not all-inclusive.

Legislative Updates

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HF 570: Elimination of Brain Injury (BI) Waiver Budget Maximum	• BI waiver recipients no longer need to request an exception to policy (ETP) to exceed the monthly maximum under the BI waiver. • BI waiver recipients may access the medically necessary services and supports identified in their comprehensive person-centered service plan. • This policy change is effective for dates of service July 1, 2019 or after for both MCO and FFS members.
HF 766: Nursing Facility Reimbursement Rates	• The total reimbursement for nursing facility providers is being increased by about $23M state dollars ($59.8M total).
HF 766: Critical Access Hospital Cost Adjustment Factor	• DHS has put $1.5 million in state dollars ($3.8M total) toward additional reimbursement to critical access hospitals using a cost adjustment factor.
HF 766: Assertive Community Treatment (ACT) Reimbursement Rates	• This policy change updates the fee schedule amounts for three Current Procedural Terminology Codes (CPT) related to ACT. • These increases total $211,000 in state dollars ($540,000 total). • This policy change is effective for dates of services on or after July 1, 2019.

HF 766: Tiered Rate Increase	• DHS distributed an additional $1 million state dollars to the Intellectual Disability (ID) Waiver daily Supported Community Living tiered rates. • This policy change is effective for dates of service July 1, 2019 and after.
HF 766: Uniform Prior Authorization (PA) Process	• This policy change would require the MCOs and FFS to utilize a uniform PA process. • DHS has shared drafts of a universal PA form with the MCOs and we expect to receive final feedback soon. • DHS is working with the MCOs to align the PA time frames amongst all payers and will implement this change at the same time for everyone to minimize provider confusion.

Table E: This is a high-level summary and is not all-inclusive.