
MODULE IV

More About Medicaid

FAMILY VOICES OF WISCONSIN

DID YOU KNOW? NOW YOU KNOW!

**An Introduction to Health Care Coverage and Community Supports for
Children and Youth with Disabilities
and/or Special Health Care Needs**

MODULE IV: More About Medicaid

What Do You Want To Learn...

About Medicaid????



Our Story: Accessing Medicaid

Meet Brad & Angelina Fitt,
a.k.a. "Brangelina"

Our Story: Accessing Medicaid

The Fitt Family had started seeing Dr. Jekyll since their recent move to Dollywood and were so pleased. What an even-tempered and kind man - he certainly had nothing to Hyde. They could ask him just about anything.

During one recent doctor appointment, Angelina said she was concerned about the ongoing cost of diapers and over the counter medications for Kiwi, who has cerebral palsy and developmental delays.

Our Story:

Accessing Medicaid, continued

Nurse Nightengale then asked Angelina about health insurance coverage for Kiwi and whether she had Medical Assistance.

Angelina was shocked! She said the family did have a once a month cleaning lady but certainly couldn't afford to hire any medical assistants!

Nurse Nightengale patiently explained that what she meant was the health care benefits they could receive through Porcupinecare or a Buddy Hackett Medical Assistance card.

Our Story: Accessing Medicaid, continued

Angelina said she always assumed that Kiwi was not eligible for that type of assistance because the family wasn't poor. (She also quietly wondered why anyone would name a healthcare card after a goofy comedian - wouldn't a name like, say Katie Beckett, be much better and easier to remember?)

Nurse Nightengale explained that children with significant disabilities could be eligible for Medicaid regardless of family income and that Medicaid could be helpful to the family as a second source of health care payment.

Our Story: Accessing Medicaid, continued

Nurse Nightengale said that Medicaid would pay for Kiwi's diapers and her expensive antacids and allergy meds.

She gave Angelina the contact information for Dollywood's Buddy Hackett consultant and suggested that she begin the application process.

Lost in Stuckville

What do I need to know about Medicaid?

What is Medicaid and Why Should I Care About It?

- Medicaid's purpose is to provide basic health care services
- Medicaid is sometimes referred to as Title 19, Medical Assistance or MA.
- Federal program managed and partially funded by states - each state is different
- Wisconsin has generous Medicaid services - as compared to other states
- Administered by the Wisconsin Department of Health and Family Services (DHFS)

What are the Doorways into Medicaid?

- Two common ways define eligibility: by disability and by income
- Disability eligibility: Katie Beckett; SSI
- Income eligibility: SSI, BadgerCare, Healthy Start
- Proof of citizenship required for all Medicaid programs

Medicaid is Medicaid

- Regardless of the doorway into Medicaid, Medicaid card benefits are typically the same.
- Differences exist in the menu of providers. (You may be in a fee for service or managed care plan with a set list of providers)

Who Has a Forward Card?



Card benefits refer to services that are covered by showing your blue Forward card. Providers often will run this card through a scanner to see if you or your child are still covered.

What is the Katie Beckett Program?

- In Wisconsin, children and youth (up to their 19th birthday) who have a disability and require an “institutional level of care” may qualify for Medicaid through the Katie Beckett program. Only the child or youth’s income and assets are considered, not the family’s income and assets.
- Eligibility is reassessed annually - children who receive Medicaid through the Katie Beckett program must continue to meet the level of care requirements as determined by the Functional Screen.

Rosy Vs. Realistic

Rosy = He can dress himself independently.

Realistic = He can dress himself independently about one day a week, if I have the right clothes out for him.

Rosy= She can communicate her needs to me.

Realistic = Most of the time, people who are unfamiliar with her do not know what she wants or cannot understand her words or signs.

Can My Child Have Both Private and Public Health Insurance?

- **Yes!**
- **Medicaid is the payer of last resort - all other insurances pay first.**
- **Medicaid can cover private insurance co-pays**
- **Medicaid can cover additional therapies and services for your child above those covered by your private health insurance.**

What Kinds of Things Can the Medicaid Card Pay For?

