

COVID-19 Public Health Emergency (PHE) Unwind

April 27, 2023

Overview of the Unwind



Two Big Pieces

Continuous
Coverage
Public Health
Emergency



Unwinding Flexibilities



Opportunities

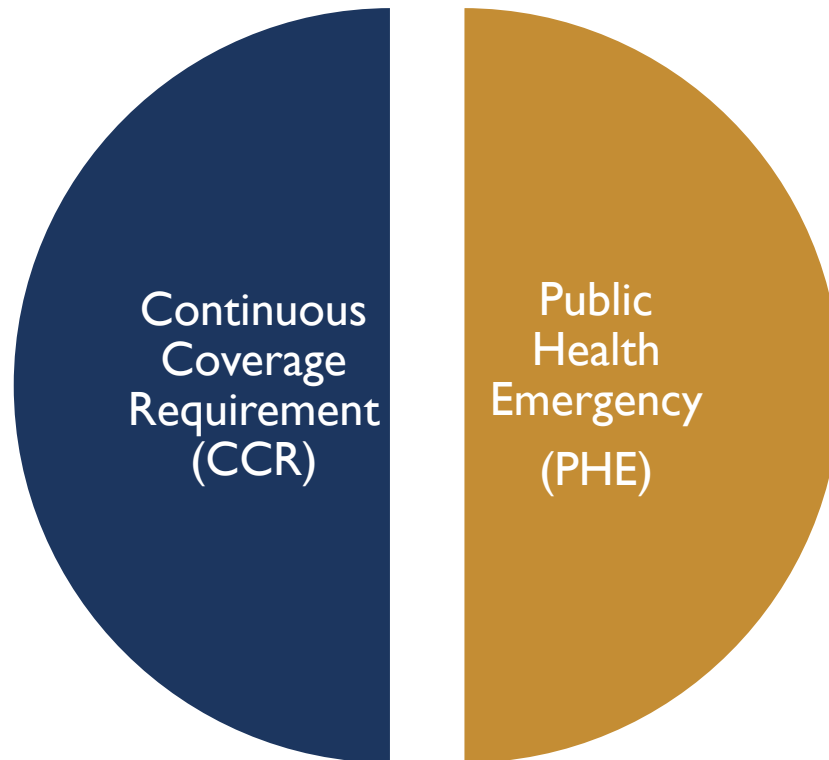


Questions

*More detailed notes can be found in the note section underneath this presentation's slides.

Two Big Pieces

- Iowa began unwinding the CCR in February and it will continue for the following 12 months.
- The PHE is slated to end on May 11, 2023.



A Few Key CCR Reminders

Update your contact information

Pay attention to your mail and other HHS communications

Complete renewal forms and respond to requests for information

Visit the website for updates

- <https://hhs.iowa.gov/ime/unwind>

Beware of scams

- Iowa Medicaid will never ask you for money!
- View our [“Protect Yourself from Scams” flyer](#)

What is the Public Health Emergency Unwind?

The public health emergency (PHE) was put into place in March 2020 and allowed extended Medicaid benefits to members.



On May 11, 2023, the PHE is slated to end, and Iowa Medicaid will begin “unwinding” these extended benefits back to normal operations.

Some PHE Benefits have Already Ended



- **Federal Flexibilities (Blanket Waivers)**
 - Provision of services in alternative settings
 - Hospital 24-hour Nursing Flexibilities (modified staffing level)
 - ICF/IID Flexibilities (modified staffing levels)
 - Nurse Aide Training
- **COVID-19 Grants and Payments**
 - Relief Rates
 - Provider Grants
 - Dental Relief Payments
 - COVID Rate Relief Payments (CRR)
- **CHIP/Hawki Eligibility Flexibilities – aging out of the program**
- **LTSS extension of minimum data set (MDS) authorizations**
 - Nursing facilities and skilled nursing facilities
 - Skilled nursing facilities
- **Out of Network provider payments**

