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Understanding EPSDT:

Medicaid for Children in Colorado

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What is Medicaid?

- Title XIX of the Social Security Act
- Program which provides medical assistance for certain individuals and families with low incomes and resources

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What is Medicaid?

The program, known as Medicaid, became law in 1965 as a jointly funded cooperative venture between the Federal and State governments to assist States in the provision of adequate medical care to eligible needy persons

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Medicaid Funding

Currently, the federal government adds $1 to every $1 in the Colorado state Medicaid budget

In some poorer states they may add up to $1.50 for every state dollar budgeted

With that funding and within broad national guidelines which the Federal government provides…

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Medicaid

Each State:

- Establishes its own eligibility standards
- Determines the type, amount, duration, and scope of services
- Sets the rate of payment for services and
- Administers its own program

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Medicaid

Thus, the Medicaid program varies considerably from state to state, as well as within each state over time

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However, Children Are Different…

due to EPSDT

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What Is EPSDT?

- **Early and Periodic Screening, Diagnosis and Treatment**
- Federally mandated health care **benefit package**
  - Administered in partnership with each state
- For essentially **all** Medicaid enrolled children, ages birth through 20 years

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Why is EPSDT so Important?

- More than HALF of all Medicaid enrollees across the country are children
- EPSDT is designed to enhance primary care of children with emphasis on prevention, early diagnosis and timely treatment

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Why is EPSDT so Important?

- 19% of children in Colorado, or nearly one in five, is enrolled in Medicaid
- 30% of the births in Colorado are to parents who have Medicaid

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Why is EPSDT so Important?

- Children in Colorado who are enrolled in CHP *Plus* or who receive care through the Colorado Indigent Care Program (CICP) are not entitled to the comprehensive benefits as offered through Medicaid via EPSDT

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Is EPSDT Different From Medicaid?

Through EPSDT, each state's Medicaid plan must provide to any EPSDT recipient **any medically necessary health care service**, even if the service is not available under the State's Medicaid plan to the rest of the Medicaid population

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The EPSDT Benefit Consists of:

- Assuring availability and accessibility of required health care services and items

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Services

Not limited to:

- Well child checks
- Sick care visits
- Immunizations
- Dental visits
- Orthodontia for some children
- Lab testing and other diagnostic testing
- Transportation to medical appointment
- Home health care
- Durable medical equipment and supplies

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Why So Many Visits?

- Preventative care is important
- Intervals are set to allow physicians to assess each stage of a child's life
  - To look for children who may not be progressing as they should, and to offer referrals for follow up treatment as needed
    - Autism screening
    - Developmental screening
    - Depression screening

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Physical Health Periodicity Schedule

- 2-4 days after birth
  - if the child is discharged less than 48 hours after delivery
- By 1 month
- 2 months
- 4 months
- 6 months
- 9 months
- 12 months
- 15 months
- 18 months
- 24 months
- 30 months
- One a year between 3 years of age and 20 years of age

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Medicaid Transportation

- **What is NEMT?**
- Non-Emergent Medical Transportation (NEMT) is transportation to and/or from Medicaid
- medical appointments or services and is only available when a client has no other means of
- transportation. All transportation requests must be prior approved. The types of transportation available include:

- Mobility vehicles
- Wheelchair vans
- Ambulance
- Taxi
- Stretcher van

Private vehicle
Train
Plane
Reimbursement may be provided for gas, bus tokens and bus passes

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Medicaid Transportation

- Medicaid pays for transportation
- It must be the most cost effective method for meeting the client's medical need
  - A neighbor over a taxi voucher
- Contact your County for transportation arrangements.
- If you live in the following counties: Adams, Arapahoe, Boulder, Broomfield, Denver,Douglas, Jefferson, or Larimer, you must make your transportation arrangements through a broker at **1-855-CO4-NEMT(1-855-264-6368)**

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Medicaid Transportation

- **Is anything else covered under NEMT?**
- **For families traveling to Children's Hospital -**
- Meals and lodging may be covered under NEMT.
- Approval for meals and lodging will only be considered if the trip cannot be completed in one day.
- Medicaid may also pay for transportation, meals and lodging for an escort for at-risk adults or children.
- **Who is eligible?**
- · Most Medicaid clients with no other means of transportation qualify for NEMT services.
- · Clients under the following Medicaid programs do not qualify: QMB, SLMB, QI-1 and OAP-state only.

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Medicaid Transportation

What is <u>not covered</u> under NEMT?

