Medicaid Update

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Disclosure

- Molly has not received payment for this session. She is currently chair of the Medicaid Committee and a former state and CSAP president
- Laurie has not received payment for this session. She is an ASHA staff member and ex-officio to the Medicaid Committee and facilitator to the State Advocates for Reimbursement (STAR) network

Outcomes

- At the conclusion of this session, participants will be able to:
  - Describe the role of the Medicaid Committee and STAR members
  - Provide basic information about medical necessity
  - Identify new models of service e.g. Medicaid Managed Care

Agenda

- Very brief discussion of Medicaid basics
- Medical necessity – federal and state definitions
- Hot topics in Medicaid
  - Medicaid Managed Care
  - Qualified Provider
  - State Specific Issues
  - Medicaid Resources

Medicaid Basics

- Enacted in 1965 as part of Title XIX of the Social Security Act
- Partnership program funded jointly between the States and Federal Government
- Beneficiaries include low-income families and children, pregnant women, the elderly, people with disabilities

Medicaid Partnership

Federal Role

- Establishes broad guidelines, minimum standards, and qualifications
- Oversight of the State Medicaid plans
- Processes plan amendments and waiver requests
- Ensures program integrity

State Role

- Administers the program
- Determines eligibility standards
- Determines the type, amount, duration, and scope of services
- Sets payment rates

Medical Necessity

- Beyond screening and preventive services, diagnostic and treatment services are also covered to correct or ameliorate a child's physical or mental condition(s).
- States must ensure the provision of, and pay for, any services, including treatment, in accordance with mandatory and optional benefits identified in section 1905(a) of the Social Security Act, determined to be "medically necessary" for the child or adolescent.
- The determination is made on a case-by-case basis, taking into account the particular needs of the child.
- States are permitted to set parameters that apply to the determination of medical necessity in individual cases, as long as they do not contradict or are more restrictive than the federal statutory requirement.
- In states where health care is delivered to enrolled children through managed care organizations (MCOs), the MCOs must make medical necessity determinations according to parameters set by the state, or according to the federal statutory requirements if the state has not adopted its own parameters

Alaska

- Beyond the screening and preventive health services covered under EPSDT, the Medicaid benefit for children and adolescents, diagnostic and treatment services are also covered to correct or ameliorate a child's physical or mental condition(s).
- All Medicaid services are delivered entirely on a fee-for-service basis through the Alaska Division of Health Care Services (DHCS), which is responsible for program and policy development; and the Alaska Division of Public Assistance(DPA), which is responsible for determining eligibility.
- Alaska provides basic EPSDT services to children on a fee-for-service basis. This includes all behavioral health, mental health, and dental services provided through the benefit.
- A home and community-based services waiver for children with complex medical conditions offers Medicaid services to medically fragile children

New Mexico

- Medically necessary services are defined in regulation as clinical and rehabilitative physical or behavioral health services that:
  - Are essential to prevent, diagnose or treat medical conditions or are essential to enable the individual to attain, maintain or regain functional capacity;
  - Are delivered in the amount, duration, scope and setting that is clinically appropriate to the specific physical, mental and behavioral health care needs of the individual;
  - Are provided within professionally accepted standards of practice and national guidelines; and
  - Are required to meet the physical and behavioral health needs of the individual and are not primarily for the convenience of the individual, the provider or the payer"
  - The state does not have distinct definitions for children, oral health services, or behavioral health services

Hot Topics

- Medicaid Managed Care
- Qualified Provider
- State Specific Issues
- Medicaid Resources

Managed Care

- A health care delivery system consisting of affiliated and/or owned hospitals, physicians and others which provide a wide range of coordinated health services
- an umbrella term for health plans that provide health care in return for a pre-determined monthly fee and coordinated care through a defined network of physicians and hospitals (e.g. HMO, POS, PPO)

Medicaid Managed Care

- Currently, 38 states and DC have risk-contracting programs and more than half of all Medicaid beneficiaries are enrolled in MCO.
- Originally focused on managing cost, not managing care
- Challenge – adequacy of provider networks and plan capabilities to hand more complex care needs
- Proposed rule issued – Summer, 2015
- Final rule should come out – Spring, 2016

Medicaid Expansion

- Expanding to cover people under the age of 65
  - with income less than or equal to 133% of the federal poverty level (FPL)
- Newly eligible group of adults not already eligible
  - Adults without dependent children will no longer be excluded
- States have the choice of whether or not to expand
- Benchmarks or equivalent benefits
- "Woodworking" – with the attention to expansion, there are some previously eligible for traditional Medicaid who may now enroll

