

DID YOU KNOW? NOW YOU KNOW!

An Unraveling of Medicaid Benefits

A Circles of Life 2006 Presentation

By

Barbara Katz, Co-Director
Family Voices of Wisconsin

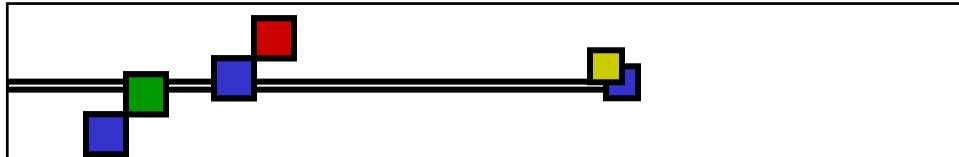
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Structure of Training

- Case based method of instruction
- Meet the Goodpeople Family and the concept of “Stuckville” – what questions should families ask so they can avoid getting stuck in the system

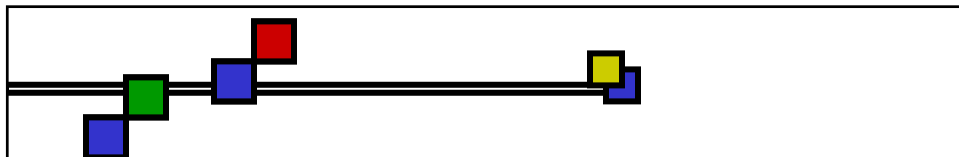
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The Story – Part A

Two parents, Fred and Sue, are both employed. Health insurance is offered through Sue's employer, for which she spends \$200/month to cover her family. They have three children, one of whom has special needs. Their children, Katy age 16; Emma, age 13, who has cerebral palsy and developmental delays; and Ali, age 10, live at home with their parents in Wisconia. They recently moved within their state to Wisconia from Parkopia where they were getting wonderful services for Emma. Their move was precipitated by a job change for Sue. They anticipated that the services for Emma in Wisconia would be the same as they were in Parkopia.

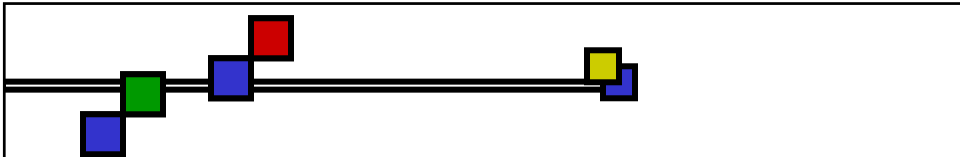
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Lost in Stuckville

- What is most important for you when you think about your child's health care coverage?
 - Choice of specialists
 - Location of doctors
 - Primary care doctor
 - Services/durable medical equipment

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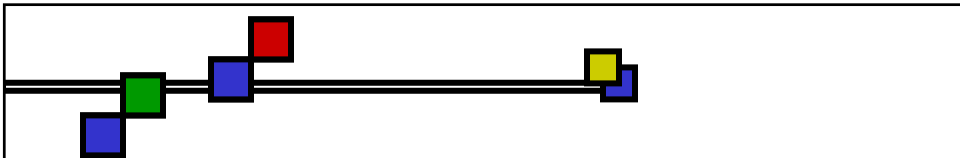


The Story – Part B

Sue noticed that some pediatricians that were recommended to her by neighbors were included in the plan. Sue realized that she and Fred needed to choose one doctor for their children's primary doctor, but they didn't have time to interview the prospective doctors. So, Sue and Fred chose the pediatrician that was closest to their home.