- Services needed due to “medical necessity”
- HealthCheck (Early and Periodic Screening, Diagnosis and Treatment - EPSDT) and Health Check Other Services
- Home and community based services authorized under a waiver
- Complete listing can be found at:
<http://www.emhandbooks.wi.gov/meh/>

What Kinds of Things Can the Medicaid Card Pay For? ... continued

- Services that are needed due to “medical necessity” may include:
 - diapers for children over age 4
 - medical transportation
 - personal care services
 - over the counter medications
 - mental health services

Tell Me More About HealthCheck and HealthCheck Other Services

- HealthCheck is available to children under 21 who are already eligible for Medicaid.
- HealthCheck Other Services covers medically necessary goods and services not typically covered by Medicaid (i.e. over the counter medications, supplies).

The HealthCheck Exam

- A “HealthCheck exam” is required.
- The child’s “needs” are prescribed as an outcome of a HealthCheck coded exam.

What is the Process for Getting Services through HealthCheck Other Services?

- To find a HealthCheck Certified Provider, call your HMO or call 1-800-722-2295
- After the Health Check exam, get a prescription for the service/equipment from your child's doctor
- Take the prescription to the Medicaid certified provider
- The provider may need to do a prior authorization request - important to write "HealthCheck Other Services" in big letters across the top of the PA
- The provider needs to write "HealthCheck Other Services" when billing Medicaid

What are Medicaid Waiver Programs?

- Waivers are a way to use Medicaid funding in a flexible way.
- Wisconsin has several waivers. Some are for particular age groups and others are for particular disability groups.
- Counties may specify which waivers they will offer to children.
- Waivers used in Wisconsin that can be used for children include:
 - Community Options Program (COP)
 - Community Integration Program (CIP)
 - Brain Injury Waiver
 - Children's Long Term Support Waivers

What are Waiver Programs? ... continued

- **The Children's Long Term Support Waivers (CLTS) serve kids living with their families who meet the level of care in one of three areas of disability:**
 - physical disabilities
 - developmental disabilities
 - severe emotional disturbance.
- **The level of care required is an "institutional" level of care, the same level of care that is needed to access Medicaid through the Katie Beckett program.**
- **A parental cost share is in place on a sliding fee scale.**

Prior Authorizations

Getting Services and Supplies

Our Story: Prior Authorization

Things were going well for Kiwi and her family. She was quite healthy and saw Dr. Jekyll frequently.

When meeting with Kiwi recently, Dr. Jekyll suggested that she should have physical therapy at the community clinic that specializes in treating children with cerebral palsy.

Our Story: Prior Authorization, continued

Dr. Jekyll also thought that Kiwi would benefit from a communication device, so an appointment was set up with a community specialist to do an augmentative communication evaluation.

Angelina was thrilled that she finally had a pediatrician who could relate well to each of her children and was supportive of her and Brad as well. I mean, Dr. Phil was nice, Dr. Spock was professional, but, let's face it, you don't find the magic concoction of a Dr. Jekyll just anywhere!

Our Story: Prior Authorization, continued

Angelina located a community-based therapist who could provide physical therapy. At the end of the initial evaluation, she had identified a number of areas on which she wanted to work with Kiwi.

The PT requested a copy of Kiwi's IEP, ASAP, explaining that she wanted the 411 on the OT, SLP and AT and write a PA to work on things the school wasn't doing 24/7.

Our Story: Prior Authorization, continued

Whoa! That was too many acronyms, even for Brangelina! At least they found out that PA meant a Prior Authorization request that would be sent to Medicaid in order to approve services.

Unfortunately, a few weeks later, the therapist called to say that the PA had been denied by Medicaid. Angelina was distraught - the doctor had prescribed therapy as a way to avoid surgery. Now she didn't know what to do.

Our Story: Prior Authorization, continued

Angelina called Nurse Nightengale, from Dr. Jekyll's office, who said that she would talk with the PT to see what could be done to appeal the decision.

Nurse Nightengale also suggested that Angelina call her Regional CYSHCN Center for ideas about what she could do about the denied prior authorization request.

