

# Benefits Collaborative

## Purpose

### Why do we need Benefits Collaborative?

- Clearly define the sufficient amount, scope, or duration of Colorado's Medicaid covered services.
  - 42 CFR 440.230
- Ensure covered services are evidence-based and guided by best practices.
- Develop working relationships and collaborate with stakeholders.

## Objective

### Develop Benefit Coverage Standards

- Objective researchers draft the Benefit Coverage Standards according to evidence-based guidelines and best practices.
- Conduct an extensive review of the medical literature.

## The Process

**Step 1:**  
Public Stakeholder Meetings

- Stakeholders and partners review draft Benefit Coverage Standard (acknowledged by email)
- Feedback is provided.

**Step 2:**  
Benefit Coverage Standard Review

- Log and request to clarify content.
- All comments are tracked.
- Reviewer shares with collaborative partners.
- Collaborative partners are notified to review and track their.

**Step 3:**  
Advising Councils Review

- August 2022: Councils Review and provide feedback.
- November 2022: Councils Review and provide feedback.
- February 2023: Councils Review and provide feedback.

**Step 4:**  
Public Comment Period

- Public comment period for all stakeholders to provide input on the draft Benefit Coverage Standard.

**Step 5:**  
State Medicaid Director Approval

- Benefit coverage standard is approved by the State Medicaid Director.

**Step 6:**  
Incorporation By Reference Rule

2023 2024: Incorporation By Reference Rule

- Allows the Department of Health to incorporate standards developed through the Benefits Collaborative, as well as other regulations, into the state's Medicaid rules.
- The rule incorporation process involves all changes must be approved by HHS.
- Possible rule will flow through the state's public hearing process.

**Coverage Determination vs. Medical Necessity:**

<p><b>Coverage Determination</b></p> <ul style="list-style-type: none"> <li>• An appeal policy about what is covered by the state's Colorado Medicaid program.</li> <li>• Example: Weight loss surgery is covered by Medicaid.</li> </ul>	<p><b>Medical Necessity</b></p> <ul style="list-style-type: none"> <li>• Services that are covered by Medicaid.</li> <li>• Example: Client must be at least 18 years old, and at least 18 years old at the time of surgery.</li> </ul>
---	--

**What is a Benefit Coverage Standard?**

- Identifies what is covered by Colorado's Medicaid.
- Issues coverage determinations for the Colorado Medicaid program.

**The Format:**

- Brief Coverage Statement
- Services Addressed in Other Coverage Standards
- Eligible Providers
- Eligible Places of Service
- Eligible Classes
- Covered Services and Limitations
- Non-Covered Services and General Limitations
- Requirements
- Billing Guidelines
- Definitions
- References

# Benefits Collaborative

## Purpose

Why do we need Benefits Collaborative?

- Clearly define the sufficient amount, scope, or duration of Colorado's Medicaid covered services.
  - 42 CFR 440.230
- Ensure covered services are evidence-based and guided by best practices.
- Develop working relationships and collaborate with stakeholders.

## The Process

### Step 1:

- Public Stakeholder Meetings**
- Stakeholders and partners review draft Benefit Coverage Standard (architectural framework).
  - Feedback is provided.

### Step 2:

- Benefit Coverage Standard Revised**
- Log and respond to feedback received.
  - Make revisions, if necessary.
  - Revisions shared with stakeholders and partners.
  - Additional public meetings are scheduled to review revised draft.

### Step 3:

- Advising Councils Review**
- Single MAC (State Medical Assistance and Services Advisory Council)
  - 42 CFR 433.12
  - Children's Advisory Committee

### Step 4:

- Public Comment Period**
- Public notice, announcing open and close dates, is sent to stakeholders and partners one week before the open date.

### Step 5:

- State Medicaid Director Approval**
- Benefit coverage standard reviewed internally.
  - State Medicaid Director signs benefit coverage standard.

### Step 6:

**Incorporation By Reference Rule**  
10 CCR 2505-10, Section 8.010 effective June 1, 2012.

- Allows the Department to have a benefit coverage standard, developed through the Benefits Collaborative, in rule without repeating it verbatim in rule.
- May not incorporate future versions. All changes must be approved by MSB.
- Available online and through the state publications depository library.

### Coverage Determination vs. Medical Necessity:

#### Coverage Determination

- An agency policy about what is covered for the entire Colorado Medicaid population.
- Example: Weight Loss surgery is covered by Medicaid.