Provider Enrollment Flexibilities

Waiver of application fees

Site Visits

Payment of out of state providers for emergency services

Revalidation of providers

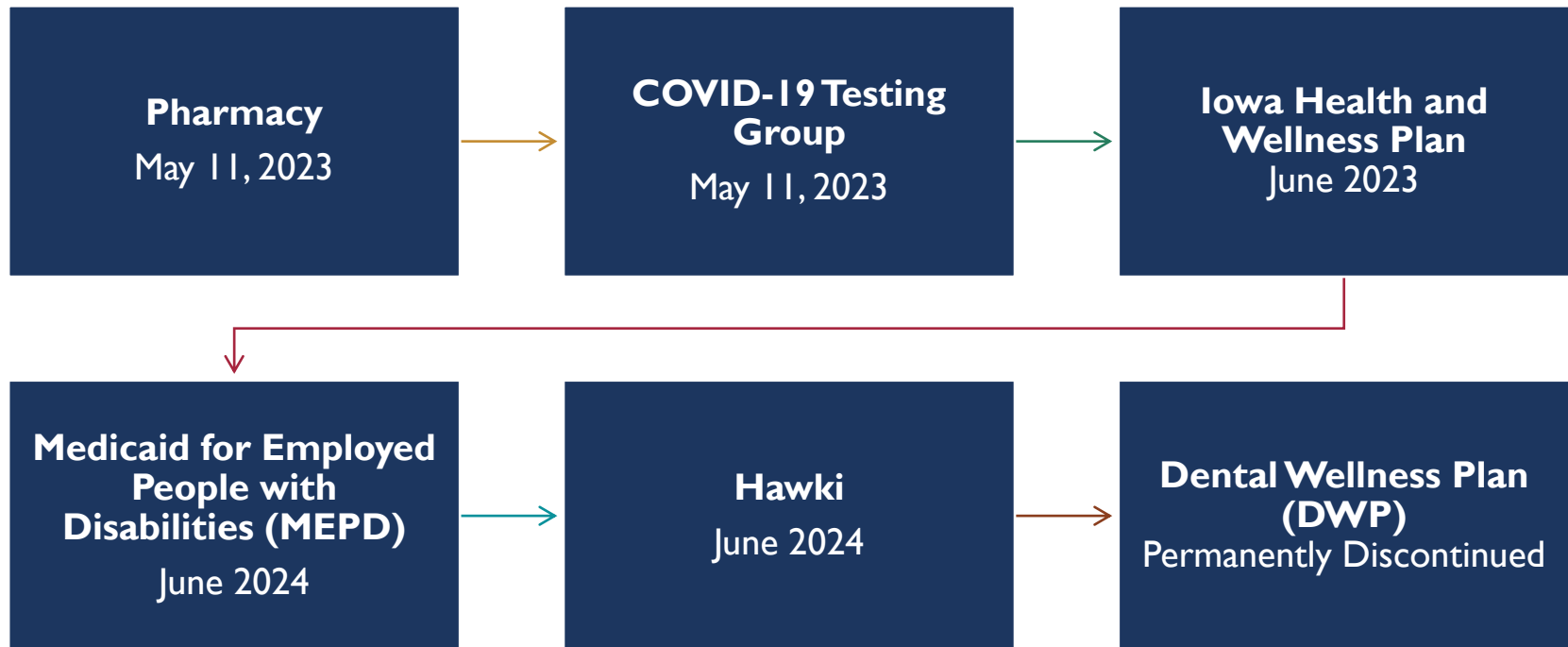
Waiver of out of state background checks for CDAC providers

Provider licensing requirements

Informational Letter: IL 2387-MC-FFS-CVD

Other Flexibilities and End Dates

The PHE ends May 11, 2023



HCBS Flexibilities to Continue

Direct Services by Families

- Allows parents of minors, spouses, and family members to provide direct services

Medical Daycare for Children

- Provides supervision and support for children with complex needs living in their family home

