CATALYST CENTER

IMPROVING FINANCING OF CARE
for Children & Youth
WITH SPECIAL HEALTH CARE NEEDS

COVER MORE KIDS

CLOSE BENEFIT GAPS

PAY FOR ADDITIONAL SERVICES

BUILD CAPACITY

Understanding the Basics: Medicaid and CHIP and Building Partnerships Among Stakeholders
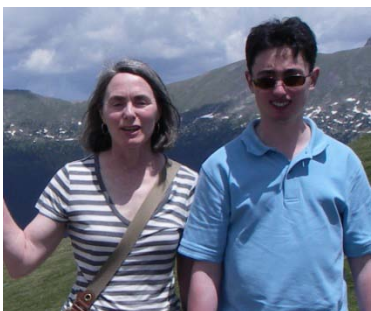
May 16, 2012
12 noon – 1 pm EDT

Introducing…

Lynda Honberg, MHSA, MCHB
HRSA Project Officer

Melinda Davis, M.S.,CPHL
Alabama Children's Rehabilitation Service Director

Beth Dworetzky, M.S.
Catalyst Center
**Assistant Director**

Sally Bachman, Ph.D.
Catalyst Center
Research Director

The Catalyst Center: Who are We?

- **Funded by** the Division of Services for Children with Special Health Needs within the federal Maternal and Child Health Bureau, Lynda Honberg, Project Officer

- **A project of** the Health and Disability Working Group at the Boston University School of Public Health

- **The National Center dedicated to the MCHB outcome measure**: "…all children and youth with special health care needs have access to adequate health insurance coverage and financing."
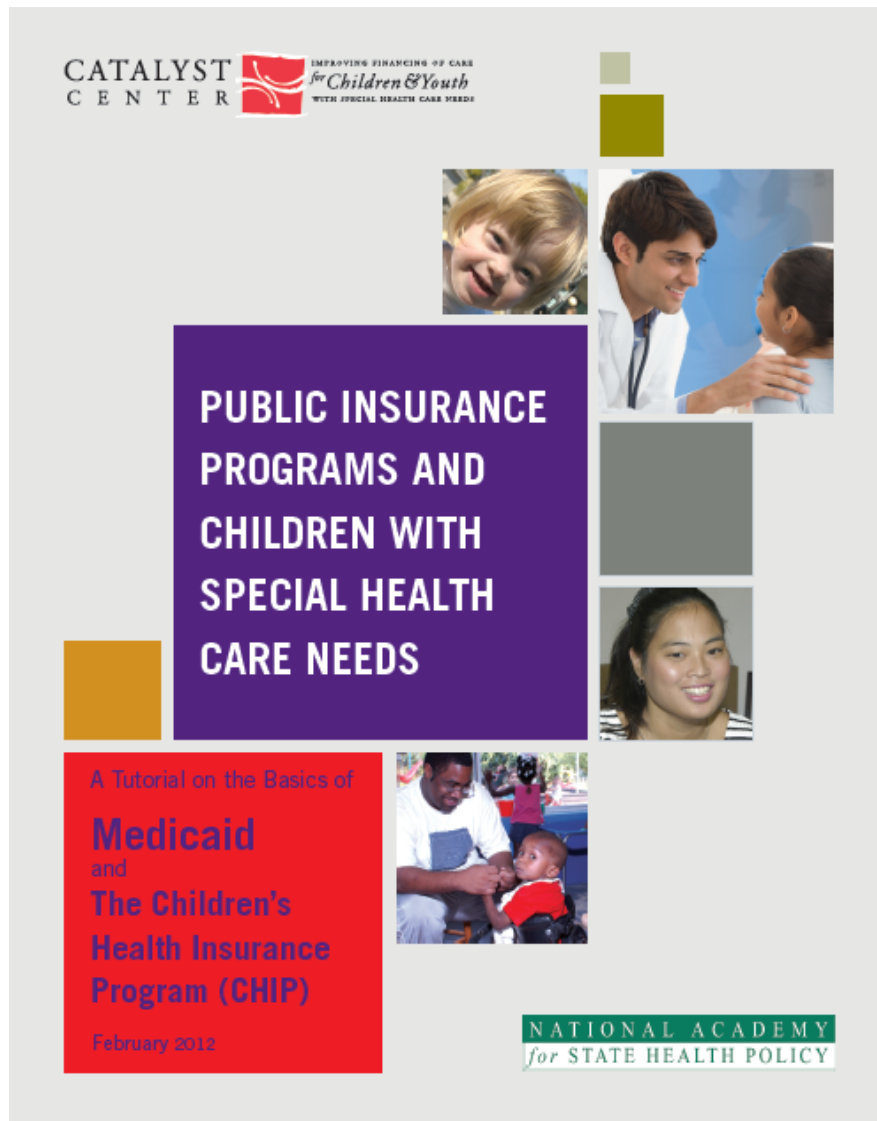
"The Tutorial" is a stepping stone to developing effective partnerships with Medicaid and CHIP programs, so we can all better serve CYSHCN and their families....

