



# *Payment and Delivery Reform: Medicaid in the Time of COVID-19*

Recorded in May 2020 For On-Demand Access

# THE NACHC MISSION

## America's Voice for Community Health Care

The National Association of Community Health Centers (NACHC) was founded in 1971 to promote efficient, high quality, comprehensive health care that is accessible, culturally and linguistically competent, community directed, and patient centered for all.



# Webinar Information

This webinar presentation has been made available as a recording for access on demand.

## Having issues viewing or hearing the presentation?

- Double check the volume on your device and the application you are using to run the recording.

## For assistance:

- Contact the State Affairs team at [state@nachc.org](mailto:state@nachc.org)

# Project Supported by HRSA

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# Special Instructions

This is a part of NACHC's 3-part virtual peer learning opportunity on "Medicaid in the Time of COVID-19," provided as our year-end wrap-up to the 2019 Payment and Delivery Reform Summit.

PCAs/HCCNs are encouraged to view the pre-recorded webinars (Sessions 1 and 2) prior to the live virtual session (Session 3), which is designed for smaller cohorts to engage in peer-to-peer learning, share promising practices and lessons learned, leverage resources, and receive tailored T/TA from NACHC and other experts. Session recordings and materials are available at anytime using the link to Dropbox.

**After viewing/attending each session, please complete a 3-question evaluation to help us track utilization and usefulness.**

# Session 2

# COVID Emergency: Ensuring the Availability of Specific Medicaid Services

# Purpose

To focus on topics of interest during the COVID emergency related to:

- Non-emergency medical transportation (NEMT)
- Maternal services
- Pediatric vaccine administration
- Dental services

# Facilitators

**Mary Cieslicki, MHS**

*Moderated by*

**Bethany Hamilton, Esq.**

**Kate Friedman**

of NACHC State Affairs

([state@nachc.org](mailto:state@nachc.org))



# COVID Emergency: Ensuring the Availability of Specific Medicaid Services

*Presented by*  
**Mary Cieslicki**

# Agenda for Today:

- **NEMT** - authorities and NACHC recommendations
- **Maternal services** - background, FQHCs' role, promoting access
- **Pediatric vaccine administration** - background, FQHCs' role, recommendations
- **Dental Services** - background, recommended next steps

**Resources** - We will provide the links to key information on [Medicaid.gov](https://www.Medicaid.gov) and ways to reach out to us here at NACHC.

# Non-emergency medical transportation (NEMT)

## Authorities & Recommendations

[www.nachc.org](http://www.nachc.org)

# NEMT – Medicaid Authorities

- A state must adhere to the regulations at 42 CFR 431.53 Assurance of transportation which specifies that the state Medicaid agency will ensure “necessary transportation to and from providers” and describe in the Medicaid state plan “the methods that the agency will use to meet this requirement.”
- The regulations at 42 CFR 440.170 specifies what may be included as a transportation expense, and how NEMT may be delivered. Methods include NEMT delivered directly by the state, through a broker program and, under contract with individuals or entities that meet certain requirements specified in regulation.

# NEMT – Recommendations

- **Review the Medicaid state plan** to understand how your state makes operational the NEMT assurance requirement
- **Obtain written directions or a link to directions from the state** on how Medicaid beneficiaries can access NEMT
- **Post Medicaid NEMT information** on your FQHC website
- **Work cooperatively with your state** to resolve NEMT access issues for FQHC users
- **Monitor state proposals** to waive NEMT through 1115 waiver demonstrations, and section 1135 COVID Emergency state plan amendments
- **Work with your state to determine NEMT flexibilities** it would be willing to offer through an 1115(a) waiver demonstration and/or section 1135 Medicaid Disaster Relief for the COVID-19 National Emergency State Plan Amendment

# Maternal Services

**Background,  
FQHC Role, &  
Recommendations**

[www.nachc.org](http://www.nachc.org)

