

MEDICAID - AFMC ISSUES
SUMMARY OF MEDICAID THERAPY WORK GROUP MEETING
January 26, 2005

1. IQ SCORES- For services provided after January 1st, 2005, IQ Scores will not be required for children under 10 years of age. The criteria is on the AFMC web site.
2. Medicaid Managed Care Services meet with ACH concerning length of time to obtain referrals/scripts. ACH feels that this issue has been resolved. However, providers continue to have difficulty with the turn around time.
3. SUPERVISION REQUIREMENTS FOR ASSISTANTS- Medicaid is standing behind the current requirement. However, their interpretation of the supervision guideline is that the assistant must be supervised with a child (1) for a time period of 30 minutes each month. Some therapist's interpretation of the guideline was that the assistant had to be supervised with each child on their caseload, 30 minutes, every 30 days. The therapist (PT) will continue to need to sign off on each page of notes. Also, you will need some way to track which child the PTA, COTA or speech assistant was supervised with each month. This may be requested by AFMC. For example, if AFMC requests four charts that the PTA provides service for, but in those four particular charts there is no documented supervision, AFMC may contact you to see when and with what other child the assistant was supervised. A supervisory log sheet would be adequate for this.
4. READING THERAPY- Reading therapy by itself is not reimbursable by Medicaid. The child must still qualify on a language test. Reading therapy could then be used as part of your intervention method. You could not give just a GORT to qualify them for services, since this test is solely reading based.
5. PCP REFERRAL- At present time, Medicaid is requesting to stick to the 6-month referral. A PT on the committee provided Medicaid with an example of how redundant this can be. On one particular child there were 5 referrals/scripts in a 12-month period, at 18 months the number had increased to 9. This was only for one discipline. Mrs. Strickland said she would take another look at it. The committee suggested to at least doing away with the referral for re-evaluations.
6. NW ARKANSAS MEETING- The Arkansas Department of Education is looking at doing a combined meeting with AFMC and EDS in the northwest Arkansas area sometime in April or May. The meeting will be geared more to school providers but all providers will be welcome to attend.
7. MERGING OF DDS and MEDICAID GUIDELINES- A work still in progress. It was brought to the committee's attention that some providers have been informed by DDS that even if a child does not qualify under Medicaid guidelines, but does qualify for Part C EI Services, that the provider is to go ahead and bill Medicaid and if and when AFMC denies the claim that only then can a voucher be obtained for that child's

services. This information is wrong!!!! If you know that a child does not qualify for Medicaid services, Medicaid cannot be billed. This technically could be considered fraud. If you know a child does not qualify for services under Medicaid guidelines, but does under EI, a voucher needs to be obtained prior to initiation of services.

8. **LISTS OF RECOGNIZED TESTS-** Lists of all acceptable tests are available on the AFMC web site. The list can be used as a resource in determining what tests are recognized as appropriate based on age, disability, and when it is appropriate to use supplemental tests. You are not limited to this list. However, any test on this list does not require any additional documentation. If you use a test that is not on this list, you must provide explanation as to why you used it. The TONI was mistakenly left off the speech list. The list of tests will be promulgated and updated annually to reflect new tests as well as changes and updates in the existing tests.

9. **THERAPY REVIEW PROCESS-**Medicaid reports that the review process has greatly helped to keep therapy growth in check. They would now like to streamline it even more. They do not want to continue looking at every therapist every quarter, especially if they are not finding anything wrong. They want to get to those providers who are truly abusing the system. They need suggestions about how you think the best way to do this is. Any suggestions you may have regarding this please e-mail to donna.clements@medicaid.state.ar.us. Medicaid would like to have your suggestions by March 1st.

Issues/Questions brought up by committee members

1. It was brought up that therapies have not received an increase in our rate in approximately 6 years. Some therapists report that it is difficult to compete with rehab and acute care facilities for staff, because the Medicare rate is \$8-10 more a unit than what we are reimbursed. Therefore, these facilities are able to pay more than the pediatric field. Mrs. Strickland, stated, that the therapy associations need to request a rate review. She states that this is a very lengthy process to get the rate increased and that the associations need to get busy and get our attorneys involved to get the ball rolling.

2. It was questioned as to if electronic signatures are acceptable. Mrs. Strickland states at the present time that an original signature is required on referral/scripts. However, Medicaid is well aware that this is the direction that the medical field is taking. Therefore, they will take a look at this issue. At the present time, if there is an electronic signature on a script, the doctor must still sign above the electronic signature.

3. Committee members requested that there be more notice than a couple of days when a new script is being implemented. Medicaid states the problem arises from the length of time it takes for a change to go thru all the proper channels. They understand the frustration with this and have informed AFMC to allow for a "grace period" when reviewing these scripts.

4. A question arose as to if it is okay to write language objectives for a child who was showing some mild delays in this area but actually qualified for speech based on articulation. The answer is that if the child qualified based on articulation then language goals cannot be written. The suggestion was to have the classroom teacher or family work on language activities.

5. Some providers have expressed concerns that they are not part of their respective associations and are being limited from accessing the association websites due to this. Therefore, they do not have access to the work group meeting notes. It was requested that these updates of the work group be posted on the Medicaid web site. Medicaid states they just do not have the staff to do this. A representative from AFMC said he would look into adding a therapy bulletin board to their web site that all providers could access. The summaries of these meetings would then be posted there.

6. Some providers expressed concerns over the fact that recoupment notices/letters from EDS always state that the reason for recoupment was due to the service not being medically necessary. This is stated even if the reason for recoupment was a billing error, which should be utilization review. The committee members requested that the correct reason for recoupment be on the notices. Medicaid stated that they would correct this with EDS.

7. For all you honest therapists out there, if you have not received a recoupment notice on a child that you know should already have been recouped or not all the dates of service were recouped that should have been, please e-mail Donna Clements with your specific situations.

The next work group meeting is March 17th. The next open meeting for all providers is May 5th, 10:00-12:00. Location will be announced at a later date. Please contact Beth Stamp at Office: (501)941-5630, Fax: (501)843-2270 or e-mail at bstamp@alliedtherapy.com or Debbie Ashworth at Cell: (479)651-3389, Fax: (479)474-4044 or e-mail: dashworthpa@msn.com with any suggestions or comments you would like us to address.