Transportation Services Benefits Collaborative

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Kimberley Smith
Compliance & Stakeholder Relations Unit Manager

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

Step 3:
Advising Councils Review

Step 4:
Public Comment Period

Step 5:
State Medicaid Director Approval

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.

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.

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 Policies

- Subject matter experts draft a coverage policy according to evidence-based guidelines and best practices

What is a Benefit Coverage Policy?

- Identifies what services are covered by Health First Colorado (Colorado's Medicaid Program)

- 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

- The Department will draft a plain-spoken rule that includes the following sections:

  - Client Eligibility
  - Provider Eligibility
  - Covered Services
  - Prior Authorization Requirements
  - Limitations

- In addition, the Department may draft additional policy guidance for inclusion within the Provider Billing Manual.

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Step 1:

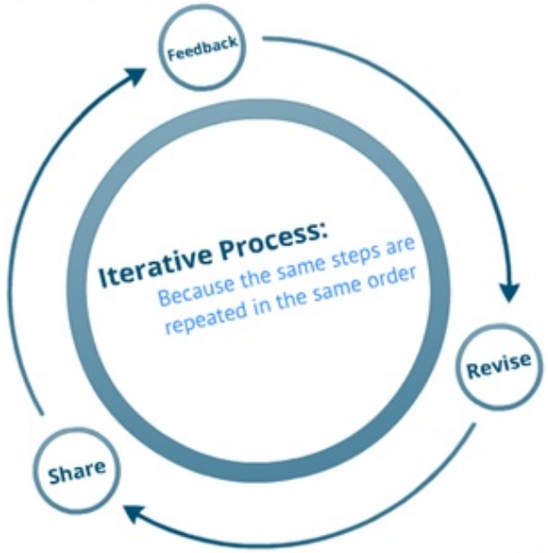
Public Stakeholder Meetings

- Stakeholders review draft Benefit Coverage Policy
- Feedback is provided

Step 2:

Benefit Coverage 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 Policy reviewed internally
- State Medicaid Director approves

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.

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

Transportation Services

Kimberley Smith – Compliance & Stakeholder Relations Unit Manager
Elizabeth Reekers-Medina – Transportation Policy Specialist

COLORADO
Department of Health Care Policy & Financing

Emergency Medical Transportation (EMT) Policy

- Existing policy newly drafted into rule:
  - Provider Eligibility and Responsibilities

- Newly proposed change for inclusion in rule:
  - Changed terminology of Critical Care Transportation to Specialty Care Transportation.

- Added definitions: client, facility, fixed wing and rotor wing air ambulance, ground ambulance, life sustaining supplies, mileage, paramedic

Non-Emergent Medical Transportation (NEMT) Policy

- Most existing policy content within the NEMT Benefit Coverage Standard is being moved to the rule.

- Newly proposed policy for inclusion in rule:
  - Client responsibilities
  - Exceptions to reimbursement for the shortest distance
  - Timeline for members to submit documentation to the SDE

- Added definitions: air ambulance, ambulatory vehicle, client, day treatment, fixed wing and rotor wing air ambulance, ground ambulance, life sustaining supplies, MCT permit, mode, trip, urgent care

NEMT Request for Proposals

- The Department currently contracts a broker, Veyo, to administer NEMT services within a nine county service area. The term of this contract ends in June 2019.

- The Department plans to release a new Request for (contract) Proposals (RFP) for an NEMT Broker by the end of 2018.

- The Department requests stakeholder feedback on potential changes to the existing NEMT Broker contract that could be included as potential contract deliverables within the new RFP solicitation.

NEMT Request for Proposals

- The Department plans to request the following within the RFP:
  - A quote to administer NEMT outside of the nine county service area; and
  - Affirmation by contractors of their ability to do the following:
    - Call clients prior to the trip to verify the trip
    - Follow up with clients who did not show up for their trip
    - Meet processing timeframes for mileage reimbursement
    - Coordinate statewide all air, train, and out-of-state transportation requests

NEMT Request for Proposals

- The Department would like input on the possibility of also addressing the following in the RFP:
  - On-Demand/Lyft-like transportation
  - Urgent transportation needs
  - Complaints process
  - Satisfaction survey(s)
  - Usage of gas cards
  - Company report cards
  - Reporting requirements
  - Coordination with Regional Accountable Entities

Thank You

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