# Maternal Services – Background

- Approximately **700** women die annually from pregnancy or related complications
- At least **50,000** women experience potentially life threatening complications
- Rates of preterm and low birthweight infants have **risen**

*Source: CDC 2020; Creanga et al. 2014; Kozhimannil et al. 2019; Martin et al. 2019; Petersen et al. 2019*

# Maternal Services – Background, Medicaid Eligibility and Benefits

- **All states must** provide Medicaid coverage for **pregnant women** with incomes **at or below 133 percent** of the federal poverty level (FPL)
- Under statute, coverage extends **60 days postpartum**
- **Usually**, pregnant women can receive **all Medicaid services**



# Maternal Services – FQHCs Role

In 2018, **74%** of FQHC patients had early entry into prenatal care; **69%** of these had their first visit with a FQHC.

# Maternal Services – Recommendations

- **Work peer-to-peer to enhance knowledge** of successful coverage and payment models, especially during the COVID emergency
- **Identify needs that could be met using flexibilities** offered through **1115(a)** waiver demonstration and section **1135 emergency SPA authorities** (see links to Medicaid.gov in Resources)
- **Identify gaps in payment** (for example, non payment or reduced payment for group prenatal education classes) then working with your state to assure full payment at least during the COVID emergency
- **Assure that FQHC attending physicians are paid the higher of the Physician Services rate or FQHC encounter rate for deliveries**
- **Identify all data** that documents achievement of quality measures
- **Work with your state to develop quality incentive payments** for maternal care and paid under an alternative payment methodology (APM)

# Pediatric Vaccine Administration

## Background & Recommendations

[www.nachc.org](http://www.nachc.org)

# Pediatric Vaccine Administration – Background

Free vaccines offered through the CDC's Vaccines for Children (VFC) Program to children ages 18 years or younger who meet at least one of the following requirements:

- American Indian or Alaska Native
- Medicaid-eligible
- Uninsured
- Underinsured\*

**Health care providers may charge other fees related to the visit, such as:**

- Giving a shot (vaccine administration)
- Office visit
- Non-vaccine services, like an eye exam or blood test

**\* For uninsured and underinsured children enrolled in VFC, the parents are billed for the administration fee. The administration fee varies by state.**

# Pediatric Vaccine Administration – FQHC Role

- FQHCs are paid for pediatric vaccine administration usually paid as part of the PPS encounter rate payment; NACHC recommends that vaccine-only visits always be paid the PPS rate
- NACHC recommends cooperating with your state to determine how pediatric vaccine administration can be provided at temporary or mobile sites during the COVID emergency

# Dental Services – Children and Adults

## Background & Recommendations

[www.nachc.org](http://www.nachc.org)

# Dental Services – Children and Adults

Medicaid covers dental services for all child enrollees as part of a comprehensive set of benefits, referred to as the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit.

- Dental services for children must minimally include:
- Relief of pain and infections
- Restoration of teeth
- Maintenance of dental health

## Dental Benefits for Adults in Medicaid

- States have flexibility to determine what dental benefits are provided to adult Medicaid enrollees. While most states provide at least emergency dental services for adults, less than half of the states currently provide comprehensive dental care. There are no minimum requirements for adult dental coverage.

# Dental Services – Recommendations

- Understanding the scope of the impact of the COVID emergency on your FQHC by reviewing billing and clinic data
- Identifying perceived barriers to care
- Reviewing oral health initiative(s ) currently in place in your state to make sure your FQHC is fully benefitting
- Reviewing state initiatives and new challenges posed by the COVID emergency
- Becoming familiar with other states' initiatives by reviewing models presented in *Keep Kids Smiling: Promoting Oral Health Through the Medicaid Benefit for Children & Adolescents*\*

\*Source: <https://www.medicaid.gov/sites/default/files/2019-12/keep-kids-smiling.pdf>



