

## Therapy Workgroup Open Meeting - Minutes July 11, 2007

Marilyn Strickland  
Rosemary Edgin  
Cheryl Freeman  
Linda Rogers  
Cheri Stevenson  
Kim Jones  
Deb Ashworth

Stephanie Smith  
Tony Boaz  
Shelly Wier  
Julia Washburn  
Beth Stamp  
Angela Traweek  
Judy Eddington

Meeting began with Marilyn Strickland mentioning the therapy rate increase and that it was be further discussed later.

Billing spans-AG office noted some issues with billing date spans, program integrity will look into the matter. Cheryl read email from EDS, committee members asked what a span of dates were? Stephanie explained what a span date was, dates from 06/09/-06/30/07. Marilyn mentioned many providers were billing span dates at one time with units not being supported by the documentation from within those date spans. The way that providers are billing, not all billed units are getting paid or accepted. Marilyn mentioned possibly stopping all providers from billing date spans. Jarrod mentioned that schools were the most frequent providers who provide span dates. Stephanie read the Medicaid manual which indicates that they should not bill more than two sequential dates of the same units. Marilyn discussed that there are not only retro review, but also program integrity that were looking for these types of billing errors. **It was mentioned by several committee members that wasn't that what retro review was for (to check for medical necessity and billing errors, etc), the answer was yes.** Stephanie suggested that possibly Medicaid could limit the amount of dates that a provider could billed, such as a week only. Tony indicated that they were working with a new vender who is helping them to update their billing system and that at this time; schools are predominantly billing a month at a time. Tony mentioned that schools don't always have a regular unit schedule secondary to children missing sessions, etc. Many providers don't have equal units to bill each day. Cheryl discussed that they were working on the fact that the therapist is billing more than the 4 units per day per child per code. A date span doesn't always show that there were more than 4 units billed each day. **Marilyn indicated that most providers were billing each day, many schools are. Marilyn indicated that if we can get the system fixed in therapy first, then the changes could be used to correct all billing systems in Medicaid (CSR mentioned in P4P session on November 1, 2007). Cheryl to do research on what is occurring with billing and span dates.**

Organization of therapy manual-Cheryl indicated that they are going to look at re-organizing the Medicaid therapy manual. Marilyn indicated that she wanted the workgroup's approval before any changes were made to the Medicaid manual. Shelly asked if they were changing the content or were they moving things around. Marilyn indicated that no content would be changed and only the information moved around so that it would be easier to find and read. Cheryl indicated that definitions were being researched and possibly changed standardized and supplemental. Marilyn indicated that comments can be made when the manual was up for re-promulgation. Shelly asked where the proposed changes would **be located** for comment regarding the Medicaid manual. Cheryl indicated that all proposed changes were listed on the Medicaid website. Marilyn indicated that most Associations get an email to notify them of any changes being made and the providers could make comments once posted.

Update on Continuation of Therapy Services- Prior authorization (PA) services, nothing to do with retro therapy. Committee members indicated that these changes were in Section I of the Medicaid manual and asked how these changes wouldn't pertain to therapy. Marilyn indicated that this was discussed with Medicaid's legal representatives and indicated that if there was a denial/partial denial that the recipient could ask for a fair hearing and if upheld would be responsible to the pay for the monies being recouped. Not talking about retrospective **reviews, only to P/A (prior authorized) services.** Committee members indicated that it wasn't in the manual that this only pertained to PA services. No further discussion was offered on this matter.

