


Healthcare

Reshaping Medicaid: A Post-COVID-19 Strategy

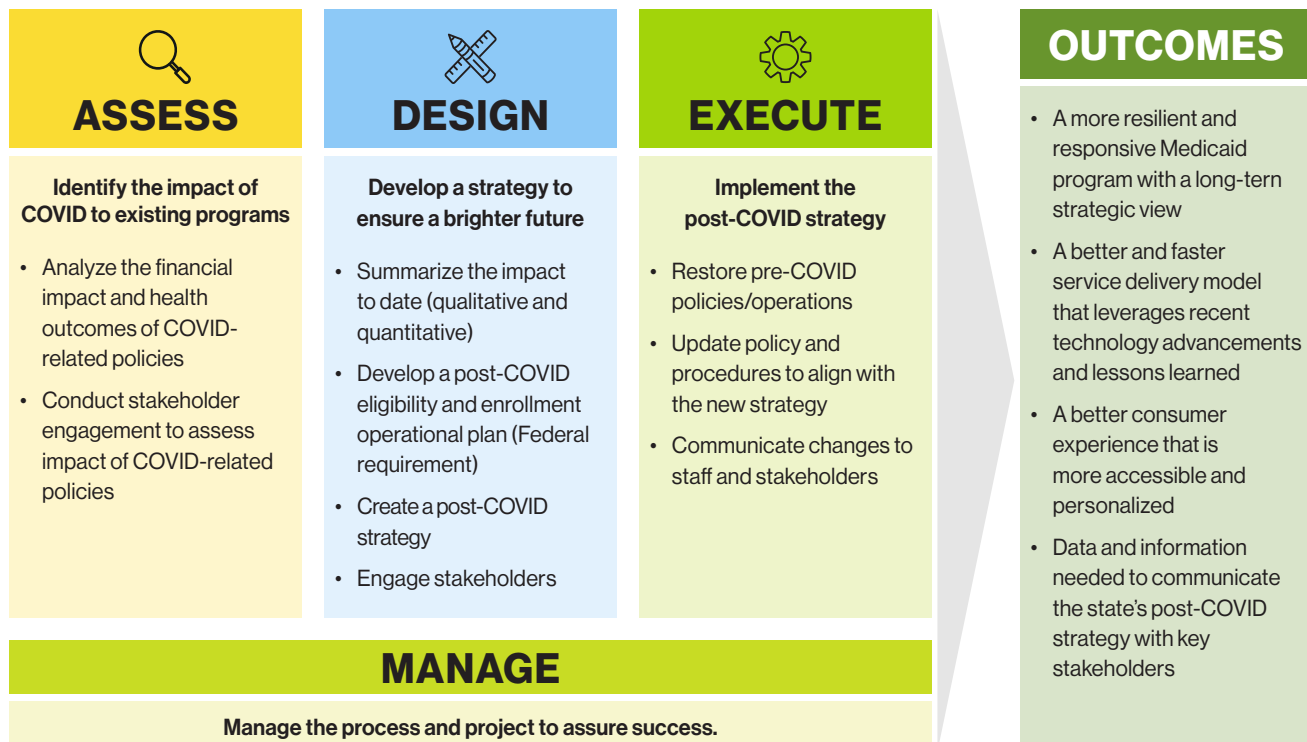
The COVID-19 pandemic forces us to re-think all foundational components of Medicaid – everything from enrollment and eligibility redeterminations to in-person care delivery, care coordination, and home and community-based services.

As we begin to see a dimming light at the end of the tunnel, “business as usual” will likely look a little different for Medicaid programs. Transitioning out of the public health emergency provides an opportunity for state leaders to re-examine existing business practices and consider making permanent the solutions tested during the COVID-19 pandemic that may offer improvements in quality, costs and access to care.

Create a Deliberate and Thoughtful Strategy

As state legislators convene and enact agency budgets by May 2021, they are asking questions about how Medicaid will look different and become more resilient to address the many unmet needs of their populations. CMS already issued guidance to states on planning for resumption of “normal” state operations, and the Biden administration is expected to offer additional guidance. States should evaluate the benefit of maintaining certain temporary regulations (e.g., telehealth) and coverage options as part of a broader post-COVID-19 strategy.

