STATE OF IOWA DEPARTMENT OF
Health AND Human
SERVICES

Home Health and Personal Care Listening Session

August 1, 2023

Goals of Listening Session

- Hear from Medicaid members
  - Challenges/solutions
- Hear from Home Health and Personal Care Providers
  - Challenges/solutions
- Establish Next Steps

- Guiding principles of listening session:
  - We cannot keep doing things the way we always have
  - Everyone should have an opportunity to speak/provide input
  - We might be frustrated but we will treat each other with respect
  - All engaged are interested in pursuing solutions that work to:
    - Increase access to services for our members
    - Safely provide back-up services
    - Support providers effectively

Previous Listening Session Information

Member Perspective

1. Seems like agencies are choosing not to serve individuals with more complex needs
2. Cannot find agencies to pick up multiple shifts per day
3. Inability to secure quick and time limited services when emergencies come up
4. Minimal, if any, back-up plans when staff is sick or a no-show
5. Agencies will not provide supervision for skilled consumer directed care providers not employed by the agency
6. Members are hearing agencies push nursing facility as an option
7. Direct care workers are hard to keep
8. Difficulty attracting and retaining providers/direct care providers due to non-timely payment
9. Allow providers to have a second person in extreme care circumstances

Provider Perspective

1. Challenging to schedule around a number of different client schedules – later or very early shifts are hard to fill
2. Pay is limited by payer fee schedules and may not always support higher direct care wages
   - Gunderson – paid about half what the cost of service is for skilled nursing
3. Home health providers have been most challenged in getting paid timely or correctly (most inappropriate denials and incorrect claims) and then audited/recouped
4. Would be helpful to leverage more tech where appropriate to free up staff for more acute needs
5. Single case agreement does not pay correctly – a lot of work
6. Rural challenges when mileage and drive time not reimbursed
7. No flexibility in moving hours from one month to another
8. Member tiers changing wildly – providers not invited to assessment
9. Agency & individual waiver providers rates have not changed since managed care implementation and needs updated
10. Difficult for providers to follow all the system requirements and stay in compliance when there are frequent and complicated changes
    - Specifically related to EVV

