

Medicaid Experts Provide Answers to Questions: What Everyday Leaders Need to Know



How does the Medicaid Program work?

Medicaid in each state uses a combination of federal and state funds to serve those with developmental disabilities (adults & children), the poor, and the elderly. States write a plan that serves as an agreement between the state and federal government. Each state may have differing requirements based on its State Plan.

What do these Medicaid terms mean?

Qualified Provider: Federal regulations for Medicaid (CFR Section 440.110(c)) require that providers have:

- CCC-SLP or CCC-A
- Completed equivalent education requirements and work experience for the certificate
- Completed academic program-acquiring supervised work experience (CF)

Professionals must meet certain eligibility requirements that differ from state to state.

Medical Necessity: States are permitted (but not required) to establish who determines medical necessity. This must at least be someone who meets the requirements as a qualified provider. The requirement for physician referral is a state requirement.

States may also set thresholds (e.g. audiometric thresholds, standard deviations, specific evaluation components) to determine if a patient, client, or student meets the criteria for medical necessity for Medicaid services.

EPSDT: Early and Periodic Screening, Diagnosis, and Treatment is a comprehensive and preventative health care service for children under the age of 21 who are enrolled in Medicaid. EPSDT includes: A range of preventive and screening services, vision, dental, hearing services and additional services that are **medically necessary**.

CHIP: Children's Health Insurance Program provides low-cost health coverage to children in families that earn too much money to qualify for Medicaid. The cost varies by state, but can't be more than 5% of family income. States name their programs. Examples include: SoonerCare (OK), Health Choice (NC), ALLkids (IL), and Dr. DynaSaur (VT).

MCO (Managed Care Organization): A health care delivery system consisting of affiliated and/or owned hospitals, physicians and others which provide a wide range of coordinated health services. It is 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).

ACO (Accountable Care Organization) Method of integrating local group physician practices with other members of the health care system and rewarding them for controlling costs and improving quality. Hospitals, primary care doctors, specialists and possibly even nursing homes and home care agencies would collaborate in an ACO, which would coordinate care and payment for care of participating patients.

PCMH (Patient Centered Medical Home): Enhanced model of primary care. Comprehensive and coordinated, patient-centered care which emphasizes access, quality, and safety.

What service delivery models are available through Medicaid?

A variety of payment models are available through state Medicaid programs including those shown below.

Examples of Payment and/or Service Delivery Models		
Fee for Service	Managed Care Organization (MCO)	Accountable Care Organization (ACO)
<ul style="list-style-type: none"> • Payment based on continued progress 	<ul style="list-style-type: none"> • Patients required to stay in network • Provider(s) contract with insurers or self-insured employers to provide the wide variety of managed health care services • HMO where the insurance creates a network of Primary Care Physicians (PCP) 	<ul style="list-style-type: none"> • Patients aren't required to stay in network • Long list of quality measures to ensure they are not saving money by skimping on necessary care • Aim to replicate MCO without structured referral patterns

Who may I contact if I am having an issue with Medicaid in my state?

The federal government requires each state to establish a public comment hotline to gather feedback and ensure access to services. Visit <https://www.medicaid.gov/about-us/contact-us/contact-us.html>

How can I advocate for change?

Contact your state association or ASHA State Advocate for Reimbursement (STAR) to address issues in your state. Providers in some states have been successful in advocating for improvements such as increased reimbursement rates and removal of physician referral requirement.

The Medicaid Committee and STARs may help with questions such as:

