Medical Necessity

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Why are we talking about this?

- A lot of systems abut each other; many of which utilize different standards
- Frustration between systems; feels like "all wrong door"
- Individuals are trying to do the "right thing" within their system

- It's gotta be better than this. So let's talk….

12 year old female

- Has a diagnosis of Major Depressive Disorder and Attention Deficit & Hyperactivity Disorder
- Normal/baseline treatment: medications provided through her primary care provider, weekly therapy
- Current inpatient psychiatric admission related to an overdose on Tylenol after fight with mother. Ready for discharge. Still depressed but feels safe.
- Parent-child issues have been ongoing. DHS has open case.
- What is the "medically necessary" next treatment step?

First, let's talk about levels of care

- Inpatient/Long-term Residential
- Adult Treatment Unit/Short-term Residential/Partial Hospitalization Program (PHP)
- Crisis Stabilization Unit/ Intensive Outpatient (IOP) / Intensive In-home/Multisystemic Therapy (MST)/Day Treatment
- Traditional Outpatient

- Core factors in determining level of care: safety, medical complexity, past care history (utilization), +would the proposed treatment likely benefit the patient

Philosophy of Medical Necessity

- "the right care at the right time"
- Cost savings of managing care
- How about:
  - Forces some collaboration
  - Do not receive unnecessary procedures or long, extended stays that are not benefiting
  - Better ensures someone is thinking about the continuum of care and helping that member get served in the least restrictive environment

Definition: medically necessary

- Centers for Medicare & Medicaid Services: MN services are…
  - Proper and needed for the diagnosis or treatment of the condition
  - Provided for the diagnosis, direct care, and treatment of the condition
  - Meet the standards of good medical practice in the local area and are not mainly for the convenience of you or your doctor
- Healthcare.gov
  - Health care services or supplies needed to diagnose or treat an illness, injury, condition, disease or its symptoms and that meet accepted standards of medicine.

Federal Law 42 CFR 438.210 (a)(5)(ii)

- (5)Specify what constitutes "medically necessary services" in a manner that -
- (ii) Addresses the extent to which the MCO, PIHP, or PAHP is responsible for covering services that address:
  - (A) The prevention, diagnosis, and treatment of an enrollee's disease, condition, and/or disorder that results in health impairments and/or disability.
  - (B) The ability for an enrollee to achieve age-appropriate growth and development.
  - (C) The ability for an enrollee to attain, maintain, or regain functional capacity.
  - (D) The opportunity for an enrollee receiving long-term services and supports to have access to the benefits of community living, to achieve person-centered goals, and live and work in the setting of their choice.

Colorado Definition CCR 8.076.1.8

- Colorado Code of Regulations 8.076.1.8 means a Medical Assistance program good or service:
- a. Will, or is reasonably expected to prevent, diagnose, cure, correct, reduce, or ameliorate the pain and suffering, or the physical, mental, cognitive, or developmental effects of an illness, condition, injury, or disability. This may include a course of treatment that includes mere observation or no treatment at all;
- b. Is provided in accordance with generally accepted professional standards for health care in the United States;
- c. Is clinically appropriate in terms of type, frequency, extent, site, and duration;
- d. Is not primarily for the economic benefit of the provider or primarily for the convenience of the client, caretaker, or provider;
- e. Is delivered in the most appropriate setting(s) required by the client's condition;
- f. Is not experimental or investigational; and
- g. Is not more costly than other equally effective treatment options.

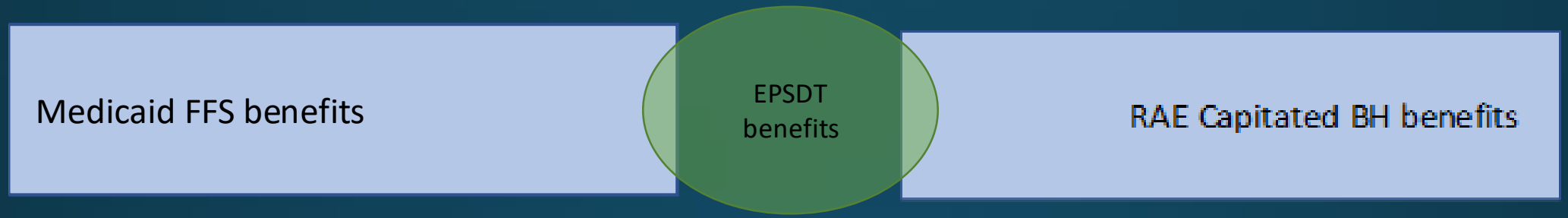
Covered/Not Covered

- Specific diagnoses are listed as 'covered diagnoses'
  - Notable exceptions: Autism Spectrum Disorder, DD/ID
- B3 services are covered by Medicaid through a waiver
  - Vocational services
  - Prevention/early intervention services (like BH screening and psychoeducation)
  - Clubhouse and drop-in center services
  - Recovery services
  - Respite services
  - Residential services
- Substance Use Disorder Treatment: recent waiver has allowed for an expansion of services, to include residential and medical withdrawal management