#### Medical Necessity

- Involves authorizing a covered service for an individual Colorado Medicaid client.
- Example: Client must be 1) clinically obese, 2) for at least 2 years, and 3) have made a previous attempt to lose weight.

### What is a Benefit Coverage Standard?

- Identifies what is covered by Colorado Medicaid.
- Issues coverage determinations for the Colorado Medicaid program.

## Objective

### Develop Benefit Coverage Standards

- Objective researchers draft the Benefit Coverage Standards according to evidence-based guidelines and best practices.
- Conduct an extensive review of the medical literature.

### The Format:

- Brief Coverage Statement
- Services Addressed in Other Coverage Standards
- Eligible Providers
- Eligible Places of Service
- Eligible Clients
- Covered Services and Limitations
- Non-Covered Services and General Limitations:
- Requirements
- Billing Guidelines
- Definitions
- References

# Purpose

## Why do we need Benefits Collaborative?

- Clearly define the sufficient amount, scope, or duration of Colorado's Medicaid covered services.
  - 42 CFR 440.230
- Ensure covered services are evidence-based and guided by best practices.
- Develop working relationships and collaborate with stakeholders.

# Objective

## Develop Benefit Coverage Standards

- Objective researchers draft the Benefit Coverage Standards according to evidence-based guidelines and best practices.
- Conduct an extensive review of the medical literature.



# What is a Benefit Coverage Standard?

- Identifies what is covered by Colorado Medicaid.
- Issues coverage determinations for the Colorado Medicaid program.



## The Format:

- Brief Coverage Statement
- Services Addressed in Other Coverage Standards
- Eligible Providers
- Eligible Places of Service
- Eligible Clients
- Covered Services and Limitations
- Non-Covered Services and General Limitations:
- Requirements
- Billing Guidelines
- Definitions
- References

# Coverage Determination vs. Medical Necessity:

## Coverage Determination

- An agency policy about what is covered for the entire Colorado Medicaid population.
  - Example: Weight Loss surgery is covered by Medicaid.



## Medical Necessity

- Involves authorizing a covered service for an individual Colorado Medicaid client.
  - Example: Client must be 1) clinically obese, 2) for at least 2 years, and 3) have made a previous attempt to lose weight.



# Benefits Collaborative

## Purpose

Why do we need Benefits Collaborative?

- Clearly define the sufficient amount, scope, or duration of Colorado's Medicaid covered services.
  - 42 CFR 440.230
- Ensure covered services are evidence-based and guided by best practices.
- Develop working relationships and collaborate with stakeholders.

## Step 1:

**Public Stakeholder Meetings**

- Stakeholders and partners review draft Benefit Coverage Standard (architectural framework).
- Feedback is provided.

## Step 2:

**Benefit Coverage Standard Revised**

- Log and report to medical review.
- Make revisions, if necessary.
- Revision shared with stakeholders and partners.
- Additional public meetings are scheduled as review needed.

## Step 3:

**Advising Councils Review**

- High Medicaid Medical Assistance and Services Advisory Council
- 42 CFR 431.32
- Colorado Advisory Committee

## Step 5:

**State Medicaid Director Approval**

- Benefit coverage standard reviewed internally.
- State Medicaid Director signs benefit coverage standard.

## Step 6:

**Incorporation By Reference Rule**

- 10 CFR 2009-10, Section 1000 effective June 1, 2012.
- Allows the Department to have a benefit coverage standard developed through the Benefits Collaborative, in rule without repeating its evaluation in rule.
- May not incorporate future versions. All changes must be approved by MDR.
- Available online and through the state publications depository library.

## The Process

### Coverage Determination vs. Medical Necessity:

**Coverage Determination**

- An agency policy about what is covered for the entire Colorado Medicaid population.
- Example: Weight loss surgery is covered by Medicaid.

**Medical Necessity**

- Applicable authorizing a covered service for an individual Colorado Medicaid client.
- Example: Client must be 31 chronically obese, 21 for at least 2 years, and 31 have made a previous attempt to lose weight.

### What is a Benefit Coverage Standard?

- Identifies what is covered by Colorado Medicaid.
- Issues coverage determinations for the Colorado Medicaid program.

### The Format:

- Brief Coverage Statement
- Services Addressed in Other Coverage Standards
- Eligible Providers
- Eligible Places of Service
- Eligible Clients
- Covered Services and Limitations
- Non-Covered Services and General Limitations:
- Requirements
- Billing Guidelines
- Definitions
- References

## Objective

**Develop Benefit Coverage Standards**

- Objective researchers draft the Benefit Coverage Standards according to evidence-based guidelines and best practices.
- Conduct an extensive review of the medical literature.