- Transportation anywhere other than a Medicaid medical appointment or service with a
- Medicaid provider.
- Transportation to pick up prescriptions – exceptions for rural areas.

Is there a transportation program for non-medical appointments?

- Non-medical transportation may be covered if you are in a HCBS Waiver Program.
- Please call 303-866-3832 for additional information

For more information call: Customer Service:

- Outside Denver metro area – 1-800-221-3943

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Services: Behavioral Health Organizations (BHO)

Including mental and behavioral health through the following agencies:

- NE Behavioral Health
- CO Access Behavioral Care
- Foothills Behavioral Care
- Behavioral Healthcare Inc (BHI)
- CO Health Networks

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ABC Values-Priorities

- Consumer and family focus
  - Consumer navigators
  - Family resource coordinators
- Serving a heterogeneous population
  - Adults
    - SMI/SPMI
      - Schizophrenia, bipolar, etc
    - MH issues in primary care settings
      - Anxiety, depression, substance abuse
  - Children
    - SED
    - Abuse and neglect
    - Developmental issues
    - PTSD
    - Primary care- ADD, psychological symptoms related to or affecting general medical conditions (asthma, renal failure, …)
- Multi-system involvement
  - Social services, criminal justice, substance abuse, schools (school based clinics)
- Transitions in care and between systems

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Covered Diagnoses and Services

- Specific behavioral health ICD-9/DSM-IV diagnoses are "carved-out" to be managed by BHOs
  - Autism and DD are excluded as stand alone diagnosis
- Exceptions to the covered diagnosis requirement
  - Assessment and Screening
  - Crisis and Emergency Services
  - Limited Prevention and Early Intervention Services
- Comprehensive, but not exhaustive set of specific services covered
- Responsibility of the contracted mental health providers to understand these requirements

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Access Standards

- Routine appointments – 7 business days
  - Network providers must meet this requirement or refer the person to the BHO
- Urgent – 24 hours
- Emergency care – assessment with 1 hour urban/2 hours rural
- Crisis Line or walk in crisis clinics
  - 1-844-493-8255

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Out of Area Access

- All BHOs are contracted with all 17 CMHCs in Colorado as well as numerous private providers
- BHO to BHO MOU
  - Allows for access across BHO boundaries
  - Issues are resolved promptly at the ED level
  - BHO continue their services for members who move to a different BHO county until their Medicaid is assigned to the new county.

PAR (Prior Authorization Request) Process

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- From a primary care physician
  - Parents or family members are not able to submit their own PAR
- A PAR form MUST be signed by the physician
- A letter of medical necessity **must** accompany the completed PAR form
  - A letter is not a prescription or single sentence from the provider
- Additional documentation as needed
  - WIKI information, clinical guidelines, flyer or marketing materials
- Letter approving, pending or denying request will be mailed to the requesting party as well as the client
  - Pended PARs have 10 days for response

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Medical Necessity

- It is a reasonable, appropriate, and effective method for meeting the client's medical need;
- The expected use is in accordance with current medical standards or practices (clinical guidelines exist);
- It is cost effective; and
- It provides for a safe environment or situation for the client

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Medical Necessity is not

- Experimental or investigational
- To enhance the personal comfort of the client
- To provide convenience for the client or the client's caretaker
- To take the place of clinical guidelines or evidence based medicine
  - A single provider cannot order something and override the lack of evidence based medicine

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Example

- Hyperbaric Oxygen Chamber treatments for children with CP
- Medical Marijuana for children with Autism
- An extra set of therapeutic toys because the parents are divorced and do not share well

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The EPSDT Benefit Also Consists of:

- Helping Medicaid clients and their parents or guardians effectively use these resources

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EPSDT Outreach Coordinator:

Free Resources for Families

- Required to notify every enrolled family of the scope of EPSDT benefits, outreach, and coordination support services
- Guide families to appropriately use their Medicaid benefits with emphasis on education, prevention, diagnosis and timely treatment

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EPSDT Outreach Coordinator

- Maintain a Medicaid provider database for referrals, including:
  - Dental care
  - Vision care
  - Hearing services
  - Mental/behavioral health
  - Other medically necessary services

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EPSDT Outreach Coordinator

- Share extensive knowledge of Medicaid benefits and services, including those provided through the managed care and behavioral health care plans

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EPSDT Outreach Coordinator

- Assist families with Medicaid-enrolled children and youth to contact the provider to schedule appointments
- Assist families with the available transportation resources in their area
- Assists providers in reducing the incidence of multiple appointments missed

