

Family ♥ Voices

Fall, 2000

Managed Care Interviews

Health Plan Interview Information

Health Plan Name: _____

Date of Interview: ____/____/____

Location of Interview: _____

Family Voices Participants:

Name: _____

Name: _____

Health Plan Participants:

Name: _____

Job Title: _____

Name: _____

Job Title: _____

Name: _____

Job Title: _____

Introduction: Please introduce yourselves and thank the plan representatives for making the time to meet with you.

Background: Provide a brief description of Family Voices, highlighting the purposes of today's meeting:

- To learn how health plans are addressing important areas for children with special health care needs and their families
- To learn about innovative policies or practices developed by health plans
- To begin to establish a relationship between health plans and family leaders in our state
- To share packet of information and resources with health plans that could be useful to their staff and members

Managed Care Interview Questions

1.0 Identification of Children with Special Health Care Needs (CSHCN)

1.1 Does your health plan have a systematic way to identify CSHCN? (1) Yes (2) No

1.2 If yes, do you use this method to identify CSHCN enrolled in all or only some of your health plan's products?

(1) All (2) Some

1.3 If Yes, is this because of a contractual or inter-agency agreement? (1) Yes (2) No

If Yes, is this contract or agreement with Medicaid? (1) Yes (2) No

Other agency? Please specify: _____

1.4 What definition and method do you use to identify CSHCN? What kinds of children are identified? Ask for a copy of the definition if available.

1.5 How is the information from identification used? (After you've asked the question, let the plan answer. Then prompt with the other responses below.)

- (1) Referral to case management/care coordination service within the plan
- (2) Referral to special programs within the plan
- (3) Referral to programs or services outside the plan (such as Early Intervention, state Title V programs, etc.) (please specify) _____
- (4) Use of special member satisfaction tools or quality measures. Are there any special measures for CSHCN?
- (5) Cost monitoring (please specify) _____
- (6) Other (please specify) _____

2.0 Ensuring Capacity to Provide Appropriate Care for CSHCN

- 2.1 How does your plan ensure its capacity to serve CSHCN? Tell us about the network of pediatric providers associated with the plan and how it is determined - primary care providers, specialty care physicians, nurses, mental health providers, ot/pt/speech therapists, etc. *(For example, plan guidelines, national guidelines, contracts, geographic distances, travel time, etc.)*

Please describe: _____

- 2.2. Does your plan have a policy of using board certified pediatric sub-specialists?

(1) Yes (2) No

- 2.3 Are all or most hospitals with pediatric services in the state / area served by the plan included in the network?

(1) Yes (2) No

- 2.4 Does the network include a pediatric hospital or unit in a hospital that provides tertiary pediatric care? (1) Yes (2) No

- 2.5 What type of in-service training does your plan offer for staff and providers?

(1) General in-service training about pediatric issues *Please describe:*

(2) Specific training about CSHCN (or about particular conditions) *Please describe:* _____

(3) Specific training for the plan's case management staff about CSHCN *Please describe:* _____

2.6 How does your plan define “medical necessity?”

2.7 Does your plan’s definition of “medical necessity” distinguish between habilitative and rehabilitative services for children?

(1) Yes (2) No Comments: _____

2.8 Does your plan offer any of the following services for families of CSHCN?

	For All/Many Families of CSHCN (enter X mark)	For Families of Children With Specific Conditions (please describe)
(1) Training (for example, a class on how to access community resources, manage diabetes, etc.)		
(2) Information		
(3) Support services (for example, linking families with similar issues within the plan, providing a special fund for those w/extraordinary expenditures, etc.)		
(4) Parent support groups for members provided by the plan		
(5) Referral to parent groups or disability organizations outside the plan		
(6) Other (please describe):		

2.9 Does your plan have policies or programs that promote the transition of adolescents with special needs to adult care and services?

(1) Yes (2) No If Yes, please describe: _____

3.0 Involvement of Families of CSHCN in Program & Policy Activities

3.1 Does your plan encourage consumer or member involvement in policy level activities or programs of the plan? (That is, activities to assist the plan staff or other members.)

(1) Yes (2) No If *Yes*, please describe: _____

3.2 The following questions ask how the plan includes members in advisory or planning roles. (Check Yes or No for each, and add comments.)

	Yes	No	Comments
(1) Does the plan have a general member advisory board?			
(1a) If <i>Yes</i> to (1) - Does the advisory board include families of children with special health care needs?			
(2) Does the plan have a separate advisory group of parents of children with special health care needs?			
(3) Does the plan include members in planning or reviewing quality assurance activities?			
4) Does the plan involve members in an appeal or grievance committee?			
(5) Does the plan involve parents in in-service training for plan personnel as participants or as presenters?			

