

Speech Generating Devices Benefit Coverage Standard

2015 Review

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Sep -24



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Our Mission

Improving health care access and outcomes for the **people** we serve while demonstrating sound stewardship of financial **resources**



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What is the Benefits Collaborative Process?



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Benefits Collaborative

Purpose

Why do we need Benefits Collaborative?

- Clearly define the sufficient amount, scope, or duration of Colorado's Medicaid covered services.
- 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

- Engage respondents 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

- State Medicaid Director, Medicaid Advisory Council, and Service Advisory Council
- Children's Advisory Committee

Step 4:

Public Comment Period

- Public notice, announcing open and close dates, is sent to stakeholders and partners.

Step 5:

State Medicaid Director Approval

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

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



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***What's My Role Here
Today ?***

How Do I Participate?



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Your Role

Participants Are Consultants

Your role is to provide suggestions for policy improvement based on:

- Evidence based research and data
- Peer reviewed literature
- Knowledge of the population we serve



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Guiding Principles

Policy Suggestions Adopted Will:

- Be guided by recent clinical research and evidence based best practices, wherever possible.
- Be cost effective and establish reasonable limits upon services.
- Promote the health and functioning of Medicaid clients.



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Guiding Principles

What is meant by “recent clinical research” ?

- A body of research based on consistent clinical results that speaks to the efficacy of a treatment.
- Fields of medicine evolve at different rates. Generally, research is considered “recent” when within the last three years.



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Guiding Principles

What is meant by “evidence based best practice” ?

- Best practices are generally defined by professional organizations, representing practitioners who administer the service(s) in question.
- Best practices are typically derived from the type of clinical research already mentioned.



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Guiding Principles

What is meant by “cost effective” ?

- A service must be effective in relation to its cost.
 - Example: the cost of providing Breast and Cervical Cancer Screening to all clients with a family history is offset by the effectiveness of early detection and the money saved through prevention.

What “cost effective” does not mean:

- Cost effective does not mean cheap or ineffective.



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Our Role

- To seek out the feedback of the population we serve and those that support them.
- To implement suggested improvements that meet the collaborative's guiding principles.
- To foster understanding in the community about how policy is developing, and why.



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Ground Rules

Participants Are Asked To:

- Mind E-manners
- Identify Yourself
- Speak Up Here & Share The Air
- Listen for Understanding
- Stay Solution Focused
- Stay Scope Focused



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Speech Generating Devices

Kimberley Smith
Benefits Collaborative Coordinator



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Covered Services

➤ SPEECH GENERATING DEVICES

- Digitized Speech Generating Devices
- Synthesized Speech Generating Devices

Note: In this Benefit Coverage Standard, tablet computers are included under Synthesized Speech Generating Devices

➤ SPEECH GENERATING SOFTWARE

➤ ACCESSORIES

- Alternate access methods and mounting and safety devices designed to maintain the life expectancy of the SGD.

➤ REPAIR

- When no longer covered by warranty; and
- When cost of repair does not exceed 60% of replacement cost

➤ REPLACEMENT

- Minimum replacement timeline is 5 years, exceptions apply



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What's New?

➤ Title

Changed title from Augmentative and Alternative Communication Devices to Speech Generating Devices

➤ Eligible Providers

Added Recommending Providers (SLPs)

➤ Repair & Replacement

Added this sub-section under Covered Services. It defines Repairable vs. Non-repairable; gives replacement time lines; and establishes policy exceptions for changes to medical condition, loss, theft or damage

➤ Prior Authorization Process

Added documentation requirement for Client Pre-owned devices

➤ Billing

Added Billing Guidelines section, which specifies that PDAC coding must be used when requesting all Speech Generating Devices, except Tablet Computers; rendering providers may not bill for training.



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Discussion



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Questions or Concerns?



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Thank You!