Available at: http://www.hdwg.org/catalyst/medicaid-tutorial

Tutorial Learning Objectives

By completing the tutorial, participants will:

• Increase their understanding of state Medicaid and CHIP programs and policies;

• Learn how partnerships with other stakeholders can maximize Medicaid and CHIP program capacity to meet the needs of CYSHCN;

• Begin to identify specific opportunities to partner with the Medicaid and CHIP programs in their own state.

A Note About Benefits Counseling

Catalyst Center Family Resources
http://hdwg.org/catalyst/resources

National Center for Family   Professional Partnerships
http://www.fv-ncfpp.org/

Public Insurance Programs and Children with Special Health Care Needs

Section 1

WHO ARE CHILDREN WITH SPECIAL HEALTH CARE NEEDS?

Different systems think about CYSHCN in different ways

- Disability
- Functional limitation
- Disease
- Condition
- Chronic illness
- Cost

Definition Issues

- Categorizing children by diagnosis led to a proliferation of disease specific programs – disease "silos"
- Service needs not limited to children with disabilities that restricted their daily functioning or activity
- Categorical definition excludes some children
- Broader group of children who have on-going needs for health services

Current Definition

- Developed by group of experts in 1998
- Endorsed by American Academy of Pediatrics and MCHB
- CYSHCN are "*those who have or are at increased risk for a chronic physical, developmental, behavioral, or emotional condition and who also require health and related services of a type or amount beyond that required by children generally.*"
- 2009/10 NS-CSHCN indicates 15.1% CYSHCN nationally

Title V & CYSHCN

- Direct services may be limited to
  - Specific diagnoses
  - Certain income criteria
- Broad systems of care for all CYSHCN
  - Examples of Title V Services
- Learn more about Title V in your state

http://mchb.hrsa.gov/programs/titlevgrants/index.html

Medicaid & CYSHCN

- Financial Need
  - All children
  - Varies by state and age of child
  - http://www.statehealthfacts.org/comparereport.jsp?rep=76&cat=4#notes-1
- Medical Need
  - Social Security Administration Disability Determination for Children (< 18)
  - Functional criteria
  - http://www.socialsecurity.gov/disability/professionals/bluebook/ChildhoodListings.htm
- Institutional Need
  - Medical need +
  - Varies by state
- Out-of-Home Placement
  - Children in foster care
  - Other
    - Hospitalized > 30 days
    - Residential placements

THE BASICS: WHAT ARE MEDICAID AND CHIP?

Program	Oversight	Funding	Cap
Medicaid	CMS	State & Federal match (FMAP)	No
CHIP	CMS	State & Fixed Federal match (eFMAP)	Yes
Title V	HRSA/MCHB/ DSCH	Fixed federal amt & state match	Yes

State Plan

- State Plans
  - Must complete for both Medicaid and CHIP programs
  - Submit to CMS for approval
  - Must include, among other things:
    - How administered
    - Eligibility criteria
    - Scope, duration, and amount of covered services
    - Quality control
    - Provider payments
- State Plan Amendment or SPA
  - To request changes in eligibility or services
  - Example: Health Homes

Learn more at http://hdwg.org/catalyst/news/2011-12-03/1

Medicaid Eligibility

- Eligible Groups
    - Families with children
    - Children in foster care
    - Children & adults with disabilities
    - Individuals > 65 years

