

Therapy Work Group Minutes September 14, 2005

Committee Members and Guests in Attendance:

Marilyn Strickland- Medicaid

Cheryl Freeman- Medicaid

Jarrold McClain, RN- AFMC

Angela Traweek, OT

Julia Washburn, OT

Judy Eddington, SLP

Quinta Cruthis, SLP

Beth Stamp, PT

Debbie Ashworth, PT

Cheri Stevenson, SLP

Shelly Wier, SLP

Ruth Castleberry-Governor's Early Intervention Coordination Council

Stephanie Smith, Easter Seals

Linda Rogers, Easter Seals

Peggy Starling- Manager Provider Relations for Medicaid Managed Care

Regina Davenport-DDS

Current Therapy Issues Discussed

1. Jarrold McClain has spoken to staff at AFMC, who are responsible for the implementation of new computer programs. They hope to have the review status form on line by the first of the year. This will enable providers to check the status of a review through the AFMC web site. It will tell the provider if a review has been approved, denied or still in process. This program is already in place for hospitals and clinics.
2. The committee discussed the best way to handle the up-dating of proposed tests that providers request be added to the promulgated list of therapy tests. It was decided that to add a test to the promulgated list that a form must be filled out by the requesting provider. The specifics of this form will be decided at the next work group meeting on October 5th and then presented to the providers at the next open meeting at the end of October. Some of the information required may include the validity and reliability of the test as well as if the test is included in the Mental Measurement Yearbook (MMY). The committee members will then review the list of proposed tests quarterly. Then, a recommendation will be made for or against adding the proposed test. The recommendation of the committee will then be reviewed by a group of professors at UCA, who deal with this as part of their portfolio. This group will include staff from the school of physical therapy, occupational therapy, speech/language pathology and psychology.
3. The list of acceptable tests is in the promulgation process. The period to submit comments ends at the end of September, and the process will then be finalized.
4. Several committee members have received complaints about the length of time it is taking to obtain a Medicaid provider number. Presently, providers are reporting that it is approximately six months. Marilyn Strickland states that she is well aware of the backlog. She gave some background information as to how this backlog occurred. She stated that when EDS received the contract to take over provider enrollment, that their plans were to do a web based application. However, when the Attorney General of Arkansas caught wind of this he balked at the web based application because he refused to allow EDS to accept electronic signatures. He wanted a hard copy signature. Medicaid and EDS are going to appeal to him to overturn this decision as soon as the present contract expires in December. Medicaid has "loaned" EDS employees to help catch up the

backlog. However, they report it will be at least another three months before we start seeing improvement.