Sue, being a proactive parent, set up an appointment for each of girls to meet Dr. Smith before an illness occurred. At the visit, Dr. Smith was cordial, but seemed put off by Emma's challenges. There wasn't an examination room big enough for Emma's wheelchair, her mother, and her sisters (who help advocate for Emma) and Dr. Smith didn't seem comfortable with Emma and didn't understand why her sisters were at the

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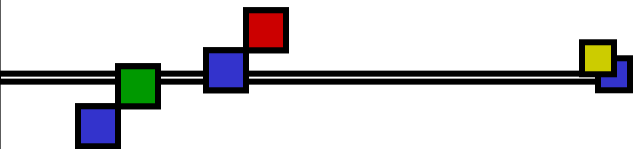
The Story, Part B, continued

appointment with her. He did not address her directly, like he did with Katy and Ali. He also referred to her as wheelchair bound and mentally retarded. His mannerisms and use of out of date language indicated that he was out of the loop of working with youth with disabilities.

This first appointment left Sue and her daughters feeling very uncomfortable and disappointed that the doctor they chose was not compassionate and family centered as their former pediatrician, Dr. Swell.

The next day, Sue was still dismayed at the negative doctor's appointment. She decided that she and Fred needed to make time to interview other potential doctors. She referred back to her list of primary care doctors who are participating in her health plan and decided that it would be a good idea to talk with them to determine a better suited physician for her daughters.

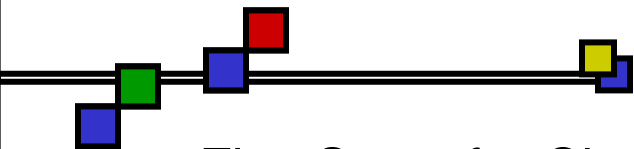
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Lost in Stuckville

- What are the things you value most in a primary care doctor?
 - Location
 - Office staff
 - Knowing about child's disability or willingness to learn
 - Communication style/skills

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Five Steps for Choosing a Primary Physician

- Step 1: Identify your health care goals for your child and family.
- Step 2: Identify those doctors that you want to further investigate.
- Step 3: Interview those physicians.
- Step 4: Reflect on your interviews.
- Step 5: Select the doctor and provide information about your child to this person and their staff.

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The Story – Part C

After interviewing three doctors and selecting a wonderful pediatrician, Dr. Superb, Sue set up another first doctor's visit for the girls. They were all thrilled with Dr. Superb and her great compassion and respectful interactions with Katy and Ali. She asked a lot of questions about Emma and seemed to have a general knowledge of cerebral palsy. Sue and Dr. Superb talked about specialists that Emma might need. In reflecting on the meeting, however, Sue was concerned that Dr. Superb never spoke directly to Emma or addressed questions to her. Sue was hoping that she had located a doctor that could be with Emma as she grew into adulthood. But, Sue wondered, how could a trusting relationship develop between Emma and Dr. Superb if there were communication issues? Sue decided that she would need to talk with Dr. Superb about this concern before the next appointment.

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Lost in Stuckville

- What kind of relationship do you want to have, and your child to have, with your child's primary physician?
 - If I want to be a partner in decision making with my child's doctor, how do I communicate that?
 - If I have a concern about the doctor's communication style, what do I do about that?

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Four Things to Keep in Mind

- Remain realistic about what you can expect of your child's physician
- You are part of the health care team. This means that you have responsibilities for communicating effectively with your child's physician, keeping records, and following up. (See Tips for Good Communication handout).
- Doctors are human and, like you, may occasionally be frustrated by your child's condition or the lack of answers to questions.
- Don't give up – be persistent!

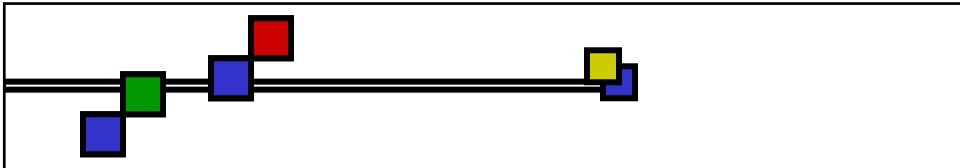
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The Story – Part D

During an early appointment, Sue expressed concern about the ongoing expenses of diapers and over the counter medications for Emma's allergies and digestive issues. Dr. Superb's nurse, Sheila, asked Sue about her health insurance coverage for Emma. When Sheila mentioned public health insurance (Medicaid) to Sue, Sue commented that she assumed that Emma was not eligible because the family wasn't poor.

