



Therapy Services Forum Summary

June 24, 2011

Agency Staff:

Beth Kidder, Medicaid Services Bureau Chief
John Loar, Therapy Services Program Analyst

Facilitator
Co-Facilitator

Other Medicaid Services Staff Present:

Mike Bolin, AHC Administrator
Melissa Vergeson, AHC Administrator
Laura Rumph, AHC Administrator
Judy Taylor-Fischer, Program Administrator
Erica Floyd Thomas,
School Certified Match Program Analyst
Teaveous Robinson,
Child Health Services Intern
Dan Gabric, DME Program Analyst

Carole Jo Hardiman,
DME Therapy Consultant

Acute Care Services
HMO Contracting and Policy
Medicaid Compliance
Child Health Services
Child Health Services

Child Health Services

**Health Systems and Ancillary
Services**
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Attendees:

- Kathy Reep
 - Alisa Snow
 - Kovee Schutt
 - Carol Burch
 - Chris Snow
 - Lisa Scott
 - Tim Elliot
 - Marcia Gomez
 - MeMe Smith
 - Amie Tishkoff
 - Alain Lopez
 - Roberta Neves
 - Laura Maynard
 - Abbie Woodard
 - Lydia Reid
 - Roxanne Edwards
 - Gary Curtis
 - Stephen Edwards
 - Courtney Swilley
 - Cheryl Collins
 - Jan Wooten
 - Laura Joslin
 - Melissa Vergeson
 - Teri Nobsch
Bailey
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Agenda Items:

Therapy Services Program Updates:

Managed Care Expansion

- For information on the Statewide Medicaid Managed Care Program visit the useful links section of the Therapy Services Web page at: www.ahca.myflorida.com/therapy.

Therapy Services program updates

- System Edits
 - The edit that denies claims submitted for recipients who are enrolled in an Health Maintenance Organization (HMO) has been implemented by our fiscal agent.
 - If you experience HMO claims that have been paid incorrectly, please void the claims and notify the HMO Contracting and Policy unit of Bureau of Health Systems Development at 850-412-4004.
 - The reevaluation code for speech therapy 92506 still requires an area office override in order to reimburse for the initial reevaluation.
 - *Update* - Medicaid will propose to correct this issue with the next handbook update by updating policy so all re-evaluations are reimbursable on the same time schedule (every five months).
 - An edit has been implemented to allow only 14 units of service per calendar week as per the Medicaid Therapy Services Coverage and Limitations Handbook.
 - Our fiscal agents will reprocess the following procedure codes for the months of February and March 2011:

- Providers who do not wish to wait for reprocessing can resubmit claims immediately.

- Policy for treating recipients with Medicare coverage:
 - Speech therapists treating recipients with Medicare coverage who wish to be reimbursed by Medicaid must enroll as Medicare providers and bill Medicare prior to billing Medicaid.
 - A letter notifying providers of this change was sent out in April.
 - These changes went into effect July 5, 2011.

- TPL claims being processed by our third party vendor, ACS
 - As of 06/20/11, the oldest claim in the TPL queue was five calendar days old.
 - If providers have claims that have been in the queue longer than five calendar days, there is likely an issue causing them to suspend.
 - If that is the case, please contact Daniel Roy at:
 - Email – Daniel.Roy@ahca.myflorida.com
 - Phone - 352-840-5747

- Therapy provided by the School Certified Match Program
 - For information about therapy provided by the School Certified Match Program, please review the Therapy School Certified Match Program Fact Sheet on the Therapy Services Web page at: www.ahca.myflorida.com/therapy.

Health Maintenance Organizations (HMOs)

- Recipient Enrollment
 - A recipient's effective enrollment date will always be the first of the month.
 - Recipients should not have their plans switched without their knowledge.
 - One possible exception is if a health plan is purchased by another plan.

- If this is the case, the health plan must notify its enrolled providers of its pending purchase.
- If recipients do not receive notification, it may be that their address is not accurate
 - To update the address, contact the Department of Children and Families.
- Recipients should not be switched from MediPass to an HMO unless it is by choice.
- Mandatory Enrollment
 - Florida statute or waiver states the recipient must be enrolled in an HMO.
 - Recipients will receive a letter that informs them they will be enrolled in a specific HMO plan.
 - Recipients who are mandatorily enrolled will have 90 days to choose an alternate HMO plan.
- Voluntary Enrollment
 - Can choose a plan by calling the choice vendor.
 - The health plan is required to send member materials within five days.
- If you experience issues with HMO recipient enrollment please notify the HMO Contracting and Policy unit of Bureau of Health Systems Development at 850-412-4004.
- If you experience issues with HMO policy that is not in line with fee for service policy, please contact the Medicaid Compliance Unit of the Bureau of Managed Health Care at 850-412-4300.

Utilization Management Program Update

- We send out six requests per week, three per discipline.
- We have sent out 122 requests and reviewed 60 requests since the program was implemented in November 2011.
- Some of the common issues we have found during our reviews are lack of information:

- No Medicaid ID is included on the POC;
- No indication of how the treatments will be coordinated with the family;
- Missing ICD-9 codes that contribute to the recipient's need for therapy;
- No diet indicated (is the recipient on a specialized diet); and,
- No indication of how the treatment will be coordinated with the other service needs prescribed for the recipient.

Plan of Care and Treatment Forms

- In an effort to assist providers to provide therapy services in a manner consistent with Florida Medicaid requirements, Medicaid has drafted an Optional Plan of Care Form and Treatment Form to accompany the previously released prescription form.
- These forms can be accessed on the Therapy Services Web page: www.ahca.myflorida.com/therapy.

Augmentative and Alternative Communication Evaluation Training

Presenters: Dan Gabric, Durable Medical Equipment (DME) Analyst

Jody Winter, DME Therapist Consultant

- For a copy of the DME presentation, please visit the Medicaid Therapy Services Web page: www.ahca.myflorida.com/therapyservices.

Quality Improvement Organization Contract (eQHealth)

- Prior authorization of therapy services will begin November 1, 2011.
- Tips on how to prepare for the prior authorization of therapy services are available under the Prior Authorization Vendor section of the Medicaid Therapy Services Web page: www.ahca.myflorida.com/therapyservices.

Future therapy forums:

- September 16, 2011
- December 9, 2011
- Suggestions for agenda items for future therapy forums should be sent to the Therapy Services mailbox: Therapy_Services@ahca.myflorida.com.