



All-State Medicaid and CHIP Call

May 3, 2022



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Agenda

- Medicaid Coverage and Reimbursement of Community Health Worker Services
- Proposed Rule – Medicare Special Enrollment Period to Coordinate with Termination of Medicaid Coverage
- Unwinding FAQs
- Open Mic Q and A

Community Health Workers

- Community Health Workers (CHW) are frontline public health workers who are trusted members of and have an understanding of the communities they serve.
- This enables a CHW to serve as a liaison or intermediary between health and social services and the community to facilitate access to services and improve health knowledge and self sufficiency for beneficiaries.

Community Health Workers

Continued

- CHWs are typically lay persons with knowledge of local health care systems, with cultural competency in the communities they serve.
- CHWs use a variety of titles, such as community health advisors, lay health advocates, outreach educators, community health representatives, peer health promoters, and peer health educators

Medicaid Coverage and Reimbursement of CHW Services

- Services of CHW may be covered and reimbursed under Medicaid in several different benefit categories, as long as the services they provide and the CHWs themselves meet the requirements of the respective benefit category.
- Some examples of CHW services may include:
 - Health promotion
 - Health coaching
 - Health system navigation and resource coordination services

Preventive Services

- Authorized under section 1905(a)(13) of the Social Security Act and implementing regulations at 42 CFR 440.130(c).
- Preventive services must be recommended by a physician or other licensed practitioner of the healing arts acting within the scope of authorized practice under state law to:
 - Prevent disease, disability, and other health conditions or their progression;
 - Prolong life; and
 - Promote physical and mental health and efficiency

Services of Other Licensed Practitioners

- Authorized under section 1905(a)(6) of the Social Security Act and implementing regulations at 42 CFR 440.60.
- Medical care or any other type of remedial care, other than physicians' services, provided by licensed practitioners within the scope of practice as defined under state law.
- Unlicensed practitioners working under the supervision of a licensed practitioner may also be included and described in the state plan.

Physician Services

- Authorized under section 1905(a)(5) of the Social Security Act and implementing regulations at 42 CFR 440.50.
- Services within the scope of practice of medicine or osteopathy, as defined in state law
- Unlicensed practitioners working under the personal supervision of a physician licensed under state law to practice medicine may be covered under the physician services benefit
- CMS would not expect to see practitioners or services provided by or under the supervision of the physician listed on the state plan page.

Rehabilitative Services

- Authorized under section 1905(a)(13) of the Social Security Act and implementing regulations at 42 CFR 440.130(d).
- Rehabilitative services includes any medical or remedial services recommended by a physician or other licensed practitioner of the healing arts, within the scope of practice under state law, for maximum reduction of physical or mental disability and restoration of a beneficiary to his or her best possible functional level.

Fee-for-Service Payment

- States have the same flexibilities to pay for services provided by enrolled CHWs as they do for other providers within the Medicaid program.
- Payments to CHWs must be consistent with economy and efficiency and ensure quality and access to care.
- States must have state plan methods that comprehensively describe how states pay for CHW services within the approved Medicaid state plan.

Medicaid Managed Care

- States must ensure that their managed care plans comply with 42 CFR 438.12, which prohibits provider discrimination and follow their written policies and procedures for the selection and retention of network providers, as specified in 42 CFR 438.214.
- States and managed care plans can also design and implement managed care payment strategies to encourage managed care plans to consider specific CHW initiatives, such as:
 - States can create pay-for-performance incentive arrangements for Medicaid managed care plans, subject to the requirements in 42 CFR 438.6(b)(2), to incentivize specific CHW activities or CHW contracting.
 - States can also utilize Medicaid managed care state directed payments under 42 CFR 438.6(c) to contractually require that managed care plans implement specific payment arrangements with CHWs to better support state goals and objectives.

Medicare Proposed Rule

- Medicare Program; Implementing Certain Provisions of the Consolidated Appropriations Act, 2021 and Other Revisions to Medicare Enrollment and Eligibility Rules
- The proposed rule is available here:
<https://www.federalregister.gov/documents/2022/04/27/2022-08903/medicare-program-implementing-certain-provisions-of-the-consolidated-appropriations-act-2021-and>

State Unwinding Q&As

- 1. Medicare Special Enrollment Period for Unwinding:** Is a Medicare Special Enrollment Period available for Medicaid beneficiaries who became eligible for Medicare during the PHE but who did not enroll in Medicare during their initial enrollment period?
- 2. Medicare Enrollment Delay:** May states delay a redetermination of eligibility for such beneficiaries until the next Medicare general enrollment period, which runs January 1 – March 31, 2023?
- 3. Disregarding Assets for Non-MAGI Beneficiaries During Unwinding:** Some states submitted disaster SPAs disregarding assets for non-MAGI beneficiaries during the PHE. Can a state continue to disregard these assets for non-MAGI beneficiaries after the PHE ends?
- 4. Moving Beneficiaries to Different Categories:** What are best practices for moving enrollees to different categorical levels?
- 5. Enhanced FMAP Extension:** Will the enhanced FMAP be extended beyond the end of the PHE to help provide more financial support for states during the unwinding process?

State Unwinding Q&As (cont'd)

6. **Fair Hearings 1902(e)(14) Waiver:** Can CMS provide additional details on the 1902(e)(14) fair hearings flexibility? If states elect the waiver flexibility, can they retain their typical time periods under which a member needs to request a fair hearing to have benefits continued pending a decision? Can states elect to change that initial period to request a fair hearing through the (e)(14) waiver?
7. **1902(e)(14) Waiver for CHIP:** Do the (e)(14) authorities also apply to CHIP?
8. **Provider Hearings:** How does CMS define “provider hearings?” Do they fall under Medicaid’s umbrella for purposes of e(14) waivers, or will these be considered as distinct from fair hearings for members?

State Unwinding Q&As (cont'd)

9. **Change in Circumstances:** Can CMS provide additional information on change of circumstances and renewals, specifically clarifying when a state may act on a known change in circumstances during the post-PHE redetermination period?

10. **Adverse Action:** Can CMS confirm that 'adverse action' (SHO# 22-001 p. 12) does not refer to any movement within a Tier as defined in the November 2020 regulation "Additional Policy and Regulatory Revisions in Response to the COVID-19 Public Health Emergency"?

Questions

