Overview of the Unwind

- Two Big Pieces
  - Continuous Coverage
  - Public Health Emergency

- Unwinding Flexibilities

- Opportunities

- Questions
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](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**
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.
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
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
Other Flexibilities and End Dates
The PHE ends May 11, 2023

- Pharmacy
  May 11, 2023

- COVID-19 Testing Group
  May 11, 2023

- Iowa Health and Wellness Plan
  June 2023

- Medicaid for Employed People with Disabilities (MEPD)
  June 2024

- Hawki
  June 2024

- Dental Wellness Plan (DWP)
  Permanently Discontinued

The PHE ends May 11, 2023.
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:
  
  - Feedback from subject matter experts (SME)
  - Feedback from MCOs & stakeholders
  - Codes made available before and during the pandemic
  - Compared to other insurance plans outside Medicaid
  - Usage of codes
  - If the same level of care could be provided virtually
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 these links:

2. Informational Letter can be found at:
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
Site of Service Differential

1. Prior to the PHE, Iowa HHS was required to adjust the Iowa Medicaid reimbursement rates for physician 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) 1815

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

4. Iowa Medicaid is still considering if the SoS Differential will be reinstated after the PHE ends

5. Iowa Medicaid wants to hear from you regarding SoS: ime_telehealth@dhs.state.ia.us
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.

**Distance Sites**

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

Iowa Medicaid is working on guidance for providers concerning these issues.
Several Informational Letters have been provided regarding Telehealth:
https://secureapp.dhs.state.ia.us/IMPA/Information/Bulletins.aspx

Provider Frequently Asked Questions regarding Teleheath has been posted page on the Iowa Medicaid Teleheath website:
https://dhs.iowa.gov/ime/providers/faqs/covid19/telehealth

Documents from today's townhall:
https://hhs.iowa.gov/ime/about/advisory-groups/townhall
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 (Children & Adults)

**Medical Daycare**
Modify policy to allow for Medical Day Care for Children and Adult Day Care in the home for some 1915(c) waivers
Communications Throughout the Public Health Emergency

Four Major Goals

- Updating Contact Information
- Preparing for the renewal process
- Communicating the renewal process
- Rerouting members to other means of health insurance
Types of Communications

Iowa Medicaid has used the following resources to communicate the 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 the Unwind Online

- Iowa Medicaid has put together an unwind dashboard to track the process.
Follow Iowa Medicaid on Social Media

@iamedicaid
Questions?