INCREASE CHILD MEDICAL EVALUATION REIMBURSMENT RATES TO IMPROVE PROPER AND TIMELY ACCESS TO CARE WHERE ABUSE/NEGLECT IS ALLEGED

The North Carolina Pediatric Society and the Children's Advocacy Centers of North Carolina jointly request that the 2017 General Assembly provide additional funding to increase the reimbursement rate and to set an appropriate rate for Child Medical Evaluations (CMEs) in order to encourage providers to conduct the evaluations, to provide timely access to effective evaluations, and to raise the standard of care for evaluations. Currently, the CMEs rates are a flat fee of about $250 for suspected sexual abuse and about $150 for other types of suspected maltreatment. At the current rate, some providers limit or no longer provide CMEs and access to quality CMEs is being impacted. There are about 100 providers on roster with the Child Medical Evaluation Program (CMEP) as available to provide CMEs, down from about 200 just a decade ago.

Upon an allegation of child abuse/neglect, Social Services may order a CME as a part of its investigative process. A CME is a specific evaluation performed by a qualified medical expert (MD, NP or PA) to determine neglect, physical or sexual abuse when it is suspected that a child is being abused or neglected by a parent or other caretaker. A CME supports further medical treatment and care for the child and provides a legal foundation for abuse/neglect DSS proceedings.

A CME requires the provider to provide the following services: intake of referral and review of case information; interview with the child, key family members and investigators, extensive review of prior medical records, the medical evaluation of the child, conferencing with subspecialty medical providers and with DSS regarding follow up medical treatment. The fees are all-inclusive for these services. There is no reimbursement for travel expenses. CMEP conservatively estimates that a standard CME takes 4-5 hours, in addition to preparing for court hearings and dealing with attorneys for the parties.

Increased funding will increase access and increase the standard of care for evaluations. Missed diagnoses are common: 30% of abusive head trauma and 20% of abusive fractures are initially missed in a CME. A misdiagnosis of abuse is devastating to the child and to the family. Under-diagnosis may leave a child in an unsafe situation. Over-diagnosis may result in a child being removed from the home unnecessarily. Social Services has 30 days to substantiate an allegation of abuse, and CMEs are required during this process to inform the substantiation. Currently, only one-half of children under 2 years of age receive a CME; the other half may only obtain a more general exam in an emergency room. While not required to administer a CME, "child abuse pediatrician" is a subspecialty available to physicians who complete an additional three year fellowship; increasing the fee will encourage more physicians to specialize in this practice.

Medicaid is billed and pays for about 3,100 of the 4,000 CMEs conducted each year. When Medicaid does not pay, the fees (same rate as Medicaid rate) are paid with child welfare funds. Private insurance does not apply for confidentiality reasons and because DSS needs to own the resulting CME records.

The Child Fatality Task Force supports increasing the State appropriation for CMEs by $725,000 annually to increase the reimbursement rates to the average rates for states with a similar payment structure for CME, and it is suggested that approximately $338,000 be allocated to DSS and $385,000 be allocated to DMA. CME fees for surrounding states are higher than North Carolina's fee: Virginia pays $1,200 for a sexual abuse case and $525 for other cases, South Carolina's fees average $610 and Tennessee pays up to $1000 for a sexual abuse case. A Maryland pediatrician surveyed the reimbursement rates in 2015 for states with similar fee structures, and the average reimbursement rate was $575 (the states who responded were NC, MN, FL, NJ, MO, MD, NY and CT).

The following organizations support increasing the reimbursement rate: Child Fatality Task Force, NC Pediatric Society, Children's Advocacy Centers of North Carolina, NC Sheriffs' Association, Carolinas Healthcare System, Cape Fear Valley Hospital, NC Academy of Family Physicians, NC Association of County Departments of Social Services, NC Child, Prevent Child Abuse NC and Southern Regional AHEC.

Jon Carr, lobbyist, NC Pediatric Society
Jason Joyner and Brian Lewis, lobbyists, Children's Advocacy Centers of North Carolina

Proposed Special Provision:

INCREASE CHILD MEDICAL EXAM FEE

SECTION xx.xx. There is hereby appropriated the additional sum of Seven Hundred Twenty Five Thousand dollars ($725,000) in recurring funds annually to the Department of Health and Human Services, beginning with the 2016-2017 fiscal year, to increase the fee paid to providers for a Child Medical Exam (CME) initiated by the Division of Social Services where a child is suspected of being abused or neglected. The Department shall allocate these funds to the Division of Medical Assistance and to the Division of Social Services to increase the CME fee to the maximum extent allowed within the existing appropriations and this additional appropriation. The Department shall set the increased CME fee within allowed Medicaid limits and may thereafter adjust the fee. The General Assembly finds that increasing the CME fee will provide more timely access to effective evaluations, will raise the standard of care for evaluations, and will encourage more providers to conduct the evaluations.

Calculation of Requested Appropriation:

There are around 4,000 CMEs conducted each year. Medicaid is billed and pays for about 3,100 of those CMEs. The current fee is about $250 for suspected sexual abuse and about $150 for other types of suspected maltreatment. About one-half of CMEs are for suspected sexual abuse and the other half are for other types of suspected maltreatment. Therefore, for purposes of this calculation, the average fee for all CMEs is $200.00. The objective is to increase the fees to $575. Proposed fee of $575 – average fee of $200 = $375 fee increase. $375 x 3100 Medicaid paid CMEs = $1,162,500 x .3312 NC Medicaid share less FMAP = $385,020. $375 x 900 non-Medicaid paid CMEs = $337,500. Of the appropriated sum of $725,000, it is suggested that approximately $338,000 be allocated to DSS and that $385,000 be allocated to DMA.

Jon Carr, lobbyist, NC Pediatric Society