Adult Daycare

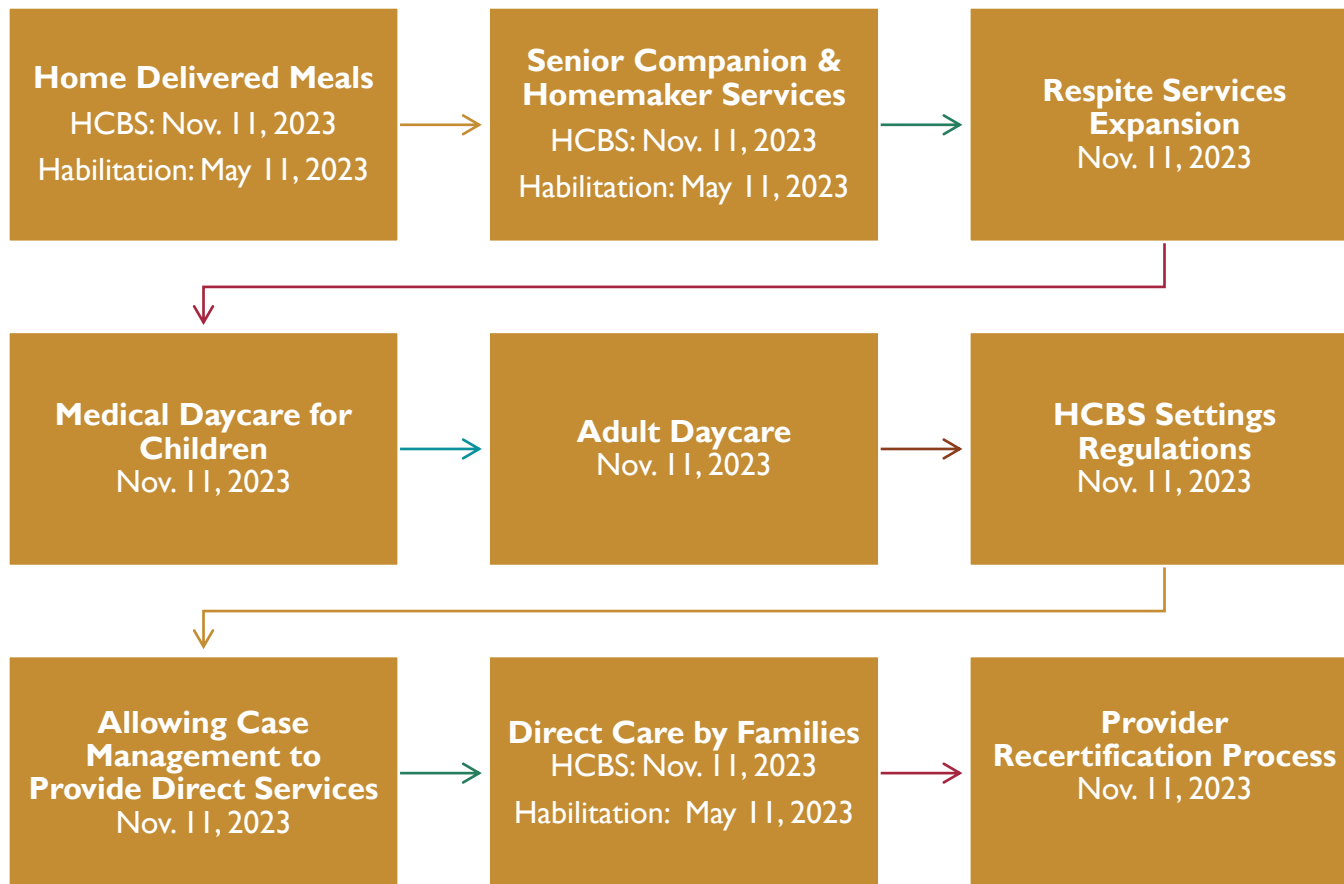
- Expanded to be delivered within the person's home.

Electronic Signatures

- Available when a pen and ink signature is not possible.

HCBS Flexibilities and End Dates

The PHE ends May 11, 2023



HCBS Flexibilities and End Dates Cont.

HCBS Processes

- November 11, 2023

Electronic Service Delivery

- November 11, 2023

Face-to-Face Processes

- November 11, 2023
- In-person processes resumed in June 2021

Assistance with eLearning

- November 11, 2023

Consumer Choices Option (CCO)



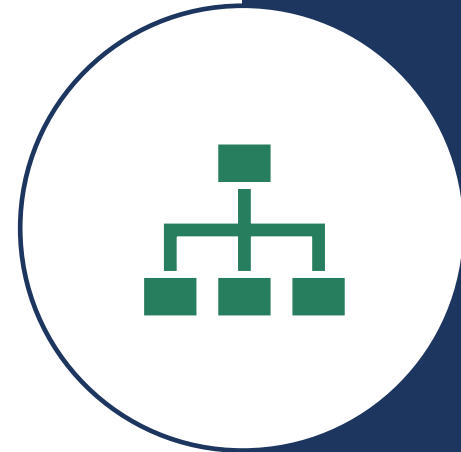
Due to the nature of the budgeting process, CCO members will transition mid-month to pre-PHE service amounts and policies



The Financial Management Service must receive the individual budget by October 25, 2023, for the services to begin November 1, 2023



Case Managers should be working with the member and their team to make changes to the service plan and budget that will be implemented November 1, 2023



HCBS Waiver Eligibility – Exception to Policy (ETP)

- Members must have a need for services and access one unit of service per calendar quarter.