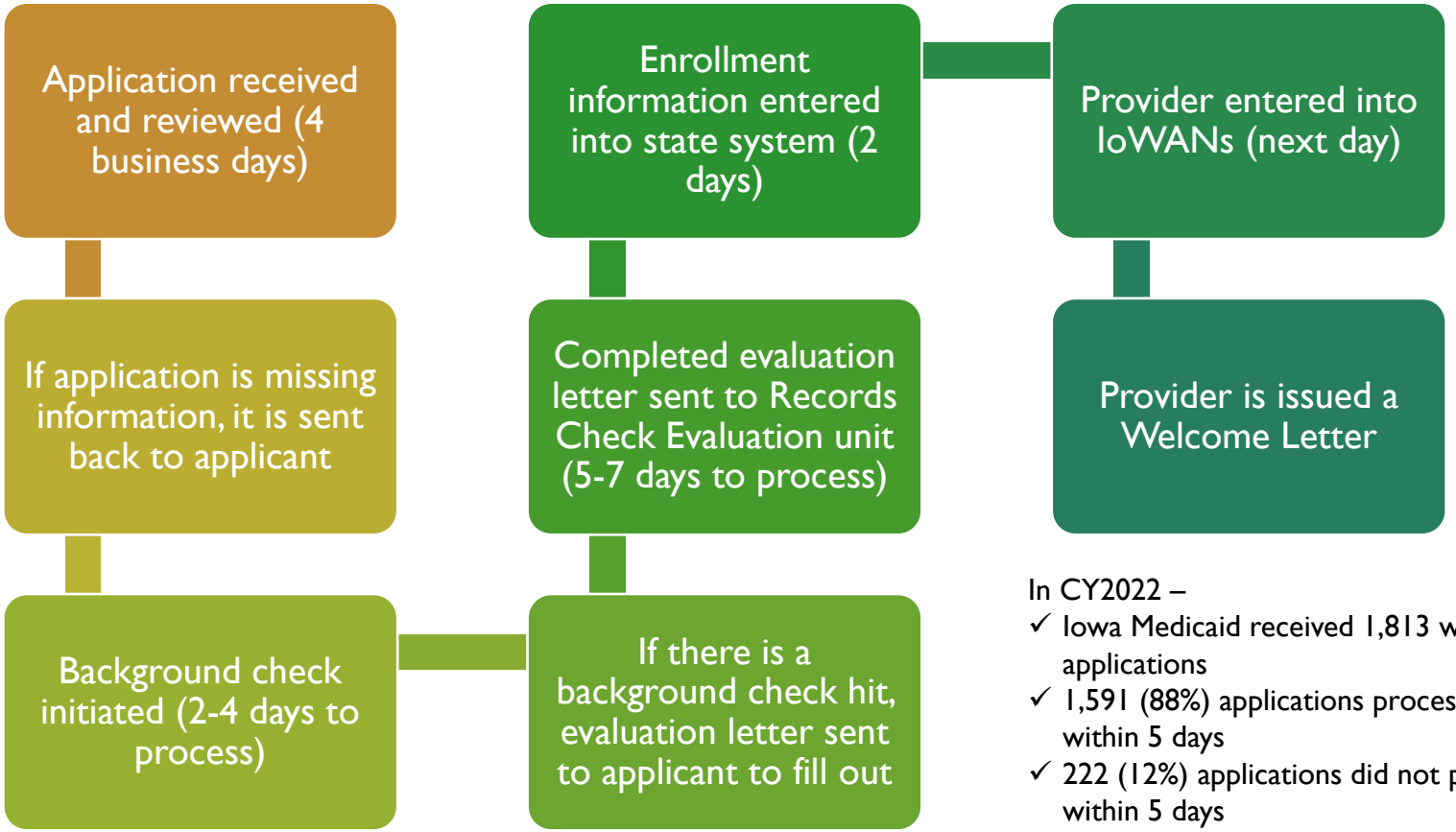
Ideas

- Update Iowa Administrative Code related to skilled CDAC and supervision requirements
- Rate updates
  - Parity for rates across respite, homemaker, CDAC, etc.
  - Visit rates for nursing – tiered based on acuity or level of skills? Off hours/holidays?
    - Review cost report information
  - Mileage reimbursement
- Quicker enrollment and credentialing (including background check and evaluation)
  - 1-2 months for Iowa Medicaid; additional time on the MCO side
- More flexibility in service authorization and rolling over unused hours for months where more is needed
- Resolve claim payment and prior authorization issues
  - Inappropriate denials (EOB, no PA, etc.)
  - Incorrect payment (including when there is a SCA)
- CCO
  - Add skilled care
  - Reevaluate how the hourly calculation works
- Local collaboration – opportunities for shared resources?
- Intermittent guidelines for home health caps revisited
- Consider adding social work coordination back into program (was removed)
- Cover grocery app delivery as a service to reserve direct care worker time for other care
- Leveraging technology, including telehealth and telemonitoring
- Better training on transfers, use of technology, etc.
- Technical assistance and oversight/check-ins at local level

Policy Changes

- We do have ability to change rules to remove supervision requirement for skilled services
  - Want to make sure that we are still ensuring adequate oversight for member safety
  - Is there a supervision frequency or type that the group recommends?
  - Revisit what services/tasks are considered "skilled" and "unskilled."
  - Redetermine what risk there is to the state on who is allowed to supervise skilled needs members
    - Opt-in, opt-out option
    - Provider supervision or sign-off
      - Waiver protection for providers supervising non-employees
- Allowing for skilled care under self-direction (CCO)
  - Team is exploring if there are other states that allow for this – have not found one yet
  - Working on waiver amendments to allow
  - Members can request an ETP to allow this today

CDAC Provider Enrollment



In CY2022 –

- ✓ Iowa Medicaid received 1,813 waiver applications
- ✓ 1,591 (88%) applications processed within 5 days
- ✓ 222 (12%) applications did not process within 5 days