AND

- Low income
- Federal guidelines as % FPL
    - Birth – 5 < 133% FPL
    - 6 - 19 < 100% FPL

Medicaid Services

- Services
  - Mandated
  - Optional
  - http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Benefits/Medicaid-Benefits.html

- Vary by state

- Result = 56 different programs

CHIP Eligibility & Services

- Eligible Populations
  - Uninsured children
  - Income too high for Medicaid

- Income
  - Generally up to 300% FPL (ex: ~ $69,000 for family of 4)
  - eFMAP up to 300% FPL
  - > 300% FPL, federal match is FMAP

- Services – benchmark plan or, depending on Medicaid/CHIP model, can be same as Medicaid

- Learn more about program in your state

  http://insurekidsnow.gov/state/index.html

Medicaid/CHIP Models

- Separate programs

- Medicaid expansions

- Combo

- Find out in your state

  http://www.statehealthfacts.org/comparetable.jsp?cat=4&ind=238

Medicaid/CHIP & the ACA

- In 2014, Medicaid eligibility expands for all

- Learn more in Webinar 5 on Sept. 19

- Also see Section 9 of the Tutorial

http://hdwg.org/sites/default/files/section9.pdf

- For more ACA info now

http://hdwg.org/catalyst/publications/aca

Find Out More Your State

Q: In your state, what portion of CYSHCN are enrolled in CHIP or Medicaid? How does your state compare nationally?

A: http://www.hdwg.org/catalyst/online- chartbook/

Medicaid and CHIP 101 – 100 point question

Do Medicaid and CHIP programs define children with special health care needs in the same way Title V does?

a. Yes

b. No

Answer: B

- Title V, Medicaid, CHIP Partnerships

- Medicaid - coordination agreement with the state Title V program specifying the responsibilities of each

- Medicaid must make provisions for reimbursing the state Title V program for covered services provided to Medicaid beneficiaries

Alabama Partnerships

Alabama Department of Rehabilitation Services **(ADRS)**

Children's Rehabilitation Service (**CRS**)

CYSHCN Program in Partnership with ADPH

Alabama Medicaid Agency (**AMA**)

Alabama Department of Public Heath (**ADPH**)

CHIP Program: **All Kids**

ADRS/AMA Provider Agreement
(for clients with Medicaid)

- ADRS/CRS complies with AMA State Plan, relevant Federal & State Laws, Administrative Code and Provider Manual for CRS

- Submit claims electronically, bills/collects from 3rd Party Payers, reports other client insurance to Medicaid

- Provides clinic services including diagnosis, prescriptions, assessments, care coordination, patient/parent education

- Provides non-clinic (purchased) services including radiology, therapy, hearing aids, orthodontia, care coordination, etc.

- Accepts payment for covered services via an established encounter rate which includes the average cost to serve children in clinic, i.e., physician fees, staffing, supplies, etc.

ADRS/ADPH Provider Agreement
(for clients with CHIP/All Kids)

- General agreement similar to Medicaid agreement

- CHIP/All Kids is administered by Blue Cross/Blue Shield of AL

- All Kids PLUS services are benefits that are not covered under the All Kids basic plan.

- CRS negotiates with ADPH to cover additional services such as hearing aids, transportation, and AAC devices

- ADRS/CRS is reimbursed for PLUS services according to the negotiated, established rate listed in the PLUS Manual

- ADRS/CRS pays ADPH the state share for PLUS benefits

Provider Collaboration

- CRS has State Office Administrator liaison and AMA has Nurse liaison

- Liaisons coordinate quarterly AMA/CRS meetings to discuss and resolve issues. Liaisons make contact between meetings as needed.

- Quarterly face-to-face meetings include CRS and ADPH Assistant Commissioners, AMA Medical Director, Program Directors/Administrators and other necessary staff from both agencies

- Data Sharing Agreement with AMA allows for the exchange of information to update client insurance information
  - Monthly Medicaid Ad Hoc Report runs CRS data against Medicaid data, providing an updated list of new Medicaid recipients each month

- CRS Patient Accounts Managers & ADRS 3rd Party Medical Benefits Specialist serve as ADPH contacts. ADPH contacts are available at ADPH state office and BC/BS insurance specialists assist as needed.

- CRS/ADPH meet only as needed -- once or twice yearly

Why Do We Partner?