# Step 1:

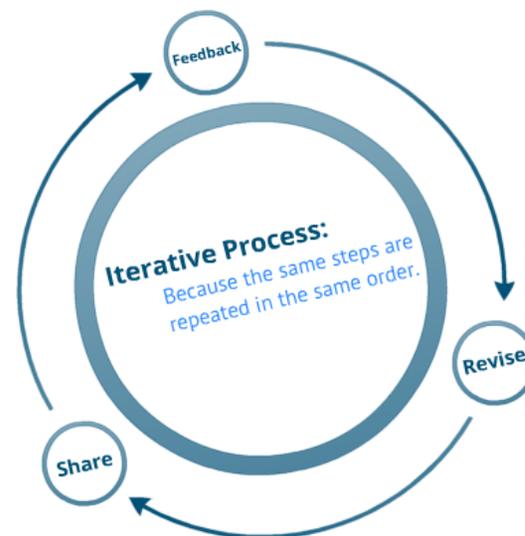
## Public Stakeholder Meetings

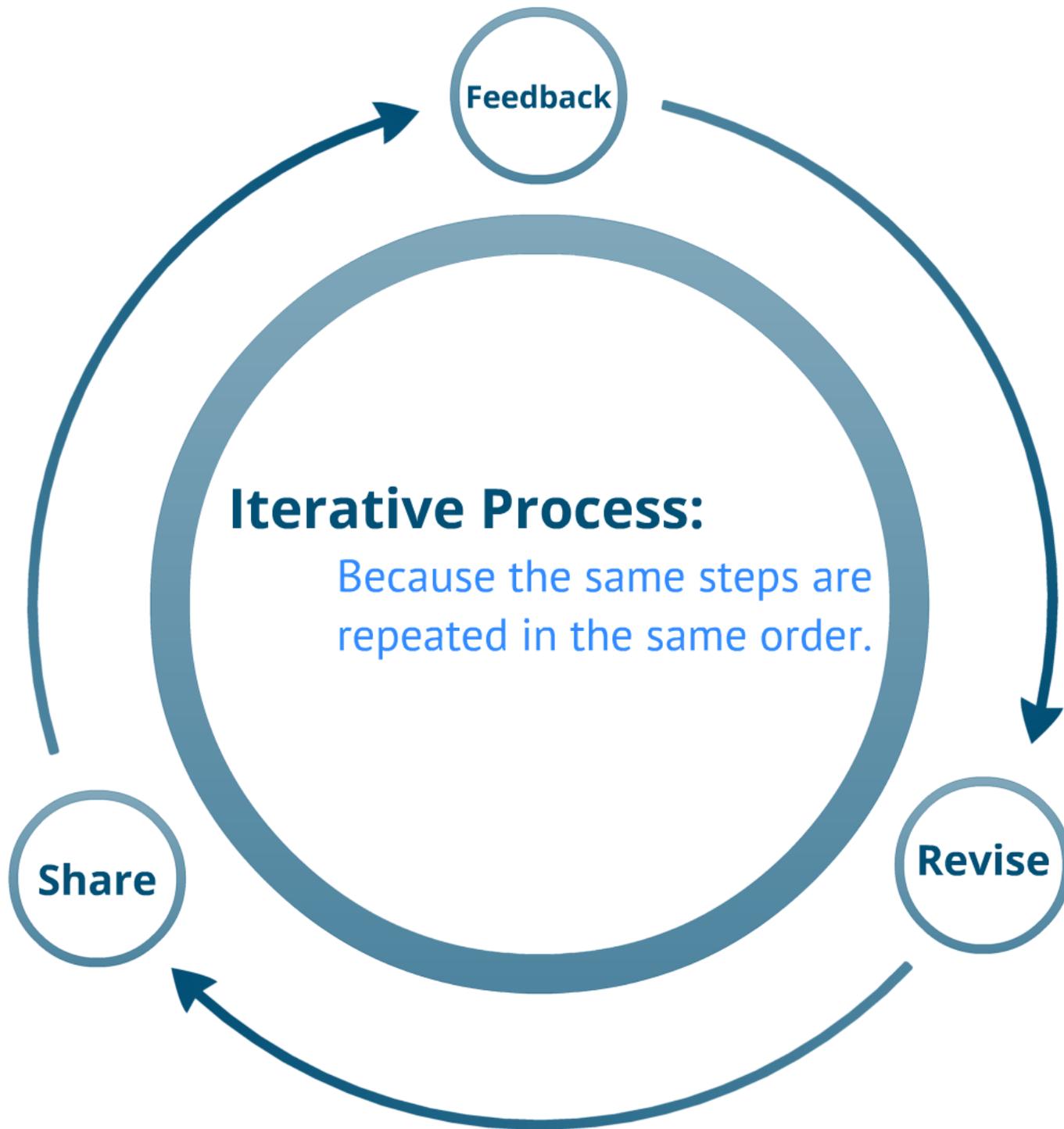
- Stakeholders and partners review draft Benefit Coverage Standard (architectural framework).
- Feedback is provided.

