



FAMILY
CONNECTS
INTERNATIONAL

**FAMILY CONNECTS INTERNATIONAL
ROUNDTABLES: MATERNAL AND INFANT
ADVOCACY AND POLICIES**

Presenters: Gretchen Hammer, Public Leadership Group

April 5, 2023

WELCOME AND INTRODUCTIONS

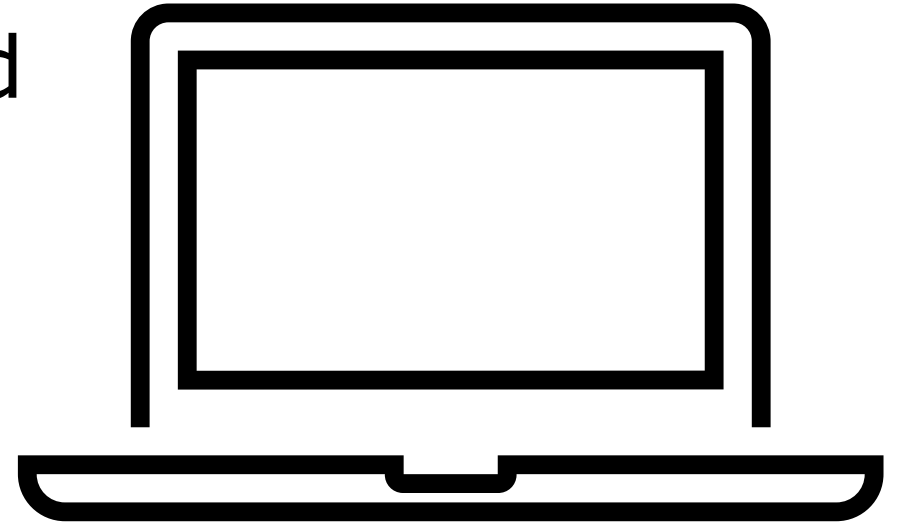
Community Partner Introductions:

- Your name
- Role in your organization
- FC Location
- Favorite local restaurant 😊



ZOOM NORMS

- Use the chat to ask questions
- Save questions until the allotted time
- Allow everyone a chance to share
- Please stay muted unless you are speaking



SCHEDULE

2:00pm-2:05pm: Gather/Introductions in Chat Box

2:05 pm-2:45 pm: Medicaid Presentation w/
Gretchen Hammer from the Public Leadership
Group

2:45 pm-3:00 pm: Questions from Community
Partners



GRETCHEN HAMMER



- Founder of the **Public Leadership Group**, a firm that works with public sector leaders to increase their impact and improve the health and well-being of communities.
- She is an expert in leadership development, public administration, stakeholder and community engagement, Medicaid policy and operations and maternal and child health policy.



BASIC PROGRAM STRUCTURE

- **Medicaid is a joint federal and state program.** States and the federal government share in paying for the cost of the program.
- **Federal law and regulations** set basic parameters for the program.
- **States have a lot of flexibility** to build on the basic federal requirements related to eligibility, benefits, financing and innovation.
- The **State Plan** is the document the state files with the federal government that outlines the parameters of their program.



