



EPSDT
SCHIP
Medicaid
OHP

Understanding the Alphabet Soup of Public Funded Health Care

Jim Ledbetter, M.D., F.A.A.P.
Director, OCCYSHN

Oregon Center for Children and Youth
with Special Health Needs

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Objectives

- Understand the core characteristics of Medicaid as they relate to children, including EPSDT
- Understand the difference between Medicaid and SCHIP
- Understand how the Oregon Health Plan (OHP) utilizes both Medicaid and SCHIP to provide benefits to Oregon's needy children
- Become familiar with the role Managed Care Organizations (MCO) including Mental Health Organizations play in the OHP
- Explain Katie Beckett (TEFRA) Waivers

What is Medicaid?

Title XIX of the Social Security Act is a program which provides medical assistance for certain individuals and families with low incomes and resources

What is Medicaid?

The program became law in 1965 as a jointly funded cooperative venture between the Federal and State governments to assist States in the provision of adequate medical care to eligible needy persons.

How is Medicaid Different from Medicare?

Medicaid mainly serves low-income families, while Medicare covers elderly and disabled people who receive Social Security, regardless of their income.

How is Medicaid Different from Medicare?

While Medicare is paid for and managed entirely by the federal government, Medicaid is a joint program with costs shared by both federal and state governments.

How is Medicaid Different from Medicare?

- Medicaid also covers many services for low-income elderly and disabled people that Medicare does not pay for.
- Both programs are individual entitlements, which means that everyone who meet certain **criteria** will qualify.

How does the Medicaid Partnership Work?

Within broad national guidelines,
which the Federal government
provides...

Each State:

- Establishes its own eligibility standards;
- Determines the type, amount, duration, and scope of services covered;
- Sets the rate of payment for services;
- Administers its own program.

Medicaid

Thus, the Medicaid program varies considerably from State to State, as well as within each State over time.

The State Plan

- Each state describes the groups of individuals who can receive Medicaid services and the services available to them in a document called the “state plan”.
- A state can amend its plan to change its program, but State plan amendments are subject to federal review and approval.
- Each state must designate one of its agencies to administer its Medicaid program.
- The Medicaid agency may enter into agreements with other state agencies to administer specific services.

What's in a Name?

- The federal agency that oversees Medicaid (and Medicare) is the Centers for Medicare and Medicaid Services (CMS)
- The agency in Oregon that oversees Medicaid is the Division of Medical Assistance Programs (DMAP, previously OMAP)

Six Divisions within DHS

- Addictions and Mental Health Division
- Administrative Services Division
- Children, Adults and Families
- Division of Medical Assistance Programs
- Public Health Division
- Seniors and People with Disabilities Division

Medicaid is a “Vendor Payment” Program

- Typically, states pay providers directly on a fee-for-service basis once the provider has furnished a service.
- Subject to federal requirements, a state may pay for Medicaid services through prepayment ("capitation") arrangements when services are provided by managed care organizations (MCOs), also referred to as health maintenance organizations (HMOs) or similar organizations.

<http://www.tash.org/mdnewdirections/medicaid.htm>

Adequate Reimbursement?

States have broad discretion in determining the amount of payments for services. However, Federal law requires that payment rates must be sufficient to attract enough providers so that recipients can access needed services.

<http://www.tash.org/mdnewdirections/medicaid.htm>

Mandatory vs. Optional Populations

- Generally, eligibility for Medicaid is limited to low-income children, pregnant women, parents of dependent children, the elderly, and people with disabilities.
- States can choose to add optional populations, by expanding financial or medical condition criteria.

All States are Required to Cover the Following under Medicaid:

- Pregnant women
- Children from birth through age 5

***If family income is below 133 %
Federal Poverty Level***

All States are Required to Cover the Following under Medicaid:

- Children, ages 6 through 18 years

***If* family income is below 100 %
Federal Poverty Level**

All States are Required to Cover the Following under Medicaid:

- Children who are in foster care, or whose adoption was subsidized under Title IV-E of the SSA
- Persons (including Children) who are receiving Supplemental Security Income (SSI)

What is SSI?

