

Transgender Services Benefits Collaborative

11/9/2015

Kimberley Smith
Benefits Collaborative Coordinator



COLORADO

Department of Health Care
Policy & Financing

Our Mission

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



What is the Benefits Collaborative Process?



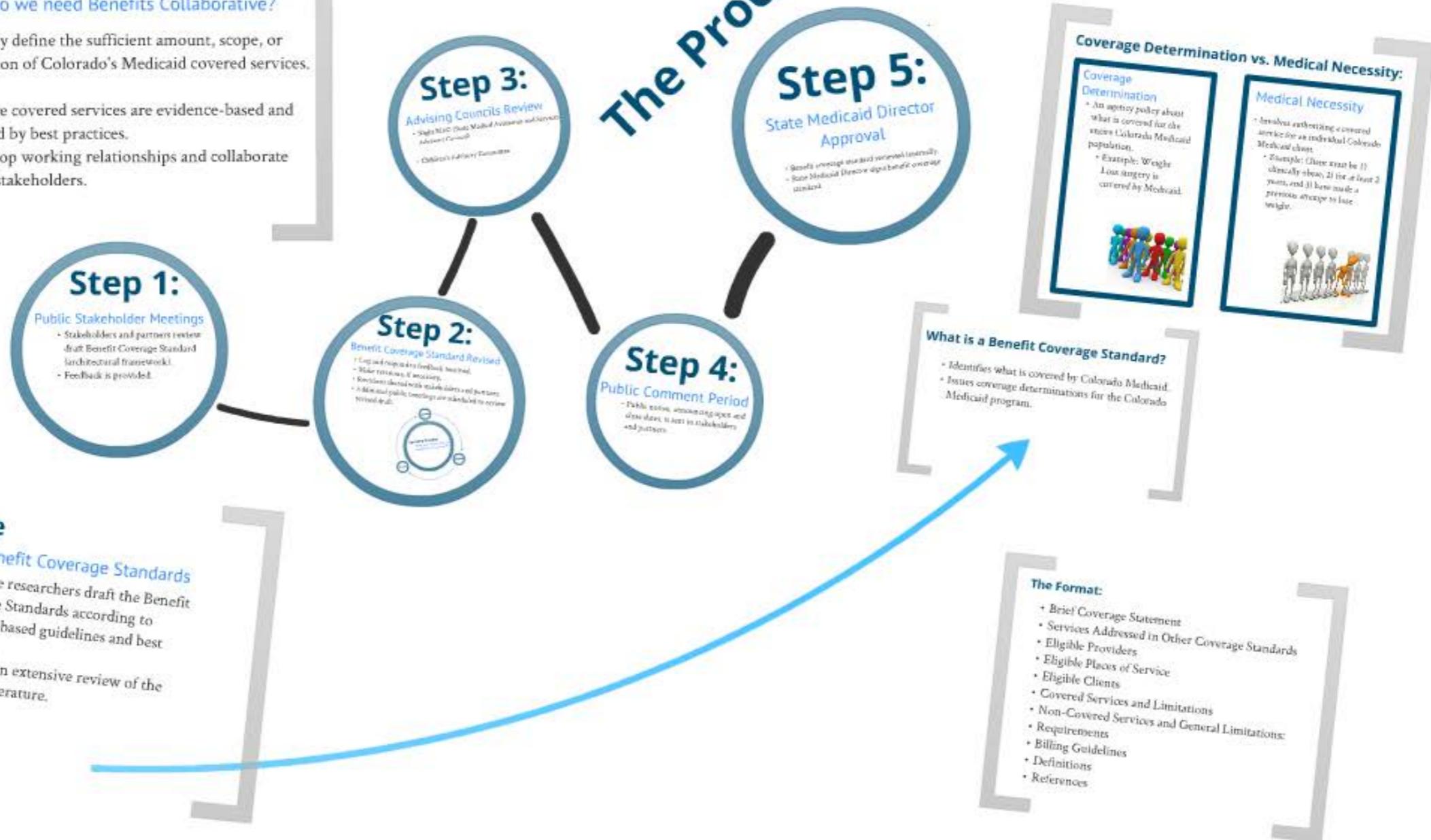
Benefits Collaborative

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



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Objective

Develop Benefit Coverage Standards

- Subject matter experts 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 services are covered by Colorado Medicaid.
- Defines the appropriate amount, scope and duration of a covered service.
- States determination of whether a given service is medically necessary.
- Describes the service.
- Lists who is eligible to provide and receive said service and where.



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:
- 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.



