

**MEDICAID - AFMC ISSUES**  
**SUMMARY OF MEDICAID WORK GROUP MEETING**  
**JULY 22, 2004**

1. AFMC Selection Process - It is finally written in gold! AFMC will only review a child once in a 12 month period. This was finalized on 07/21/04. There may be a little pain for some of you, who have already turned in your reviews for July. If there were children that were requested for the July review period that were also reviewed in April, these children are going to be "deselected" and a new child will be picked to take that child's place. You should be receiving a letter from AFMC about this very soon. You will be given a new 30-day period to get these newly requested files to AFMC. A child may still be reviewed for different disciplines in subsequent quarters. For example, they may request records on John Doe in April for OT and then in July look at John Doe for speech.

2. Therapy Recoupment - Do not send in money for a partial recoupment. For example, if there are 8 children on a page (the 3<sup>rd</sup> page, has Arkansas XIX-Explanation of Recoupment at the top) and you are requesting a peer review on only some of the children on that page are only some of the charges for a certain child on that page, the whole page (all claims) is going to be pulled and put on hold.

3. Peer Review Committee - If you are wanting a peer review, you must have this information in by August 3<sup>rd</sup>. Mail To: Ark. Dept. of Human Services  
Division of Medical Services  
PO Box 1437, Slot S413  
Little Rock, AR 72203-1437  
ATTN: Utilization Review  
Cheryl Freeman

This information can also be faxed to 501) 682-8013. Do not send all the information that has been previously sent to AFMC. You need to send a letter requesting the peer review, the AFMC denial letter, the recoupment letter and the explanation of recoupment page as well as any additional information that has not been provided previously to AFMC.

4. Revision of DMS-640. See attached. This is not a final version, so please give feedback. The box at the top that had been added "therapy not medically necessary" will be removed but an area will be provided under each therapy discipline, that the physician may check if he does not feel these services are necessary. For all you 0-3 therapy providers, this will mean that Medicaid can not be billed for these services. However, this will make voucher money (Part C Funding) available to you for providing these services. Nothing is back yet about how much of the script the provider will be able to fill out.

5. Early Intervention - Cheryl Archer is proposing that verification of documentation of referrals to the First Connection Program, by providers, be included as a part of the audit procedures by Medicaid. This will be phased in over approximately a year time

period. The reasoning behind this is it is a federal requirement and lots of providers are not doing it. Eligibility requirements also are going to be changed for 0-3 to include 25% or 1.5 standard deviation below the mean in one area, so that the requirements for DDS and Medicaid are the same. It is suggested that the results of both tests and informed clinical opinion, should be considered in eligibility determination. DDS is requesting a record of what has been recouped and the reason. It has been recommended that a procedure be developed to request reimbursement from Part C funds when appropriate. Provider error should not be reimbursed but services deemed "not medically necessary" would be. Before these changes can be made, endorsement must be obtained from ICC and DDS and then they will be presented to Medicaid for approval.

6. Issues with ACH - Medicaid has taken the providers' complaints concerning the referral/script process at Arkansas Children's Hospital to the appropriate party at ACH.

7. Tests - It was this work group's opinion that the list of tests provided were a recommended list and that they would not be promulgated. This would make it much easier to revise and add new tests to the list. However, Medicaid's legal counsel says that since the tests on this list will be used to either deny or approve the payment of claims that it must be promulgated. Once this is completed, the list of acceptable tests will be revised annually.

8. Maintenance therapy - Beth Stamp and Debbie Ashworth (the two PTs on the work group) are leaning towards a perimeter of - after 12 months of therapy has the child made documented progress towards goals (the child does not have to have accomplished his goal or objectives, just positive gains) or does objective data from previous test results document improvement when compared to recent testing? If the answer is no, then the child needs to be placed on a monitoring program progressing towards discharge or discharged. This has been finalized. OT maintenance is the same. This should be posted on both the OT and PT association web sites within the next month.

9. Supervision of PTA's - Medicaid stated that they will accept the by-laws concerning supervision of assistants as determined by each disciplines governing board. They stated that they would not be more restrictive than what the boards recommend. At the present time, the PT board states that our practice act does not require any direct supervision. The PT must be available to be contacted and this can be by phone. However, this will take a little time to finalize. So, for the present time, we have to carry on as is. Plans are to have this finalized and present it at the Oct. open meeting.

Next open meeting for providers is October 28<sup>th</sup>, 10:00-12:00. Location to be announced at a later date. Next work group meeting is Sept.23<sup>rd</sup>. Please contact Beth Stamp at Office: (501) 941-5630, Fax: (501) 843-2270 or e-mail at [bstamp@allied-therapy.com](mailto:bstamp@allied-therapy.com) or Debbie Ashworth at Cell: (479) 651-3389, Fax: (479) 474-4044 or e-mail: [dashworthpa@msn.com](mailto:dashworthpa@msn.com) with any suggestions or comments you would like us to address at the next work group.