
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

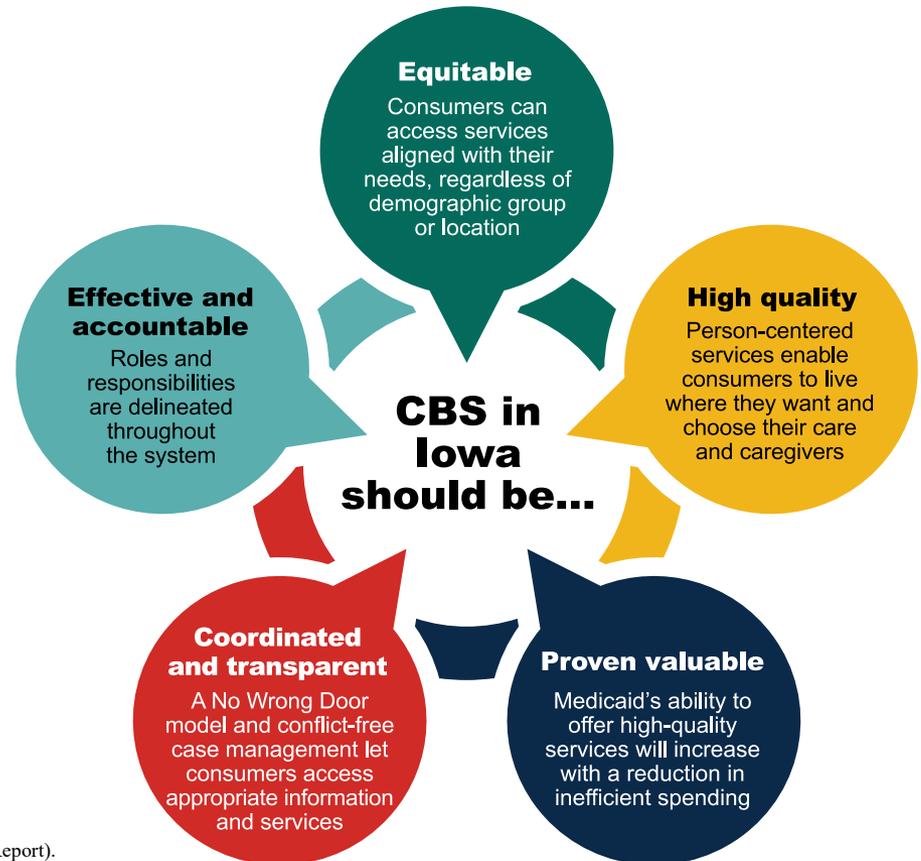
CBSE Overview

- 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.



What principles guided the work?

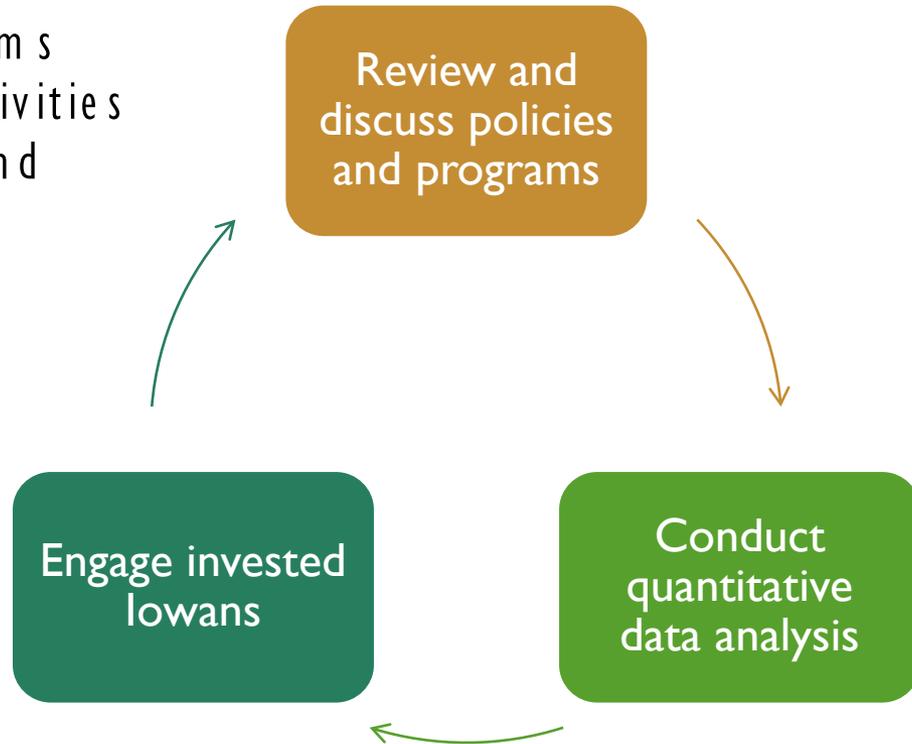
- The evaluation team worked closely with invested Iowans, including HHS staff and the advisory committee
- Together, they developed five guiding principles



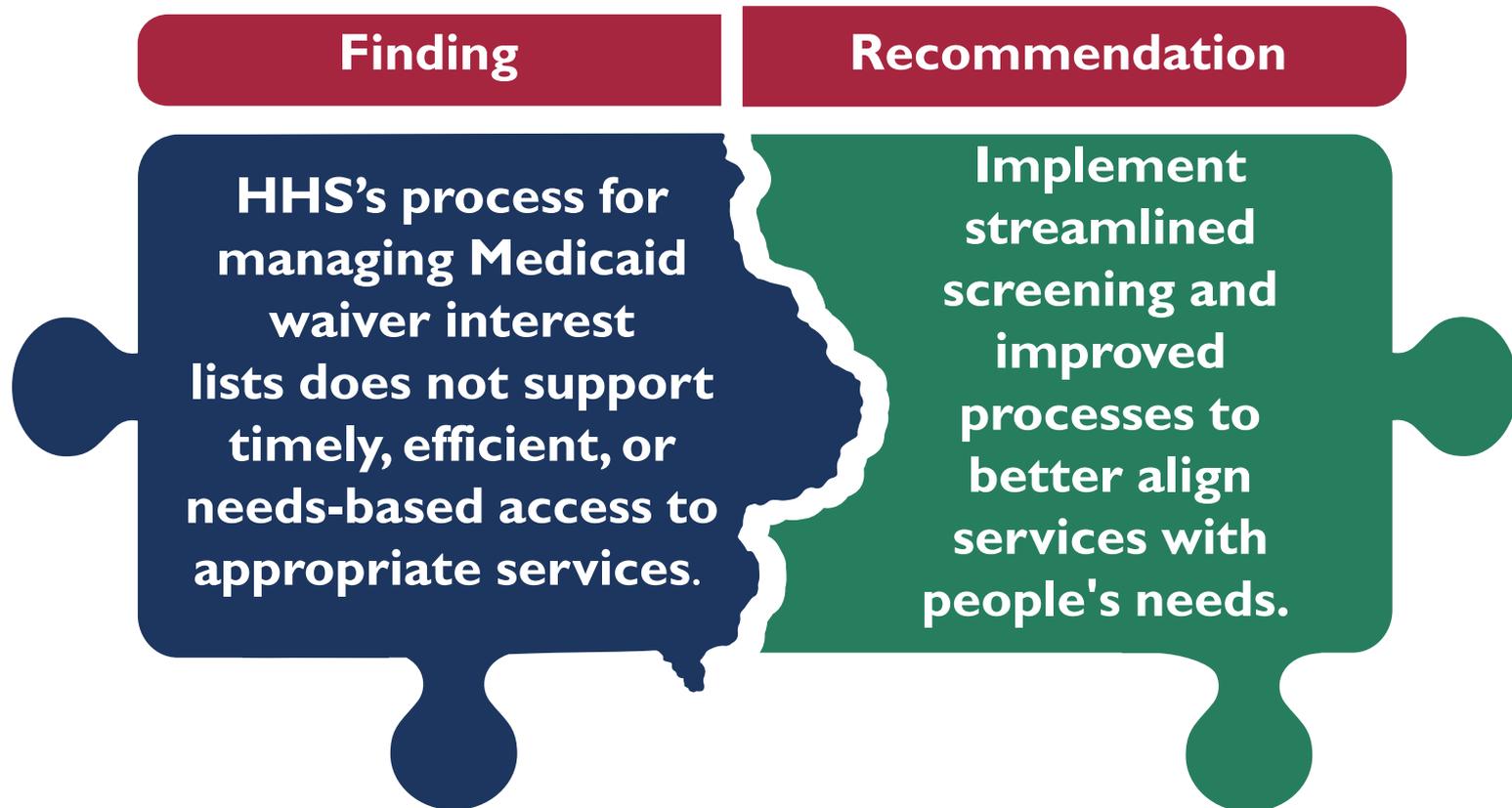
Source: Figure I.1. Guiding principles for Iowa's CBS system (from the Evaluation Report).

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?