Supplemental Security Income is a federal program that provides monthly checks and medical coverage to people who are financially eligible and either 65 and older, or blind or disabled.

SSI and Medicaid

- SSI eligibility also makes one eligible for Medicaid health insurance.
- The recipient must, however, apply for Medicaid from the state where the recipient resides.

For more detailed information go to

<http://www.ssa.gov/notices/supplemental-security-income/text-child-ussi.htm>

Are Non-citizens Eligible for Medicaid?

Non-citizens with appropriate documentation under any of the eligible categories may qualify for Medicaid, but only after they have lived in the USA for five years.

Are Non-citizens Eligible for Medicaid?

Undocumented Non-citizens under any of the qualifying categories are only eligible for Emergency Medicaid, which will only pay for emergency care (this includes labor and delivery for pregnant women).

Basic Federal Requirements for Medicaid

- A state must make services available to individuals on a comparable basis. With some exceptions, a state may not provide services that differ in amount or type to one group of beneficiaries than others.
- A state must guarantee that recipients have free choice in selecting from among qualified service providers when obtaining Medicaid services. That is, a state cannot require a person to obtain services from a specific provider to the exclusion of others.
- A state must make Medicaid services available statewide and provide that individuals have ready access to them.

Basic Federal Requirements for Medicaid

- A state must accept and make a prompt decision concerning a person's application for Medicaid services.
- A state may not limit or ration services due to a funding shortfall. A state is obligated to provide services in its state plan to all eligible persons. If a state cannot afford to provide the services, it must change its state plan.
- A state also must permit individuals to appeal adverse decisions concerning their eligibility or the authorization of services. This is called the Fair Hearing process.

Medicaid Waivers – Two Important, but Very Different Kinds

- Those that allow states to waive federal requirements to their state plan
 - 1115
 - 1915 (b)
 - HIFA
- Those that open eligibility to certain populations, waiving existing financial criteria
 - HCBS 1915 (c)
 - Katie Beckett (TEFRA)

Special Waiver Populations

There are certain eligibility options that can play an important role in enabling people with developmental disabilities to qualify for Medicaid services, even though these options are not reserved exclusively for such individuals. These options revolve around children and adults who do not qualify as members of a mandatory group, generally because their income or the family's income prevents them from being eligible to receive an SSI or other public assistance payment.

Home and Community-Based Service Waivers

- Waivers must be passed by legislation
- Each waiver is built for a specific population
- Number served by each waiver is capped
- Different waivers may be administered by different state agencies
- May waive income and resource rules that otherwise prevent eligibility for Medicaid
- Allows persons at risk of institutionalization to stay in the community

Home and Community-Based Service Waivers

Value to CSHCN

- Medicaid's benefits may be more comprehensive than some private insurances
- May waive comparability requirement allowing case management, and other services not available to the general Medicaid population
- May include non-medical services such as respite care, or the employment of non-medical personnel (including some family members) to provide additional health care services to keep children with special needs at home and not in institutions

Oregon's Children's Intensive In-Home Services (CIIS) Program

- Medically Fragile Children's Unit
- Intensive Behavior Program
- Medically Involved Program

For more detailed information go to

<http://www.oregon.gov/DHS/dd/children/in-home.shtml#ciis>

Katie Becket Waivers

TEFRA 134(a), a provision of the Tax Equity and Fiscal Responsibility Act of 1982, allows states to extend Medicaid coverage to certain disabled children. Also known as the Katie Beckett option, TEFRA is a category of Medicaid that provides care to disabled children in their homes rather than in institutions. To qualify for TEFRA benefits, the child must be disabled according to the Supplemental Security Income (SSI) definition of disability and must meet the medical-necessity requirement for institutional care.

<http://www.medicaid.state.ar.us/InternetSolution/General/programs/tefra/tefra.aspx>

What is EPSDT?

Early and Periodic Screening, Diagnosis & Treatment

The federally mandated health care **benefit package**, administered in partnership with each state, for essentially **ALL** Medicaid enrolled children, ages birth through 20 years.

Is EPSDT Different from Medicaid?