Lost in Stuckville

Are there things my child needs that I've been told my insurance doesn't cover?

Prior Authorizations

- Why are they so important?
- Why are they so complicated?
- Who makes the decisions to approve or deny the request?
- Families must be proactively involved in the development of prior auth requests.
- Who's job is it to get the PA? How do I know when one is needed? How do I know if/when it needs to be renewed?

What Medicaid Considers When Approving a Prior Authorization

- Whether the service is medically necessary and appropriate
- How much it will cost
- Whether it is likely to be effective, of high quality and at the right time
- Whether there is a less expensive or more appropriate alternative
- Whether the provider or recipient has overused or misused services

Steps for Getting Services and Supplies or Equipment

- Identify needs, including in-home supports
- Doctor writes prescription
- Family and/or doctor identifies provider
- Family works with provider to submit PA
- Submit PA to private insurance and Medicaid simultaneously
- PA's are approved for time and frequency; be aware of submission rules
- If approved, services are provided
- If denied, work with the provider to file an appeal

Common Pitfalls

- Providers may say that something is not covered if they don't want to do a PA or if a PA was denied.
- Providers sometimes forget to stress medical necessity in the PA - services must be medically necessary!
- Duplication of services.

Avoiding Duplication of Services

- Educational necessity vs. medical necessity
- Know that Medicaid may request a copy of the IEP
- Parents may need to ensure there is no duplication when writing IEP goals

Recognizing Duplication of Services

Community-Based PT Goal:

- Judie will independently transfer herself to the toilet and in and out of the bathtub, bed and car. Treatment - improve muscle and trunk strength.

IEP Goal:

- Judie will move independently throughout the school building using a walker and attend all classes on time. Treatment - gait training with a walker in empty and crowded hallways.

Recognizing Duplication of Services

Community-Based PT Goal:

- Eduardo will improve speech intelligibility. Treatment - specific bilabial (two lip consonants- b, p, m, w) sound production.

IEP Goal:

- Eduardo will be understood by his teachers. Treatment - work on diction and production of specific consonants.

Recognizing Duplication of Services

Community-Based PT Goal:

- Keesha will strengthen and re-learn how to use her right hand following surgery. Treatment - mobility exercise and ongoing caregiver training.

IEP Goal:

- Keesha will independently complete classroom assignments using adapted writing instruments. Treatment - use of a weighted pencil, positioning adaptations and the use of therapeutic techniques to improve coordination.

Denials Happen...What to Do

- Accept every opportunity to appeal.
- Don't miss deadlines - an appeal request must be filed 45 days after the denial.
- **IMPORTANT** - if you are already receiving Medicaid, and the request is filed within 10 days, Medicaid must continue providing benefits until the decision from the hearing officer is received
- There is the possibility the parent may have to repay therapy costs if the P.A. denial is upheld after review

Denials Happen...What to Do, continued

- **Develop a paper trail: documents, letters, phone calls.**
- **Get as much detail of the denial as possible - keep your appeal specifically focused on the reason of the denial.**
- **Present information in an objective manner, but don't hesitate to present the human side of the needs of your child and family.**
- **If possible, bring your child to the hearing. Also consider an advocate, friend, therapist or family member.**

Regional CYSHCN Centers & Wisconsin First Step

- Contact your Regional CYSHCN Center if you have specific questions about Medicaid services or other health care resources.
- Wisconsin First Step - 1-800-642-7837

Family Voices of Wisconsin

- Developing a network of parents who are learning about, thinking about, and working on improving a system of health and community resources
- Newsletter
- Email notices of opportunities
- Parent trainers network

Contact Us!

Family Voices of Wisconsin

P.O. Box 55029

Madison, WI 53705

Website: www.wfv.org/fv

Email: barb@fvofwi.org or liz@fvofwi.org

Barbara Katz and Liz Hecht, Co-Directors

Wrap Up

Remember your supports and call on them for help - your insurance plan/provider; case managers; school team, friends, family.

There are many advocates and resources to help you with your journey. Good luck!

Our Thanks

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