



NATIONAL ASSOCIATION OF
Community Health Centers®



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.



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Webinar Information

This live P2P session is being a **recorded for access on demand** by your peers at PCAs and HCCNs. Please feel free to have an open discussion and share the link to the recordings.

This is a HRSA funded activity. **Help us track PCA/HCCN attendance by completing the brief evaluation.**

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)

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) as well as 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.

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

Objectives Today

- **Overview of payment options and services during and after COVID-19**
- **Peer to Peer discussion with PCAs, HCCNs, and others, with Mary Cieslicki and Roger Schwartz available to answer questions**

Resources

- [Session 1: COVID-19 Emergency Enhanced Medicaid FQHC Payment Options Slides](#)
- [Session 2: COVID-19 Emergency Specific Medicaid Services Slides](#)
- [Q&A for Session 1 COVID-19 Emergency Enhanced Medicaid FQHC Payment Options](#)
- [Recordings and evaluation links](#)

EXPERTS

Mary Cieslicki, MHS

Roger Schwartz, Esq.

Medicaid in the Time of COVID-19

OVERVIEW

COVID Emergency Enhanced Medicaid FQHC Payment Options

Medicaid in the Time of COVID-19

Purpose

To promote additional awareness and peer learning regarding options for enhanced **Medicaid fee for service (FFS)** and **managed care payment** available to states for FQHC services provided during the COVID-19 public health emergency.

Medicaid FFS authorities during the COVID emergency

Medicaid FFS Payment Options for FQHC Services – Questions & Answers

Can FQHCs or selected health centers within a state receive higher payment?

Yes, in the SPA template CMS indicates that “FFS rate changes may be targeted to certain providers.” Note that prior to the issuance of the emergency SPA template states already had the ability to target payment to certain FQHCs with respect to the amount paid for each encounter and supplemental payments. NACHC assumes that after the emergency ends states will retain this payment flexibility.

Medicaid FFS Payment Options for FQHC Services – Questions & Answers

What options does a state have when raising rates?

CMS indicates in the SPA template that “FFS rate changes may be made by adding supplemental payment or modifying the existing payment rate.” Applying this guidance to FQHC payment, a state may increase the amount paid for each FQHC encounter or pay a lump sum amount in addition to the PPS rate paid for each encounter. There would be no need to reconcile the supplemental payment to the PPS rate since payment in-total, including the encounter rate plus the supplemental amount, is at least PPS. But, PCAs and FQHCs are advised to be sure, or make their best efforts to insure, that the State 1135 application does not provide for such a repayment. Put another way, these funds should be in addition to FQHC reimbursement.

Medicaid managed care authorities during the COVID emergency

FQHC Managed Care – Questions and Answers

What options are available to states to pay higher amounts to FQHCs?

The federal Medicaid regulations at 42 CFR 438.6(c) allow states to implement payment arrangements that direct expenditures under Medicaid managed care contracts. These arrangements are known as *state directed payments* that act as supplemental payments made in addition to capitation. States have the flexibility to determine the amount and frequency of payment. The use of state directed payments is among the options for enhancing managed care payment enumerated in a recent informational bulletin issued by CMS.

FQHC Managed Care – Questions and Answers

Are there different types of state directed payments?

Yes, there are three types: (1) value-based purchasing, (2) multi-payer or Medicaid-specific delivery system reform or performance improvement initiatives; and **(3) adoption of specific types of parameters for provider payments for providers of a particular type of service under the contract, including minimum fee schedules, a uniform dollar or percentage increase, or maximum fee schedules.**

Which of these types of state directed payment does NACHC view as most helpful to FQHCs, especially during the COVID emergency?

NACHC suggests the third option would be most useful to FQHCs because it allows higher payment without placing an additional administrative burden on health centers that, we believe, is inherent to the other options. Note: CMS rules and guidance appear to require that in this state directed payment option, the payment would apply to all providers in the class (i.e. all FQHCs in the state).

FQHC Managed Care – Questions and Answers

Are there any other mechanisms for a FQHC to receive higher payment for services provided through managed care?

Yes, on **May 14, 2020**, CMS issued the informational bulletin *Medicaid Managed Care Options in Responding to COVID-19*, identifying the following options:

- **Adjusting managed care capitation rates** exclusively to reflect temporary increases in Medicaid fee-for-service (FFS) provider payment rates where an approved state directed payment requires plans to pay FFS rates;
- Requiring managed care plans to make certain **retainer payments** allowable under existing authorities **to certain habilitation and personal care providers to maintain provider capacity** and access to services; and
- **Utilizing state directed payments** to require managed care plans to temporarily enhance provider payment under the contract.

Resources from CMS

- CMS Disaster Response Toolkit – 1135 SPA template: <https://www.medicaid.gov/resources-for-states/disaster-response-toolkit/state-plan-flexibilities/index.html>
- Medicaid state plan: <https://www.medicaid.gov/medicaid/medicaid-state-plan-amendments/index.html>
- COVID Emergency SPA Template: <https://www.medicaid.gov/resources-for-states/disaster-response-toolkit/state-plan-flexibilities/index.html>
- 1135 waiver provisions: <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/Downloads/CMS-Presentation-1135-Waivers.pdf>
- State directed payment: <https://www.medicaid.gov/medicaid/managed-care/guidance/state-directed-payments/index.html>
- FMAP during the COVID emergency: <https://www.medicaid.gov/state-resource-center/downloads/covid-19-section-6008-CARES-faqs.pdf> and <https://www.medicaid.gov/state-resource-center/downloads/covid-19-section-6008-faqs.pdf>

OVERVIEW

COVID Emergency: Ensuring the Availability of Specific Medicaid Services

Medicaid in the Time of COVID-19

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

Maternal Services

Background & Recommendations

www.nachc.org



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 – 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



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

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>

Peer to Peer Discussion:

Questions
Concerns
Successes
Challenges
Tips

During and after COVID-19:

- Medicaid Payment Options
- Medicaid Services
- Other issues or needs, continued or emerging
- Perspectives or roles of HCCNs and PCAs
- State Medicaid Agencies
- Working with State Legislators
- Working with other health system providers
- Needed Support from NACHC

“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 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 for access.



NACHC Toolkit & Support

For general questions or comments, contact state@nachc.org.

Please complete a 3-question evaluation at <https://bit.ly/2B2HYt3> to help us track attendance and usefulness.

Click here for all [Recordings and evaluation links](#).

Evaluate this Resource

THANK YOU

We look forward to your continued engagement in “Medicaid in COVID-19” virtual learning opportunities.

ARE YOU LOOKING FOR RESOURCES?

Please visit our website www.healthcenterinfo.org



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