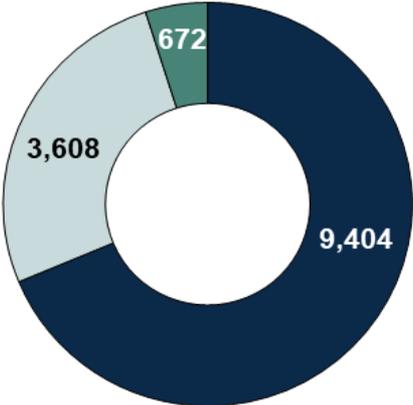


The number of people requesting waiver slots overstates the true demand for services

- 13,000 lowans 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

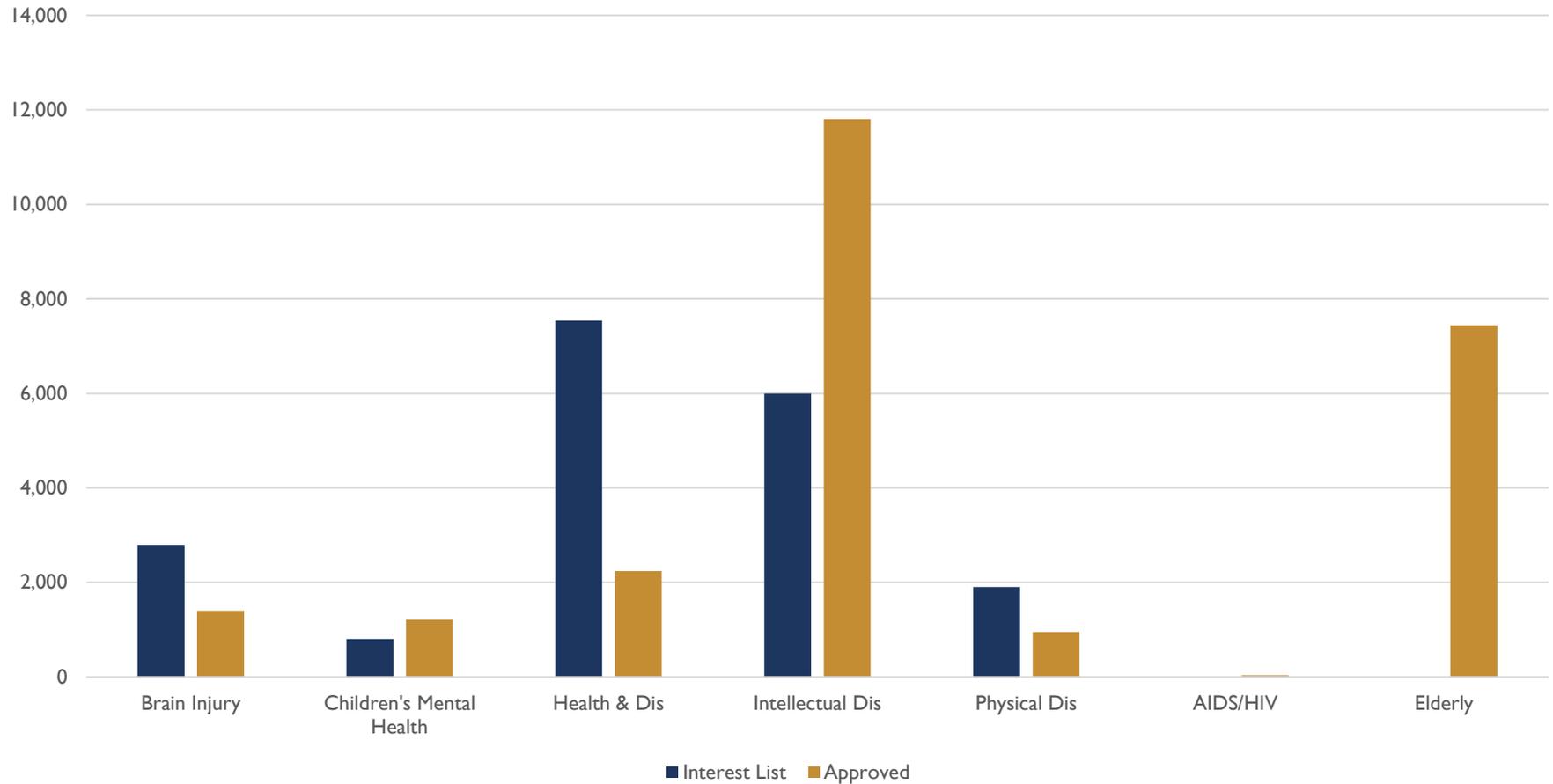
Number of people on one or more waiver interest list

■ One waiting list □ Two waiting lists ■ Three or more waiting lists

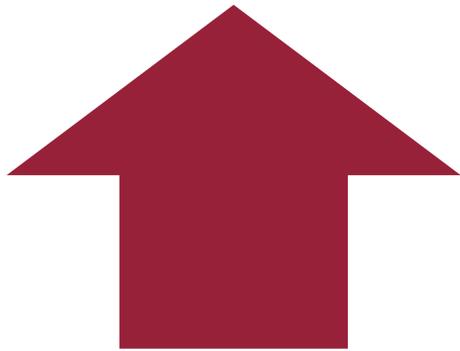


Source: Figure V.2. Point-in-time data about the Iowa waiver interest lists provided by HHS in June 2022 (from the Evaluation Report).

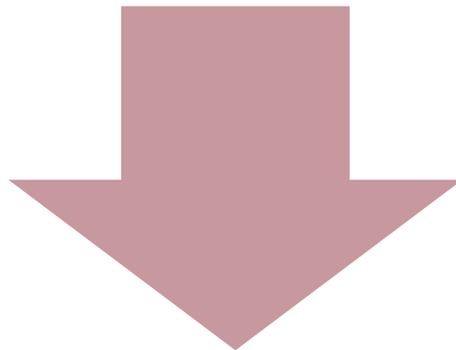
Current Interest Lists



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



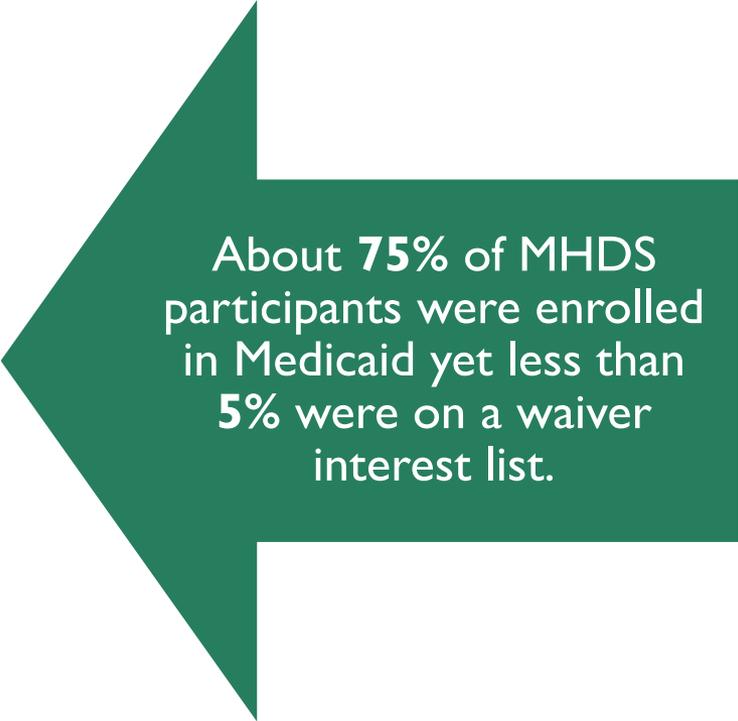
People on interest lists accrued higher costs in some payment categories, such as emergency department care and inpatient care



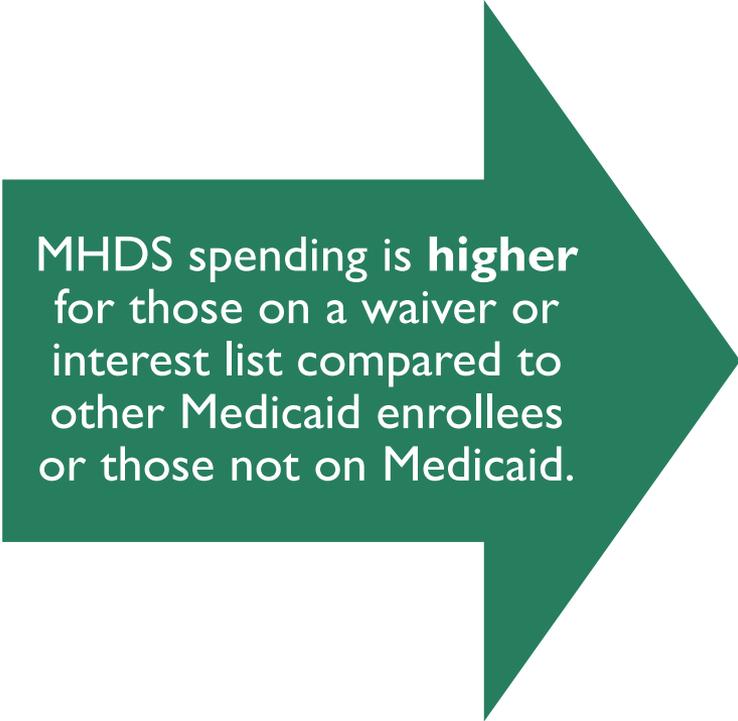
People on interest lists had lower total Medicaid spending per member per month (PMPM) than those on the waivers because they lacked access to HCBS

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?