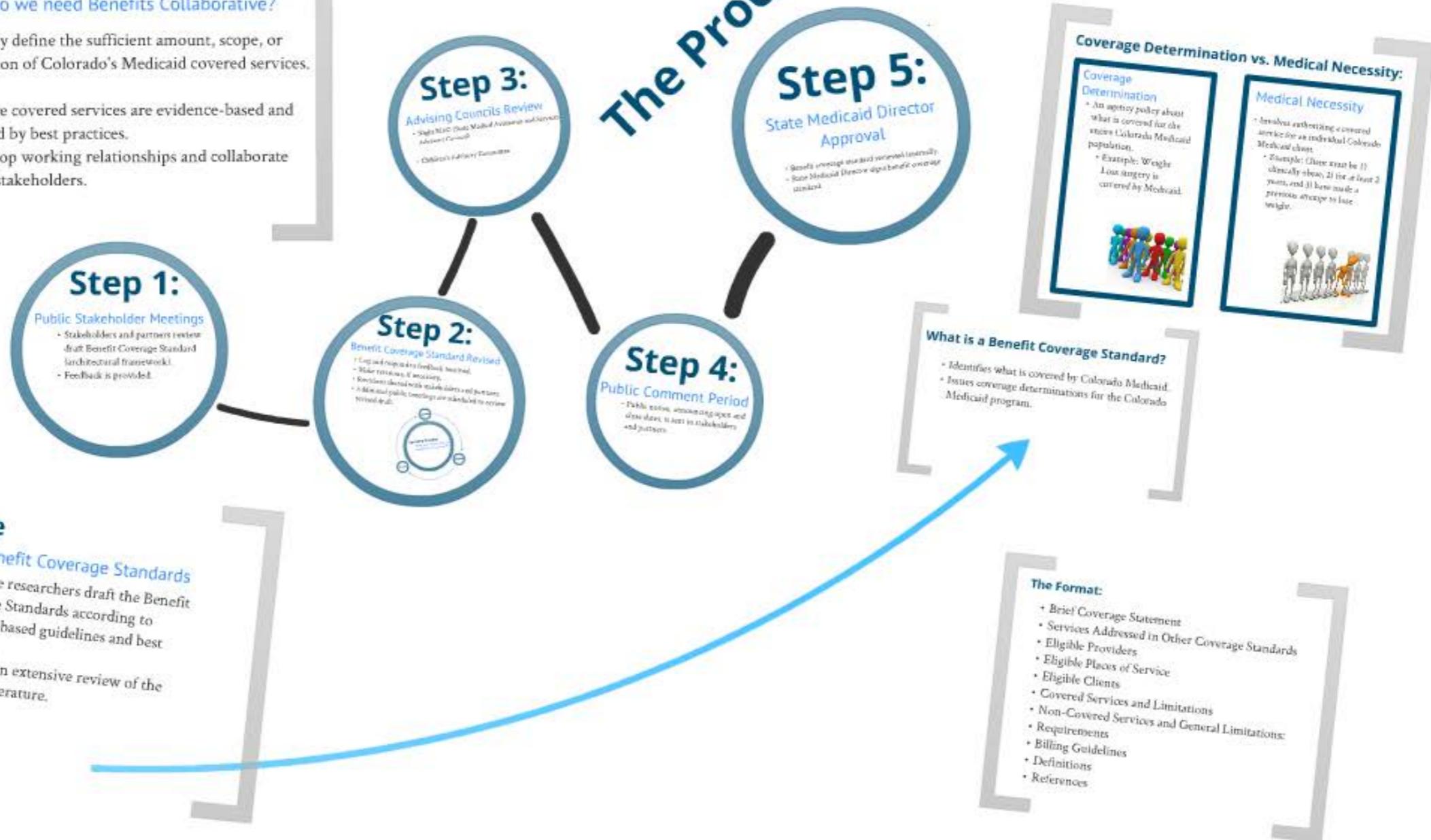
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Step 1:

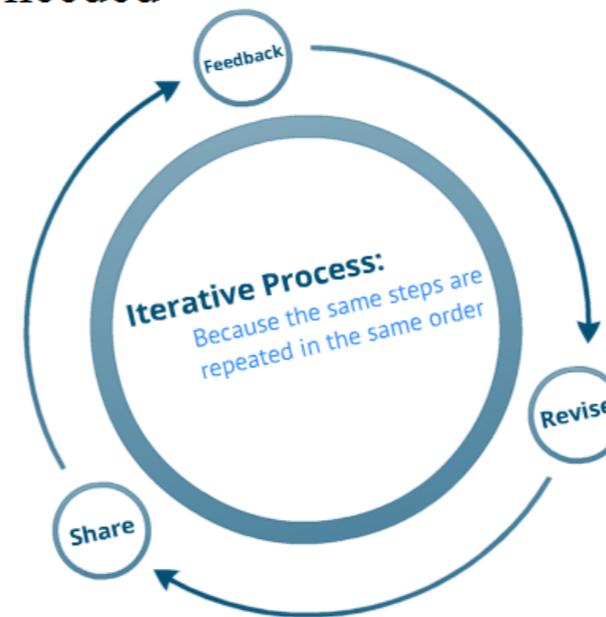
Public Stakeholder Meetings

- Stakeholders review draft Benefit Coverage Standard
- Feedback is provided

Step 2:

Benefit Coverage Standard Revised

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



Step 3:

Advising Councils Review

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



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Step 4:

Public Comment Period

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

Step 5:

State Medicaid Director Approval

- Benefit Coverage Standard reviewed internally
- State Medicaid Director signs
Benefit Coverage Standard



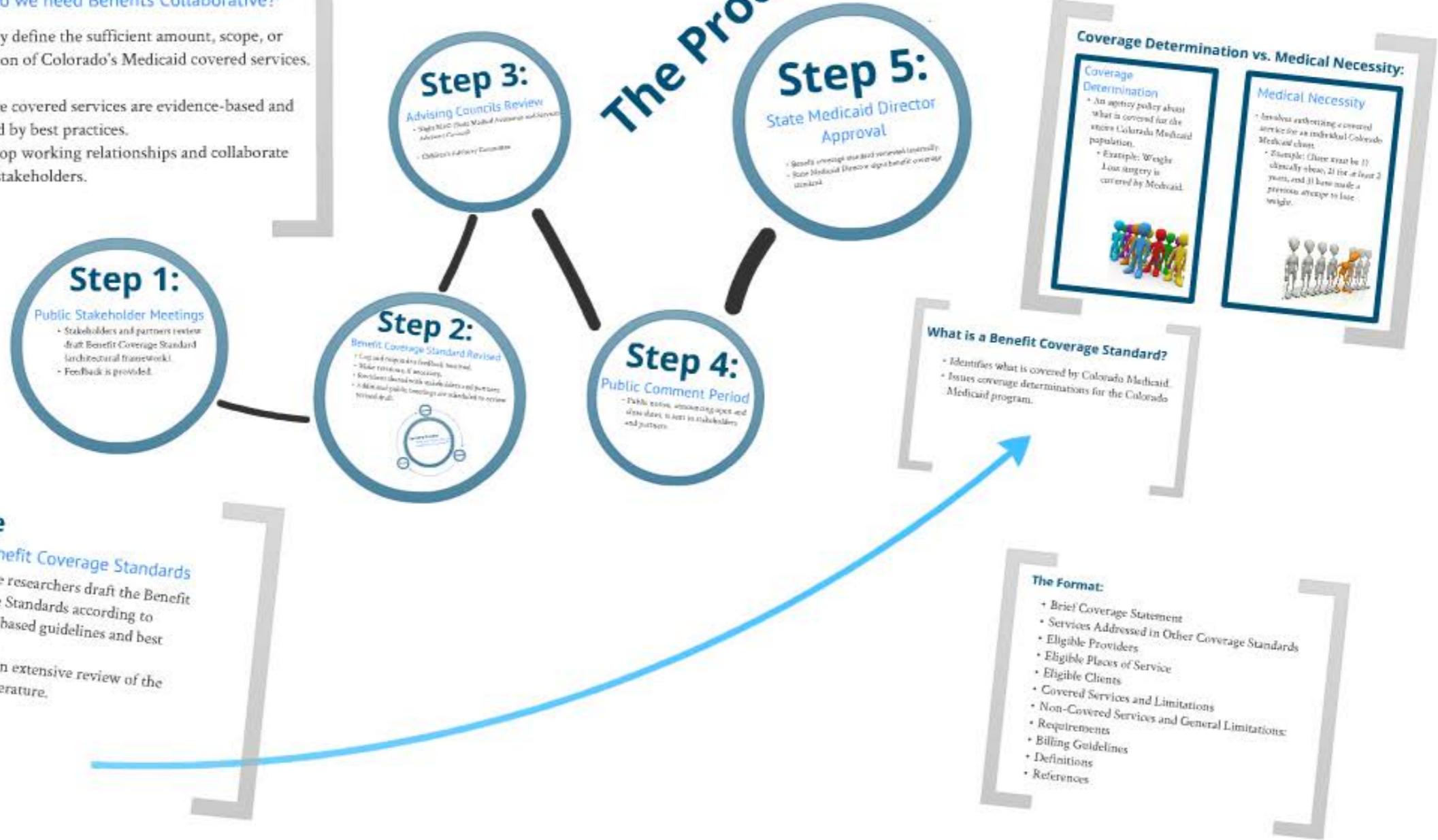
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The Process



*What's My Role Here
Today ?*

How Do I Participate?



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



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.



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.



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.



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.



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.



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



Transgender Services: Discussion of First Draft

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Next Meeting: Surgery

February 16th

2:30-4pm

303 E 16th Ave, 7B



Thank You



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