

CMS Guidance on Coordinating Care Provided by Out-of-State Providers for Children with Medically Complex Conditions Summary

On Oct. 20, CMS [released guidance](#) on coordinating care provided by out-of-state providers for children with medically complex conditions enrolled in Medicaid. CMS notes in this guidance that they expect to issue further guidance to states on the development of health homes serving children with medically complex conditions in accordance with the [ACE Kids Act](#).

This guidance provides a description of best practices and other implementation considerations related to out-of-state care, which were informed by public comments received in response to a Request for Information issued by CMS in January 2020 in accordance with provisions in the ACE Kids Act. CHA and several children's hospitals provided [comments to CMS](#) in response to the RFI.

The guidance reiterates existing Medicaid requirements that support needed out-of-state care for children, including EPSDT, provisions governing out-of-state care, managed care and health homes for children with complex conditions.

Although the guidance is intended for all states, it includes specific provisions pertaining to states that elect to opt into ACE Kids. Under the guidance, those states would be required to report their adoption of certain best practices:

- Ensure person-centered services planning, including a multi-disciplinary treatment team that uses an interoperable electronic health record (EHR) to allow the child, caregivers and the entire care team to access information in real-time.
- Streamline screening and enrollment of out-of-state providers within an abbreviated timeframe to help ensure that Medicaid-eligible children with medically complex conditions can access care in timely fashion. States could rely on enrollment screening conducted by other states. CMS specifies that state Medicaid agencies may reimburse out-of-state care providers not enrolled in their Medicaid programs if the following four criteria are met:
 - The item or service is furnished by a provider outside of the state.
 - The National Provider Identifier is provided on the claim.
 - The out-of-state provider is enrolled and in an “approved” status in Medicaid or in another state’s Medicaid plan.
 - The claim represents services furnished and covered under the state plan.
- Develop standard agreements (memoranda of understanding, state compacts or other types) with other states that govern coverage and payment for out-of-state services to facilitate and expediate access to care.

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- Encourage use of telehealth from out-of-state providers, if appropriate, to improve access to care and enhance care coordination. CMS provides a link to the [Medicaid and CHIP telehealth toolkit](#) and notes that federal financial participation is available for certain state systems expenditures to support telehealth.
- Encourage both home state and out-of-state providers to use EHRs and other interoperability tools to best support care.
- Establish “economic and efficient” payment rates to ensure access to available care and services. Under certain circumstances, cover and pay for services by out-of-state providers who serve children with medically complex conditions. States use a variety of different payment methods, and these should be described in their Medicaid state plan.

The guidance also includes additional suggestions from stakeholders, but notes that states will not have to report on these items:

- Develop contact lists or registries to help families identify specialists who are familiar with their child’s specific conditions, as well as rare diseases.
- Make networking resources available on state websites for families, beneficiaries, providers and other stakeholders, noting which providers are available in the home state or out-of-state.
- Utilize “provider agencies that employ specialized hospital contracting teams” to coordinate care from out-of-state providers for children with medically complex conditions, as necessary.
- Coordinate with social service agencies to help families plan out-of-state care.
- Ensure that out-of-state care complies with ADA and Olmstead requirements.
- Explore ways to reduce barriers to access to prescription drugs and durable medical equipment across state lines.