



Skilled Nursing Facilities

Nursing Facility Renovation Funding

- ✓ The General Assembly has historically appropriated Rebuilding Iowa Infrastructure Fund funding for renovation of older nursing facilities and those caring for high numbers of Iowans on Medicaid. These facilities typically have limited access to capital. Renovation of aging facilities is vital to meeting evolving regulatory and quality improvement requirements. Since its inception, this funding has helped leverage over \$100 million in capital investment in many rural and high-Medicaid Iowa nursing homes.

In 2021, the Senate Appropriations Committee put \$500,000 in the Transportation, Infrastructure, and Capitals (RIIF) Budget bill for facility renovations. The House included \$800,000 for the same purposes but elected to include the appropriation in their Health and Human Services (HHS) budget bill instead of the RIIF bill. In the end, the two chambers agreed on an \$800,000 appropriation for infrastructure funds to go towards nursing facility improvement projects from the HHS budget.

POSITION: To help rural and high-Medicaid nursing homes remain compliant with state and federal regulations and continue providing quality care, IHCA requests an \$800,000 appropriation from the Health and Human Services budget.

Certificate of Need

- ✓ Iowa's Health Facilities Council, the five-panel council that votes to approve or deny applications for expansion or new institutional health care facilities, has historically prevented over-construction of expensive health care facilities (hospitals and nursing facilities) by applying an objective test to each application it reviews. This has helped keep health care cost increases in check by reducing duplication in services across the state. However, each year the legislature is presented with proposals that would weaken Iowa's current Certificate of Need system. Weakening the requirements for a Certificate of Need, particularly the project cost threshold, would allow new classes of providers to "cherry-pick" patients/residents from higher reimbursement categories, and tilt the playing field against providers required to seek Certificate of Need approval.

POSITION: IHCA opposes any legislative measures that would weaken or eliminate the Certificate of Need process for nursing facilities.

Assisted Living Programs

Assisted Living Social Model Foundation

- ✓ As elderly Iowans begin transitioning to home and service models such as assisted living and nursing facility care, it is important that these services are provided in settings that prioritize social well-being, quality care and high patient satisfaction. ICAL advocates for assisted living tenants to make personal choices regarding how to live and supports state initiatives that promote or enhance this practice.

POSITION: ICAL advocates for the continued support of the assisted living program social model foundation.

Certificate of Need

- ✓ ICAL supports continuation of free market opportunities allowing assisted living program construction unrestricted by additional state oversight and opposes the establishment of a Certificate of Need process for assisted living development. Unlike nursing facilities, assisted living communities in Iowa are predominately driven by the private market. Ninety percent of assisted living residents are private pay, meaning they are unsupported by state and federal waiver programs.

POSITION: Since the assisted living sector exists today as a primarily free market piece of the health care continuum, ICAL opposes the establishment of a Certificate of Need process for assisted living development.

Home Health Agencies

Telehealth

- ✓ Prior to the COVID-19 public health emergency, Medicare and Medicaid reimbursement for telehealth services were limited and subject to multiple restrictions. Throughout the ongoing pandemic, many states prioritized telehealth services, making them more widely accessible, granting more beneficiaries access to services from home, accepting new providers offering telehealth services, and expanding coverage to telehealth during the crisis. As state and federal regulators began authorizing emergency measures to further telehealth benefits, home health care providers played a critical role in broadening these services to beneficiaries.

In the spring of 2021, Iowa's Governor signed into law legislation that permits payment parity for mental health services provided via telehealth. Continued expansion, integration, and improvement of telehealth services in Iowa remain critical to home health care providers and the Iowans they serve who wish to remain at home. Not only does expansion of telehealth services create efficiencies all over the state (especially in rural areas), but it helps providers who are currently facing staffing shortages at levels never experienced before.

POSITION: ICHC supports state and federal legislative measures that allow for greater telehealth flexibility, permit coverage and payment for more telehealth services, and expand the number of in-network telehealth providers.

All Provider Issues

Medicaid Managed Care

- ✓ Currently, Iowa holds contracts with two Managed Care Organizations (MCOs). These insurance companies are meant to assist with the impact of increased enrollment on the state's budget and create greater predictability of Medicaid costs. Five years post implementation of the managed care model, progress has been made, yet the need remains for providers to have the capability to access managed care networks and sustain predictability in claims timeliness and accuracy.

Access to the MCO network as well as timely and accurate payment of Medicaid claims are essential to providing long-term care services to Iowans who depend upon the Medicaid system. MCO system

errors result in delayed reimbursement and create problems for providers already operating on thin margins.

POSITION: IHCA, ICAL and ICHC support the following Medicaid managed care reform options, which will allow Medicaid-enrolled providers to participate as a network provider with their choice of MCOs and create MCO accountability requirements that support prompt and accurate claims payment.

Managed Care Reform Options:

- ***Medicaid Streamlined Processes and Oversight-*** MCOs shall process and pay claims according to the following timelines: 90% of clean claims, individually for each provider group, shall be accurately paid or denied within 14 calendar days; 95% of clean claims, individually for each provider group, shall be accurately paid or denied within 21 calendar days; and 100% of clean claims, individually for each provider group, shall be accurately paid or denied within 30 calendar days. As updates to provider rates become transmitted to the MCOs, they have 30 calendar days from receipt to accurately input the new rate into their systems and reprocess and pay those affected claims to providers.

MCOs shall provide Medicaid participating providers with the functionality to submit and track all claims, claim disputes, claim reconsiderations, and appeals on the MCO's website to facilitate participation in an open and shared provider record.

- ✓ ***Uniform Authorization and Medicaid Credentialing Provisions-*** Require all MCOs to apply uniform authorization criteria, accept verified information from a single credentialing verification organization, and approve any provider into their network that's not experiencing adverse care quality issues, who meets all applicable Plan credentialing requirements, standards of participation, and accreditation requirements for the Networks and agrees to accept a fee schedule, payment, or reimbursement rate for such network in the specific geographic area of the licensed or certified health care provider.

POSITION: IHCA, ICAL and ICHC support allowing Medicaid-enrolled providers to serve as a network provider with the MCOs they choose and MCO accountability requirements that support prompt and accurate claims payment.

Workforce

- ✓ The need for long-term care professionals has never been greater, as Iowa's population continues to age and the need for care grows. Workforce is a critical component to providing long-term care to Iowans. The quality of care provided is intrinsically linked to the quality of the profession's workforce. At the same time, there has never been a more challenging time for recruiting and retaining a skilled workforce. Unemployment rates in Iowa have remained consistently low and are among the lowest in the country, making it difficult to fill open positions. Providers are continually burdened by an inadequate pool of trained health care providers to meet the demands of the patients they serve every day.

POSITION: IHCA, ICAL and ICHC support public policies that support workforce development and retention to Iowa's health care field.