Finding

Medicaid HCBS waiver services often do not align with member needs, resulting in inequity and inefficiency in accessing needed services.

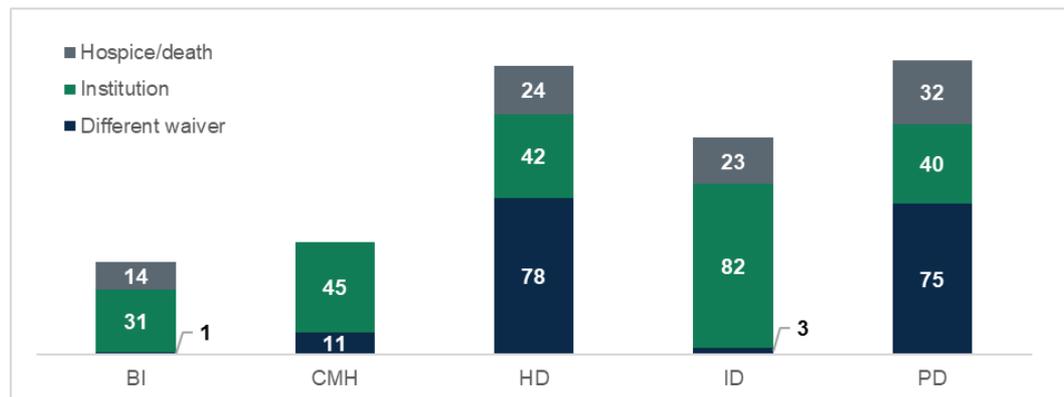
Recommendation

Align CBS, including Medicaid HCBS waivers, to the needs of Iowans.

The waiver structure introduces inequities and inefficiencies into the system

- People with similar H C BS 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.

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?

Finding

Services and supports in Medicaid and the broader CBS system are difficult to navigate and access.

Recommendation

Maximize access to Medicaid HCBS and other CBS supports for people with LTSS needs.

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) waiver 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 in 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

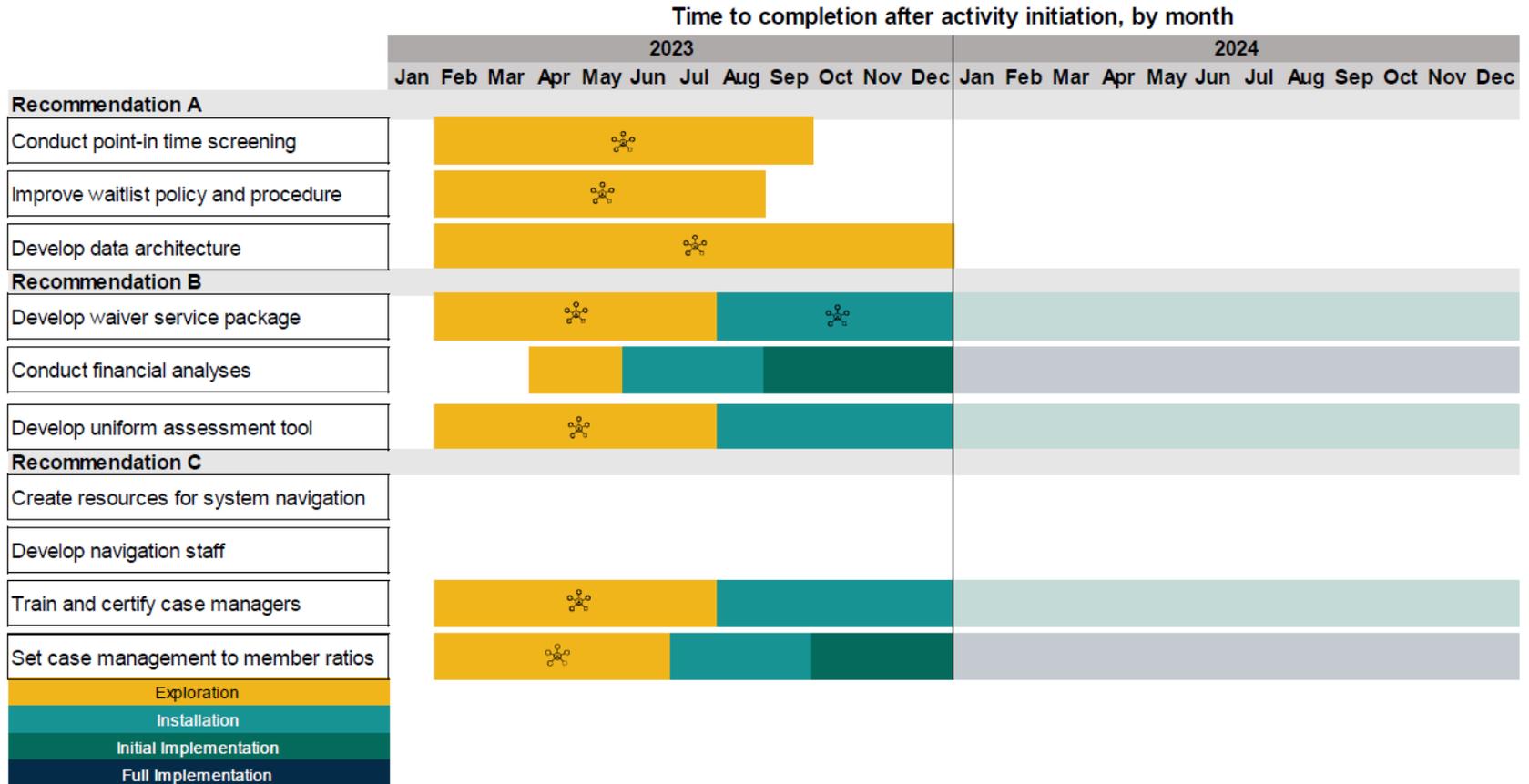
There is not enough support to navigate the complexities of the CBS system

- 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.”