Roadmap for a Post-COVID-19 Strategy



Consider the following key questions when designing a post-COVID-19 strategy for a more resilient and responsive Medicaid program

Area	Key Questions for State Leaders
Eligibility and Enrollment	<ul style="list-style-type: none"> • What is the financial impact to change covered populations? • What is the state's plan to sunset emergency eligibility and enrollment policies? • How will the state develop and meet targets identified in the Post-COVID-19 Eligibility and Enrollment Operational Plan as established by CMS?
Provider Rates & Taxes	<ul style="list-style-type: none"> • What was the impact of provider rates on provider capacity? • What are the implications of the decreased federal medical assistance percentage (FMAP) after the end of the public health emergency? • How will future rate adjustments impact Medicaid's delivery network and state budget? • How did providers use any additional funds from the Federal government? • What are the lasting effects of COVID-19 on the demand for health care and provider rates?
Benefits	<ul style="list-style-type: none"> • How did the quality of care, utilization of services, and costs change under COVID-19? What is the anticipated growth as services open? How should the state revise its programs to meet the expected level of service utilization, especially for behavioral health? • How successful were any pharmacy program cost containment strategies implemented by the state or MCOs? • What value add and/or in-lieu of services may be required going forward to address economic impacts of the pandemic that diminish health outcomes?
Telehealth	<ul style="list-style-type: none"> • How did telehealth utilization change during COVID-19? • How adequate are telehealth reimbursement rates and will they promote future use when medically appropriate? • How can the state expand the use of telehealth to other healthcare settings (e.g., behavioral health services in nursing homes) and be delivered by different types of providers? To what extent were members able to have consistent access to services through telehealth? • How will the state promote equity access to telehealth services? • What is the anticipated impact on transportation utilization if telehealth flexibilities are made permanent?
Delivery System & Social Determinants of Health (SDoH)	<ul style="list-style-type: none"> • How does the state need to re-frame its SDoH strategy to: <ul style="list-style-type: none"> – Adjust MCO contracts to require stronger coordination on SDoH and public health services, – Monitor and manage MCO spending on SDoH, and – Use return on investment analyses to demonstrate impacts on quality and health? • How will the state set MCO capitation rates and risk corridors to account for critical incident events, such as a pandemic, in the future? • How can Medicaid better leverage alternative payment models and pay for performance requirements?

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Care Coordination	<ul style="list-style-type: none"> • How effective were MCOs' telephonic supports for members with chronic care needs? • What additional population health strategies are necessary for unmet care needs related to chronic conditions (e.g., heart disease, cancer screening, orthopaedic)?
Long-Term Services and Supports (LTSS)	<ul style="list-style-type: none"> • What is the future state of LTSS rebalancing efforts and use of skilled nursing facilities based on pandemic impacts? • What is the oversight and quality strategy for skilled nursing facilities (SNFs) going forward? What is the plan to safely transition long-term residents in the event of anticipated facility closures? • What were the outcomes of 1915(c) Appendix K provisions specific to: <ul style="list-style-type: none"> – Enrollment, – Service utilization, – Telemedical delivery of case management and HCBS, – Provider reimbursement and network adequacy, and – Critical incidents and clinical quality? • How will the state conduct required stakeholder engagement, especially if permanent modifications will be made to 1915(c) waivers?
Provider Licensure & Quality	<ul style="list-style-type: none"> • How will the state catch up on delayed provider licensure assessments? • Should the state update its provider licensure and certification standards based on issues identified during COVID-19? • What is the state's timeline to review provider quality reporting necessary for timely credentialing?

Ready to Reshape your Medicaid Strategy?

Guidehouse can help state leaders answer these questions to help reshape Medicaid into a more resilient model that meets the needs of unique Medicaid populations across the country. Guidehouse works with state leaders to assess, design, and execute post-COVID-19 strategies and operations. We can also work with state leaders to explore funding opportunities for our support, including using unobligated Title VI funds.

Contact us at [guidehouse.com/healthcare](https://www.guidehouse.com/healthcare) to schedule a conversation.



About Guidehouse

Guidehouse is a leading global provider of consulting services to the public and commercial markets with broad capabilities in management, technology, and risk consulting. We help clients address their toughest challenges and navigate significant regulatory pressures with a focus on transformational change, business resiliency, and technology-driven innovation. Across a range of advisory, consulting, outsourcing, and digital services, we create scalable, innovative solutions that prepare our clients for future growth and success. Headquartered in McLean, VA., the company has more than 8,000 professionals in over 50 locations globally. Guidehouse is a Veritas Capital portfolio company, led by seasoned professionals with proven and diverse expertise in traditional and emerging technologies, markets, and agenda-setting issues driving national and global economies. For more information, please visit: www.guidehouse.com.

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