# CIDC PROVIDER BULLETIN

No.10 BUREAU OF CHRONICALLY ILL AND DISABLED CHILDREN'S SERVICES June 1989

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## CHET BROOKS' CASE MANAGEMENT AWARD PRESENTED TO GUNKEY FAMILY

(Speech given by Kathy Thomas, MSW, Program Manager, Public Health Region 2, during the award ceremony)

I remember when I first met Amy six years ago. I made my first home visit to their home just outside Tulia -- which is midway between Amarillo and Lubbock. Amy was almost three years old and was not yet ambulatory. But I soon learned that non-ambulatory does not mean non-mobile. Amy had perfected an effective means of scooting from one place to another and was keeping her mother preoccupied with preventing her from scooting right out the front door into the yard.

Since that time, Amy has undergone several surgeries at the Scottish Rite Hospital and she can now walk and is quite independent. Amy is a member of the Little People of America and has attended several meetings of the West Texas Chapter. It was at one of these meetings that she first encountered other little people using Ponies -- that is, three-wheeled, electric vehicles. And she knew right away that one of these was the thing for her! At school, her teachers had been using a stroller with Amy to move her around quickly, but this made her feel that she was being treated like a baby -- and naturally she did not like that. And it was unacceptable. Fortunately, funding was found to purchase Amy a Pony of her own. I knew that Amy wouldn't have any problems operating her Pony -- because when we went to the equipment dealer, Amy got into an adult-sized vehicle, similar to the Pony, and drove it all over the store, like a pro. After getting her Pony -- which by the way, her father adapted to fit her even better by adding an extra step -- Amy decided she wanted to write a thank-you note to those who had helped her procure it, and in this note she said: "now I can keep up with the other kids." I think that this expresses what we all want -- for the kids we serve to be able to keep up as much as possible with other kids.

Amy's family has been instrumental in her being able to keep up. Her parents are excellent case managers who have sought out the best care and have made many long trips to Dallas and have carried through with all the medical recommendations. Her parents are so efficient, that it makes me feel, as her assigned case manager, a little like the Maytag repairman. There's not a lot left to do.

They have tried to heed the advice of a physician who said early on: "Treat her as normally as possible." That's not always easy for parents to do. They have had to struggle with this issue and come to terms with parenting that encourages independence. As Cathey told me, as one example, "We finally decided that if Amy could manage to drag toys to far corners of the house, she could pick them up as well, even if it meant that she had to stop and rest on her way to retrieve them."

Amy's parents have been advocates for Amy within the school setting. Amy's needs are unique in her small town where none of the schools are very accessible for the disabled. When the other kids all get to go downstairs to the library and pick out any book they want, Amy was supposed to make do with someone bringing her three or four books to choose from. Fortunately, her teachers, so far, have been willing to carry Amy downstairs so that she can have the same choices as everyone else.

Amy's mother has advocated for several years for a handicapped parking spot next to the main entrance at school and until recently had always been met by a brick wall of resistance -- partly because this choice spot was already designated for school officials who weren't interested in vacating this prime parking location. After going all the way to the superintendent of schools, there is now a marked handicapped parking space; the only problem is that it is completely inaccessible during the peak times when parents are dropping off and picking up their kids. So the struggle goes on -- for the Gunkeys and for all the families we serve.

There was another member of this family who I don't want to leave out. Lisa Gunkey was born June 25, 1984, and also had the condition of dwarfism. Unfortunately, Lisa had additional complications and died at home when she was 2 months and 24 days of age. Lisa spent much of her short life in the hospital and the medical bills had mounted up. I had been working along with her parents to find a way to get these expenses covered and to cut through some of the red tape. There was a time when we weren't sure anything was going to work out. Cathey said something that has stuck with me. She said, "What I'm most afraid of is that all we will be left to remember Lisa by is a huge, unpaid bill that we'll pay on for the rest of our lives." No one should have to remember their child by a staggering medical debt -- and that's one reason why programs like CIDC are essential and why even more programs and coverage are needed for the millions of uninsured citizens in our country.

Luckily in this case, coverage was secured through a combination of sources, including CIDC.

Amy and her family have a lot ahead of them. There will be more treatment and perhaps more surgery. There will be more issues requiring advocacy for her rights and needs. But knowing Amy and her family, I have no doubt that they will persist and prevail.