EPSDT Services

- Early: Assessing and identifying problems early
- Periodic: Checking children's health at periodic, age-appropriate intervals
- Screening: Providing physical, mental, developmental, dental, hearing, vision, and other screening tests to detect potential problems
- Diagnostic: Performing diagnostic tests to follow up when a risk is identified, and
- Treatment: Control, correct or reduce health problems found.

Where does it fit?



- Covers children/adolescents under 21 with Medicaid (not CHP+)
- Ensures members receive appropriate preventive, dental, mental health, and developmental, and specialty services
- In CO, most services are covered (already)
- *Used most for evaluation & treatment of diagnoses not covered under Medicaid (Autism Spectrum Disorder, DD/ID).

EPSDT Medical Necessity

- Medical necessity for EPSDT services is defined under CCR 8.282.4.E
- For the purposes of EPSDT, medical necessity includes a good or service that will, or is reasonably expected to, assist the client to achieve or maintain maximum functional capacity in performing one or more Activities of Daily Living; and meets the criteria set forth at Section 8.076.1.8.b – g

Process: a look behind the scenes…

- Evaluation
  - Emergency Department/Walk-in Center
  - Inpatient
  - Outpatient: known provider
  - Outpatient: Independent Evaluator
- Prior Authorization from an insurance company
  - How does the sausage get made?

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Behind the Scenes

- Information comes in from evaluator
- UM Nurse or clinician collects and reviews all information
- Inputs information into InterQual/Milliman/other (national UM guideline service)
- Either
  - Meets criteria
  - Does not meet criteria in system
    - Clinician/nurse reviews and sends the information to a medical director
    - Medical director reviews

Medical Director Decisions

- Reviews the provided clinical information
- Weighs the information
  - Safety
  - Psychiatric needs (need for medication changes, etc)
  - Other medical needs
  - Past use of services: lower levels of care utilized, what services have benefited member in the past, what services are currently in place
  - Least restrictive environment
- Makes determination

Peer Reviews

- The evaluator (if inpatient, the physician treating patient) and medical director review the clinical information
- Value
  - Get more clinical information
  - Information is enriched with psychosocial complexities
  - In the other direction: we are able to discuss services available for the patient
  - Together we problem-solve
- If still in disagreement, there is an appeal process
  - **Audits: 3-year HSAG, yearly parity analysis, SUD-specific audit (2022)

So…why is it not easy?

- How can something that appears to make sense not meet medical necessity criteria?
- Person having difficulty in the community
  - Is inpatient *always* the answer?
  - What services are available to help person stay in the community but also keep him/her safe?
- Person needing to be out of the home (abuse/neglect)
  - Does the kiddo's mental health condition actually *require* residential treatment or can the kiddo be placed out of home while receiving intensive outpatient services or in-home services or day treatment…?

12 year old female

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More info…

- Has witnessed significant abuse at home
  - Boyfriend of mother; physical abusive to mother
  - Mother has kicked boyfriend out (while patient in the hospital)
- Inpatient team added a new diagnosis of Post Traumatic Stress Disorder; made a few medication changes
- Family therapy: Mother has had trouble being "emotionally available" during family meetings and meetings end up in arguments
- What is the best next step?

10 year old boy

- Diagnoses of Autism Spectrum Disorder, Impulse Control Disorder, Unspecified Mood Disorder
- Currently inpatient psych/mental health. Request is for Long Term Residential (LTR) Treatment
- History of multiple ED visits and inpatient stays
- Primary issue is poor frustration tolerance when given a limit. Behavior is to become aggressive with property and people.
- What level of care is medically necessary?

More info…

- What I need to understand:
  - Does the inpatient team find that this is mostly occurring with limit setting or is it more generalized?
  - Is there a mood-component to the current behaviors?
  - How do they distinguish impulse control disorder from symptoms associated with ASD?
- How will LTR benefit patient?
  - Holding environment? [Placement versus Treatment]
  - Specific treatments that will help—what are they?
- What treatments have benefited patient in the past?
  - Is there a way to offer wrap around services and help keep him in the community?

What are your cases?

- Let's discuss

- Only request: we have different perspectives, let us discuss with grace in mind…believing that we all want to do the right thing.