

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?



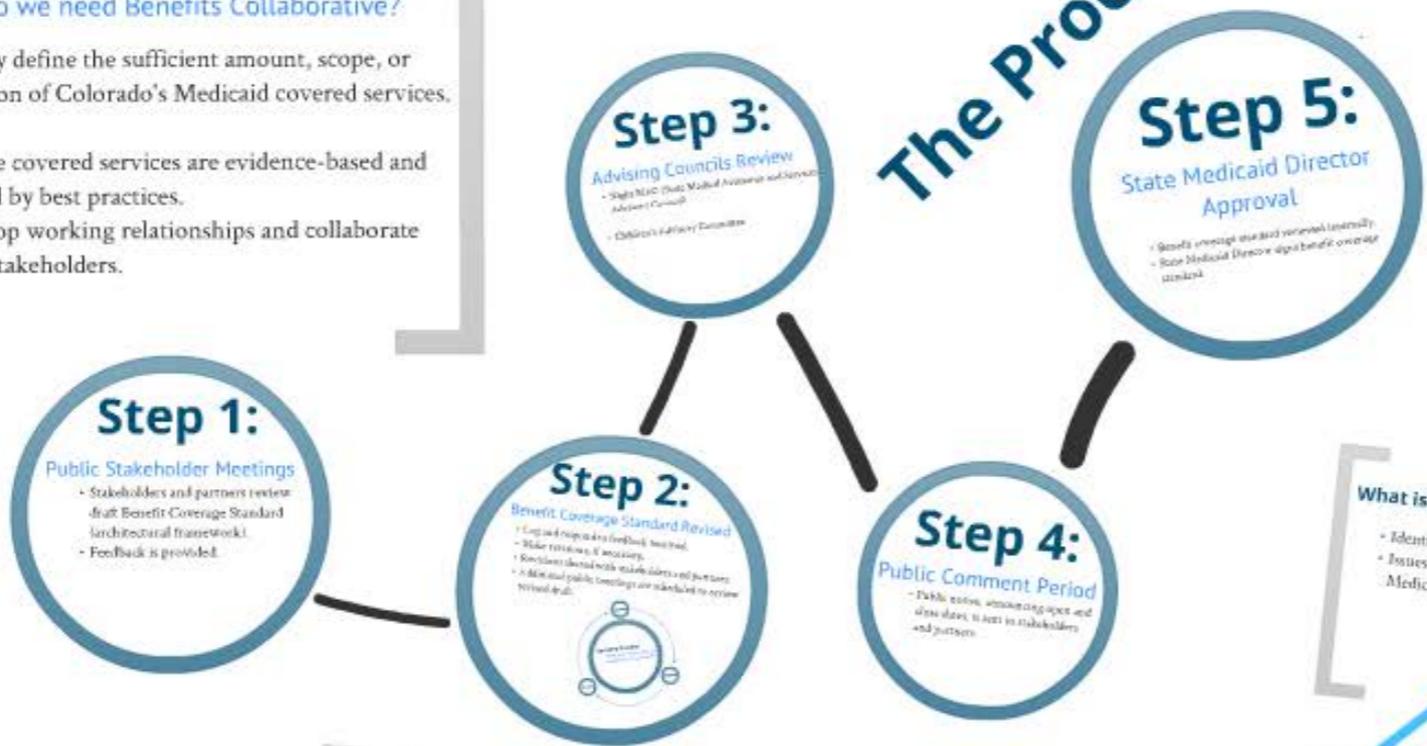
Benefits Collaborative

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



Step 1:

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

Step 2:

- Benefit Coverage Standard Revised**
- Cap and scope are finalized, based on stakeholder feedback.
 - Stakeholders review if necessary.
 - Finalized standard with stakeholders and partners.
 - A final public comment period is provided to review the standard.

Step 3:

- Advising Councils Review**
- State Medicaid Advisory Council and Service Advisory Council
 - Children's Advisory Committee

Step 4:

- Public Comment Period**
- Public notice, outreach, input and ideas shared to assist in stakeholder 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

- Analysis 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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Objective

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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.



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Coverage Determination vs. Medical Necessity:

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Medical Necessity

- Involves authorizing a covered service for an individual Colorado Medicaid client.
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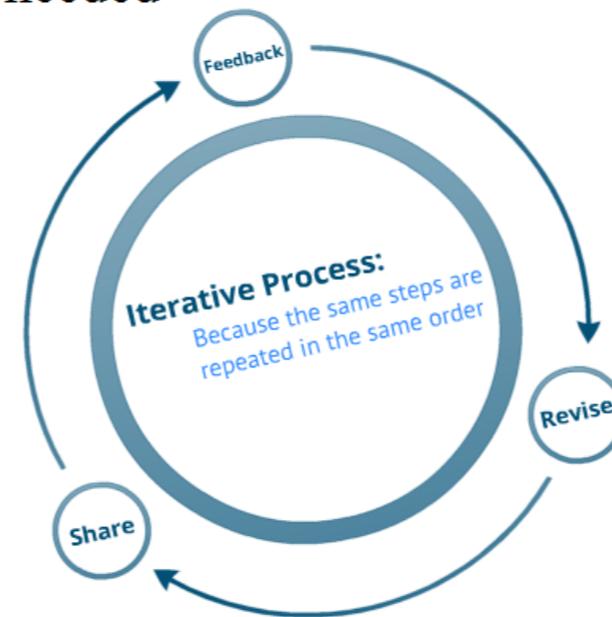
Public Stakeholder Meetings