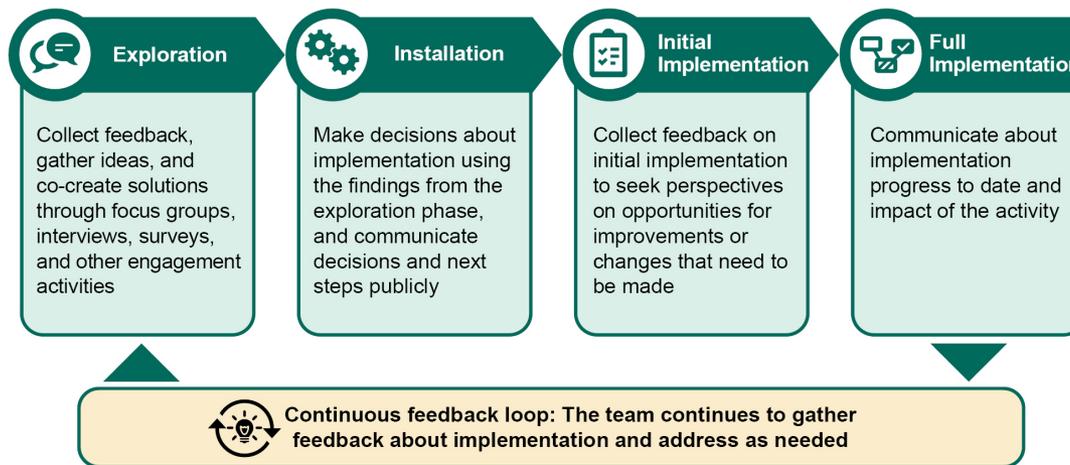
— Response to online feedback form

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

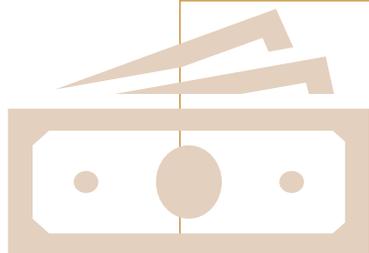
Background on Rate Reviews

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

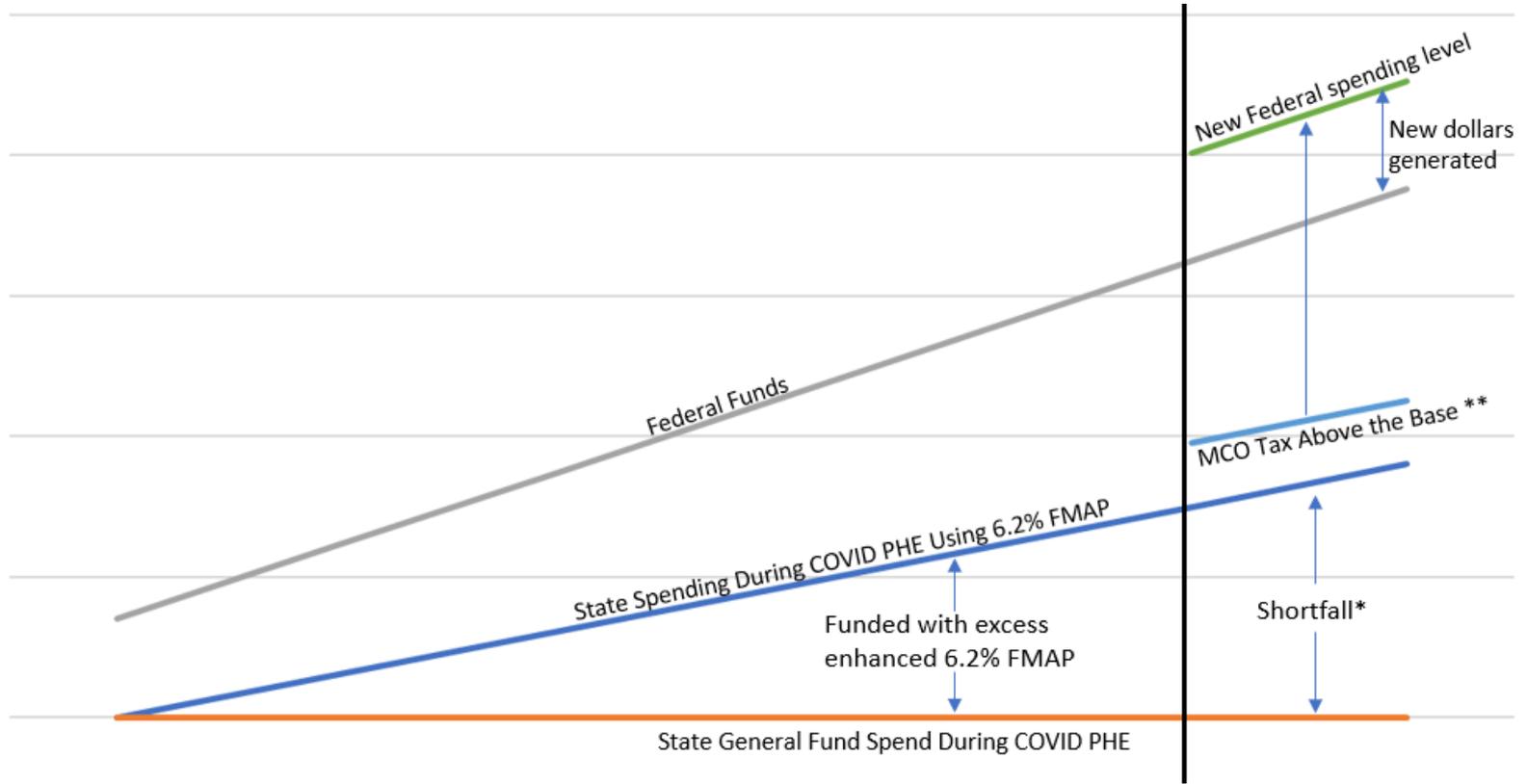
Lien Recovery

- 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.

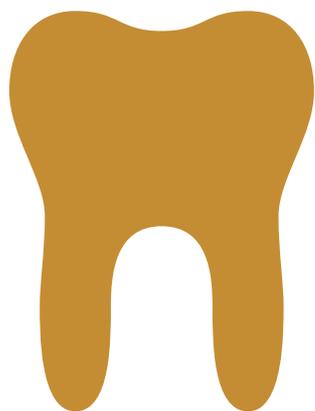
Medicaid Managed Care Premium Tax

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

Illustration of Managed Care Premium Options



Dental Request for Proposal



Overview

- Currently, low a 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.

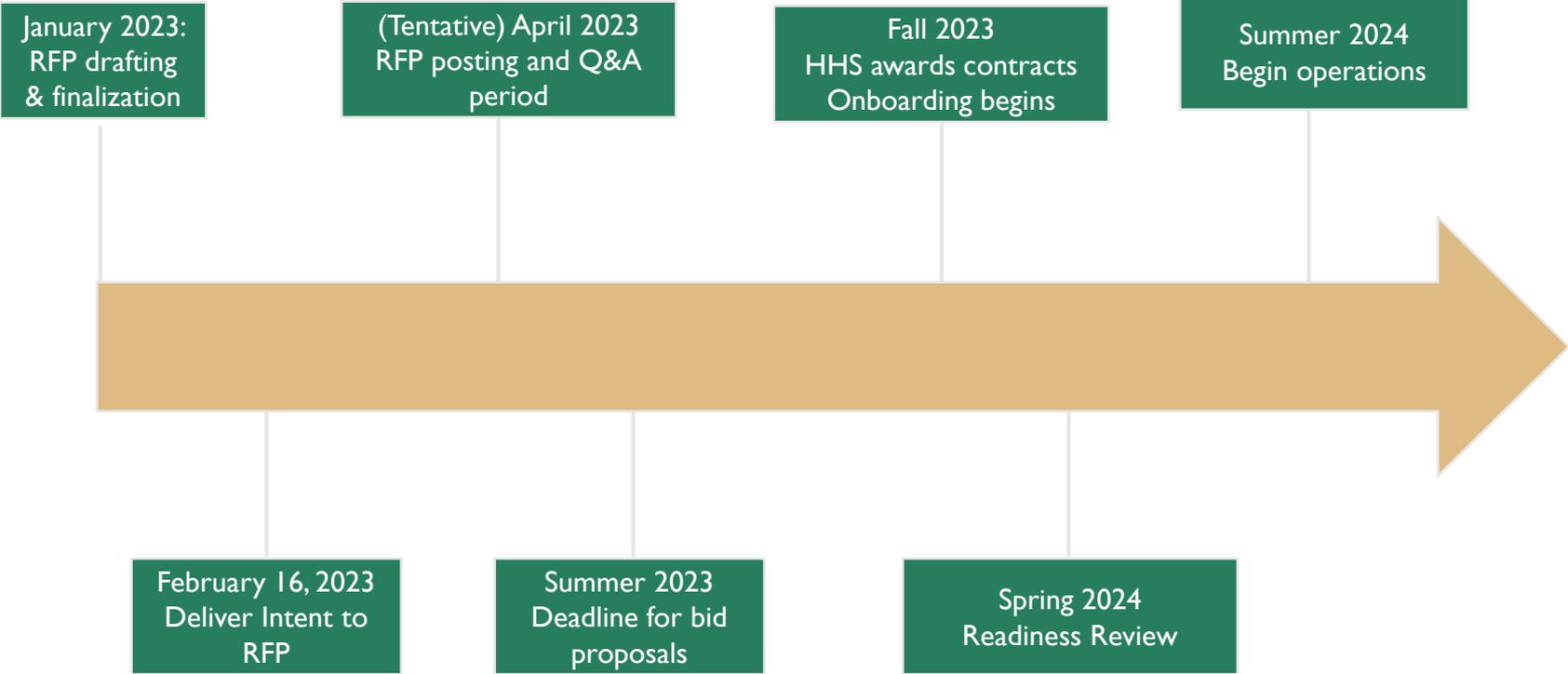
Allow flexibilities in dental reimbursement.

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

Better coordination of care for members.

Increasing member choice.

