

# *Vision Services Benefits Collaborative*

10/22/2015

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?***



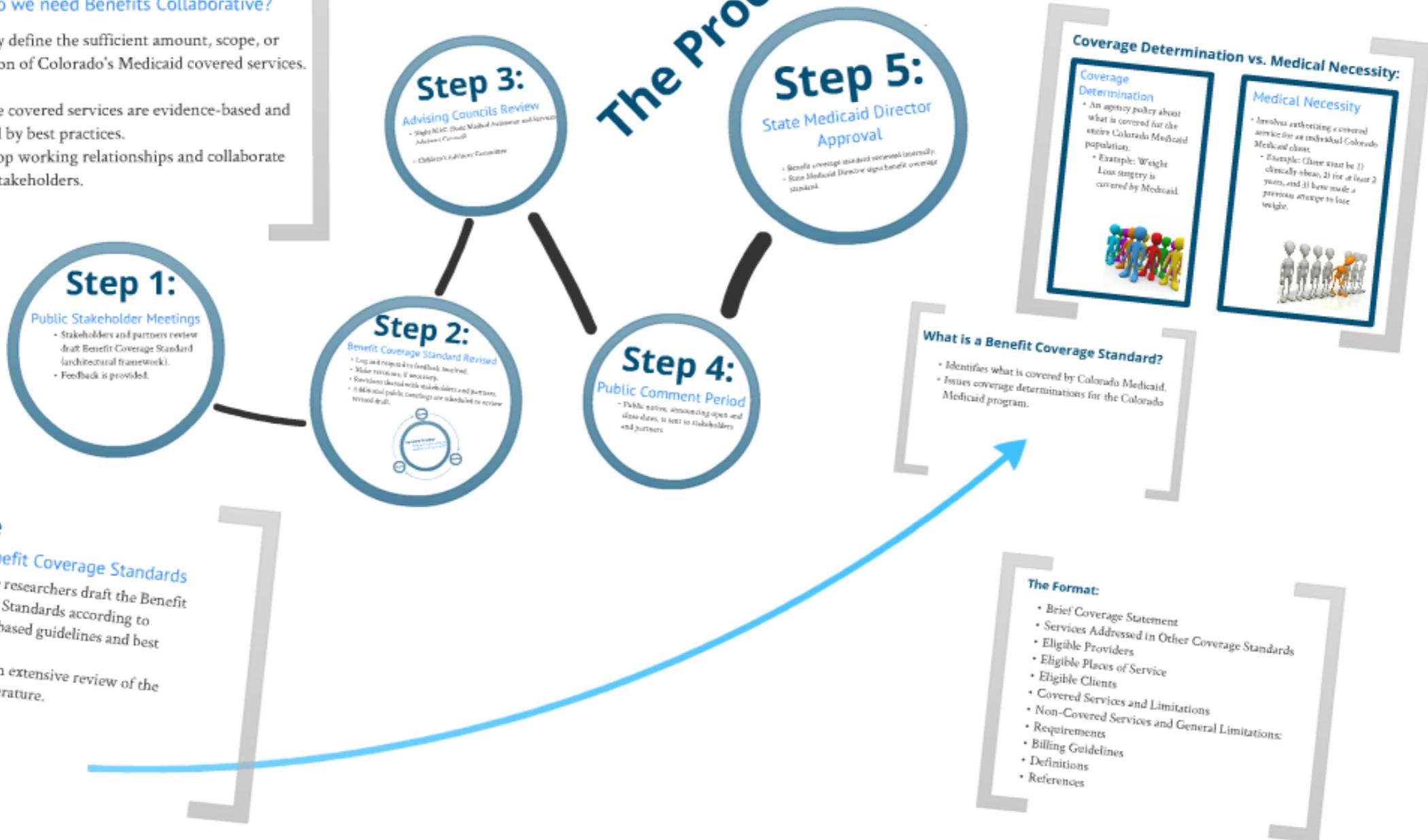
# Benefits Collaborative

## 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**

- 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 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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# 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
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# Coverage Determination vs. Medical Necessity:

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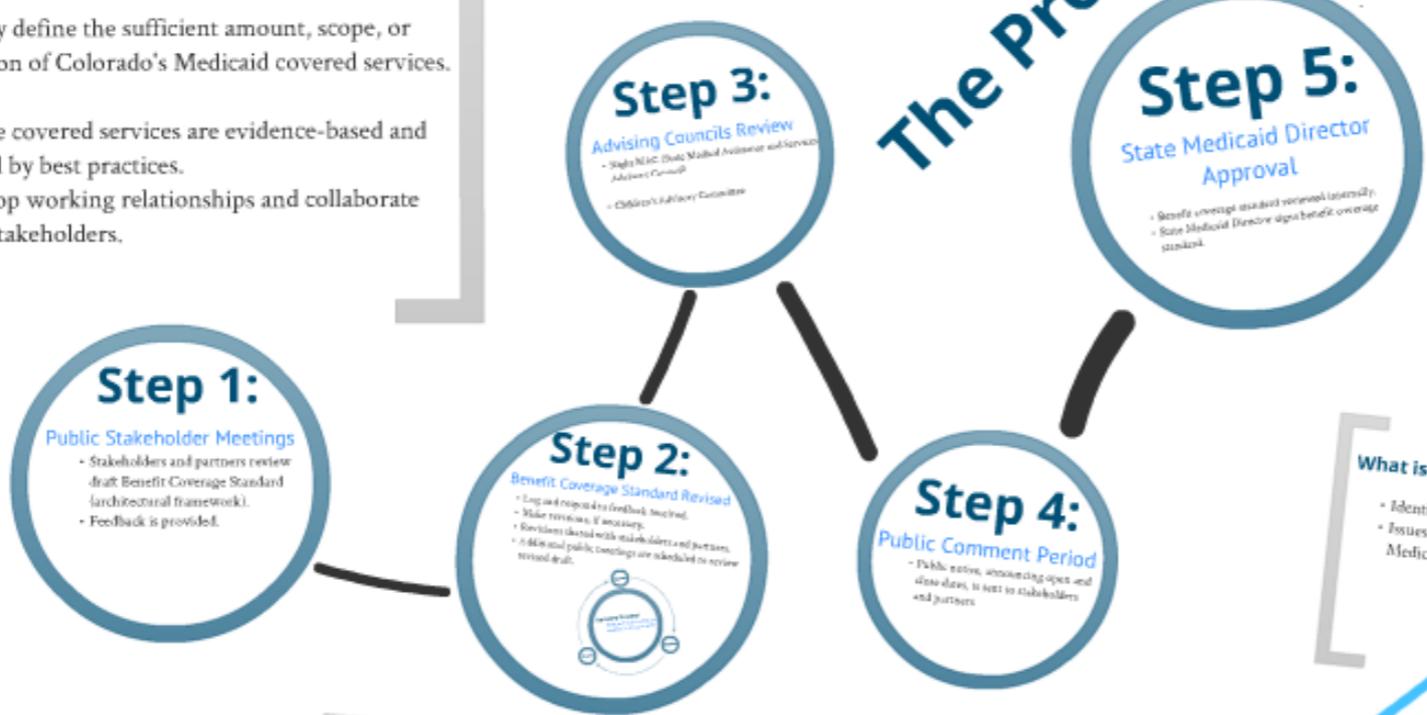
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  - Feedback is provided.

### Step 2:

- Benefit Coverage Standard Revised**
- Engage respondents for feedback, feedback, and stakeholder reviews, if necessary.
  - Revisions shared with stakeholders and partners.
  - Additional public meetings are scheduled to review revised draft.

### Step 3:

- Advising Councils Review**
- State Medicaid 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:

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- Benefit coverage standard reviewed internally.
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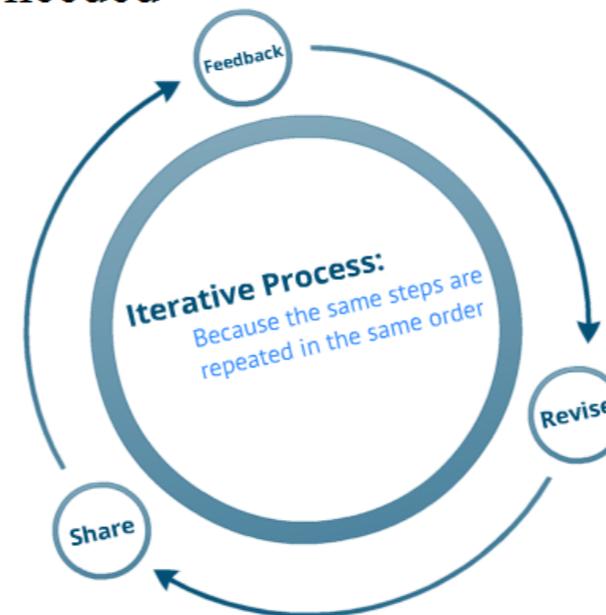
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- Stakeholders review draft Benefit Coverage Standard
- Feedback is provided

# 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



# 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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- State Medicaid Advisory Council and Service Advisory Council
- Children's Advisory Committee

### Step 2:

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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



# *Vision Services*

Kimberley Smith  
Benefits Collaborative Coordinator



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# Background:

- Colorado Medicaid already covers the following vision services:
  - Comprehensive eye exams
  - Detection, treatment, and management of Ocular and Systemic Diseases
  - For youth 20 years and younger :
    - Medically necessary eyewear
  - For adults 21 years and older:
    - Medically necessary eyewear, post-surgery



# Background:

- Extent of the amount, scope and duration for these services is defined but has not previously been codified in policy/rule.
- The draft Vision Services Benefit Coverage Standard proposed today is a codification of existing policy.
- Small changes to provider and client eligibility criteria are being proposed.
- No new vision services are proposed, at present.



# *Discussion*



*Thank You*



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