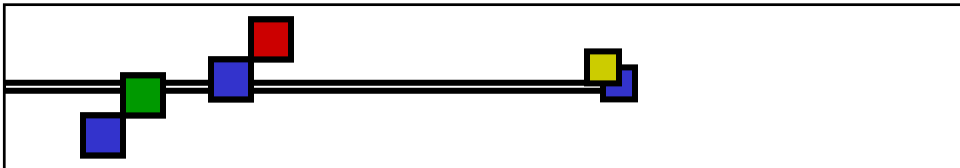
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The Story, Part D, continued

Sheila explained that children with significant disabilities could be eligible for Medicaid regardless of family income and that Medicaid could be helpful to the family as a second source of health care payment. Sheila said that Medicaid would pay for Emma's diapers and her expensive antacids and allergy meds. Sheila gave Sue the contact information for Wisconia's Katie Beckett consultant and suggested that she begin the application process.

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Lost in Stuckville

- What do I need to know about Medicaid?

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What is Medicaid and Why Should I Care About It?

- Medicaid is sometimes referred to as Title 19, Medical Assistance or MA.
- Federal program managed and partially funded by states – each state is different
- Administered by the Wisconsin Department of Health and Family Services (DHFS)

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What are the Doorways into Medicaid?

- Two common ways define eligibility: by disability and by income
- Disability eligibility: Katie Beckett; SSI
- Income eligibility: SSI, BadgerCare, W2, Healthy Start

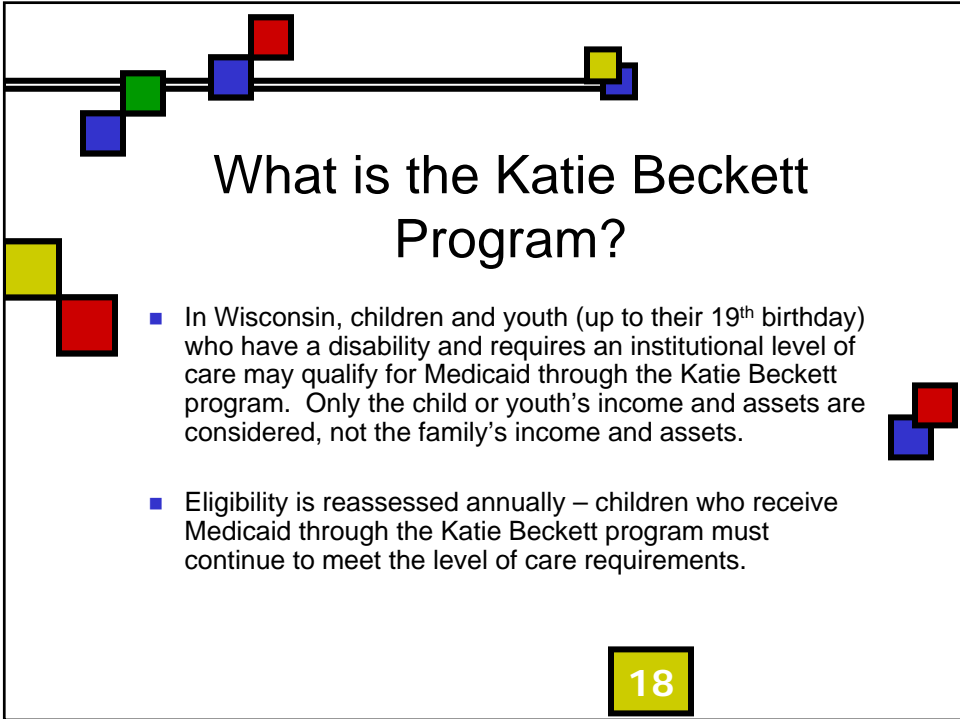
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Medicaid is Medicaid

- Regardless of the doorway into Medicaid, Medicaid card benefits are the same.
- Card benefits refer to services that are covered by showing your blue Forward card. Providers often will run this card through a scanner to see if you or your child are still covered.