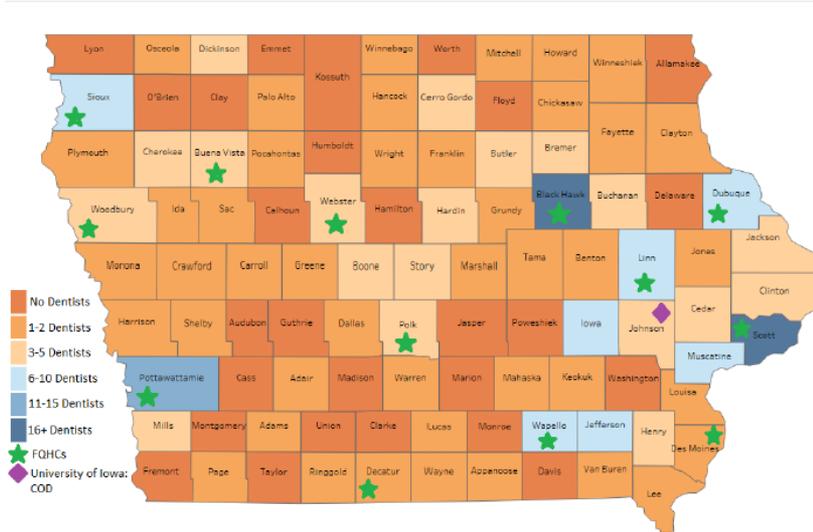
Timeline



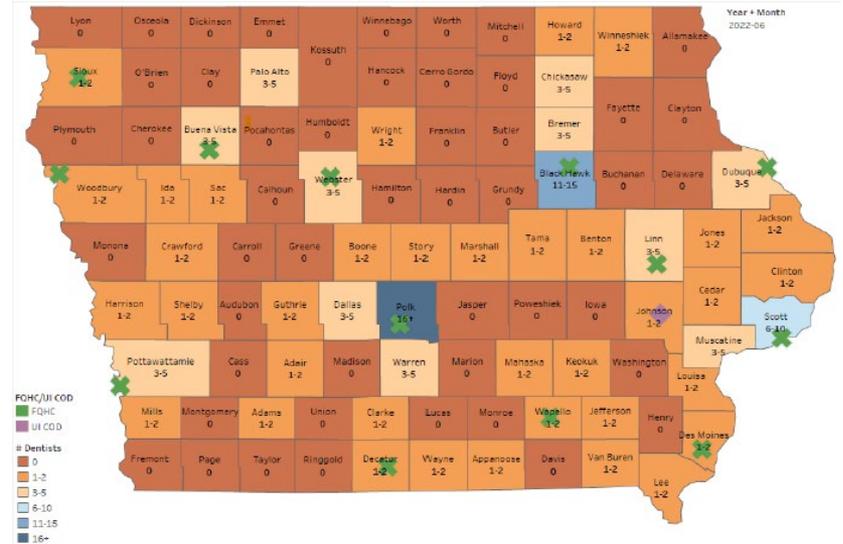
Dental Stakeholder Workgroup

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

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



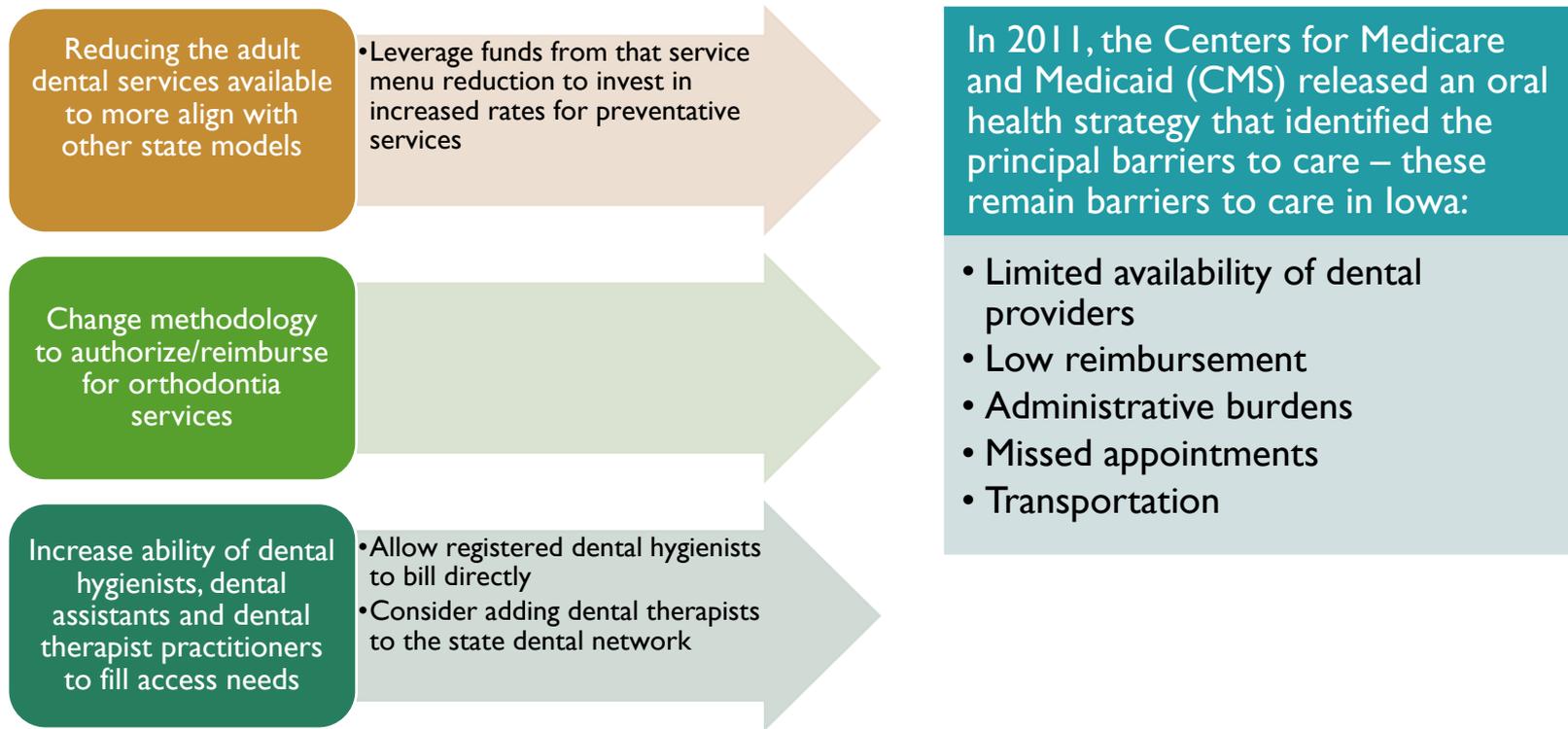
2022-06: Number of General/Pediatric Dentists Accepting New Medicaid Referrals Across Iowa



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

Dental Stakeholder Workgroup (continued)

- No one initiative alone will not get the program to this goal
- Initiatives under examination and consideration:

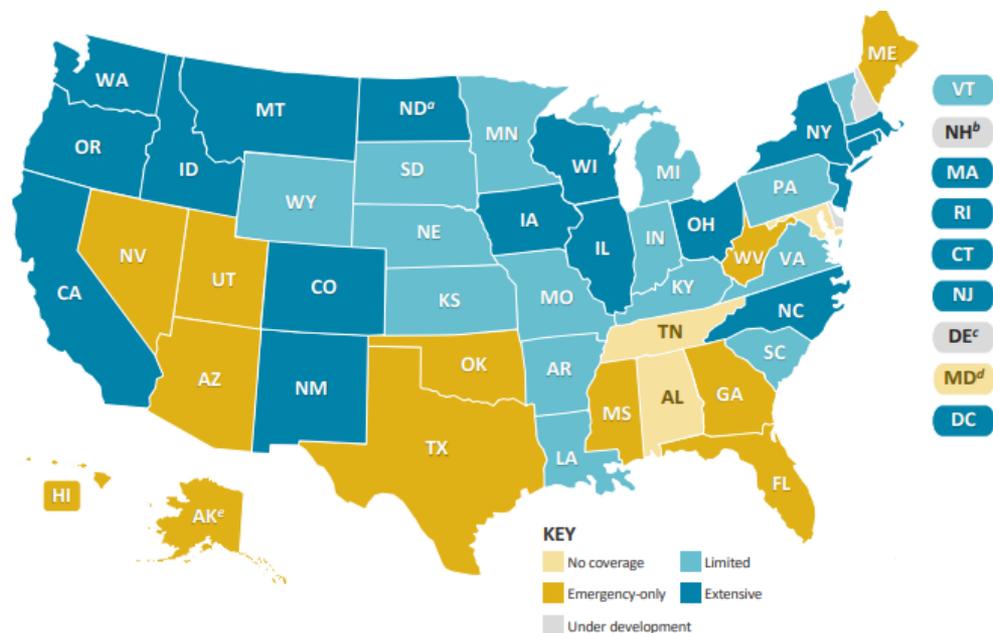


Dental Rates

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.

