



Protecting and Promoting Medicaid's Guaranteed Benefits for Children: EPSDT and Managed Care Illinois Case Study

In 2017, the Sargent Shriver National Center on Law Poverty and Everthrive Illinois engaged in activities to protect and strengthen Medicaid's comprehensive and preventive pediatric benefits as more children were enrolled into Managed Care Plans (MCOs). This work was supported by the Georgetown University Center for Children and Families through a grant from the Robert Wood Johnson Foundation. Our objectives were and continue to be to support MCO's in their aim to be compliant with the Medicaid's Early and Periodic Screening, Diagnostic and Treatment (EPSDT) standards and to ensure that the Medicaid agency holds the MCOs accountable not only for the delivery of services but also for outreach, education, and quality. In these efforts, our goal was to look out for the interests of the children and families who rely on Medicaid and CHIP.

Background

Illinois is relatively new to Medicaid managed care. Until 2012, the state only had a voluntary program with less than 15% of the non-disabled population choosing to enroll in managed care. This changed when a new state law mandated enrollment of at least 50% of Medicaid population into Managed Care Organization (MCO) plans by 2015. The state is now planning to transition 90% of the Medicaid population in by 2019. Enrollees in rural areas will move into managed care in April 2018, followed by foster children and children with special needs in July 2018, if a federal waiver is granted to require these exempt populations to enroll in managed care.

Over 1.4 million children rely on public coverage in Illinois, including the state's poorest and most vulnerable children. In Illinois, eligible children are covered in a combined Medicaid and CHIP program called "AllKids," which also covers undocumented kids with state dollars. All children enrolled in AllKids receive the full Medicaid comprehensive and preventive pediatric benefit known as EPSDT. Approximately 1 million children are currently in capitated managed care with the remainder in primary care case management, which is phasing out. Beginning in 2018, enrollees will have a choice of at least five MCO plans statewide with two additional plans available in Cook/Chicago - the largest urban county.

It should be noted that Illinois embraced new federal Medicaid managed care regulations finalized in 2016 by enacting state laws on transparency, network directories, formularies, and consumer tools. This action assures that the protections introduced in the first modernization of the federal Medicaid managed care rules in more than a decade are preserved. With the federal election and CMS-stated intention to roll-back the federal

managed care regulations, state law remains an important avenue to protect consumers and increase transparency and accountability in Medicaid managed care.

Of relevance to EPSDT, a class action lawsuit in 2008 found that the state was out of compliance with federal equal access and EPSDT provisions. Under court order, the state must provide equal access to pediatric providers and ensure that EPSDT services are accessible and provided to children in Cook County. To improve access, payment rates for EPSDT preventive services are set at a percentage of Medicare rates. Quarterly reporting is required to monitor access and services.

Overall Strategy:

To protect and strengthen EPSDT in Illinois, the Shriver Center and EverThrive Illinois organized our efforts into three strategic areas:

- Establish collaborative relationships with the state Medicaid agency and the MCOs to ensure that the responsibilities for EPSDT were clearly understood and spelled out in the managed care procurement process and subsequent contracts.
- Provide value-added training, support, and resources to assist MCOs in meeting the EPSDT standards and their performance goals.
- Educate early childhood service providers about the full scope of EPSDT, including developmental screenings, and how to help connect families with services.

Collaboration with Illinois Medicaid and MCOs

We identified and took advantage of every possible public and private forum and opportunity to provide input to state's Medicaid agency – Healthcare and Family Services (HFS) – into the MCO contracts, compliance provisions, and implementation of quality measures. We participated in the Medicaid Advisory Committee (MAC) and the MAC Subcommittee on Quality Measures. We monitored the MCO RFP and open procurement processes and observed Legislative Oversight hearings, giving testimony when appropriate.

When model contract language was made public, we provided comments to ensure the inclusion of notice, outreach, and education provisions as required by law and regulation. Given the specificity of these EPSDT 'informing' requirements, it was important that the contracts clearly stipulate that the MCOs were responsible for these activities while the Medicaid agency retained oversight responsibility. During this process, we reviewed our contract recommendations with the association representing the MCO plans to explain our reasoning, build trust, and gain their buy in.

We also convinced HFS not only to permit us to participate in quarterly MCO education forums, but also to present on EPSDT and developmental screenings to all participating MCOs. In particular, this gave us credibility as experts on the EPSDT. In addition to providing training on EPSDT, we also developed resources for the MCOs that could help them meet their EPSDT goals and measures, including consumer materials and a substantive outline of a provider toolkit.

Among the key provisions of the new state laws on managed care is the creation of a consumer-focused plan quality comparison tool that reflects plan performance by region and Medicaid eligibility group. We engaged consumers, advocates, and other stakeholders to help develop the quality comparison tool, which incorporates the Core Set of Health Care Quality Measures for children enrolled in Medicaid and CHIP. The tool includes core health literacy features, including EPSDT, and provides detailed information on MCO plan performance to assist consumers in making an informed plan choice. It is to be accessible online and provided to consumers in their annual enrollment packet.