Through EPSDT, each state's Medicaid plan must provide to any EPSDT recipient any medically necessary health care service, even if the service is not available under the State's Medicaid plan to the rest of the Medicaid population.

- Coverage **does not** include:
 - Experimental treatments
 - Services or items not generally accepted as effective
 - Services for the caregiver's convenience

Why is EPSDT so Important?

- More than HALF of all Medicaid enrollees across the country are children.
- EPSDT is designed to enhance primary care of children with emphasis on prevention, early diagnosis and timely treatment.

The EPSDT Benefit Consists of:

Assuring availability and accessibility of required health care services and items.



The EPSDT Benefit Consists of:

Helping Medicaid clients and their parents or guardians effectively use these resources (through HMO or provider staff or EPSDT Outreach Coordinators).



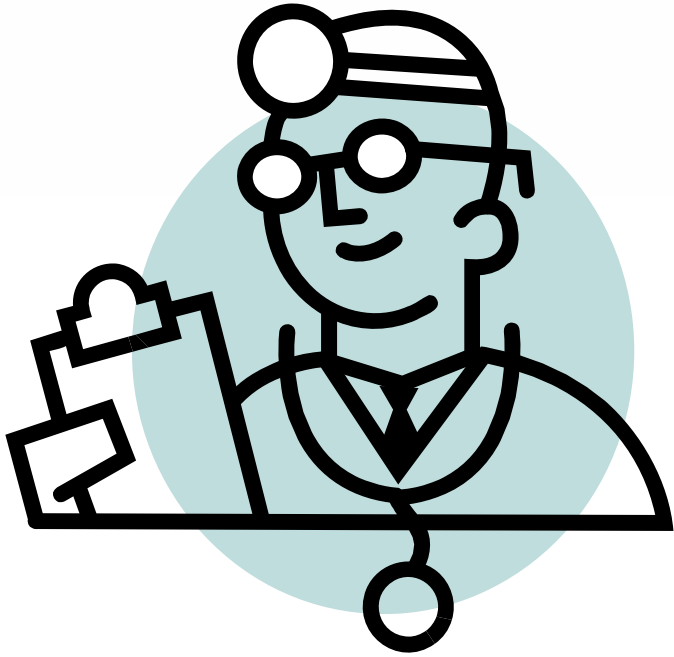
EPSDT

- EPSDT implies the importance of *Early and Periodic Screening, Diagnosis and Treatment* in children.
- There are benefits in EPSDT that are not provided for in regular Medicaid. *The most obvious is the EPSDT (periodic) screen.*

EPSDT Screenings: The Foundation

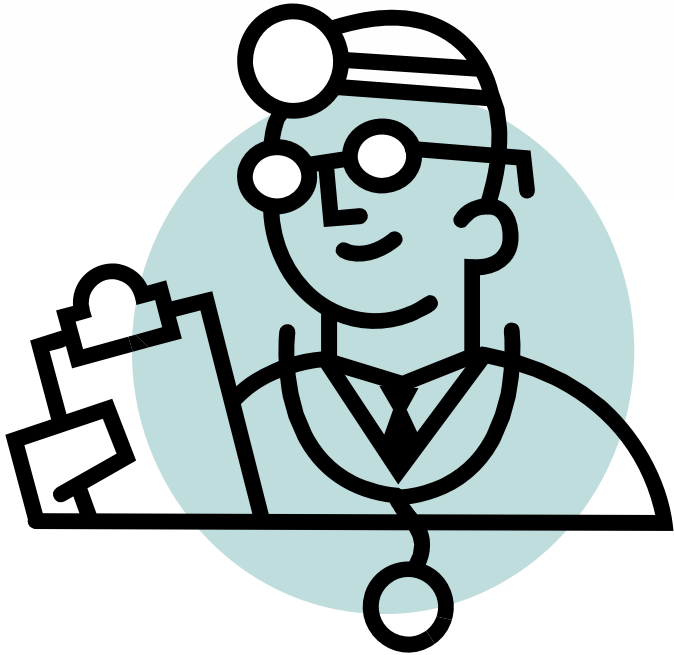
EPSDT requires Medicaid agencies to assess a child's health needs through initial and periodic examinations, and to assure that any health problems found are diagnosed and treated early, before they become more complex and their treatment more costly.