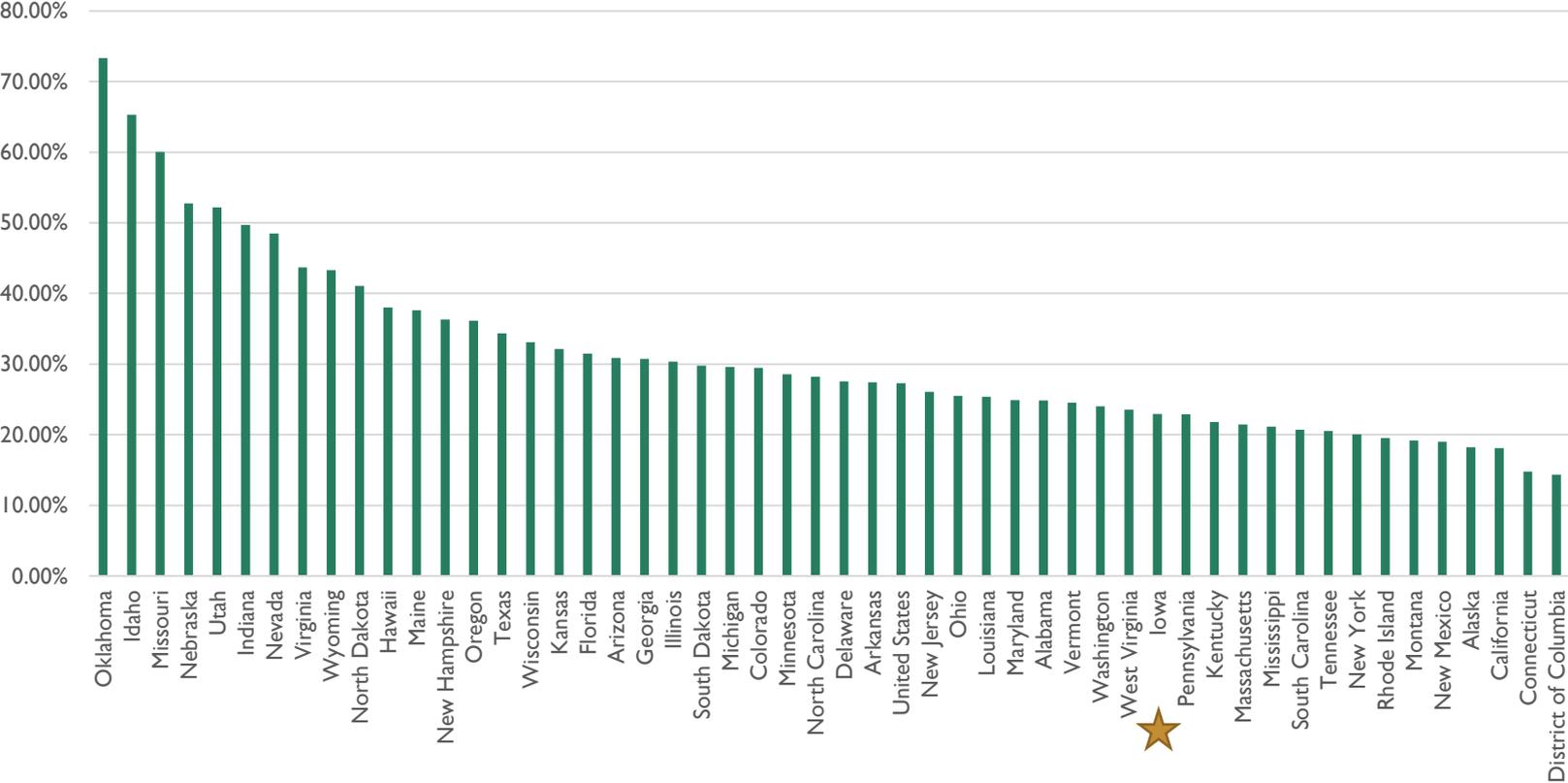
Arizona passed a bill in 2018, with bipartisan support, to include dental therapy as an option for individuals in the state who are challenged with access to dental care.

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.

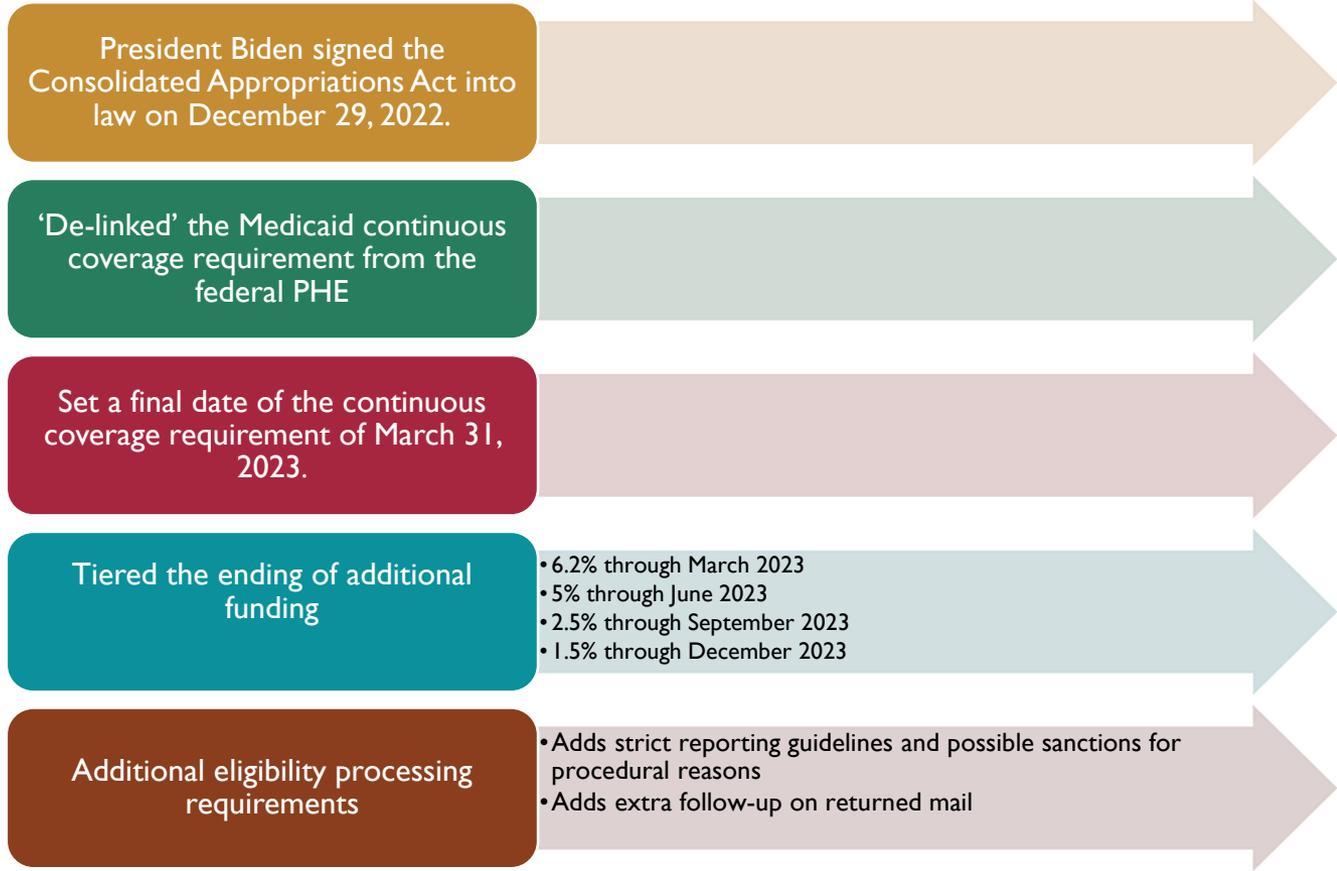
Continuous Coverage Unwind Plan

State Comparison of Medicaid Enrollment

% Change Since 2019



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



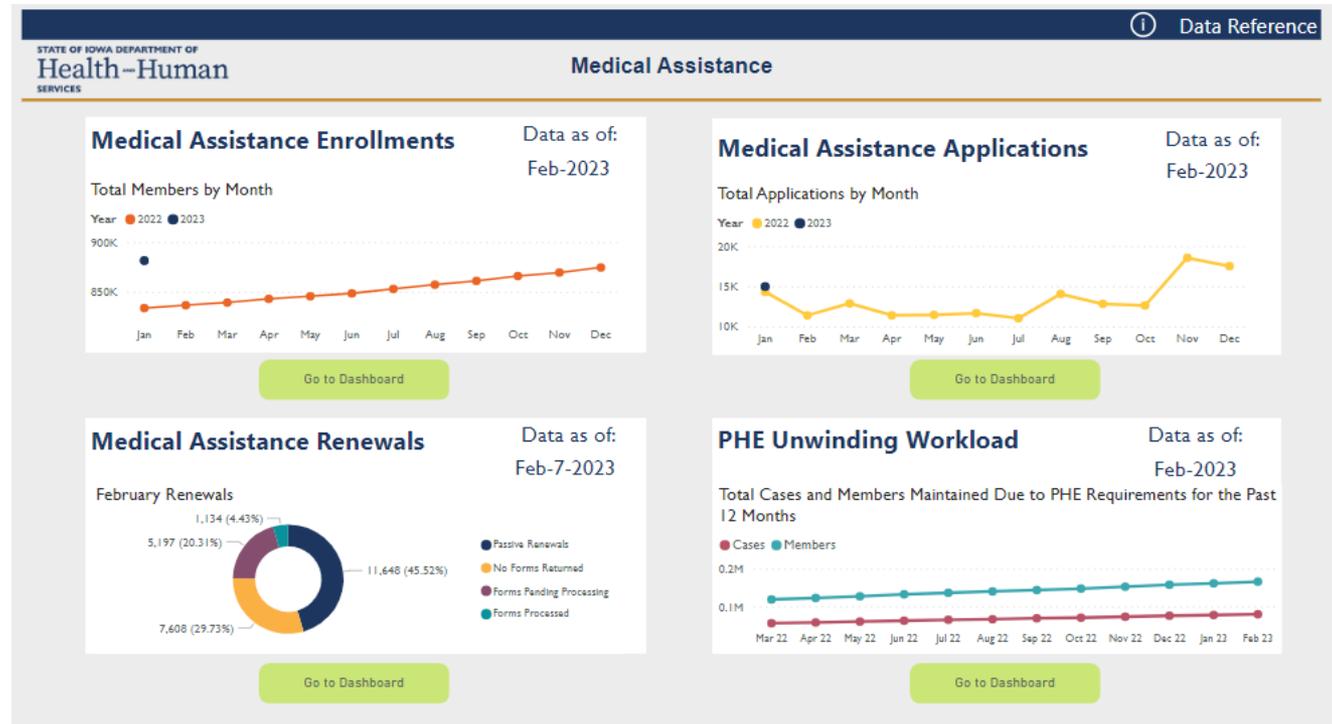
Redistribution Plan for 12-month Unwind Period

