



All Kids Covered Initiative Meeting Notes October 2, 2015

What do you want to see in the CHI eligible but not enrolled (EBNE) report? *Emily Johnson, Colorado Health Institute (CHI)*

- This will be the first EBNE analysis post-ACA
- CHI would love input on what would be useful to include in the EBNE report
- This is an annual report (although CHI used 2012 data in the 2014 report). The forthcoming report will use 2014 U.S. Census data, supplemented with HCPF and Pew Hispanic Center data
- EBNE data will be available at the county level in the report
- ACS will release the data micro file in November, and the EBNE report will be published in early to mid-December
- This year, CHI is combining the EBNE report and data supplement, and child and adult data, into one report
- The report will also look at individuals who are eligible for exchange subsidies but not using them
 - Question: Is it possible to look at age 26 as a cut off specifically? Is it possible to look at age 65 as a cut off?
 - Question: Is it possible to look specifically at children who are eligible for exchange subsidies but not using them?
 - We may no longer have a large enough sample to break down data specific to kids in all possible ways
- CHI is interested in getting feedback on the following questions: Would percentages instead of raw numbers be helpful for insured vs. uninsured at different income levels? Different income levels? Is there a better way to visualize the data?
- Feedback and Questions:
 - Question: Is it possible to compare 2012 and 2014 EBNE numbers in each family income level to see changes?
 - Question: Is it possible to look at age breakdowns within the child population?
 - Question: Is it possible to break down data by race and ethnicity?
 - We may no longer have a large enough sample to break down data specific to kids in all possible ways
 - Question: Could we see data on the pediatric dental benefit in and out of exchange, to see whether the numbers of children with the pediatric dental benefit match up with the overall coverage numbers?
 - This may fit into the scope of EBNE report, or we may need to look into this question separately
 - Question: Is there any way to look at mixed family status to see whether this is contributing to the EBNE numbers?
 - The Pew Hispanic Center analysis from a few years ago looked at the likelihood of documentation status; we may be able to use this information in order to make certain assumptions about the impact of mixed status families on EBNE



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- Question: Can we look at which zip codes within a county have the highest EBNE population, and the demographics within those zip codes?
 - There may be too small of a sample to look at this in all counties, but we can look into this for larger counties
- Question: Can we look at how the EBNE population is distributed across the RCCOs?
- As much as possible, it will be helpful to identify the characteristics of which children make up the remaining uninsured in Colorado, to help us reach those families (e.g., primary language, and by region if not able to look at by county and/or zip code)
- Feel free to reach out to Emily Johnson at johnsone@coloradohealthinstitute.org if you have any questions

Understanding Medicaid's EPSDT Benefit and Healthy Communities *Gina Robinson, Department of Healthcare Policy and Financing and Kendra DeLuna, Healthy Communities*

- Please reference:
 - [Presentation Slides](#)
 - [EPSDT Fact Sheet](#)
 - [EPSDT Q&A](#)
 - [Region VIII EPSDT Training \(CMS\)](#)
- EPSDT benefits are available to individuals ages 0-20 (even though Medicaid eligibility and no co-pays for children doesn't line up with that age range)
- How to receive EPSDT services:
 - Individuals must be enrolled in Medicaid to access EPSDT benefits, must visit a Medicaid provider, and must get proper authorizations for services
 - When an EPSDT service is being considered for approval, if a less expensive service is not working, then a more expensive service may be authorized
 - The Medicaid provider has to state that a child needs a service, and ask for it to be covered under EPSDT
- Colorado has adopted Bright Futures as the recommended periodicity schedule for EPSDT
 - Ages 3-20 – recommend one visit each year – this is different from what some private insurers recommend
 - Bright Futures focuses on preventive care and well care
- Colorado has a low rate for well care among teens, which means these teens are not getting screened for depression – many teens only receive a sports physical, but depression screening doesn't happen at a sports physical
- Medicaid will pay for transportation to a Medicaid paid service
 - In rural areas this can help with access to services
 - Services do not have to be accessed at a provider if the provider is far away, but can also be accessed at a school, park, etc. that is closer to the patient
- Medical necessity:



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- If an EPSDT screening results in a flag for a potential issue, the child must receive a referral and a diagnostic evaluation, and treatment for the issue
- No screening service is required to receive treatment for an issue
- If child needs 2 therapy visits per month, Medicaid must provide this even if a particular therapist can only provide 1 per month (must provide elsewhere) – normal course and duration of treatment is the determining factor for medical necessity
- States determine medical necessity on a case by case basis, and providers do not have the final determination
- Prior authorization:
 - 4-day turnaround time required for prior authorizations – ColoradoPAR, the state Medicaid utilization management (UM) vendor is held to this standard
 - All UM vendor decisions are documented
 - Providers should use the same process to request a service that is not included in our state plan
 - Providers are often not clear on how to write a medical necessity request – wording is important, and the request has to tell the complete story
 - ACC and BHOs should work with providers on how to write medical necessity requests effectively
 - Family Voices provided a useful training on writing medical necessity requests
 - HCPF does not impose a page or word limit on medical necessity requests
- There are no current limits on what Medicaid provider an enrollee can visit
 - The exception is that in managed care, you must follow the managed care process
- Families must be informed of EPSDT benefits at 6 weeks of enrollment – we send a letter with the enrollment packet, which also provides information about Healthy Communities
- Healthy Communities
 - Healthy Communities is an outreach program that is available for individuals who are Medicaid and CHP+ eligible, but EPSDT benefits are only available to Medicaid enrollees (not CHP+)
 - Healthy Communities looks different by county
 - Enrollees not have to use Healthy Communities, but if a family is enrolled in Medicaid, they are automatically enrolled in Healthy Communities
- Questions:
 - Is there any thinking around KPIs for teen well child visits in ACC 2.0? Or any other outreach work to families with teens?
 - HCPF is working with 9to25 and Kaiser to build videos to put on Facebook, etc. that talk about well care and why teens need to see a doctor. Thinking about how to reach kids – kids will design and act in the videos, the videos will be professionally produced (HCPF can share the videos when they are complete)
 - Have requested that ACC 2.0 includes a focus on ages 10-18 or 10-20 as specific populations. Will then move on to 21-26 as a target population.
 - The Children's Services Steering Committee has done work to inform parents that sports physicals are not equivalent to a well care visit