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EPSDT Outreach Coordinator

- Identify and refer families to other community resources such as:
  - HCP
  - Early Intervention Services (Part C)
  - Housing and Food banks
  - Women, Infants and Children (WIC)
  - Prenatal Plus and Nurse Family Partnerships
  - Head Start

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Private Insurance and Medicaid

- Private Insurance is always the first payer
  - Must follow all insurance processes
    - Medicaid will not override the need for an in-network provider if one is available
- Medicaid will pay up to its customary rate after private insurance pays
- Be aware of the need to obtain denials by the private insurance carrier and appeal when possible

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Private Insurance and Medicaid

- Private Insurance is always the first payer

HOWEVER

- When a family has private cover, public options should still be shared/explored

WHY??

- Medicaid is very comprehensive coverage, especially for kids!
- When families have Medicaid they do not pay out of pocket

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Medical Necessity Letter

Include:

1. Name of client, names of parents if client is a minor
   -Parents and child may have different names
2. Date of birth of client
3. Insurance plan(s) name
   -There may be more than one plan
4. Medicaid State ID number
5. ALL Relevant diagnoses
   - ICD9 codes are helpful only if they are accurate!
6. Item/service requested
7. Evaluation of item if necessary

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Medical Necessity letter

- Why item/service is medically necessary (refer to the plans' definition)
- How the item is clinically effective and the most cost effective form of treatment or service
- What positive/negative impacts the item/service will result on (include financial and safety)
- Scope and duration of treatment
- Funding streams NOT able to help, letters of denial are helpful if applicable
- MUST include letter of denial from private primary insurance

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Medical Necessity letter

- Has the item/service be tested or tried
- How the item compares to less expensive alternatives
- What positive (think cost)/negative impacts (think cost and safety) the item/service
- Scope and duration of treatment-lifetime?
- Funding streams NOT able to help, letters of denial are helpful if applicable-where else have you looked?
- MUST include letter of denial from private primary insurance

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Medical Necessity letter

Terms to avoid

- custodial
- rehabilitate
- developmental delay/disability
- speech delay (without a diagnoses such as aphasia)
- caregiver convenience

Terms to use

- medically necessary
- clinically based
- promoting independence
- preventing secondary disability
- cost-effective
- safety

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Medical Necessity Questions

- **IS this a good Sample Of Medical Necessity?**

– Yes or NO

1. The parent is requesting the following equipment, as the child is getting larger and more difficult to handle.
2. The child needs an adaptive toilet seat at both school and home, as the transfer of the device is difficult for staff.
3. This adaptive car seat meets industry standards for safety while keeping the child in the optimal position for seating, reducing possibility of a surgery .

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Children's Data

- DME providers may write the LMN for providers
  - Please read letters when the provider writes them, IF the equipment is wrong, YOU are responsible!
- LMN should not refer to a specific line in the clinic notes
  - If it is important, put it in the LMN!
  - LMN should not be limited to 1 page AND it should be clear and concise
    - Add "Continued…" at the bottom of the page

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Children's Data

- Don't Assume a single DX paints the whole picture
  - Don't make assumptions– STATE IT!
- Rental Chairs
  - Please use code K0462
- Questionnaires- created to help paint picture!
  - Cannot say see letter of LMN
- PAR Process
  - Are you seeing clients early enough for PAR processing?
    - ANITICPATE equipment needs at home following the surgery?

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Important

- **Paint a picture for someone who has never seen the child – and never will!**

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Children's Data

- Largest Denial Reason is: DATES
  - 1 year span is 364 days, not 365!
- Next Reason is: Number of Units
  - You MUST complete your calculations
    - ACS is only responsible for verifying your calculations, not completing them for you
      - 120 calories per day is figured as:
        - » 12 x 365 = 4380 units

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Children's Data

- Next Denial Reason is: LMN signature and signature on PAR much match-same doctor signing
- Another Denial Reason: Make sure forms within your system are up to date
  - Is the person listed still working at the organization?

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More Information on EPSDT:

- **Call your local EPSDT office**
- **General EPSDT Outreach questions:**

  Jeff Helm (303) 866-2267 or
  jeff.helm@state.co.us
- EPSDT Policy Questions:
  - Gina Robinson: (303) 866-6167 or gina.robinson@state.co.us

www.colorado.gov/hcpf

QUESTIONS?