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

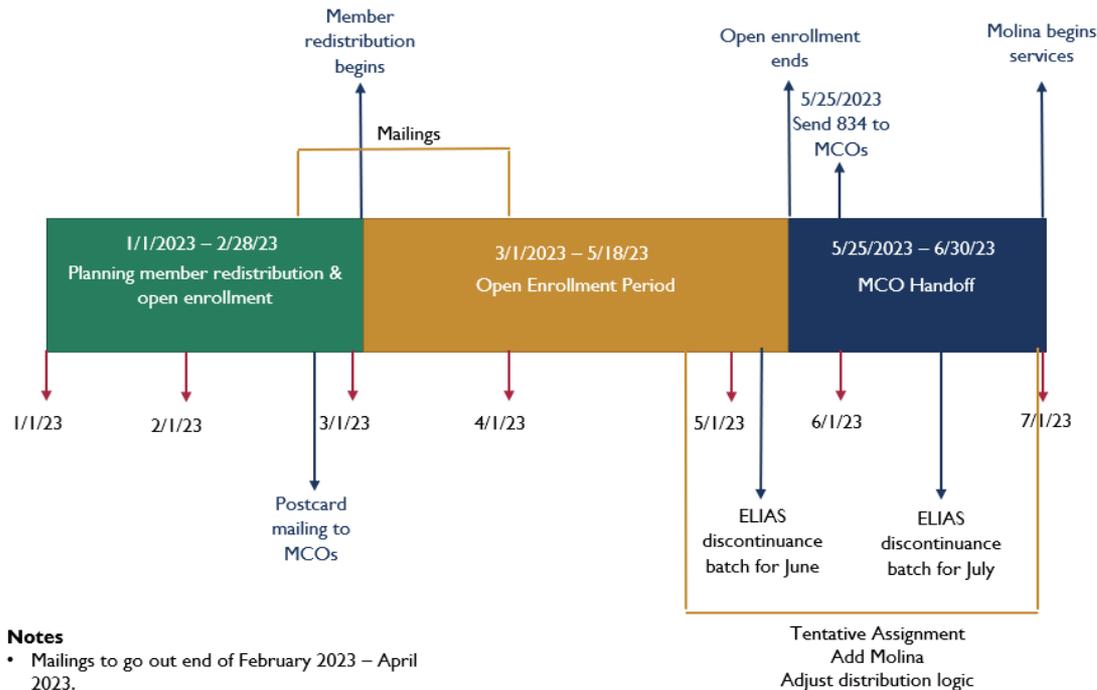
- Medical assistance renewals
 - Renewals due
 - Renewals processed
- Unwinding workload
 - Cases and members maintained because of continuous coverage requirements

*Branding will change to new HHS standards in 2023.

Other Considerations for the Unwind

- M C O Open Choice period

- New M C O (Molina) is being onboarded which is including an open choice period for all M C O members at the same time the unwinding period is starting



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

Iowa CBS evaluation by the numbers



45

**interviews with
key informants**

including HHS administrators,
case managers, and frontline providers



8.5 million

claims records

for Medicaid members receiving
HCBS in 2018 and 2019



46

conversations

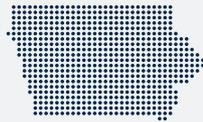
with consumers, family members,
caregivers, and providers through
listening sessions and interviews



379

responses

to an online
feedback form



68

counties

of the 99 in Iowa
represented across
our community
engagement activities



15

experts

on a Community Advisory
Committee offering sustained
input to our evaluation activities,
findings, and recommendations

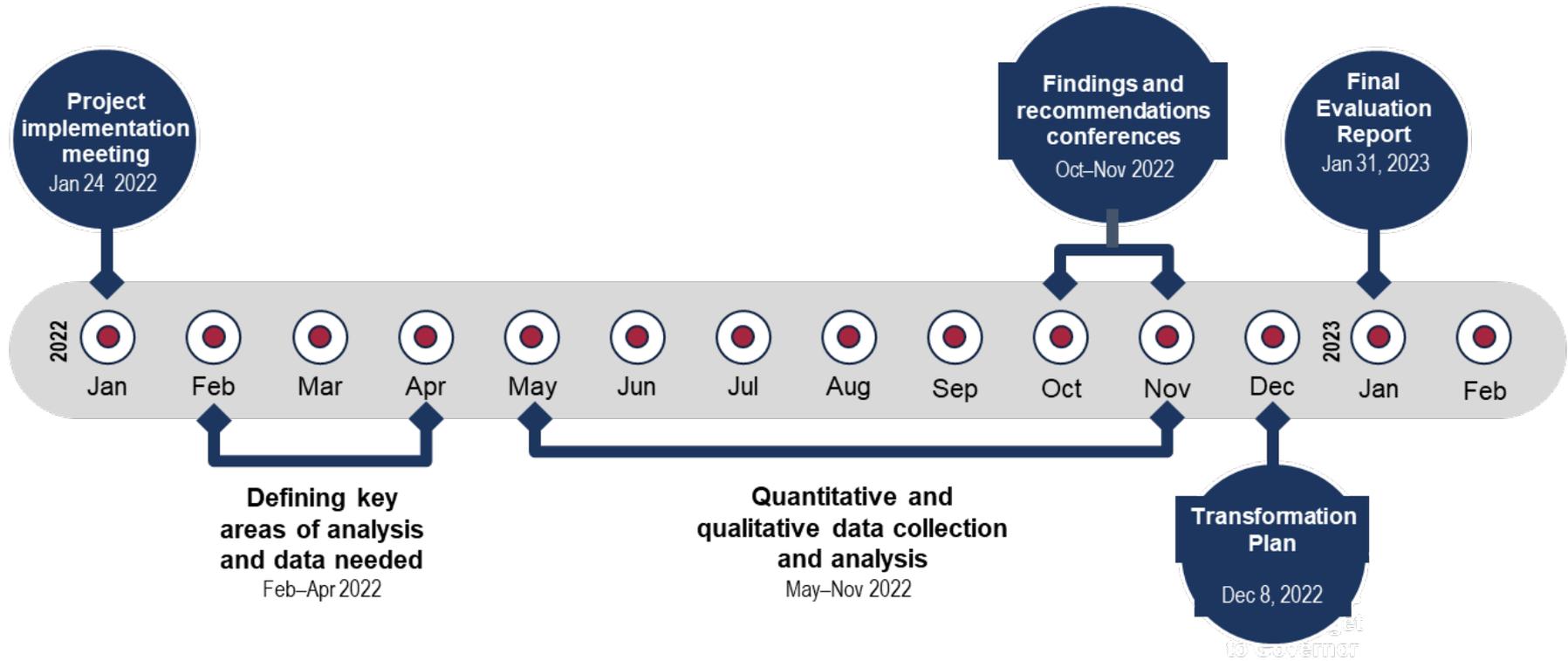


300+

**policy and program
documents**

reviewed from Iowa
and other states

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.

