



Center for Medicaid, CHIP and Survey & Certification

CMCS Informational Bulletin

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FROM: Cindy Mann, JD
Director
Center for Medicaid, CHIP and Survey & Certification (CMCS)

SUBJECT: Recent Developments in Medicaid

CMCS is pleased to release this Informational Bulletin highlighting several new announcements from Medicaid, including:

- A State Medicaid Director's letter regarding the appeals component of the five National Correct Coding Initiative methodologies;
- Clarification that the Medicaid increased Federal funding for translation and interpretation services available under Section 201(b) of the Children's Health Insurance Program Reauthorization Act is limited to children and family members of those children;
- Issuance of the third multi-year **National Background Check Program for Patient Protection** solicitation for Federal matching grants to all States and the U.S. Territories that did not submit proposals during the first two solicitations.
- The release of the CMCS Oral Health Strategy to improve access to oral health services in Medicaid and CHIP.

National Correct Coding Initiative Methodologies

On April 22, 2011, CMCS released a State Medicaid Director's letter clarifying the non-applicability of the appeals component of the five National Correct Coding Initiative (NCCI) methodologies. The September 1, 2010, State Medicaid Director (SMD) letter regarding section 6507 of the Affordable Care Act identified the four components of each of the five NCCI methodologies. The fourth component involves the provider/supplier appeals of denied payments for services based on the edits. The Centers for Medicare & Medicaid Services (CMS) has decided that at this time the appeals component is not compatible with Medicaid and therefore States are not obligated to implement this component. We encourage States to review their appeals procedures and to ensure that providers have adequate opportunity to alert States to potential errors associated with claims denials, including those generated by NCCI edits, and that providers have an avenue to resubmit claims or provide additional documentation to support their claims. We will continue conversations with States and providers about claims submissions, adjudications, and appeals to determine how best to simplify and streamline

business practices and promote claims accuracy. The SMD can be viewed at <http://www.cms.gov/smdl/downloads/SMD11003.pdf>.

Clarification Regarding Eligible Individuals for Whom Increased Federal Funding is Available Under Medicaid and CHIP for Translation and Interpretation Services

The following information is to clarify that under Medicaid, increased Federal funding for translation and interpretation services available under Section 201(b) of the Children’s Health Insurance Program Reauthorization Act (CHIPRA, Public Law 111-3) is limited to children and family members of those children. Under the Children’s Health Insurance Program (CHIP), increased Federal funding for translation and interpretation services is not limited to children, and includes all CHIP eligibles, such as pregnant women eligible under section 111 of CHIPRA.

The intent of this provision is to encourage the provision of translation and interpretation services to qualifying individuals with Limited English Proficiency (LEP). Eliminating language barriers is one key component of a broader strategy for promoting better access to coverage and care. This increased translation/interpretation matching rate is an important new source of Federal support to help States eliminate these barriers. CMS issued a State Health Official Letter providing guidance on section 201(b) on July 1, 2010 (available at <https://www.cms.gov/smdl/downloads/SHO10007.pdf>).

We have received inquiries regarding the availability of increased matching funds for services provided to Medicaid eligibles that fall outside of the category of “children of families for whom English is not their primary language,” specifically, childless adults, individuals with disabilities, and the elderly, all of whom may qualify for Medicaid under certain eligibility criteria. The statute authorizes the increased Federal matching rate for interpretation and translation services provided in connection with the enrollment, retention or use of services by children, or family members of these children. Expenditures associated with the provision of translation and interpretation services to Medicaid enrollees that are not eligible for the increased matching rate may still be reimbursable at the standard 50 percent Medicaid administrative matching rate, or as part of the rate paid for a medical service.

If you have any additional questions regarding translation services, please contact Ms. Dianne Heffron, Director, Financial Management Group, who may be reached at 410-786-3247.

Third Opportunity for States to Apply for National Background Checks

CMS has recently issued a third multi-year **National Background Check Program for Patient Protection** solicitation for Federal matching grants to all States and the U.S. Territories that did not submit proposals during the first two solicitations. The applications are due in late June 2011. The Federal matching funds and State funds will be used by States to perform criminal background checks for direct patient access employees of long term care facilities and providers. CMS received 19 applications from the first two solicitations and made awards to 11 States including: Alaska, California, Connecticut, Delaware, District of Columbia, Florida, Illinois, Missouri, New Mexico, Oklahoma and Rhode Island.

We encourage all States that have not applied, but may be interested in applying, to take this opportunity to continue their planning efforts. This third opportunity will be particularly useful to those States that have been considering the potential for an effective background check program to ensure a quality long term care workforce but needed more time to work with all State level interested parties. CMS will work individually with States interested in applying to the grant program regarding any issues that would impact their ability to implement the program.

The Nationwide Program for National and State Background Checks for Direct Patient Access Employees of Long Term Care Facilities and Providers solicitation:

<http://www.grants.gov/search/search.do;jsessionid=9QFQNTvPd3V8yVbJsxVGTP96q1fcyZ262k4CmGP9R2f6FJs196RB!-1041731581?oppId=88293&mode=VIEW>.

For further information about the National Background Check Program please review the current Survey and Certification National Background Check Notice, as well as the Questions and Answers document and Pilot Evaluation located on our CMS website at:

http://www.cms.gov/SurveyCertificationGenInfo/04_BackgroundCheck.asp. If you have any questions about this opportunity, you may contact the Background Check Program mailbox at background_checks@cms.hhs.gov.

Oral Health Strategy

We are pleased to announce the formal release of the CMCS Oral Health Strategy, which is now available on our website at <http://www.cms.gov/MedicaidDentalCoverage/>.

The oral health strategy is the product of several months of collaboration and discussion with States, federal partners and a wide range of stakeholder organizations representing Medicaid and CHIP beneficiaries as well as the oral health community. The strategy includes input and feedback received through in person meetings as well as written comments provided. The document is intended to steer our efforts to improve access to oral health services going forward but is also expected to evolve as this initiative progresses and we learn more about strategies that will be successful.

I hope you will find this information helpful. Thank you for your continued commitment to Medicaid and CHIP.