Removal of AFMC Website information- Marilyn indicated that AFMC posted guidelines from the workgroup

on their webpage and that some of the guidelines were being used in the appeal process incorrectly and since this had occurred, AFMC would not be placing any further workgroup information on their webpage. Shelly asked why the information was developed when it is not going to be used, why spend the time to put this information together if not going to help providers. Cheri indicated that the language algorithm was developed for provider to use as a reference when the child didn't meet the guidelines. Jarrod discussed that the workgroup information was also removed from the AFMC webpage secondary to the fact that information on the webpage was said to be AFMC information when it wasn't. Stephanie indicated that maybe since the guidelines were going to be updated, maybe it would be a good time to promulgate the information from the workgroup. All committee members indicated that they agreed that that this would be a great time to review and update the information from the workgroup committee. Kim indicated that the information developed by the workgroup should all be accepted by everyone and offers providers some level of comfort when using this information. Open meetings and workgroup information should be considered as an accepted information for use. Stephanie indicated that even if information was promulgated and out there for use, then it is hard to know what a provider documents in their files. Marilyn mentioned to look at how long it had taken to get the information together and that a few years ago that we couldn't probably have this conversation. Marilyn indicated that all of the information available should be promulgated. That it appeared it would be best to do a promulgation process every six months and update the manuals with any additional or new information. Beth indicated that any of the issues discussed and decided upon by the workgroup should be considered as policy and used as such. Twice a year providers have the opportunity to express any concerns or problems with the guidelines. In most open meetings, the basic guidelines have not been commented on. It was indicated that if providers did have complaints?(yes) with the guidelines that it should be brought up in the open meetings or to committee members. Stephanie asked about giving examples to the providers. Jarrod discussed using examples and that provider might use that example and then if it is denied, how is it explained to the provider that their information didn't possibly have the same level of information or content. Tony indicated that in all AFMC sessions for the schools that it was made clear what was Medicaid information and what was AFMC information. Tony asked how every six months would guidelines be promulgated and updated. Marilyn indicated that the workgroup committee would have to write a response to the provider if a provider indicated that they wanted changes to the policies the workgroup committee developed. If we agree to change or make changes, Marilyn said the change would not have to be promulgated, a letter could be sent to the provider notifying them of the agreed change. Cheri asked about minutes being approved and whether they would be considered policy, clarification was requested. Marilyn indicated that the minutes will be come policy of the material agreed upon by the work group would become policy after promulgation? Guidelines could be used, although they have not been promulgated but would be promulgated at some point in the near future. Providers would have to understand that it is best practice guidelines until policies were promulgated. Committee members asked whether the maintenance flow chart, could just be accepted today and be in the minutes. Marilyn asked whether the webpage information could just be placed out for comment and not re-discussed or changed?. She also indicated that if there were any problems noted in the webpage information, that we should make sure that all the information to be promulgated was correct so that we would have the most up to date information. Committee members mentioned developing instructions for use should be included with the information to be promulgated. The maintenance flow chart was discussed at length, (how to use flow chart for maintenance, etc). All committee members agreed that the flow chart was good to go. The flow sheet does indicate that this can be used for telling parents that the child is to be placed on a maintenance level. Julia asked about what the group should tell people when they are looking for the information from the AFMC webpage. Marilyn indicated that she would further discuss the issue with AFMC about placing some of the information back on the webpage.

Early Intervention-(EI)- Judy Eddington asked Marilyn about whom to get the information to for promulgation. Marilyn indicated that the information could be given to Rosemary Edgin. Judy discussed the handout about EI which discusses changes to occur to the EI program. Judy indicated that there was only a certain amount of funds and that that amount hadn't changed in years. She indicated that the amount of recipients and other areas to fund had grown. Judy indicated that changes to the EI regulations have to be done in order to be able to deal with the amount of requests for EI. Beth asked about the proposed changes. Judy explained that the Federal government requires that providers of EI services must access other sources of funds before billing EI; even Medicaid must come before EI. Judy explained how the EI referral system works, if the child's parents accept the EI assessment, and then the EI team will look at the funding sources and go from there. Beth indicated that there had been some problems with ACH and referrals. ACH not making the referrals, most committee members agreed that there were complications with ACH and referrals,

more research to go into this issue.