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
What is the Katie Beckett Program?

- In Wisconsin, children and youth (up to their 19th birthday) who have a disability and requires an institutional level of care may qualify for Medicaid through the Katie Beckett program. Only the child or youth's income and assets are considered, not the family's income and assets.
- Eligibility is reassessed annually – children who receive Medicaid through the Katie Beckett program must continue to meet the level of care requirements.

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
Can My Child Have Both Private and Public Health Insurance?

- Yes!
 - Medicaid is the payer of last resort – all other insurances pay first.
 - Medicaid can cover private insurance co-pays
 - Medicaid can cover additional therapies and services for your child above those covered by your private health insurance.
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What Kinds of Things Can the Medicaid Card Pay For?

- Services needed due to “medical necessity”, including diapers for children over age 4, medical transportation, personal care services, and mental health services
 - Health Check (Early and Periodic Screening, Diagnosis and Treatment – EPSDT) and Health Check Other Services
 - Home and community based services authorized under a waiver
 - Complete listing can be found at:
<http://www.emhandbooks.wi.gov/meh/>
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What are Medicaid Waiver Programs?

- Waivers are a way to use Medicaid funding in a flexible way
- Wisconsin has several waivers. Some are for particular age groups and others are for particular disability groups.
- Waivers used in Wisconsin that can be used for children include the Community Options Program (COP), the Community Integration Program (CIP), the Brain Injury Waiver, and the Children's Long Term Support Waivers.

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What are Waiver Programs, continued

- The Children's Long Term Support Waivers (CLTS) serve kids living with their families who meet the level of care in one of three areas of disability: physical disabilities, developmental disabilities, and severe emotional disturbance. The level of care required is an "institutional" level of care, the same level of care that is needed to access Medicaid through the Katie Beckett program.
- A parental cost share will be implemented on a sliding fee scale, effective during the summer of 2005

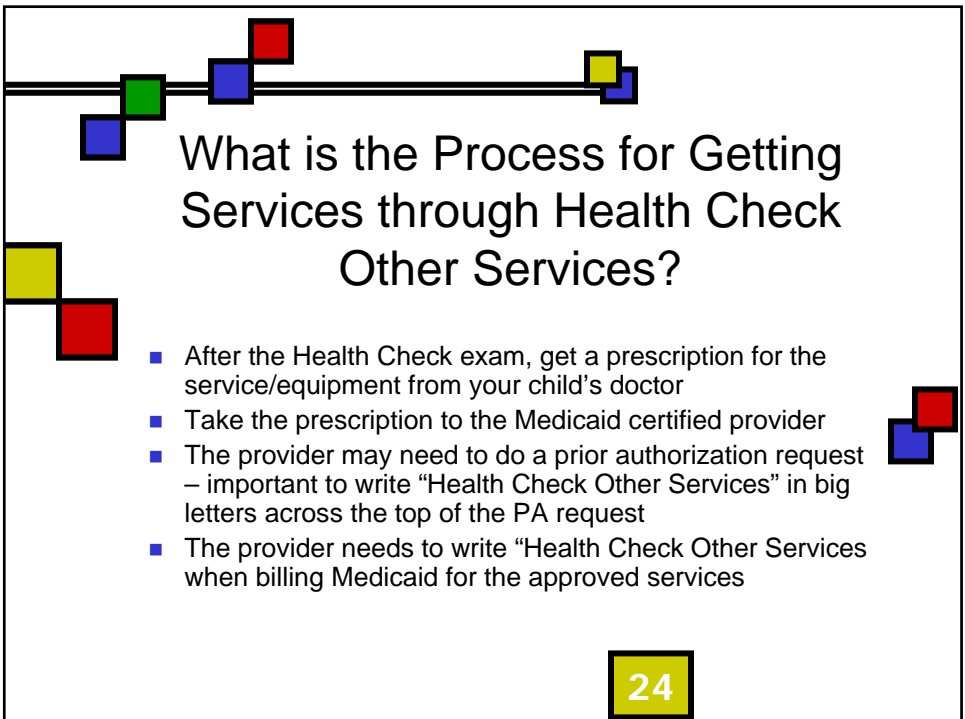
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Tell Me More About HealthCheck and HealthCheck Other Services