# Step 2:

## Benefit Coverage Standard Revised

- Log and respond to feedback received.
- Make revisions, if necessary.
- Revisions shared with stakeholders and partners.
- Additional public meetings are scheduled to review revised draft.





# Step 3:

## Advising Councils Review

- Night MAC (State Medical Assistance and Services Advisory Council)
  - 42 CFR 431.12
- Children's Advisory Committee



# Step 4:

## Public Comment Period

- Public notice, announcing open and close dates, is sent to stakeholders and partners one week before the open date.

Pro

# Step 5:

## State Medicaid Director Approval

- Benefit coverage standard reviewed internally.
- State Medicaid Director signs benefit coverage standard.

# Step 6:

## Incorporation By Reference Rule

10 CCR 2505-10, Section 8.010 effective June 1, 2012.

- Allows the Department to have a benefit coverage standard, developed through the Benefits Collaborative, in rule without repeating it verbatim in rule.
- May not incorporate future versions. All changes must be approved by MSB.
- Available online and through the state publications depository library.

# Benefits Collaborative

## Purpose

Why do we need Benefits Collaborative?

- Clearly define the sufficient amount, scope, or duration of Colorado's Medicaid covered services.
  - 42 CFR 440.230
- Ensure covered services are evidence-based and guided by best practices.
- Develop working relationships and collaborate with stakeholders.

## Step 1:

**Public Stakeholder Meetings**

- Stakeholders and partners review draft Benefit Coverage Standard (architectural framework).
- Feedback is provided.

## Step 3:

**Advising Councils Review**

- Single HIC Chief Medical Assistant and Services Advisory Council
- 42 CFR 440.15
- Colorado Advisory Committee

## Step 2:

**Benefit Coverage Standard Revised**

- Log on to public feedback tool.
- Make revisions if necessary.
- Services identified by stakeholders and partners reviewed.
- Final and public coverage are identified to review standard.

## The Process

## Step 5:

**State Medicaid Director Approval**

- Benefit coverage standard reviewed internally.
- State Medicaid Director signs benefit coverage standard.

## Step 4:

**Public Comment Period**

- Public notice, announcing open and close dates, to call on stakeholders and partners to comment before the open date.

## Step 6:

**Incorporation By Reference Rule**

- 42 CFR 200.50, Section 8010 effective June 1, 2012.
- Allows the Department to have a benefit coverage standard developed through the Benefits Collaborative, or its subcommittee, if verified in rule.
- May not incorporate future versions. All changes must be approved by MSB.
- Available online and through the state publication depository library.

## Coverage Determination vs. Medical Necessity:

**Coverage Determination**

- An arbitrary policy about what is covered for the entire Colorado Medicaid population.
- Example: Weight loss surgery is covered by Medicaid.

**Medical Necessity**

- Involves certifying a covered service for an individual Colorado Medicaid client.
- Example: Client must be 1) clinically obese, 2) not at least 2 years, and 3) have made a genuine attempt to lose weight.

## What is a Benefit Coverage Standard?

- Identifies what is covered by Colorado Medicaid.
- Issues coverage determinations for the Colorado Medicaid program.

## The Format:

- Brief Coverage Statement
- Services Addressed in Other Coverage Standards
- Eligible Providers
- Eligible Places of Service
- Eligible Clients
- Covered Services and Limitations
- Non-Covered Services and General Limitations
- Requirements
- Billing Guidelines
- Definitions
- References

## Objective

**Develop Benefit Coverage Standards**

- Objective researchers draft the Benefit Coverage Standards according to evidence-based guidelines and best practices.
- Conduct an extensive review of the medical literature.