Value-Added Resources for MCOs

To add value in building our relationships with the MCOs, we participated in steering committees; offered training and technical assistance to MCO care coordinators; and encouraged them to hire community liaisons. Most of the MCOs have regular advocate and consumer stakeholder meetings and/or steering committees. These interactions provide an opportunity to raise issues that come up in the community implementation of managed care and facilitate building relationships with the staff on MCOs, including care coordinators and medical directors. We have participated on the committees of most of the MCO plans which allows us to present on initiatives or share resources that we can offer the MCO staff such as consumer outreach and education materials on EPSDT. For example, we gave a presentation on the developmental screening tools that we developed and we shared best practices on how MCOs can increase their EPSDT well-child outcomes through periodicity schedule notices.

Engagement and Education of Early Childhood and Early Intervention Providers

A concerted campaign was launched to engage and educate early childhood advocates and providers about the full scope of EPSDT benefits, emphasizing that screenings are just a first step in the process. Helping early childhood service providers understand all of the services under EPSDT enables them to be a critical connection in helping families get referrals, obtain services as needed, and become strong advocates for their children. We also took advantage of this opportunity to highlight developmental screenings as a first step in the process to ensure school readiness, reaching out beyond the early childhood community to inform the broader education community about the importance of Medicaid and CHIP in the schools.

Challenges and Pivots

Illinois' historic budget impasse for over two years stalled progress on many health issues because of delayed Medicaid payments to providers. The advocacy community supported legal efforts to require the state to make Medicaid payments to MCO's and providers so that a lack of reimbursement did not impede children's access to services. Before it ended in July 2017, it was difficult to engage the state on proactive measures on quality and transparency or to get the MCOs to focus on EPSDT in the midst of payment arrearages.

Successes and Surprises

The process of engaging with the Medicaid agency and MCOs during the procurement and contracting processes was worth the effort. In the end, HFS incorporated our recommendations in the final contracts by including clear language regarding EPSDT roles, responsibilities, and oversight.

The support of advocates through the prolonged court process to get payments flowing to MCOs and Medicaid providers during the budget bottleneck enhanced our relationships with the plans, which has proven invaluable as we worked to improve the delivery of EPSDT benefits. Our educational forums, trainings, and resources have helped MCOs and their care coordinators better understand the full scope of EPSDT while supplementing the state's limited capacity to provide technical assistance. This is a win-win whereby MCOs can be in compliance with requirements and beneficiaries are more likely to receive the outreach, education, and services guaranteed through Medicaid's pediatric benefit standard.

Through heightened awareness of the importance of early and period screenings for children and our collaboration with mental health, special education and school social workers, school forms were updated to require a developmental screening along with a physical exam for school admittance. Deepening our relationships with the early childhood and education communities has also broadened collaboration across sectors to defend Medicaid and preserve the essential role that EPSDT plays in assuring that our state's most vulnerable children get the services they need to succeed in school and life.

Next Steps

Building a wide coalition of advocates who understand the importance of children's health and EPSDT including the early childhood and the health advocacy communities is an ongoing objective. We are also developing specific tools on EPSDT and children's health development, including branded materials for the provider, early childhood, and health communities. Working with the Illinois Chapter of the American Academy of Pediatrics (AAP), we are creating a developmental screening toolkit. Through the Georgetown University Center for Children and Families' EPSDT project with the American Academy of Pediatrics, we will share these resources and our expertise as other state groups work to defend and improve Medicaid's guaranteed pediatric benefit for children.

Lessons Learned and Promising Practices

As states increasingly turn to using MCOs to deliver Medicaid and CHIP services, it is critically important for child health advocates to be a voice for children and families. Whether a state is new to managed care or is in the process of re-procurement, there are opportunities for advocates to ensure that roles and responsibilities for Medicaid's guaranteed pediatric benefit are understood and clearly articulated, including performance standards and consequences for non-compliance. Teaming up with the legal services

entities will strengthen the efforts of child health policy and advocacy organizations that lack legal expertise.

Building collaborative relationships with the MCO plans is critical and offering training or technical assistance to the plans can be instrumental in achieving common goals. Assisting the plans in developing provider and consumer materials will accelerate their efforts to educate providers and patients on EPSDT. Offering these and other value-added services builds trust and strengthens the prospects for ongoing collaboration.

The early childhood community directly interacts with children and families and therefore is a critical link in connecting children with the screenings and services they need. Educating early childhood providers about the full scope of EPSDT helps families obtain services and creates a powerful feedback loop that can inform other ways to improve the delivery of EPSDT.

As is often the case with administrative advocacy on technical issues, this work requires time, resources, and perseverance. Building and fostering ongoing collaborative, trusting relationships with multiple stakeholders provides a strong foundation for continuing efforts to advance, improve, and protect Medicaid and CHIP.

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