- A Health Check exam provides comprehensive health checkups
- Health Check Other Services covers medically necessity goods and services not typically covered by Medicaid. Needs to be prescribed as an outcome of a Health Check coded exam.

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What is the Process for Getting Services through Health Check Other Services?

- After the Health Check exam, get a prescription for the service/equipment from your child's doctor
- Take the prescription to the Medicaid certified provider
- The provider may need to do a prior authorization request – important to write "Health Check Other Services" in big letters across the top of the PA request
- The provider needs to write "Health Check Other Services" when billing Medicaid for the approved services

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Best Kept Secrets of Medicaid

- It bears repeating that Medicaid, through Health Check Other Services pays for:
 - Personal care
 - Diapers
 - Therapy equipment
 - Over the counter medications
 - Additional therapies and services

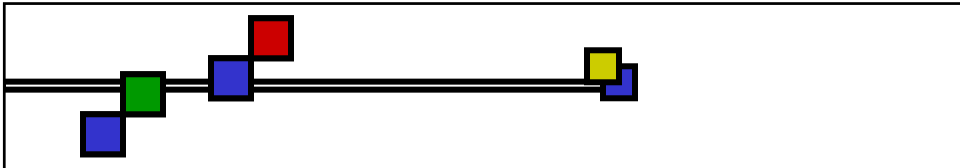
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The Story – Part E

When meeting with Emma, Dr. Superb determined that she needed to have physical therapy at the community clinic that specializes in treating children with cerebral palsy. Dr. Superb also thought that Emma would benefit from a communication device, so an appointment was set up with a community specialist to do an augmentative communication evaluation. Sue was thrilled that she finally found a pediatrician who could relate well to each of her children and was supportive of her and Fred as well.

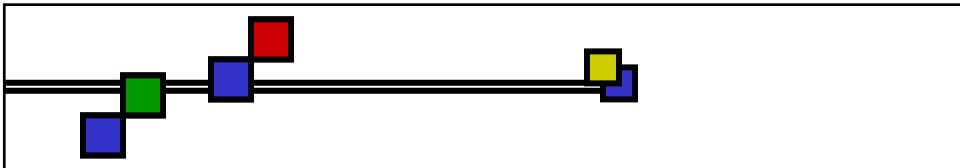
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The Story, Part E, continued

Sue located a community based therapist who could provide physical therapy. At the end of the initial evaluation, the PT identified a number of areas on which she wanted to work with Emma. The PT requested a copy of Emma's IEP, explaining that she needed to work on things that the school wasn't addressing. A few weeks later, the therapist found out that the PA was denied. Sue was distraught, as the doctor prescribed therapy as a way to avoid surgery. Sue called Sheila, her very helpful nurse in Dr. Superb's office, who said that she would talk with the PT to see what might be done to appeal the decision. Sheila also suggested that Sue call her Regional CSHCN Center for assistance in seeing what can be done about the denied prior authorization request.