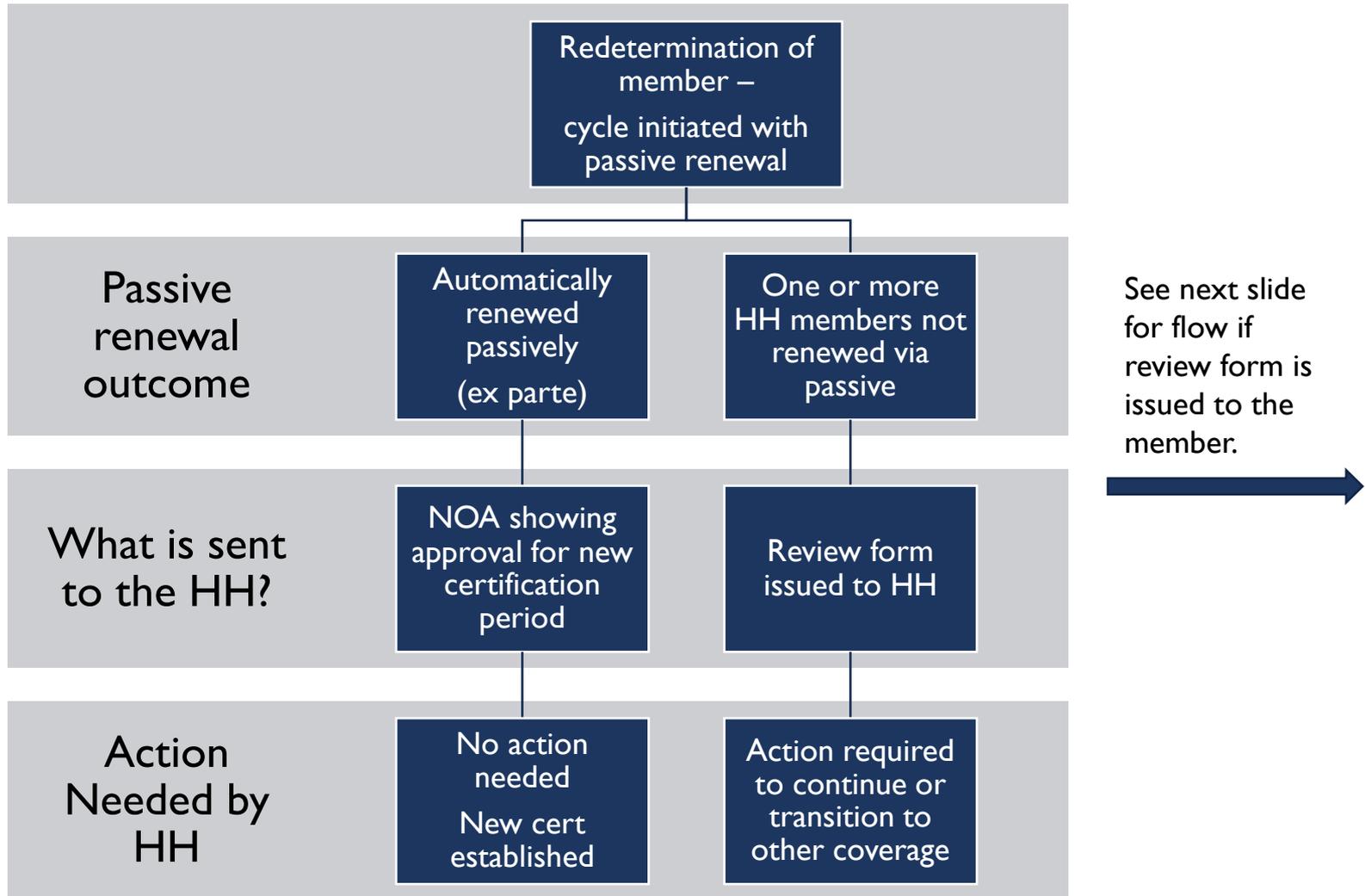
Note: Phases Blue, Red, and Yellow all occur during Iowa's full 12-month unwinding period but are different for each member based on their scheduled renewal month.

Communications Materials

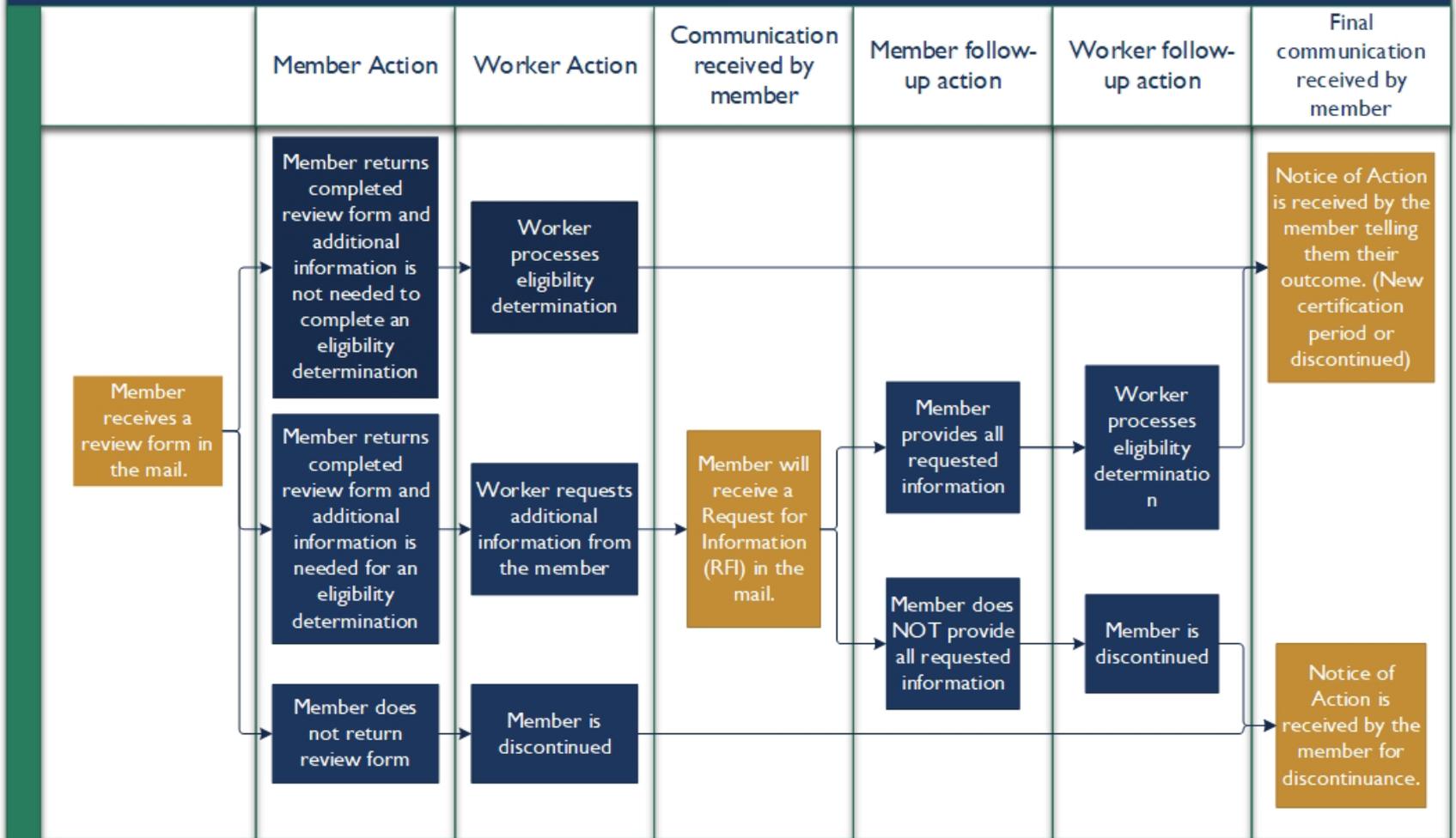


- Iowa Medicaid will utilize the following resources:
 - Leverage MCOs, stakeholders and other partners for help in critical messages
 - One-page stakeholder guide & contacts
 - Social media messaging and reminders
 - Training Member Services on the phased communications plan
 - Frequently Asked Questions
 - 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



Member Action and Communication for Review Forms



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	<p>President Biden signs Consolidated Appropriations Act into law, which de-links the continuous coverage requirement from the end of the PHE</p>	<p>Continue to maintain Medicaid for all enrollees while planning for 12-month unwinding period.</p>	<p>Last month of continuous coverage requirement.</p> <p>6.2% enhanced federal match is decreased to 5%.</p>	<p>Begin returning to normal Medicaid operational processes.</p>	<p>Enhanced federal match rate incrementally decreases:</p> <ul style="list-style-type: none"> • 5% effective April 2023 • 2.5% effective July 2023 • 1.5% effective Oct 2023 • No match starting Jan 2024
Eligibility Renewals	<p>Continue:</p> <ul style="list-style-type: none"> • Ex parte renewals • Attempting renewal when acting on change in circumstances • Attempting renewals when completing SNAP recertifications <p>Finalization of redistribution of renewals</p> <p>Development of eligibility staff training for unwinding period</p>	<p>Begin ex parte process for renewals that may result in a discontinuance after continuous coverage requirement ends.</p> <p>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).</p>	<p>Most review forms will be received by households (whose renewal is due in the trigger/kick-off month).</p> <p>Iowa Medicaid will start to receive some completed renewal forms back.</p>	<p>Review forms (for those with a renewal in the trigger/kick-off month) are due on the 5th of this month.</p> <p>First discontinuances will occur this month for coverage effective the following month.</p>	<p>Renewal cycle continues each month for members with upcoming renewals.</p> <p>Monitoring and adjusting redistribution of renewals based on CMS guidelines.</p>
Communication	<p>Stakeholder outreach and toolkit development.</p> <p>Continue Phase I of communication plan. Campaign for updated contact information from members and initiate Phase II of the communication plan.</p>		<p>Phase III begins. Ensure members complete their renewal and provide requested information for accurate eligibility determinations.</p>	<p>Continue to focus on members completing renewals and initiate Phase IV of communication plan for those that are found ineligible for Medicaid.</p>	<p>Continue implementation of Phase III and IV of communication plan until all unwinding activities are complete for the 12-month unwinding period.</p>

Unwind: Helpful Tips for Discontinued Members

- Assistance in enrolling at [healthcare.gov](https://www.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 SHIP/ID for help and information
 - [Find a SHIP Counselor | SHIP-SMP \(iowa.gov\)](#)