Pre-maturity- Jarrod discussed the handout containing information on pre-maturity. Committee members discussed 36 weeks v/s 37 weeks, everyone agreed to use the CHMS information but make the changes of less than 37 weeks. This is to be proposed and promulgated at some point in the near future.

DMS-640 Form- New form to be issued the end of July 2007. Marilyn asked whether the workgroup committee members felt that the form should be promulgated or just accepted since it won't affect payment. OT member of workgroup requested that the cents should be removed from OT expenditures. Cheri indicated that PCP's are indicating that they are not responsible for filling out the form. Marilyn asked if they had called MMCS and Cheri indicated that they had called the PCP and that they would not fill the form out. Several committee members indicated that they had a certain PCP that they were having problems with getting completed DMS-640 forms from. Marilyn asked the committee members who expressed having complications with PCP's filling out DMS-640 form to email her the information and that she would forward the information onto MMCS. Tony asked about taxonomy codes and if anyone was having problems, the answer was yes that providers have been calling. Further research or clarification may have to be provided for the Associations to place on their webpage so that providers know what to do about taxonomy codes/NPI numbers.

Extension of Benefits-EOB- Marilyn indicated that EOB for evaluation as well as treatment could be submitted. Marilyn indicated that everyone should use the EOB process to request EOB for treatment. Julia indicated that that she had requested three EOBs for evaluations and that they were totally denied and that it was always the same denial reason. Kim indicated that she was getting EOB denials as well. Marilyn indicated that the workgroup committee needed to work with AFMC to get things worked out. Marilyn asked about getting the denial information to Rosemary so that she can look into the situation. Kim indicated they were sending in additional information and that they were still getting denied. She indicated that they EOB letter needed better, more specific rationale to better indicate what was occurring and why they were denied. Marilyn wants to have copies of the rationales and what is occurring; she indicated that she needed to hear these things so that she can work with EOB. Marilyn indicated that there should be some that get approved but that not all are going to get approved. Marilyn indicated that she would look into the issue.

Tony asked about getting a copy of the new DMS-640 form.

IQ and Language Guidelines- Cheri indicated that the guidelines do not identify the true scope of work for a SLP. She indicated that as SLPs they would be in violation of their license if they could not adequately provide services based on what they diagnose and determine is an area of deficit. She had two suggestions, one was that if a deficit was identified and it is on an approved test, there should be no question about the services without having to meet Receptive or Expressive (language is bigger than these two words). The second recommendation was to accept and use the identified areas of language as presented in the meeting today from a language reference book (Speech or Language Impairment), VI. Evaluation Data Analysis. Listed on the Analysis handout was: A. Types of Communication Disorders, definition of a language disorder and 1. Language, indicating that such disorders may involve one, all or a combination of the following components of a language system (Phonology, Morphology, Syntax, Semantics, Pragmatics, Perception. 2. Prosody; 3. Articulation; 4. Voice; 5. Fluency; and 6. Apraxia, written in at the bottom of the page. Cheri discussed the tests for apraxia and that denials were being issued that indicated that Medicaid didn't cover apraxia. Marilyn asked if apraxia was a fixable or treatable condition and the response from the SLPs discussing the language guidelines was that it was fixable. Workgroup discussed at length about treating apraxia. Cheri discussed expanding on identified delays. Cheri indicated that there were times that if two tests are required, the guidelines in the manual didn't indicate that both tests had to qualify. Receptive and expressive are the areas covered by Medicaid according to the guidelines at this time. Workgroup discussed opening up the areas covered by Medicaid. Marilyn indicated that we should have a meeting next month to further discuss the proposed changes to the speech language guidelines. Cheri mentioned IQ information and that it should be removed from the guidelines. Workgroup discussed the proposed changes to the IQ information in IDEA, several committee members mentioned that there were lawsuits for removing IQ. 2008 for State Department of Education to possibly to update regulations and policies. A few committee members mentioned that there were providers who were not giving IQ information secondary to waiting for the regulations to be changed and updated regarding IQ.