Qualified Provider - SLP

- A "speech pathologist" is an individual who meets one of the following conditions: (Section 440.110(c))
  - CCC-SLP
  - Completed equivalent education requirements and work experience for the certificate
  - Completed academic program-acquiring supervised work experience (CF)

  https://www.gpo.gov/fdsys/pkg/CFR-2010-title42-vol4/pdf/CFR-2010-title42-vol4-sec440-110.pdf

Qualified Provider - audiologist

- *qualified audiologist* means an individual with a master's or doctoral degree in audiology that maintains documentation to demonstrate that he or she meets one of the following conditions:
  - The State in which the individual furnishes audiology services meets or exceeds State licensure requirements and the individual is licensed by the State as an audiologist to furnish audiology services.
  - In the case of an individual who furnishes audiology services in a State that does not license audiologists, or an individual exempted from State licensure based on practice in a specific institution or setting, the individual must meet one of the following conditions:
    - Have a Certificate of Clinical Competence in Audiology granted by the American Speech-Language-Hearing Association.
    - Have successfully completed a minimum of 350 clock-hours of supervised clinical practicum (or is in the process of accumulating that supervised clinical experience under the supervision of a qualified master or doctoral-level audiologist); performed at least 9 months of full-time audiology services under the supervision of a qualified master or doctoral-level audiologist after obtaining a master's or doctoral degree in audiology, or a related field; and successfully completed a national examination in audiology approved by the Secretary.

- Full requirement listing: http://www.gpo.gov/fdsys/pkg/CFR-2010-title42-vol4/pdf/CFR-2010-title42-vol4-sec440-110.pdf

Is a CF a Qualified Provider? It Depends

- Varies by state
  - Varies by setting – more common in schools than in other health care settings
- Varies by state licensure board – some states have temporary or provisional licensure status for CFs who may be able to provide services to Medicaid clients

But wait there's more

- Telepractice
- Medical Homes
- NPI
- Rates – variation by setting
- Ordering/Referring

Telepractice

- Telelpractice is not a different model , just a *different platform for the delivery of service*
- A survey was sent to SIG 18 (Telepractice) members:
  - Where is it provided?
    - SLPs – 44% self-employed – homes/schools
    - Audiologists – 48% - federal, state, or local government agency – VA hospitals/medical centers, home
  - Who pays?
    - 55% of Auds and SLPs who responded said they or their employer are reimbursed (mostly private pay, some department of education and school districts)

  http://www.asha.org/uploadedFiles/ASHA/Practice_Portal/Professional_Issues/Telepractice/SIG-18-Telepractice-Services-Survey-Results-by-Profession.pdf

Medical Home

- Enhanced model of primary care
- Comprehensive and coordinated, patient-centered care
- Emphasizes access, quality, safety
- As of March, 2015- 46 states and DC have adopted policies to advance medical homes in Medicaid and/or CHIP programs

National Provider Identifier

- The National Provider Identifier (NPI) number is a Health Insurance Portability and Accountability Act (HIPAA) Administrative Simplification Standard.
- The NPI number is a unique identification number for covered health care providers.
- NPI number is a 10-digit number that is used as a provider's identifier.
- NPI numbers will/may be a required part of the documentation needed to complete a Medicaid claim, depending on the applicable state Medicaid plan

State Specific Issues - Rates

- Spoiler – they're going down
- More audits – rescinding payment
- Variations by setting - home health/outpatient

State Specific Issues - Ordering and Referring

- SLPs don't need a physician's referral in order to evaluate and treat ---unless they do
- State specific requirements
- Example of a problem state – Ohio – The state is now saying that an MD or "medical" practitioner of the healing arts must order/refer for service for children who are seen in a school

ASHA State Advocates for Reimbursement (STARs)

- The STARs are ASHA-member audiologists and speech-language pathologists whose mission is to advocate tor consistent coverage and equitable reimbursement by third party payers (Medicaid and private insurance) in their state.
- They serve as resources to members of their state associations regarding reimbursement issues.
- They meet monthly through phone calls, in addition to participation in the STAR community. They meet in-person at ASHA Connect (formerly HCBI) and at annual convention.
- **STARs are appointed by State Presidents to terms determined by the State association guidance**

Resources

- ASHA Headlines
- Medicaid Toolkit http://www.asha.org/Practice/reimbursement/medicaid/Medicaid-Toolkit/
- Kaiser Family Foundation – www.kff.org
- National Academy of State Health Plans – www.nashp.org
- National Association of Medicaid Directors - http://medicaiddirectors.org/about/medicaid-directors/
- Laurie Alban Havens – lalbanhavens@asha.org