

Medicaid-AFMC Therapy Issues
Summary of Work Group Meeting
9/23/2004

The following issues were discussed during the September work group meeting:

1. **Timely Response from AFMC-** Concerns were expressed by therapists involved in the workgroup about the length of time it takes AFMC to send out the initial denial letter for reviews. The consensus of the associational representatives was that the process should be expedited. Mrs. Strickland initially recommended that therapists utilize a “tickler file”. She stated that the therapist should call AFMC on a consistent basis to check the status of unresolved audits. A committee member stated that because they had numerous reviews, and that they assumed that there was nothing wrong with the reviews if they did not hear anything from AFMC. If this “tickler file was utilized, a therapist could have numerous files in their “tickler file” at any given time. The therapy associations recommended that a letter be sent to the provider, after a file has been reviewed and has been approved. Medicaid agreed to meet with AFMC regarding this matter.
2. **Issues with Arkansas Children’s Hospital-** ACH performed an audit of referral/prescription response time. They reported that their average time for this turn around was 11 days. Angie Massey is handling all the referrals at this time. She can be contacted at (501) 364-1276. Her fax number is (501) 364-7591.
3. **Repeat Audits-** We received clarification on this matter in that **NO** child will be looked at twice in the same fiscal year. The fiscal year runs from July 1st to June 30th. Jarrod McClain should be contacted if therapists receive repeat audits in the same fiscal year.
4. **Peer Review and Therapy Recoupments-** It was reported that a significant amount of the denials being appealed were because of test usage and make up therapy sessions. **Medicaid made the decision NOT to uphold these denials.** There will be no denials based on tests until the test list has been APA’ed. An educational flyer will be circulated to inform SLP’s about make-up sessions. At the current time, all make-up sessions will require a script. Any previous denials on this matter should be overturned.
5. **Supervision of Assistants-** Mrs. Strickland reported that she had not had time to review the recommended guidelines obtained from the therapy state boards. She plans to have more answers by the end of October on this matter.
6. **Tests-** The test list will be APA’ed. This takes approximately 90 days. Expect a complete and final list no earlier than January 2005. The qualifying scores may be included on each test.

7. **IQ Testing/Language Scores-** This is a very positive outcome for SLP's!!! As of January 1, 2005 IQ scores compared to language scores will no longer serve as a justification for speech therapy qualification for children under the age of 10. **AFMC will monitor this new guideline for potential misuse and abuse and the new standard may be overturned if these practices occur.** See the flow chart on the ArkSHA Website for this issue as it relates to the 10-21 age range.
8. **Early Intervention-** Early Intervention and Medicaid have decided to streamline their guidelines. For qualification purposes, the provider must administer two tests (one standardized and one criteria referenced). If the two tests do not support each other, the provider should administer a third measure (either standardized or criteria referenced). Informed clinical judgment will be considered.
9. **Maintenance Guidelines-** This should be listed on the associational web site in the coming weeks.
10. **DMS-640 Form-** Changes will occur with this form. Under each therapy discipline, a box will be present for the physician to check if he/she thinks the provision of services is necessary in those areas. A member of the workgroup brought up that if EI is able to use the a box checked "therapy not medically necessary" as a Medicaid denial (so that alternative sources can be utilized) when Medicaid was not ever billed, then parents should be able to utilize a parent's refusal to allow private insurance to be billed as an insurance denial (even though the insurance was never billed) so that Medicaid can then be utilized. Mrs. Strickland will consult with a third party billing attorney on this matter.
11. **Open Meeting-**October 28th 2004 at the Blue Flame Room (400 E. Capitol in Little Rock). Parking can be obtained by going to the lots north of the building on 4th Street or at the overflow lot on 3rd and Rock. The time of the meeting is 10:00 and will end at 12:00.
12. **Referrals-** ArkSHA is requesting member examples of how the referral/script process is redundant and bothersome. Please fax any example of difficulties you are having with this issue to Jeff Adams at (501) 219-4006.

For any questions regarding this information or for any additional concerns, please contact Jeff Adams at (501) 219-4074 or by email at jeffreycadams@comcast.net