No unit of service in one quarter

- Decision to cancel a waiver or submit an ETP
- If the member no longer chooses to use the waiver – notify Income Maintenance (IM) to cancel waiver
- If the member chooses to continue the waiver –ETP will **ONLY** be approved for one quarter at a time with a maximum of two **consecutive** quarters per member as requested

No unit of service in two or more quarters

- Decision to cancel waiver or submit second ETP
- Second ETP will only be considered in extraordinary circumstances. No more than two **consecutive** ETPs will be approved.
- Second ETP will only be allowed in extraordinary circumstances.

Extraordinary Circumstances Include:

- Member has medical severe complex medical or behavioral health condition and is unable to access services but is expected to recover in next three months
- Member has been in a facility/hospital and will be returning to community services in the next 30-60 days
- Member is on a wait list for services and anticipates services in the next 30-60 days
- All available providers have been contacted and the DSP workforce shortage placed the member on wait lists for services
- PHE has impacted the members living situation and is unable to access services

Telehealth

- Iowa Medicaid have considered each telehealth code based on:



Proposed Telehealth Code Sets

Iowa Medicaid staff have reviewed the code sets that have been billed via Telehealth during the public health emergency, each code is being considered based on:

The ability to provide the same level of care virtually,

Did the Telehealth service increase quality of care for the member?

Utilization of Telehealth codes.

Did the delivery of Telehealth increase access to members?



It is expected that post-pandemic billing for Telehealth will normalize.



Medicaid will continue to monitor data and adapt to members' Telehealth needs as new information and requests from the provider network are received.

Telehealth Provider Reminders & Resources

Reminders

1. These Telehealth code sets are a starting place we will consider changes based on ongoing feedback.
2. Use of Telehealth is always the patient choice.
3. For every Telehealth visit the patient must be notified that the visit is Telehealth and will be billed. Standard verbal language for each visit is encouraged.

Resources

1. The Telehealth code sets can be found at this link: <https://hhs.iowa.gov/ime/unwind/PHE>
2. An informational letter will be forthcoming and posted to <https://secureapp.dhs.state.ia.us/IMPA/Information/Bulletins.aspx>

Telehealth Non-Coverage

Why is everything not covered by Telehealth?



Before the PHE, it was not available as a telehealth service



No provider requests for continuation



The service requires direct, in-person contact



If the service is too complex to perform or cannot be performed virtually



Group therapies



Requires a physical exam



Utilization

Site of Service Differential

1

Prior to the PHE, Iowa HHS was required to adjust the Iowa Medicaid reimbursement rates for telehealth services, to differentiate between the cost of an in-office or facility visit. This is called a site of service differential (SoS)

2

For more information see Information Letter (IL) 1800

3

During the PHE, Telehealth services were considered the same as an in-person visit

4

Iowa Medicaid is not reinstating SoS at this time but will continue to monitor.

Other Telehealth Issues



Telephone Only Telehealth

Iowa Medicaid intends to follow Medicare guidelines to establish codes allowed to be delivered via telephone-only Telehealth post-PHE.



Distant Sites

Medicare does not define a distance site but prohibits service delivery from a provider physically located outside of the United States.

Opportunities Ahead

Iowa Medicaid is seeking ways to expand services based on opportunities identified through the PHE.



Pharmacy

- Allowing for 90-day refills on some medications but more limited than was available through the PHE



Telehealth

- Updating codes for ongoing use of telehealth after the PHE ends



Medical Daycare

- Modify policy to allow for Medical Day Care for Children and Adult Day Care in the home for some 1915(c) waivers

Resources



Several Informational Letters have been provided and more will be coming on all flexibilities

<https://secureapp.dhs.state.ia.us/IMPA/Information/Bulletins.aspx>



Provider Frequently Asked Questions regarding PHE Unwind

<https://dhs.iowa.gov/ime/providers/faqs/covid19/telehealth>



Documents from town halls:

<https://hhs.iowa.gov/ime/about/advisory-groups/townhall>



View our unwind flexibilities and codes online at

<https://hhs.iowa.gov/ime/unwind/PHE>

Types of Communications

Iowa Medicaid has used the following resources to communicate the COVID-19 Unwind:

Leveraged MCOs, stakeholders and other partners for help in critical messages

Digital guides & plans, digital slide decks

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

Physical Mailings

Public Webinars

Follow Iowa Medicaid on Social Media



@iamedicaid

Questions?