5. Peggy Starling, manager of provider relations for Medicaid Managed Care, a subsidiary of AFMC reports that she is getting volumes of phone calls from physicians regarding the large amount of paperwork that they are required to read and sign on a daily basis. It was suggested by Mrs. Starling that physicians be allowed to use a stamped signature instead of having to be an original signature. She feels that this will decrease the amount of time physicians are having to spend signing their name and also may speed up the turn around time for getting scripts back. She also called to the committee's attention, that all provider manuals do not require original signatures and that this adds to the confusion. Marilyn suggested that her and Peggy should meet and discuss this further. Marilyn stated that different requirements for signatures, for different provider types, are confusing and felt that eventually all the provider manuals should be brought in line to reflect the same requirement.
6. At the open meeting in May, providers had questions regarding proper procedures for when children change PCPs. When a child changes PCP, it is the provider's responsibility to obtain a new referral/prescription from the new PCP. There are no timelines in writing as to how soon this has to be done but should be done as promptly as possible. When a provider bills for a child, the referring physician is a required field. Therefore, you must have a script from the new PCP to get your billing to go through. You should not enter the new PCP's provider number, as the referring provider, if you do not have a referral/script from him/her.
7. There was a short discussion about the streamlining of DDS and Medicaid guidelines. This appears to be at a stand still at the present time. There is an ICC meeting, at Easter Seals, on October 19th at 10:00 for all interested parties.
8. Regina Davenport addressed concerns brought by the committee about recent denials for children, who do not meet Medicaid guidelines but do meet the eligibility criteria for Part C Early Intervention funding. She reports that she has to prove to Federal Regulators that all other funding sources have been exhausted prior to approving Part C funding. She states that the PA request and page 2 of the IFSP is not sufficient to prove this. Therefore, copies of the evaluations need to also be sent. There needs to be a statement in the evaluation that the child does not meet Medicaid guidelines.
9. Speech therapists on the committee questioned as to why they are required to do two standardized tests where as PT and OT only have to do one. This is being clarified in the new guidelines that everyone will be receiving shortly. Speech therapists will be required to give one standardized test, which is for the purpose of placement and one norm referenced test, for the purpose of programming.
10. Jared McClain clarified questions concerning the use of adjusted age in children with prematurity. Adjusted age must be used until 12 months of chronological age (1 year).
11. In the open meeting, individual providers in the school setting expressed concern over the fact that their individual provider numbers were being deactivated, because they had not been billed under in a 12-month time frame. At the present time, the only way to reactivate the number is to send a paper claim, can be only 1 unit of service, to EDS. It was discussed as to if a letter could be written and placed in the providers file to let EDS know that they are a school based therapist and to not deactivate their individual provider numbers. Marilyn Strickland is to get with Sheila Gifford, from EDS, on this subject.
12. It was brought to the committee member's attention that the Department of Education has said that children serviced under a 504 plan cannot be billed to Medicaid. This did not come from Medicaid. Jarrod McClain is to clarify this with Tony Boaz, Arkansas Department of Education.
13. The committee is in the process of gathering information to put forth guidelines for the evaluation and treatment of children, of the Spanish speaking population, especially in the

area of speech therapy. The committee should have a draft for providers at the open meeting.

14. Marilyn Strikland spoke to the committee members about the recent hurricane evacuees in our state. There is now a link on the Medicaid website, www.medicaid.state.ar.us, on the right hand side; there is a Hurricane Katrina link, to assist providers with finding a funding source for this population. If the patient had Medicaid in Louisiana, Mississippi or Alabama, the provider will need to fill out a provider application to get a provider number for that particular state. If the patient had Medicaid in one of these three states and they do not know their Medicaid number, there are phone numbers provided on the link to call to get their number. If the patient did not have Medicaid in their home state, please refer them to the County Office to start the Arkansas Medicaid enrollment process. If the patient does not qualify for Medicaid and you provide services to them, please keep good records so at some point you can get reimbursement from FEMA.
15. Marilyn Strikland spoke to the committee about the impact that the Medicaid Fairness Act has had on the review process. She states that some providers were under the misguided impression that the Medicaid Fairness Act does not allow for peer review. This is not true. The act does state that a provider must have the right to appeal denied claims. Therefore, providers will now go through a provider appeal process instead of peer review committee for all denied claims. How this process works is now part of the information sheet that AFMC sends out with all record requests.
16. It was again brought to the committee's attention, that the Medicare rate is \$8-10 a unit higher than the present Medicaid reimbursement rate. Mrs. Strickland encouraged the providers to get with their respective associations to set up a meeting with Mr. Jeffus to start the process for a rate increase. She stated that now is the time to do this as they are working on the budget.
17. Committee members are taking turns typing the minutes from the workgroup meetings. Debbie Ashworth agreed to do the minutes from this meeting.

The next work group meeting is Wednesday, October 5th. The next open meeting is scheduled for Tuesday, October 25th, Blue Flame Room. It is located at 400 E. Capitol in Little Rock. It is the same building as the Office of Child Support Enforcement. Providers can park in the lots directly north of the building on 4th street or at the overflow lot at 3rd and Rock. The meeting will be held from 10:00-12:00.

Providers please contact your appropriate representatives for any comments, concerns or questions regarding the previously listed or new therapy topics