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## CASE MANAGEMENT THEME OF 4TH ANNUAL CIDC PROVIDER WORKSHOP

Case management was the topic on everyone's mind at the CIDC Workshop in March. Michael Trout, Director of the Center for the Study of Infants and Their Families; Doctor Mark Swanson, Director of the University Affiliated Center and Assistant Professor at the University of Texas Southwestern Medical Center; Chandice Covington, Director of Nursing at the University Affiliated Center; Doctor Earl Brewer, Project Director of the Coordinated Care Program-SPRANS Projects; and Doctor Charles Cain, Director of Social Work at the University Affiliated Center, presented an excellent program on case management on the first day. The parent's panel, which included Paula Russell, Steve Dunn, Rosemary Alexander, Joyce Winston and Oleta Newcomb provided insight on the parent's perspective of case management. The poster sessions featuring the Texas CIDC Case Management Program Initiatives were interesting and informative. The Provider Exhibits and Fajita Social on Wednesday evening were a big hit with everyone.

On Thursday, Doctor Robert Bernstein, Texas Commissioner of Health; Doctor Clift Price, Associate Commissioner of Personal Health Services; Hermas Miller, Deputy Commissioner for Management and Administration; and Doctor Albert Randall, Associate Commissioner for Community and Rural Health, discussed the mission, goals, and future directions for CIDC. The remainder of the day was devoted to the provider special interest sessions. Analysis of the evaluations indicated that the change in format from lectures to questions and answers was appreciated by most of those who attended the special interest sessions.

At the luncheon on Thursday, the Texas Board of Health honored Senator Chet Brooks for his contributions to public health by naming the case management award in his honor. The proclamation was presented to Senator Brooks by Doctor Raleigh White, IV, Vice-Chairman of the Texas Board of Health, and accepted for Senator Brooks by Cris Cunningham, Senator Brooks' aide. The First Annual Chet Brooks' Case Management Award was presented to the Gunkey family by Kathy Thomas, Public Health Region 2 program manager, who related her experiences as case manager for Amy Gunkey and the family.

The special interest sessions on Friday morning combined professionals and parents for interesting discussions on case management issues. In the closing session, Doctor Mark Swanson summarized the case management issues discussed throughout the workshop and helped put them in perspective.

We, at CIDC, appreciate everyone who contributed to this workshop, either by attending or presenting in one of the sessions. YOU made the conference successful. And last, but certainly not least, we want to thank our corporate sponsors: Everest and Jennings, Ortho-Kinetics, and B-Scientific. Their generous donations allowed us to keep registration fees low.

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## PROGRAM POLICIES

*ANNUAL VISITS*:

Physicians who are seeing children for follow-up care on an annual basis should code these visits using the codes designated for that procedure. This would be the codes ranging from 90760 through 90764. The annual visit will be reimbursed at $45.00. Use of these codes will differentiate an annual visit from a routine follow-up visit or an initial visit.

*ECHOCARDIOGRAM AND CATHETERIZATION REPORTS*:

Effective February 28, 1989, echocardiogram and catheterization reports will not be required in order to process payment for these services.

*NUTRITIONAL SUPPLEMENTATION*:

Due to the requests for a wide range of nutritional supplementation formulas, CIDC has adopted a fee schedule for reimbursement for these claims. This schedule is effective for all claims in-house on April 1, 1989, and will be reviewed periodically for changes in pricing. Formula that is available through the WIC Program for WIC eligible children will not be reimbursed through CIDC.

*SUBMISSION OF AUTHORIZED CLAIMS FOR PAYMENT*:

All claims for <u>authorized</u> services should have a copy of the Authorization (Form T-15B) attached when they are submitted to CIDC for payment.

*UNLISTED CPT CODES*:

Unlisted Current Procedural Terminology (CPT) Codes are codes with 99 as the last two digits.

CIDC does not pay on the Unlisted Procedure Codes. If you perform a procedure that codes out with 99 as the last two digits, you must provide additional information such as one of the following:

1. operative reports for codes that involve surgical procedures;
2. written description of the service provided.

*POST-OPERATIVE CARE*:

Most surgical procedures include post-operative care in the fee for the procedure. Post-operative care is considered hospital, office or emergency room visits, by the surgeon or assistant surgeon, within 30 days after surgery for the condition requiring surgical treatment.

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NEW CRITERIA FOR HOSPITAL APPROVAL

New criteria to be used for the approval of hospitals for payment by CIDC were adopted at the March 1989 meeting of the CIDC General Advisory Committee. The new criteria clarifies Section 37.90(2)(A)(iv) of the CIDC Program rules. The new criteria will be included in the first revision of the CIDC Handbook. (You may request your copy of the handbook by completing the request form located elsewhere in this bulletin.)