EPSDT Screenings - The First Step



- EPSDT screenings are often called comprehensive “Well Child Check-Ups”.
- They are completed by the PCP.

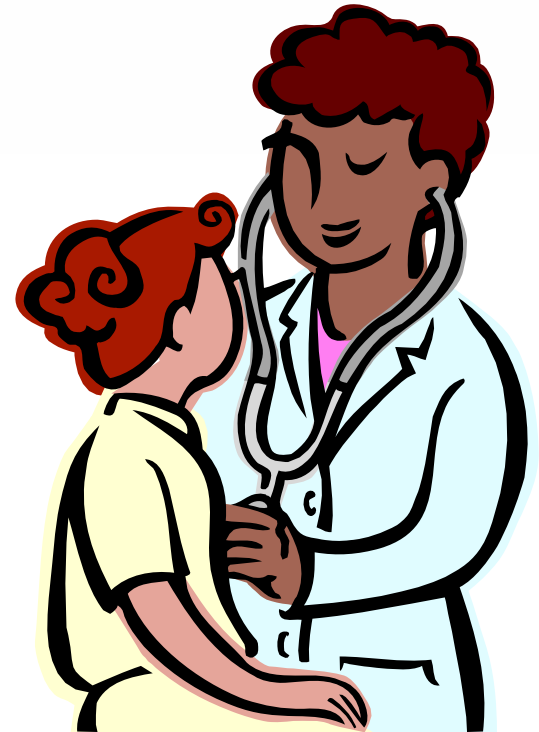
EPSDT Screenings - The First Step



Screenings should be provided at intervals established by state medical consultants.

EPSDT is more than just Screening Examinations

Medicaid enrolled children receive both comprehensive well-child exams (periodic screenings) AND any necessary visits in between (inter-periodic visits).



To be Billed as a Comprehensive Screen, the Following must be included:

- Health history
- Unclothed “head to toe” physical examination
- Identification of all medical conditions and needs
- Immunizations according to the ACIP schedule
- Age appropriate laboratory tests
- Health education including anticipatory guidance

To be Billed as a Comprehensive Screen, the Following must be included:

- Developmental assessment
- Nutritional Assessment
- Mental/Behavioral Health screening
- Vision screening
- Hearing screening
- Oral inspection; send child to a dentist twice per year, starting no later than age one
- Family planning services and adolescent maternity care
- Treatment and referrals for any necessary services*

With Particular Emphasis on:

- Appropriate **immunizations** in accordance with the ACIP schedule;
- **Laboratory test for lead toxicity** at one AND two years old, **OR** any time up to age 6 if not previously tested;
- **Mental/behavioral health** screening and coordination;
- **Vision Services** – including corrective lens;
- **Hearing Services** – including hearing aids;
- **Dental Services** – bi-annual exam by a dentist, including restoration of teeth and maintenance of dental health;
- **Health Education** – including anticipatory guidance.

Screening Results

- If the screening is normal, the PCP should:
 - assist the family in scheduling the next EPSDT screening
 - ensure that bi-annual dental exams occur (after age 1 year)

If the Screening is **Abnormal**, the PCP should:

- Develop a treatment plan
- Provide treatment, if appropriate
- Refer to a provider for further evaluation or treatment, if necessary
- Assist the family in scheduling the next EPSDT screening
- Ensure that bi-annual dental exams occur (after one year of age)

Fact or Fiction

- EPSDT has been waived in Oregon

Fiction!

OIG Final Report: Foster Care Children's Use of Medicaid Services in Oregon (June 2004)

“This lack of preventative care may be due, in part, to the belief of some Oregon officials that Oregon is not bound by any EPSDT requirements. In fact, Oregon is bound by EPSDT requirements and is relieved only from its obligation to pay for services required to treat a condition identified during an EPSDT screening that are beyond the scope of the benefits package...”

What is SCHIP?