CDAC Provider Enrollment Solutions

- A way for members to apply and providers to sign documents electronically.
- Scan-in and upload tutorials
- CDAC providers can use email if they put their emails on the application

Providers Contracted

- Where are MCOs not contracted with a Home Health provider licensed in the state

County	Total Licensed	Amerigroup Contracted	Iowa Total Care Contracted
Allamakee	1	0	1
Fremont	1	0	1
Hiawatha/Linn	1	1	0
Johnson	3	2	2
Polk	13	10	9
Pottawattamie	2	1	1
Scott	4	3	3
Washington	1	0	1

- What can we do to reengage these providers that are not contracted or enrolled with Iowa Medicaid

Home Health Claims Calendar Year 2022

Metric	Amerigroup	Iowa Total Care
Total Claims	79,120	968,124
Paid	71,528	880,149
Denied	5,832	71,785
Suspended	1,760	16,190
Average Days to Payment	10.48	9.09
Top Reasons for Denial	Duplicate Claim (37%)	Duplicate Claim (32%)
	Missing EOB (30%)	Bill Primary Insurer 1st (18%)
	Timely Filing (18%)	Same Day Service (14%)
	Original Claim Adjusted (5%)	ACE Claim Level Return to Prov (11%)
	Prior Payer Adjudication Impact (4%)	Service Not Covered (10%)
	Same Day Service (2%)	Void Adjustment (6%)
	No Auth on File (1%)	No Auth on File (4%)
	No Coverage (1%)	Duplicate Submission (4%)
	Charge Exceeds Allowed Amount (1%)	Dx Code Incorrect (4%)
	Insufficient Info for Processing (0%)	Insufficient Info for Processing (4%)

Home Health Rates

- Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Rates

Information	Private Duty Nursing T1000	Personal Care S9122
Number of Providers Looked At	28	12
Range of Rates	$8.58 - $16.15	$19.36 - $43.78
Number of Providers Whose Rates Match Costs Reported	20	12

- Home Health – Interim Medical Monitoring Treatment (IMMT)
  - LUPA Rates for Skilled Nursing and Home Health Aide range between $53.20 -$151.88
    - 46% of rates set are for urban providers ($53.20 - $145.63)
    - 54% of rates set are for rural providers ($66.07 - $151.88)

- Group's perspective on this information

August Listening Session

Follow Up

- CCO – skilled care
- Skilled CDAC
- Claim issues
- EVV – progress on home health requirement discussion
- Discussions with home health providers not currently contracted with MCOs
- Provider enrollment

Other State Strategies

- North Carolina
  - Developed special license designation for home care agencies that have implemented a set of defined workplace interventions to improve recruitment and retention, quality, etc.
- North Dakota
  - Tiered rate structure based on how far provider travels to prove care
- Indiana
  - Increased statewide average direct care professional rate to $15/hour but implemented annual cap
  - Implemented common statewide curriculum for training, career ladders, statewide recruitment campaign, and rate for private duty nurses that doesn't include overhead fee
- Minnesota
  - Increased statewide direct care professional rate to $15.25/hour
- Maryland – Task Force to Study Access to Home Health Care for Children and Adults with Medical Disabilities
  - Partnerships between home health agencies and nursing programs to create training programs for home health work
  - Provider agencies pool resources
  - Skills checklist to evaluate LPN competency on an annual basis
- Connecticut
  - In effort to streamline reimbursement methodology, proposed a structured fee schedule
- Wisconsin
  - Tiered reimbursement for advanced training
  - Increased direct care professional rates to $17.24
- Tennessee
  - Work-based learning model where wage increases $3.50 upon completion of one year Apprentice Training Program
- Other
  - Leveraging retired military medical personnel
  - Managed care payment structures to incent increased access

Strengthening the Direct Care Workforce: Scan of State Strategies (chcs.org)
State Strategies to Support Family and Professional Caregivers – NASHP
State efforts to expand the healthcare workforce - National Governors Association (nga.org)

Discussion on Ideas

- Local collaboration – opportunities for shared resources
- More flexibility in service authorization and rolling over unused hours for months where more is needed
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