

Medicaid Director's Office Updates

MCAC Meeting

September 21, 2023

Policy Updates

- **Genetic Testing**-Providers have requested coverage of rapid whole genome sequencing (rWGS) genetic testing for critically ill infants and children with an unknown diagnosis. WGS is currently a non-covered service with Medicaid.
 - We will be opening the following codes on November 1, 2023:
 - 81425 - *Genome (eg, unexplained constitutional or heritable disorder or syndrome); sequence analysis*
 - 81426 - *Genome (eg, unexplained constitutional or heritable disorder or syndrome); sequence analysis, each comparator genome (eg, parents, siblings)*
- **January 1, 2024 updates**
 - 12 months continuous coverage for children
 - Non-trad to traditional benefit change
 - State Chip program launches
 - State Chip information on [CHIP website](#)
 - [FAQ](#) linked to the site
 - 12 months postpartum coverage

Waiver Updates

- SB133- 12 months postpartum
 - CMS declined 1115 waiver request
 - Utah will pursue a full state plan benefit effective January 1, 2024
- Justice involved waiver - preparatory work
- In final discussions with CMS on

- In vitro fertilization
- Oncofertility - fertility preservation for individuals going through chemotherapy treatment
- UPP increase - increase reimbursement for children on UPP from \$120 to \$180 and will continue to have an additional \$20 if their insurance offers dental and if it doesn't, we cover dental through CHIP
- Medical respite care - provides up to 40 days per rolling calendar year of medical respite services to TAM eligible individuals who qualify for home health level of care and criteria for homelessness/at risk of homelessness

Other

Pharmacy Updates

-CMS has approved Utah's Value Based Purchasing SPA, retro April 2023. (see below)

-We are evaluating opening telephonic MTM (medication therapy management) codes to broaden access to MTM services. Proposed timeline January 1, 2024.

CMS' Rule on Quality Measures in Medicaid and CHIP- CMS has finalized rule to require reporting of standardized quality measures in Medicaid and CHIP. Specifically, this rule finalizes requirements for mandatory annual state reporting of three different quality measure sets starting in federal fiscal year 2024:

- Core Set of Children's Health Care Quality Measures for Medicaid and CHIP
- Behavioral health measures on the Core Set of Adult Health Care Quality Measures for Medicaid; and
- Core Sets of Health Home Quality Measures for Medicaid.

The purpose of the Child and Adult Core Sets is to measure the overall national quality of care for beneficiaries, monitor performance at the state level, and improve the quality of health care.

The purpose of the Health Home Core Sets is to measure the overall national quality of health home care for Medicaid beneficiaries, monitor the impact of this optional state plan benefit, monitor performance of this benefit at the state and program levels, and improve the quality of health care. States will be required to report stratified data for an increasing number of measures over time, with potential stratification factors including geography and race/ethnicity.

Unwinding Updates - Steps to address procedural terminations and call wait times

- Communication and media campaign
 - Using Children's coverage outreach funding, we are targeting families who need to complete a review to keep their coverage
 - Upcoming campaign tactics include:
 - Billboards
 - Social media posts/ads
 - Material distribution to community partners, including:
 - Rec centers, WIC, Food Banks, YMCA, Boys & Girls Clubs, Youth Sports Associations, Churches, Utah Chamber contacts, School Districts, Charter Schools
 - Radio ads
 - Direct mail
 - Community events
 - Created a toolkit of flyers in the following languages: Tongan, Samoan, Marshallese, Ukrainian, Dari, Pashto, Arabic, Somali, Swahili, Kinyarwanda, Spanish, English
 - These will be posted on the Unwinding webpage in the next week
- Education of front line staff
 - At medical offices and hospitals - ongoing
 - Pharmacists and pharmacy personnel - live continuing education in October
- Community Health Worker training - training mid-October
- DWS systems
 - Ex parte automation went live in early September
 - 13% of cases for October are reviewed through automated process
- DWS member resources to help assist with application renewal
 - Current webpage on [Post-Pandemic Medicaid Review](#) steps
 - Quick customer self help video helps will be posted to DWS website by September 30th. These will better support individuals in the self-service environment.
- CMS sent a [letter](#) to all State Medicaid Directors on August 30, 2023 reminding states of their obligations to conduct Medicaid renewals in accordance with all federal requirements. CMS had learned of systems and operational issues affecting multiple states, which resulted in eligible individuals being improperly disenrolled. States are making determinations and disenrolling individuals based on other

household members and not adhering to 42 CFR 435.416 and 457.343. CMS is expected to release state by state information on compliance with individual ex parte requirements. Utah is in compliance with this requirement.