# Sample Language for State Directed Managed Care Payment

# Sample Language for State Directed Managed Care Payment

## Proposal Overview

- The state is directing and contractually requiring their managed care plans to pay additional monthly retainer payments to all FQHCs in an amount no less than one-twelfth of the total capitated payment made to each FQHC during the last state fiscal year (SFY) prior to the COVID-19 emergency. This monthly state directed payment will be made as a lump sum amount by the 15<sup>th</sup> of each month, without regard to current utilization by Medicaid and CHIP beneficiaries. a FQHC will not receive more in the aggregate from the state directed payment than (define the payment ceiling here). The state also requires the managed care plans to offer this monthly retainer payment to all FQHCs in the state that participate in managed care.

# Sample language for state directed managed care payment (continued)

## State Objectives

- The state seeks to ensure that all Medicaid managed care enrollees will continue to have timely access to the primary care services FQHCs offer, thereby reducing cost associated with institutional care.
- The state seeks to assure that FQHCs currently experiencing reduced visit volume will be able to continue to sustain operations until the need for social distancing due to the COVID-9 emergency ends and visit volume returns to more normal levels.

# Sample language for state directed managed care payment (continued)

## Type of Payment Arrangement

- Monthly lump sum payment that will vary by FQHC according to (link this to the above explanation about how the amount will be determined).

## Targeted Provider Class

- All in-state FQHCs

# Tip: Understand the FMAPs

States' budgets are under extreme strain due to COVID-19. Think about the FMAPs.

When developing an enhanced payment proposal NACHC recommends that PCAs **attempt to estimate the total cost, including the federal and non federal share.**

We also recommend **identifying, if possible, the portion of total cost that could be matched at a higher federal medical assistance percentage due to COVID.** For example, the FMAP for services provided to an individual enrolled in the COVID-19 testing group is 100 percent.

# Resources from CMS

- Federal policy guidance on Medicaid.gov and links to State Medicaid Director Letters: <https://www.medicaid.gov/federal-policy-guidance/index.html>
- CMS Disaster Response Toolkit – 1135 SPA template: <https://www.medicaid.gov/resources-for-states/disaster-response-toolkit/state-plan-flexibilities/index.html>
- COVID Emergency SPA Template: <https://www.medicaid.gov/resources-for-states/disaster-response-toolkit/state-plan-flexibilities/index.html>
- on allowed 1135 waiver provisions: <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/Downloads/CMS-Presentation-1135-Waivers.pdf>
- Maternal and Infant Health: <https://www.medicaid.gov/medicaid/quality-of-care/improvement-initiatives/maternal-infant-health-care-quality/index.html>
- Vaccines for Children Program: <https://www.medicaid.gov/medicaid/quality-of-care/quality-improvement-initiatives/quality-of-care-vaccines/index.html>
- Dental Care: <https://www.medicaid.gov/medicaid/benefits/dental-care/index.html>
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## “Medicaid in COVID-19” Toolkit in Dropbox

- Toolkit contains recordings of virtual sessions and guidance documents.

## Direct Technical Assistance

- NACHC State Affairs and Facilitators are available to assist with policy proposals. Email us at [state@nachc.org](mailto:state@nachc.org) to start your inquiry.

## Noddlepod Discussion Platform

- Online discussion platform where staff from NACHC, PCAs, HCCNs, and health centers frequently post questions and share information. Email [shansen@nachc.org](mailto:shansen@nachc.org) for access.

# NACHC Toolkit & Support

For general questions or comments, contact [state@nachc.org](mailto:state@nachc.org).

# Evaluate this Resource

Please complete a 3-question evaluation to help us track utilization and usefulness.

See the evaluation link in the announcement or go to <https://bit.ly/2WUIVei>.



# THANK YOU

We look forward to your engagement in Session 2 (pre-recorded) and Session 3 (live peer-to-peer) of the “Medicaid in COVID-19” virtual learning opportunities.

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Please visit our website [www.healthcenterinfo.org](http://www.healthcenterinfo.org)



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