All hospitals currently approved by CIDC will be required to reapply for approval based on the new criteria. Currently approved hospitals will have one year from the date of formal notification to submit applications to CIDC. CIDC will begin sending letters of notification with the new applications to all the hospitals currently on the CIDC-approved hospital list on or before June 1, 1989. These hospitals will continue as CIDC "approved" until either the one-year period has expired or their completed applications have been received and acted upon by CIDC. Approval determinations will be based upon the information submitted by the hospitals on the new application forms. Hospitals which do not meet the new criteria OR do not reapply within one year from the date of formal notification will no longer be considered CIDC approved.

Any hospital which is NOT currently approved by CIDC may make application for approval based upon the new criteria. Applications may be requested from Field and Provider Relations at 512/458-7355.

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## CIDC IMPLEMENTS CHANGES IN ELIGIBILITY COMPUTER SYSTEM

CIDC implemented a new eligibility computer system on April 3, 1989, resulting in major changes in the way a patient's dates of eligibility are recorded. These changes, while allowing CIDC to track the history of a patient's eligibility, will result in services to a patient being denied if the patient's eligibility is not maintained in a timely manner.

1. Financial and medical eligibility dates are recorded separately. The patient's financial eligibility dates are in one record, and eligibility dates for each diagnosis are maintained in a series of medical eligibility records, one for each diagnosis. The former system kept both financial eligibility and medical diagnoses on the same record.

2. The new eligibility computer system tracks periods of ineligibility as well as periods of eligibility. The former system displayed only the current status of eligibility with no indication of whether the patient was eligible for CIDC assistance at any time prior to the most recent effective date.

Providers can avoid having services denied with the following measures:

- When requesting authorization by telephone on a new case or on an established case whose eligibility has lapsed, do not wait 45 days from the beginning date of service. Eligibility is retroactive 45 days prior to the date the actual application is received by CIDC. Even if authorization was given for the services, payment cannot be made unless the actual application is received by CIDC within 45 days of the date of service.

- IF AT ALL POSSIBLE, SEND THE PART A AND PART B TOGETHER. For CIDC to pay for services, a patient must be both financially and medically eligible on the date of service. Even if CIDC receives a Part A within 45 days of the date of service and approves financial eligibility, payment cannot be made unless the Part B is received within the same 45 days.

- Respond to requests for additional information promptly. If for some reason an eligibility decision cannot be made because the application is incomplete, a letter is sent requesting the specific information needed. This information must be received within 45 days of the date of the letter. If CIDC receives the additional information on time, eligibility will be retroactive from the date the application was first received. However, if CIDC receives the additional information more than 45 days from the date it was requested, eligibility will be retroactive from the date the additional information was received.

By following these measures, providers can avoid a delay in establishing a patient's eligibility and ensure that eligibility is established for the date service is provided.

## FREESTANDING AMBULATORY SURGICAL CENTERS

Approval criteria for Freestanding Ambulatory Surgical Centers have been approved by the Texas Board of Health at the April 1989 meeting. Information for approval will be made available by writing to Field and Provider Relations, 1100 West 49th Street, Austin, Texas 78756.

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*- - IMPORTANT - -*

*The long-awaited CIDC Provider Handbook is now available. The Handbook contains step-by-step instructions and vital information about program services. It also contains frequently used provider lists, regional social work information, CIDC forms and instructions, and many other helpful items of interest to providers. To make it easier for you to add and delete pages when you receive our quarterly revisions, the Handbook will come to you ready to be placed in a three ring binder.*

*Many of you who work in hospitals and large agencies have told us that you often do not receive the CIDC Bulletin and other information that we distribute in large mailouts. Because we want each of you who receives the Handbook to receive the quarterly revisions, we require that you request your copy of the Handbook individually. To request your copy of the CIDC Provider Handbook, complete the request form and mail it to:*

*Texas Department of Health*
*Chronically Ill and Disabled Children's Services*
*1100 West 49th Street*
*Austin, Texas 78756-3179*
*ATTENTION: Judy Tovar*

*Copies of the handbook will not be sent to you unless you request one. Only one handbook per request.*

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*NAME:* _____

*FACILITY:* _____

*ADDRESS:* _____

*CITY:* _____ *Zip Code:* _____

*TELEPHONE NUMBER:* (_____) _____/_____

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Texas Department of Health
Bureau of Chronically Ill and Disabled
Children's Services
1100 W. 49th Street
Austin, Texas 78756-3179

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