Therapy Assistants- Julia indicated that after discussing the matter with an OT professor at UCA, they indicated that the assistant student would be considered to be in the role of the therapist who is supervising them. Marilyn indicated that she agreed with the recommendation that if a student is overseen by the OT, Medicaid would pay at the OT rate rather than the COTA rate for the assistant student.

Co-treatments- It was discussed that in the recent past it was suggested that some type of PA case by case might be set up for providers who wanted to do Co-treatments. Deb Ashworth indicated that at a past meeting that CMS regulations indicated that co-treatments could only be paid at 50% for each day. Cheryl indicated that Jarrod had passed out a handout which outlined the Federal guidelines. A copy of the handout was reviewed and supports that co-treatments would only be covered at 50% for each therapist involved. It was indicated by Marilyn that a PA process couldn't be put into place if CMS says that Medicaid cannot pay for the same units. Marilyn indicated that something should be in the guidelines and promulgated to tell providers what is allowed or not allowed.

Therapy Tests Up-date-Workgroup discussed reading tests and the CAAP test. Marilyn indicated that everyone needs to review them and then they would be brought back to the table for further discussion. If accepted, they could be included in a future promulgation period.

UB94 and HCFA 1500-On paper claims, beginning tomorrow, use the new claim form. Information from the Medicaid webpage tells providers the following: Arkansas Medicaid will start accepting the new HCFA-1500 (version 08/05) UB-04 (CMS-1450) or the 2006 ADA Dental Claim Forms beginning July 1, 2007. These forms accommodate the National Provider number and other important changes. Effective July 1, 2007 claims received on the old versions will be returned to the provider to resubmit on the new claim forms. If you have questions regarding this notice, please contact the EDS Provider Assistance Center. Marilyn asked the physical therapists of the workgroup about the billing of more than one PT code. Marilyn asked whether PT uses the other codes for PT treatment frequently. Beth explained about using the most appropriate code for what gets done in each therapy session. Marilyn wanted to know why most physical therapists use those other codes. She indicated that in the future, would it be discussed as to whether it would be of benefit to continue let PT use those other codes. Marilyn expressed concern about using multiple codes and everyone having to change to accommodate the use of those codes. It was discussed that most providers just use one code, 97110. Private insurance, provider bills one code, and then if denied by insurance company, Medicaid doesn't accept or recognize the previously billed code because it doesn't match theirs and won't cross over. Further discussion is to occur regarding this matter.

Therapy Rate Increase- Marilyn provided a history of why rate increases have been delayed. The scheduled therapy rate increase meeting had to be cancelled and caused the proposed rate increase to be delayed. The original proposal was for sometime in October with a retro start day of July 1, 2007. Old CFO no longer at Medicaid, new CFO to start July 30, 2007. Marilyn indicated that the first thing she will do is address the rate increase. July 1, 2007 has passed, possibly cannot go retro. Meeting in August, Sept. or October to have methodology in place, possibly to follow Blue cross, publish in paper proposed for in September and be effective Oct 1, 2007, must be published prior to effective date. If CMS doesn't approve it until March of 2008, would be considered retro back to Oct 1, 2007. Medicaid would do mass adjust of provider claims back to Oct 1, 2007. Marilyn wanted something in the paper announcing proposal for rate increase by July 1, 2007, but it didn't occur, so cannot go retro to July 1, 2007 as previously mentioned. Workgroup discussed who would be on the therapy committee to discuss the rate increase with Marilyn. Providers have been calling and emailing to ask if and when the rate increase would become approved. As previously mentioned, hopefully no later than spring 2008.

Next Workgroup Meeting- August 1, 2007- 10 is to discuss IQ, cognitive, and speech guidelines/policies. Kyleen Hawkins, new Medicaid CFO possibly to attend.

September Workgroup Meeting- To discuss open meeting agenda. Set for September 19, 2007 10 am

At this time meeting was adjourned.