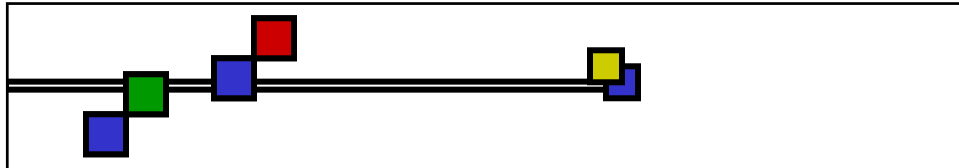
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Lost in Stuckville

Are there things my child needs that I've been told my insurance doesn't cover?

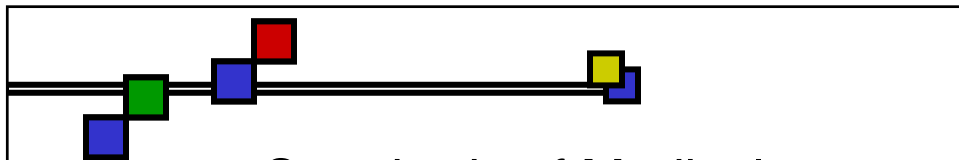
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Medical Necessity

- Medical necessity is the standard used to evaluate all requests for services
- DHFS definition: “Wisconsin Medicaid reimburses only for services that are medically necessary as defined under HFS medically necessary service is defined as a covered service that:
 - Is required to prevent, identify, or treat a recipient’s illness, injury, or disability.
 - And meets the following standards:

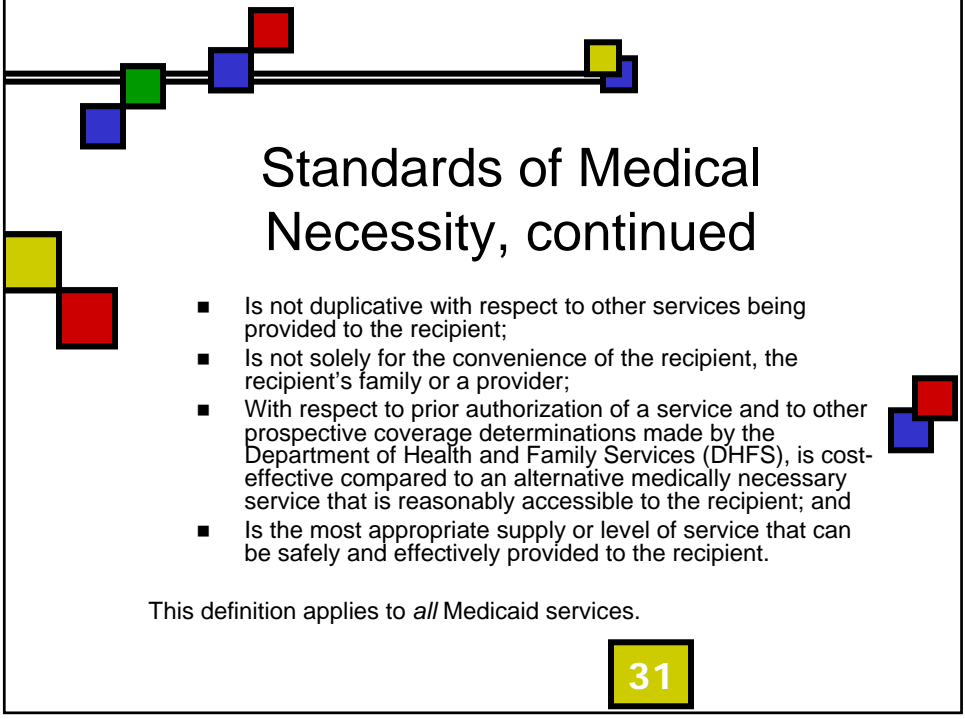
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Standards of Medical Necessity