4.0 CSHCN: Primary Care & Specialty Care Referrals

4.1 Do parents select their child's primary care provider?

(1) Yes (2) No If *No*, please describe how providers are assigned: _____

4.2 Does the plan offer families information about primary care providers' specific expertise or special interest in CSHCN?

(1) Yes (2) No Comments: _____

4.3 We assume that pediatricians, family practitioners, and general practice physicians can serve as primary care providers for a child. Is this correct?

(1) Yes (2) No Comments

4.4 Can a family request that their child's pediatric subspecialist be their child's primary care provider?

(1) Yes (2) No If this requires special arrangements would you describe them.

4.5 Does your plan use any special or different reimbursement rates or incentives for primary care providers when they provide care for CSHCN?

(1) Yes (2) No If *Yes*, please describe:

4.6 Is it possible for a CSHCN to receive standing referrals to specialists or other simplified methods for access to specialists or special services?

(1) Yes (2) No If *Yes*, please describe how this works: _____

5.0 Care Coordination & Case Management Service

5.1 The following questions ask about how the plan coordinates care with other providers and programs outside the health plan. [Check either "Systematically" or "Case by Case" for each item.]

Does the plan coordinate care with:	Systematically	Case by Case (as needed)
(1) Hospitals or community-based health care providers?		
(2) Schools or early intervention programs?		
(3) State agencies (such as Dept. of Mental Health, Title V/Dept. of Public Health, Dept. of Social Services)?		
<p>Can you offer any examples of your plan's care coordination efforts and any successes or barriers:</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>		

5.2 Does your plan make information about public programs/ services for CSHCN available to families? (such as SSI, public health, mental health, etc.) (1) Yes (2) No

Would your plan like to receive this kind of information? (1) Yes (2) No

5.3 Does your plan offer case management services for CSHCN and their families?
(1) Yes (2) No

5.4 Are there specific eligibility criteria to receive care coordination or case management services?
(1) No special criteria – the system is flexible
(2) Specific criteria (describe): _____

5.5 Which of the following case management services does your plan provide? (*Check all that apply*)

- (1) Explanation of health insurance benefits, including eligibility for specific plan services
- (2) Assistance scheduling medical appointments
- (3) Arranging transportation to health services
- (4) Help coordinating Primary Care and Specialty Care, including Mental Health Services
- (5) Help coordinating health services in school with other medical and health services
- (6) Accompany families to meetings with schools or other agencies
- (7) Information and assistance in obtaining community services & programs outside the plan
- (8) Help coordinating care received through the plan with services received from state agencies
- (9) Other: _____

5.6 Can a parent request case management services for their own child?

- (1) Yes (2) No Comments:

6.0 Mental Health & Behavioral Health Services for Children

6.1 How does your plan identify and respond to the mental health or behavioral health needs of children?

- (1) Periodic screening of all children for behavioral health needs is plan policy
- (2) Mental Health/Behavioral Health Services are not included in the benefits
- (3) Other:

6.2 What arrangements are made to provide Mental Health /Behavioral Health Services?

- (1) Mental Health/Behavioral Health services are provided within a specific network of providers
- (2) Mental Health/Behavioral Health Services are provided through a separate contract/network of providers. (*Often described as “carved out.”*)

6.3 What Mental Health/Behavioral Health services are provided?

- (1) Outpatient Counseling (individual and family)
- (2) Case management

- (3) Inpatient hospital care
- (4) Residential (residential, therapeutic foster care, other)
- (5) Family Support
- (6) Crisis Intervention
- (7) Aftercare treatment plan in place prior to discharge
- (8) Respite
- (9) Assessments
- (10) Pharmacological services
- (11) Wraparound services (*services to help a family maintain a child at home or be involved in a child's treatment*)

7.0 Disagreements About Care

7.1 What specific procedures does your plan offer when families disagree about care decisions for their child? (*Check all that apply.*)

- (1) Patient/Member advocate
- (2) Mediation
- (3) Appeal/grievance procedure
- (4) Other: _____

7.2 Is written information available about these procedures? (1) Yes (2) No

7.3 In what languages is this information made available? _____

7.4 How is information on resolving disagreements made available to members and families?

- (1) Given to all members prior to or post enrollment
- (2) Given to members when a complaint is filed
- (3) Other (please describe): _____

7.5 Is your plan able to collect information about disagreements or appeals concerning children (as opposed to those for adults)?

- (1) Yes (2) No If Yes, Please describe the tracking methods: _____

7.6 What are the 3-4 most frequent issues of disagreement, related to care for CSHCN?

1. _____
2. _____
3. _____
4. _____

8.0 Summary

8.1 Finally, what are the 3-4 biggest challenges confronting your health plan in serving CSHCN and their families?

1. _____

2. _____

3. _____

4. _____