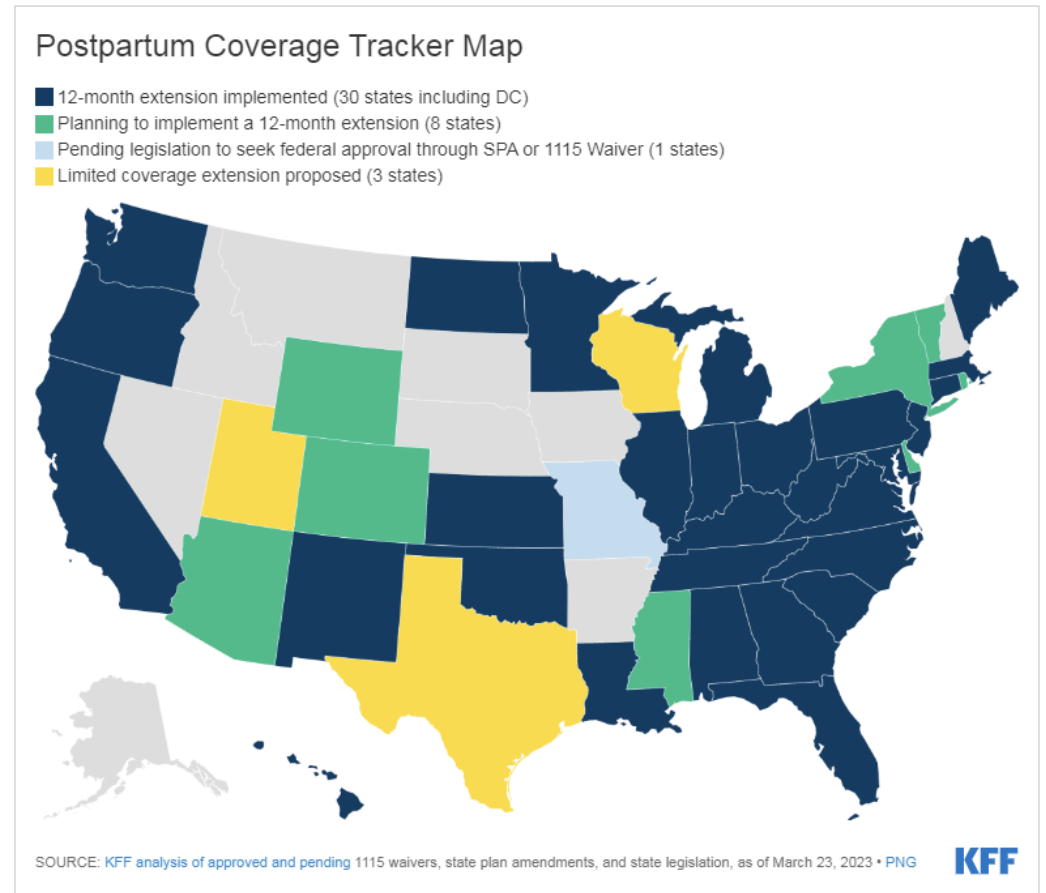
MEDICAID DESIGN ELEMENTS

- **Eligibility** – Who is eligible to enroll in the program or receive a specific set of services?
- **Benefits** – What benefits and services are available to eligible people?
- **Provider** – Who can provide care and services for which populations?
- **Delivery system** – How is the benefit made available to the enrollee?
- **Payment** – What is the amount paid to the provider? Who pays the provider? Is there any unique aspect of the payment?
- **Quality** – How is quality measured and assured?



ELIGIBILITY – PREGNANCY/POSTPARTUM

- By federal law, all states provide Medicaid coverage for pregnancy-related services for pregnant women with incomes up to 133% of the federal poverty level throughout pregnancy and up to 60 days postpartum.
- Medicaid covers 4 in 10 births.
- New federal law allows states to cover women for an entire 12 months after end of pregnancy.



ELIGIBILITY - NEWBORNS

- Newborns are generally eligible for Medicaid for the first year of life if their mother is enrolled in Medicaid at the time of birth.
- New federal law requires all states to implement 12 months continuous eligibility for children up to age 19 by January 2024.
- States report their data for enrolled children and children who receive EPSDT services using form CMS-416.
- In 2020, there were 2.1 Million infants under the age of 1 served by Medicaid.
- States can find their data in the [2020 416 report](#)



BENEFITS

- Federal rules require states cover certain **mandatory services**.
- States have discretion to cover **additional services**.
- States can also request certain **waivers** to offer limited benefits, innovative services or services to support individuals with disabilities live in the community.



FAMILY CONNECTS MODEL

Nurse Home Visiting

- Many states have enhanced prenatal and postpartum support services for “high-risk” pregnant people.
- Some states have enhanced newborn support services for “high-risk” infants
- Some states are using preventive services benefits
- Some states have home health services for a post-acute event

Community Alignment

- Some states have Targeted Case Management as covered benefit for certain populations
- States with Medicaid managed care have care coordination and/or case management requirements for their health plans – some specific to pregnancy and postpartum



PROVIDERS AND DELIVERY SYSTEM

Providers

- Most states do not directly enroll Nurses as providers
- Many states limit home visiting providers to local health departments
- Other providers can provide home visiting services – FQHCs, RHCs, stand alone physical health and behavioral health providers – if allowed in SPA or waiver