- Is consistent with the recipient’s symptoms or with prevention, diagnosis or treatment of the recipient’s illness, injury, or disability;
- Is provided consistent with standards of acceptable quality of care applicable to the type of service, the type of provider and the setting in which the service is provided;
- Is appropriate with regard to generally accepted standards of medical practice;
- Is not medically contraindicated with regard to the recipient’s diagnoses, the recipient’s symptoms or other medically necessary services being provided to the recipient;
- Is of proven medical value or usefulness and, consistent with s. HFS 107.035, Wis. Admin. Code, is not experimental in nature;

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Standards of Medical Necessity, continued

- Is not duplicative with respect to other services being provided to the recipient;
- Is not solely for the convenience of the recipient, the recipient's family or a provider;
- With respect to prior authorization of a service and to other prospective coverage determinations made by the Department of Health and Family Services (DHFS), is cost-effective compared to an alternative medically necessary service that is reasonably accessible to the recipient; and
- Is the most appropriate supply or level of service that can be safely and effectively provided to the recipient.

This definition applies to *all* Medicaid services.

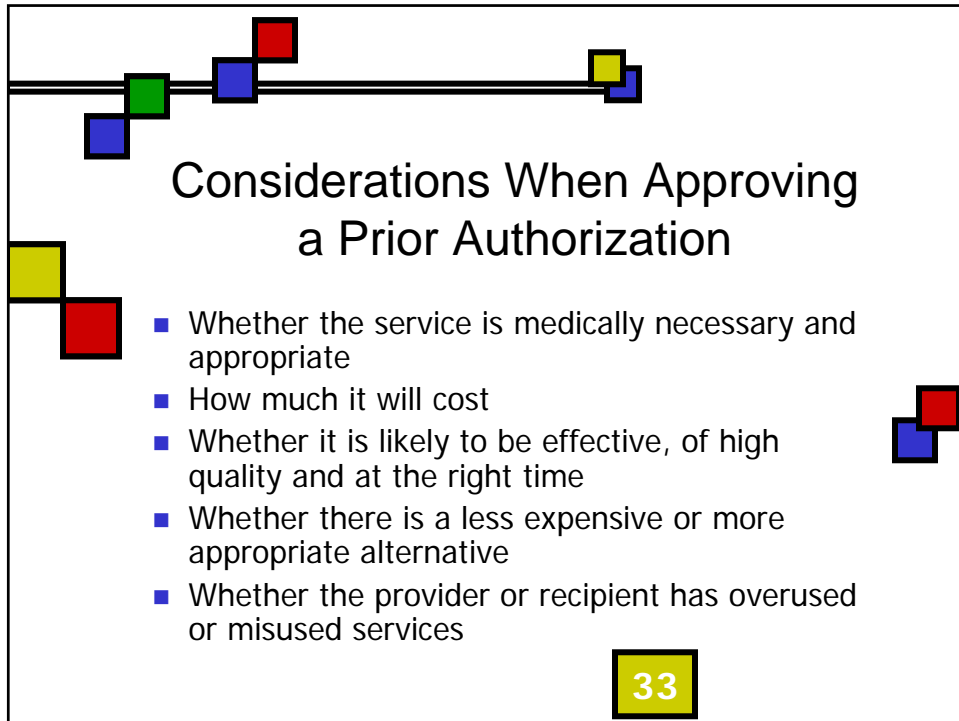
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Prior Authorizations

- Why are they so important?
- Why are they so complicated?
- Who makes the decisions to approve or deny the request?
- Families must be proactively involved in the development of prior auth requests.
- Who's job is it to get the PA? How do I know when one is needed? How do I know if/when it needs to be renewed?