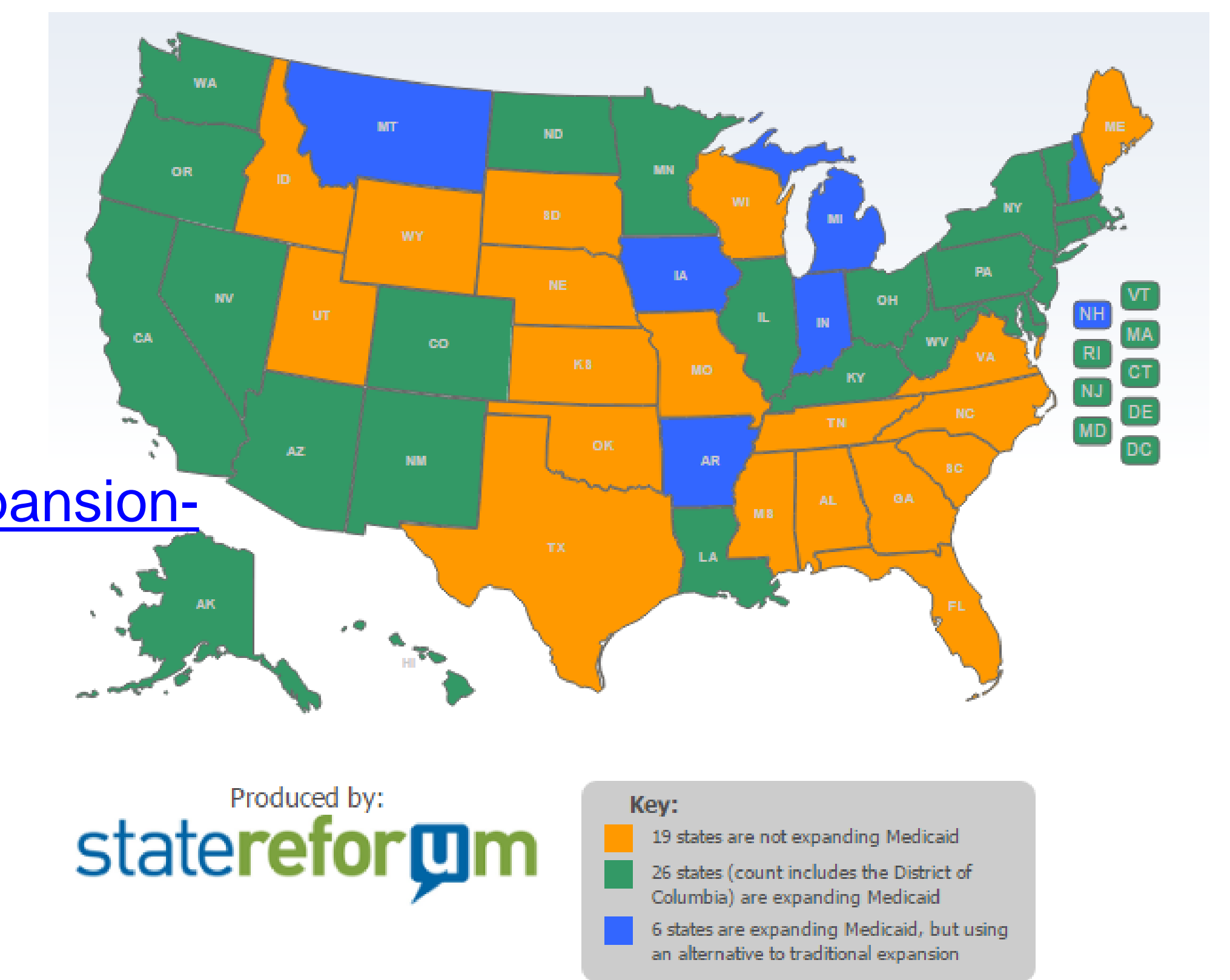
- If there is an experienced SLP who isn't a Medicaid qualified provider, can I just sign off on her documentation so Medicaid can be billed for treatment?
- Can a SLPA bill for Medicaid services?
- Can I bill for cognitive rehab? (CPT code 97532)
- If I'm a Medicaid provider, do I need to participate in a Medicaid Managed Care plan?
- Do I need a physician's order to treat?

Resources

- Medicaid Toolkit: <http://www.asha.org/Practice/reimbursement/medicaid/Medicaid-Toolkit/>
- Medical Necessity by State: <http://www.nashp.org/medical-necessity/>
- Medicare and Medicaid Basics: <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/ProgramBasics.pdf>
- EPSDT Guide: https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Benefits/Downloads/EPSDT_Coverage_Guide.pdf
- State Medicaid Director Letter – clarification of services to those with autism: <http://www.medicaid.gov/Federal-Policy-Guidance/Downloads/CIB-07-07-14.pdf>
- Medicaid and CHIP by state: <http://www.Medicaid.gov/Medicaid-CHIP-Program-Information/By-State/By-State.html>
- Essential Health Benefits: <http://www.cms.gov/CCIIO/Resources/Data-Resources/ehb.html>
- National Association of State Health Plans (NASHP) EPSDT Resources: <http://www.nashp.org/epsdt/resources-improve-medicaid-children-and-adolescents>

Which states are involved in Medicaid expansion?

This chart shows the states participating in Medicaid expansion and provides a key.



Retrieved from

<http://www.nashp.org/states-stand-Medicaid-expansion-decisions/>

Where can I learn more about Medicaid?

The ASHA Medicaid committee has developed a toolkit to provide information to both SLPs and Audiologists. The toolkit covers a variety of key topics including:

- **Medical Necessity**
- **Qualified Provider**
- **Medicaid in Schools**
- **Medicaid State Plans**
- **Credentialing**
- **Documentation**
- **Early & Periodic Screening, Diagnosis, & Treatment (EPSDT)**
- **Medicaid and Managed Care**
- **Medicaid Expansion**
- **Medicaid Integrity Program**
- **Supervision**
- **Telepractice**

This toolkit is available by searching "Medicaid toolkit" on www.asha.org.

How can I be sure I am following the rules?

The ASHA Medicaid committee has developed a tool to assist providers in reviewing their records and understanding federal Medicaid requirements. Be sure to pay careful attention to your own state and local specific data requirements such as group size, supervision, medical necessity, and use of individualized education program (IEP) and plan of care (POC).

- **Group Size Limit in Schools Examples:**
Group Size of 2: New Jersey
Group Size of 4: New York
Group Size of 6: Arizona & Virginia
- **Requirement for NPI # in Schools Examples:**
School NPI # Used: Michigan, Ohio, Virginia
SLP Personal NPI # Used- New York, New Jersey
- **Determination of Medical Necessity in Schools Examples:**
IEP Team Determines Medical Necessity: Virginia
Physician Determines Medical Necessity: New York

The following links are examples of audit tools:

- Kentucky: www.education.ky.gov/districts/fin/Documents/KentuckyMedicaidAuditReviewTool.docx
- Federal: <https://www.cms.gov/Medicare-Medicaid-Coordination/Fraud-Prevention/Medicaid-Integrity-Education/audit-toolkit.html>

Scan this QRI code to access the ASHA Medicaid Toolkit Resources



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