Delivery System

- Many states provide home visiting services through a network of contracted providers
 - Local health departments – OR, NC
 - State defined agencies - FL
 - Diverse contracted community agencies – ME, CO, MI
- Some programs are part of Medicaid managed care others don't have managed care or are "carved out"



PRE-SUBMITTED QUESTIONS



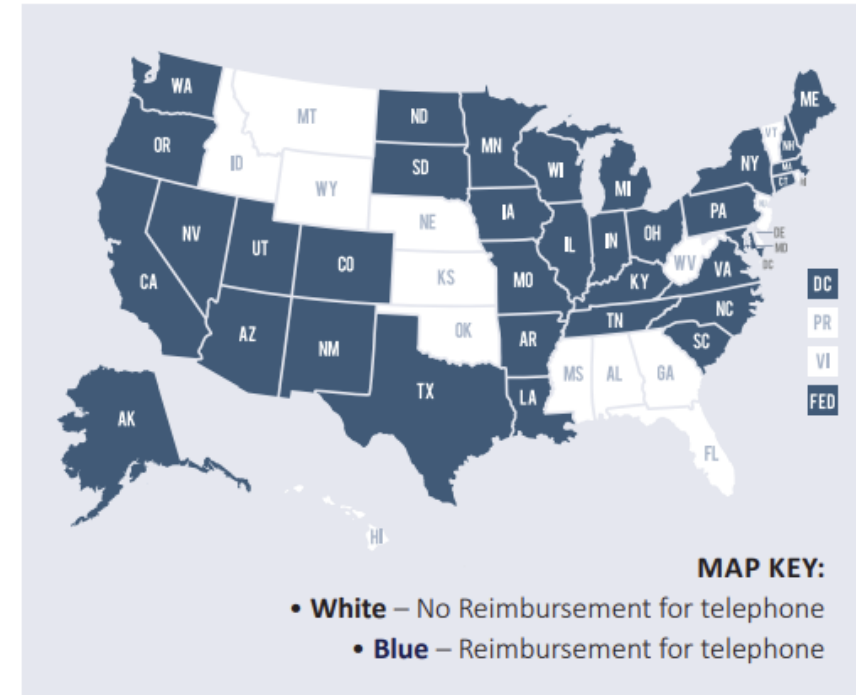
TELEHEALTH

Question – Are phone or telehealth visits an option for Medicaid reimbursement?

Answer – Yes. Most states have codified their telehealth policies since the pandemic.

Illinois and North Carolina – Medicaid pays for live video, remote patient monitoring and audio only.

Email & Audio-Only



- [Center for Connected Health Policy](#) - National Telehealth Policy Resource Center



PRIVATE INSURANCE

Question – Can we bill private health insurance for providing Family Connects services.

Answer – Unlikely. Most private health insurance plans do not cover postpartum or newborn nurse home visiting nor care coordination/case management.

- Some states have required some state regulated private health insurance carriers to cover Family Connects – OR and NJ.
- To bill private health insurance Family Connects providers would need to ensure:
 - The family is enrolled in coverage.
 - The benefit is offered.
 - The provider is a credentialed and contracted provider.



PAYMENT

Question – What proportion of the Family Connects program costs will Medicaid cover?

Answer – It depends, but most research on home visiting models have shown that Medicaid can not be the sole source of financing for models.

- Medicaid payment requires a state budget appropriation.
- Each state sets a fee schedule for services covered by the program.
- Some states use CPT Code 99502 to cover home visit for newborn.
 - North Carolina LHD – 99502 \$60.00
 - Colorado Preventive Counseling – 99401-99404 - \$34.29 – \$105.09
- Most states use T1017 for targeted case management
 - North Carolina LHD - \$23.61 per 15 min unit
 - Colorado - \$16.99 per 15 min unit



FCI COMMUNITY PARTNER WEBINAR SERIES

- **July 2023:** Policy
- **September 2023:** Clinical
- **November 2023:** Implementation and Systems Alignment
- **January 2024:** Community Impact
- **March 2024:** Best Practice, topic TBD
- **May 2024:** Best Practice, topic TBD



QUESTIONS

