Department of HUMAN SERVICES

Iowa Medicaid's Response to COVID-19

Executive Summary

Iowa Medicaid received approval from the Centers for Medicare and Medicaid Services (CMS) for several different waivers and State Plan Amendments (SPAs) to ensure continuous and expanded services for Medicaid members during the COVID-19 federal public health emergency. There were also a number of flexibilities that the Department was able to implement because of blanket waivers and rules issued to all states by CMS. All of these are in place through at least the end of the federal PHE, which is currently scheduled to expire on January 20, 2021. This is a high-level summary of some of the Department's response to COVID-19 and is not all-inclusive.

Member Response	
No disenrollments	• Since March 2020, no one has been disenrolled or has had their services reduced due to an inability to pay a premium, complete Healthy Behaviors, or other means. • This will continue throughout the federal COVID-19 public health emergency (PHE).
No premiums	• All co-pays, contributions and premiums have been waived through the duration of the PHE.
COVID-19 testing for uninsured	• Uninsured individuals who wish to be tested for COVID-19 can apply for COVID-19 Testing medical coverage. • The application is available on the DHS website. • The health coverage an individual gets if they are approved is only to pay for medical tests for COVID-19, it does not help the individual pay for other medical costs, including doctor visits, hospital care, or prescriptions.
Expanded telehealth services	• Prior to COVID-19, Iowa Medicaid allowed telehealth for members if they were in certain originating sites like a hospital or a community health center. • In March, Iowa Medicaid expanded telehealth services (both audio only and video) to allow all providers to utilize, from any location, when clinically appropriate, and necessary to preserve the health and safety of Medicaid members. • All telehealth services are currently paid at parity to face-to-face visits. • Expanded telehealth will be in place through at least the end of the PHE.

Expanded home delivered meals, homemaker, and companion services	• Due to COVID-19, the Department expanded home delivered meals, homemaker and companion services to all current members receiving HCBS or habilitation services and Medicaid members who are home bound due to COVID-19.
Extended prior authorizations (PAs) for elective procedures that were delayed/cancelled	• PAs for Medicaid members were not waived during the pandemic, nor were PAs extended for continuity of care. • The Department did extend PAs that were approved by the MCOs, dental plans, or the Department for Fee-for-Service, for elective procedures that were delayed or cancelled in March through May due to COVID-19. • Department approved; did not need CMS approval.

Provider Response	
Answering questions from providers	• A dedicated email address was created to collect and track questions from providers (IMECOVID19@dhs.state.ia.us). • A new COVID-19 Frequently Asked Questions (FAQs) section was added to the DHS website and updated regularly. • All of the FAQs were put into a provider toolkit that could easily be downloaded and shared. • The Department continues to hold regular calls with providers and other stakeholders to answer COVID-19-related questions.
Extended timely filing deadline an extra 90 days	• Effective with dates of service beginning April 1, 2020, providers have 270 calendar days from the date of service to submit first time claims and encounters for managed care. • Prior to COVID-19, providers had 180 days to submit first time claims. • Fee-for-Service and dental timely filing is at 365 days and remains unchanged right now. • Department approved; did not need CMS approval.
Civil Money Penalties grant for nursing facilities	• Nursing facilities can apply for grants to purchase communicative technology devices (like iPads, tablets or webcams) for residents to use or funds for in-person visitation aids (tents for outdoor visitation and/or clear dividers to create physical barriers) during the PHE. • Grants are up to $3,000 per facility for technology devices and in-person visitation aids. Facilities can apply for both. • Facilities are reimbursed after submitting receipts to the Department. • Applications are accepted through the end of the PHE.

Retainer payments for Home- and Community-Based (HCBS) and Habilitation providers	• These providers were able to bill the Managed Care Organizations (MCOs) for retainer payments for certain services they were unable to render during the month of April 2020. • Retainer payments were allowed when a member was unable to receive normally authorized and scheduled services due to hospitalization, short term facility stay, or isolation, or due to closure of a provider's service line(s) for reasons related to the COVID-19 emergency. • The retainer payments were based on an average month of service pre-COVID.
CARES Act relief grants for HCBS, mental health (MH), and substance use disorder (SUD) providers	• The Department distributed $50 million in CARES Act grants to HCBS waiver and habilitation direct service providers, MH, and SUD service providers to help offset impacts of the COVID-19 pandemic. • Of the $50 million, $30M went to HCBS, $10M went to MH, and $10M went to SUD providers. • Eligible providers applied online for a grant. • The Department issued payment to providers based on respective claims data from State Fiscal Year 2019.
Enhanced dental payment	• As part of the PHE, the Department allowed a temporary enhanced payment to dental providers and orthodontists to help address facility and safety upgrades. • This was for claims with dates of service between May 1 and August 31, 2020. • The payment was an additional $8 per member, per date of service, for Dental Wellness Plan, Hawki and Medicaid Fee-for-Service dental claims.
COVID-19 Relief Rate Add-on payment for nursing facilities	• Available to Medicaid certified skilled nursing facilities and nursing facilities during the period of the PHE to provide financial assistance to facilities that incur unexpected costs when caring for Medicaid members who are diagnosed with or quarantined for potential COVID-19. • The facility must have a designated isolation unit for the treatment of COVID-19; or the facility, in its entirety, is designated for the treatment of COVID-19. • The facility must have enrollees who are discharging from a hospital to a nursing facility; or are pending test results for COVID-19; or have a positive COVID-19 diagnosis. • The payment is $300 per day per Medicaid member who is COVID-19 positive.

Temporary suspension of prior authorization (PA) requirement for inpatient discharges to post-acute providers	• In an effort to provide support for healthcare system capacity during a surge in COVID-19 cases, the Department worked with the MCOs to suspend the PA requirement for patients who are discharged to post-acute providers. • This was effective starting November 17, 2020, for both MCOs. • This is a temporary change.
Grants for Intermediate Care Facilities for the Intellectually Disabled (ICF/IDs), Psychiatric Mental Institutions for Children (PMICs), and Nursing Facilities (NFs)	• On December 7, 2020, the Department provided grants to Medicaid-enrolled Community-Based ICF/IDs, PMICs, and NFs to help offset impacts of the pandemic. • All eligible facilities physically located and licensed in Iowa automatically received a grant from the Department via Electronic Funds Transfer (EFT). • $10 million in CARES Act grants was given to ICF/IDs and PMICs; $14 million was given to NFs. • Each facility needed to complete an online attestation to keep the grant. • If the facility doesn't want the grant, or doesn't complete the attestation, the Department will begin recouping the grants in January.