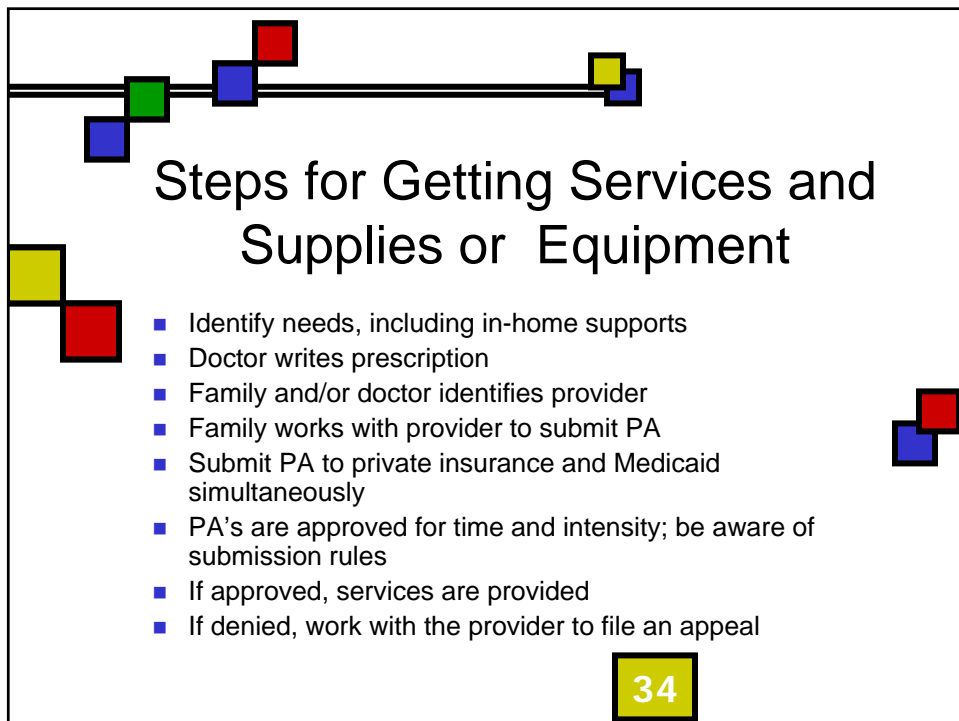
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Considerations When Approving a Prior Authorization

- Whether the service is medically necessary and appropriate
- How much it will cost
- Whether it is likely to be effective, of high quality and at the right time
- Whether there is a less expensive or more appropriate alternative
- Whether the provider or recipient has overused or misused services

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Steps for Getting Services and Supplies or Equipment

- Identify needs, including in-home supports
- Doctor writes prescription
- Family and/or doctor identifies provider
- Family works with provider to submit PA
- Submit PA to private insurance and Medicaid simultaneously
- PA's are approved for time and intensity; be aware of submission rules
- If approved, services are provided
- If denied, work with the provider to file an appeal

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Common Misconceptions

- Providers will say that something is not covered if they don't want to do a PA or if a PA was denied
- Providers sometimes forget to stress medical necessity in the PA – services must be medically necessary!

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Avoiding Duplication of Services

- Educational necessity vs. medical necessity
- Avoiding duplication of services
- Identifying an ally to work with you
- Importance of the IEP to include service delivery

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Denials Happen...What to Do

- Accept every opportunity to appeal and don't miss deadlines – an appeal request must be filed 45 days after the denial. **IMPORTANT** – if you are already receiving Medicaid, and the request is filed within 10 days, Medicaid must continue providing benefits until the decision from the hearing officer is received
- Develop a paper trail: documents, letters, phone calls
- Get as much detail of the denial as possible – keep your appeal specifically focused on the reason of the denial
- Present information in an objective manner, but don't hesitate to present the human side of the needs of your child and family
- If possible, bring your child to the hearing. Also consider an advocate, friend, therapist or family member.

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Family Voices of Wisconsin

- Developing a network of parents who are learning about, thinking about, and working on improving a system of health and community resources
- Newsletter
- Email notices of opportunities
- Parent trainers network

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Contact Us!

Family Voices of Wisconsin

P.O. Box 55029

Madison, WI 53705

Website: www.wfv.org/fv

Email: barb@fvofwi.org or liz@fvofwi.org

Barbara Katz and Liz Hecht, Co-Directors

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