- 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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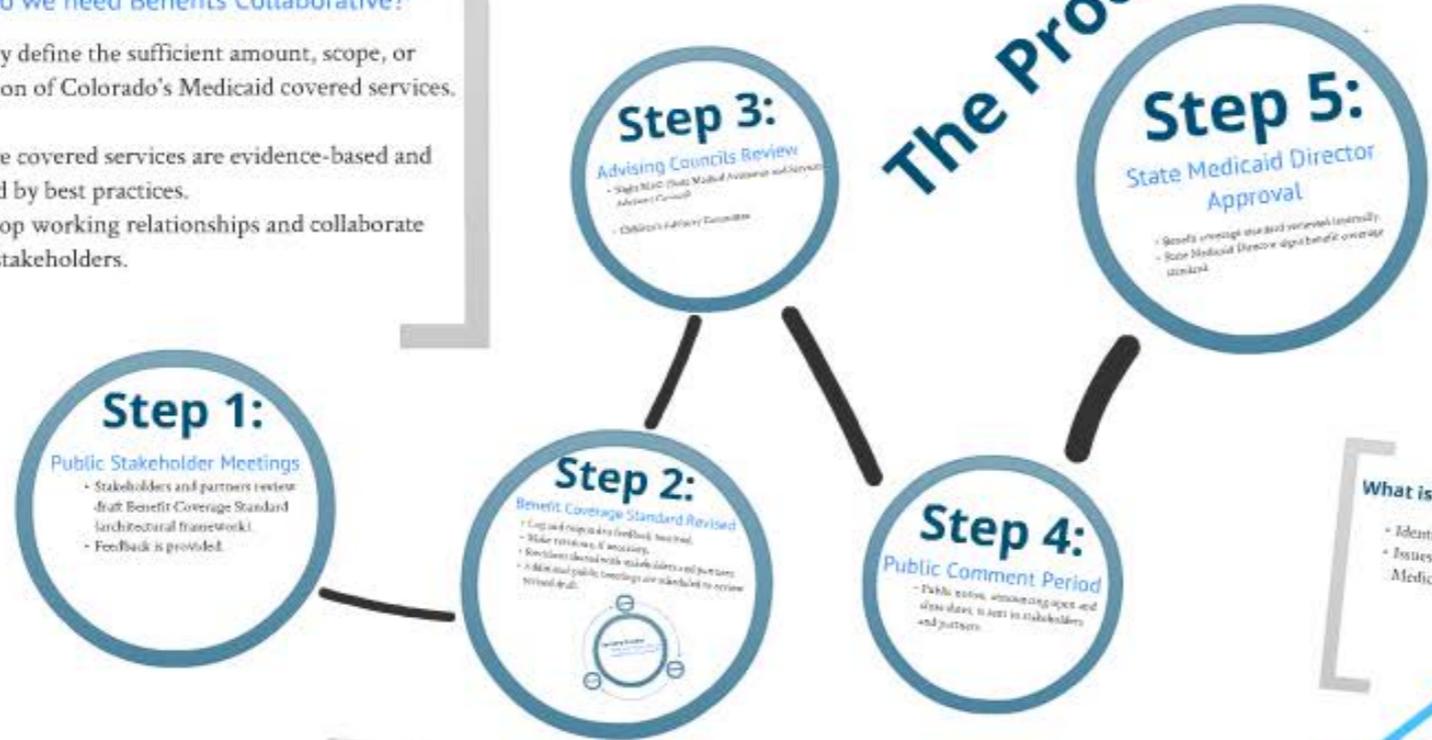
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- Example: Client was in 11 obesity class, 21 for at least 2 years, and 31 have made a previous attempt to lose weight.

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*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

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Terminology

Transgender

A transgender person is someone whose sex at birth is different from who they know they are on the inside.

Many transgender people are prescribed hormones by their doctors to change their bodies. Some undergo surgery as well.



Terminology

Transition

The time when a person begins to live as the gender with which they identify rather than the gender they were assigned at birth.

Altering one's birth sex is not a one-step procedure; it is a complex process that occurs over a long period of time.



Terminology

Transition

Transition includes some or all of the following personal, medical and legal steps:

- Telling one's family, friends, and co-workers;
- Using a different name and new pronouns;
- Dressing differently;
- Changing ones' name and/or sex on legal documents;
- Hormone therapy; and possibly (though not always)
- One or more types of surgery

The exact steps involved in transition vary from person to person.



Terminology

Sex Reassignment Surgery (SRS) Also known as Gender Confirmation Surgery

Refers to doctor-supervised surgical interventions, including those sometimes also referred to as “top surgery” (breast augmentation or removal) or “bottom surgery” (altering genitals), and is only one small part of transition.

These surgical interventions are medically necessary for some people, however not all people want, need or can have surgery as part of their transition.



Terminology

Terms to Avoid

Please refer to pages 5-6 of the GLAAD Media Reference Guide provided for a list of problematic and defamatory terms.

Defamatory language should never be used.



General Discussion of Proposed Policy

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Next Meeting: Surgery

February 16th

2:30-4pm

303 E 16th Ave, 7B



Thank You



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