The State Children's Health Insurance Program (SCHIP) gives grants to states to provide health insurance coverage to uninsured children up to 200% of the federal poverty level (FPL). States may provide this coverage by expanding Medicaid or by expanding or creating a state children's health insurance program.

What is SCHIP?

- Also known as Title XXI of the SSA, passed as part of the Balanced Budget Act of 1997
- It is a state-administered program, where each state sets its own guidelines regarding eligibility and services

SCHIP Eligibility

- Title XXI legislation set eligibility criteria
- The eligibility criteria are to cover uninsured children who are:
 - not eligible for Medicaid
 - under age 19; and
 - at or below 200% of the federal poverty level (FPL).
- States can decide to cover all of those children or to target coverage to a narrower group of children

SCHIP

SCHIP offers states one of three options when designing a program:

1. use SCHIP funds to expand Medicaid eligibility to children who previously did not qualify for the program
2. design a children's health insurance program entirely separate from Medicaid
3. combine both the Medicaid and separate program options

Federal Medical Assistance Percentage for Medicaid (FMAP)

Currently (2007), the federal government pays 61% of every \$1 that Oregon spends out of its Medicaid program (this varies from 50% in the wealthiest to 77% in the poorest states).

The “Expanded” FMAP for SCHIP

- The federal government will match states funds by taking 70% of the FMAP and adding 30% points, up to 85% maximum.
- For Oregon that would be 73%
[.70 x 61%= 43% and 43% + 30% = 73%].

Making Efficient use of Matching Funds

- Therefore, there is an incentive for states to insure that expenses eligible for SCHIP are noted as such, while the federal government will insist that expenses that otherwise would be eligible for Medicaid match are paid at that rate.
- Services paid out of state general funds (even if otherwise eligible for FMAP) lose out on this federal assistance.

Blending Medicaid and SCHIP into one Program

SCHIP allows Oregon to expand eligibility for public health insurance, specifically to children, pregnant women and low income, uninsured adults with children.

What is the Oregon Health Plan?

In 1994, Oregon was (ultimately) granted waivers from some federal requirements to Medicaid, in order to dramatically expand the eligible population for public health insurance.

What is the Oregon Health Plan?

The basic premise is to develop a prioritized list of services to a broader group of needy Oregonians. The cutoff for covered services is determined by Oregon legislature, based upon its ability and willingness to devote public dollars to health care expenditures.

What is the Oregon Health Plan2?

- In 2003, Oregon submitted its second round of waivers.
- The basic benefits plan is renamed OHP Plus and a new plan taking the name OHP Standard is created to further expand the population served, but by providing a more limited set of benefits, while requiring premiums and higher co-payments.

Three Tiers of the Oregon Health Plan

- OHP Plus
- OHP Standard
- FHIAP

Family Health Insurance Assistance Program (FHIAP)

- FHIAP is a state program that helps uninsured Oregonians buy health insurance.
- Not an insurance company, but a subsidy to help pay the monthly cost of a family's health insurance premium.
- Individuals and families may pay for insurance at work or buy individual health plans if insurance is not available through an employer.
- FHIAP members pay part of the premium. They also pay other costs of private health insurance such as co-payments and deductibles.
- FHIAP members are eligible to remain in the program for 12 months, but may re-apply.

Oregon Health Plan and Managed Care

- Fifteen (15) Fully Capitated Health Plans (FCHP) (Jan 2006)
- CareOregon
- LIPA (Lane Individual Practice Association)
- COIHS (Central Oregon Independent Health Service)
- Kaiser
- FamilyCare
- Marion Polk Community Health Plan
- Cascade Comprehensive Care
- Eight (8) Others

Oregon Health Plan and Mental Health

Mental health services are also capitated in Oregon. The state is divided into nine (9) service areas. In each area the program is managed by a Mental Health Organization (MHO).

Oregon Health Plan and Mental Health

- Nine (9) MHO
- ABHA
- JBH
- Clackamas
- Multnomah (VIBHS)
- FamilyCare
- GOBHI
- Lane
- MVBCN
- Wash County HHS

QUESTIONS?