- The long-time partnerships with ADPH and Medicaid serve to positively impact service delivery for Alabama's children and youth with special health care needs and their families.

- The partnerships are cost neutral to ADPH and Medicaid as ADRS/CRS pays the state share (31.38% + 1% administration fee) on the Medicaid encounter rate and (21.97%) on All Kids PLUS rates

- The partnerships allow CRS staff to encourage annual EPSDT screenings as well as enrollment in CHIP/Medicaid so more children are/or remain insured

- Partnerships allow for more comprehensive data collection and analysis for insurance, screenings, needs assessments, etc

EPSDT

- Mandatory in almost every state for children age 18 and under, in some states to 21

- Requires that children are brought into care, periodically screened to identify needs, and that identified needs are treated

- Treatment of identified needs must be provided even if service is not listed in the state's federally approved Medicaid plan if treatment is determined medically necessary

Medicaid EPSDT and ADRS/CRS

- EPSDT is the AMA program for well-child check-ups

- Children on regular or Patient 1st Medicaid are eligible for annual EPSDT screening by Medicaid assigned primary physician or other health care screener such as ADPH nurse practitioner at county health department

- EPSDT screening is done annually & Patient 1st referral is done any time a special medical need is identified

- CRS (or specialty physician) cannot bill Medicaid for services without a Patient 1st referral

- CRS clients may be seen in clinic without a current EPSDT but cannot be seen without a current Patient 1st referral - best practice is to have both

- Services ordered out of clinic such as therapy or equipment cannot be purchased without a current EPSDT screening **and** Patient 1st referral unless client is exempt

MCH Requirements for State Title V

- Assist with coordination of EPSDT services, including the development of standards;

- Establish coordination agreements with their state Medicaid programs; Provide a toll-free number for families seeking Title V or Medicaid providers;

- Provide outreach and facilitate enrollment of Medicaid eligible children and pregnant women;

- Share data collection responsibilities, particularly related to infant mortality and Medicaid.

Value of Medicaid, CHIP and Title V Partnerships

- Developing education materials for both patients and providers;

- Sharing data;

- Training Early Periodic Screening, Diagnosis, and Treatment (EPSDT) outreach workers;

- Developing and conducting needs assessments;

- Evaluating health care quality and performance; Engaging family leadership in policy discussions;

- Reaching out to pregnant women and parents to encourage enrollment in Medicaid.

Other Alabama Partnership Activities

- MCH Quarterly Meetings include representatives from ADRS/CRS/EI, ADPH, AMA, UAB School of Public Health, LEND, LECHN, UAB Pediatric Pulmonary Center, UAB Sparks, AL State University-MCH Pipeline & others

- MCH Block Grant (CYSHCN section) and 5-Year Needs Assessments in collaboration with ADPH

- Data sharing agreement with ADPH for universal newborn hearing screening follow-up to identify/ track infants & children for appropriate treatment/follow-up

- Support Parent Consultant Program in partnership with Easter Seals of West AL to support parents in clinic and community, coordinate local PAC (Parent Advisory Committees), provide parent perspective and or engage community as needed

- Provide yearly grant support to ADPH Child Death Review

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Other Alabama Partnership Activities

- Provide maintenance of effort (MOE) to EI in form of funding. Also contract with programs to provide CRS/EI services and provide staff support for TA and PAR reviews

- Active members of AL Oral Health Coalition which includes AAP, AL Dental Health Association and UAB Dental School

- Insure adequate numbers of physician, dentist and therapy providers for AMA recipients by facilitating provider applications via the Medicaid Web Portal which aids in reimbursement process

Discussion & Questions

Sally Bachman

To make a comment or ask a question:

Press *6 to unmute your phone line

(Press *6 again to re-mute it)

Join us for next month's webinar:

What are the Pathways to Coverage and Covered Services for Medicaid and CHIP?
Date: Thursday, June 21, 2012
Time: 12 noon – 1 pm EDT

Register & listen to the recording of webinar 1 at:
http://hdwg.org/catalyst/medicaid-tutorial-webinar

Have the Last Word...

Please fill out a short webinar participant survey at:

http://www.surveymonkey.com/s/webinar-may16

Thank you for joining us!

For more information,
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