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- Is there an opportunity for School Based Health Centers to support outreach efforts to teens?
 - Yes, SBHCs are part of these conversations and also have concerns about the low rate of teen well care visits
- Sports Physicals Issue:
 - Medicaid doesn't reimburse for sports physicals, but these physicals are quick
 - If a child has been to the doctor in last year, families can send the school form into their doctor's office and their doctor will fill it out without the family coming in for another visit – we need to get this information out to families as an alternative to getting a sports physical
- Answers to EPSDT Q&A Document
 - 3
 - False
 - False
 - False
 - False
 - False
 - False (20 and under)
 - False
 - False
 - 5
 - False
 - 2
 - 4
 - False
 - False (business association of Medicaid, related to treatment, so we can talk and be in compliance with HIPAA)
 - 4 (at a minimum, more if needed)
 - False
 - 5 (Colorado does not require any special request for additional pairs of glasses)
 - False
 - False (must use the definition in our state plan)
 - 6 (managed care doesn't absolve them of EPSDT requirements)
 - False (the waiver is the payer of last resort, there must be another reason to deny service (i.e., not medically necessary))
- Further Questions:
 - Do Healthy Communities and the ACC share data?
 - Yes – if there is a child that hasn't had a claim paid for a year, the state reaches out to Healthy Communities and says this family needs to see a doctor and dentist (the "EPS" part of the EPSDT benefit). This information is also in the Healthy Communities database, so Healthy Communities can also look at the



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- data and know if a claim hasn't been paid in a year. Healthy Communities reviews this data annually right now.
- How many kids receive the EPSDT benefit in Colorado?
 - Equal to Medicaid enrollment, so about 800,000 kids
 - What percent of primary care providers accept Medicaid?
 - 99% of pediatricians accept Medicaid – we are only missing three in the whole state. About 43% of family practices accept Medicaid, but lots of work has been done by the ACC here so this number has probably gone up.
 - In areas of the state where there is not an overall provider shortage, we don't have a Medicaid provider shortage either.
 - What is the Children's Services Steering Committee (CSSC)?
 - The CSSC has existed for 30 years under different names
 - CSSC is under a federal requirement to work with experts in the field, including physicians, specialists, individuals working on the ACC, behavioral health providers, individuals working with Healthy Communities
 - CSSC can offer opinions, but can't set policy
 - CSSC conducts PDSAs and trials in physician's offices, and offers opinions to the benefits collaborative (have input on the benefit structure), for example
 - CSSC meets the 4th Friday of each month from 8:00-10:00am at the Daniels Fund, and meetings are open to the public
 - Visit the CSSC website here: <https://www.colorado.gov/pacific/hcpf/childrens-services-steering-committee>
 - What are some other big challenges with EPSDT in Colorado?
 - Helping case managers to understand that anything can be requested, even services that are not included in our state plan – providers can still put in a request for services if they are medically necessary.
 - Getting kids in for preventive dental care so that oral surgery is not needed down the road.
 - Case managers, not providers, will do this work, so they need resources and training on EPSDT.
 - Trainings have been provided during the last two years.
 - Always ask, never assume something is not a benefit in EPSDT.
 - There is an additional PowerPoint presentation from The Centers for Medicare and Medicaid (CMS) linked in the AKC agenda. This is an extra reference to look at, and explains where our state information on EPSDT comes from.

Partner Updates

- The CCMU luncheon was last week and 200 people attended – it was a great event!
- The CCHI 15th anniversary celebration will take place on November 5 from 5:30 to 7:30 at the Space Gallery. Purchase tickets [here](#).



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- CCHI has launched their new [Covered HQ website](#) that provides access to resources on health insurance literacy. You can send any health insurance literacy resources that you find helpful to Adam Fox or anyone else at CCHI to be included on the website.
- Children's Hospital Colorado is starting an Advocacy Boot Camp for parents. Interested individuals can apply [here](#).
- The Oral Health Colorado annual meeting is next Friday from 11:00-1:00 at History Colorado, featuring a guest speaker from DentaQuest regarding dental benefits in Medicare. OHCO will also be honoring this year's oral health champions, including Representative Ginal.
- OHCO may be working on establishing a dental benefit for pregnant women in CHP+.
- The Building Better Health Conference was well attended and a great educational opportunity.
- Covering Kids and Families will be having its October 14th meeting from 9:00-10:30 at CCHN, with a kickoff to open enrollment.
- The Children's Mental Health Policy Summit will be held on November 13 from 8:30-2:00 at Clayton Early Learning. Contact sarahb@coloradokids.org with any questions or if you did not receive an email invitation to register for the summit.

Next Meeting: Friday, November 6, 2015