

Idaho Medicaid Therapy Providers Meeting Minutes

Date / Time of Meeting	Friday, June 21, 2019 10:30 am — 12:00 pm	
Location	Conference Room D-West, 3232 Elder St, Boise, ID	
Medicaid Participants	Provider Participants	Provider Participants
William Deseron, MCPT	Camida, St. Luke's	Herb Sandoval, Chatterbox Pediatric Therapy Center
David Welsh, MCU & EPSDT	Jeffery Clift	Susan Schaffer, Calico Pediatric Therapy Center
Angie Williams, BDDS	Celeste Costa, Children's Therapy Place	Haylee Schwers, Children's TLC
DXC Participants	Jennifer Dahms, Valley Pediatric Feeding	Tina Sleyster
Kristi Harris	Diann Davis-Martin, STARS	Kari Thompson, Children's TLC
Darla Callaway	Tiffany Dean, STARS	Tara Toone
Natasha Derrick	Tammy Emerson, ISHA	Kristen Valley, STARS
	Jennifer Langenfeld, STARS	April Ward, Idaho Elks Hearing & Balance
	Kimberly List, SARMC	Marsha Williams
	Sondra McMIndes, Children's Therapy Place	Megan Wiskirchen, Kaleidoscope Pediatric Therapy
	Stephanie Perry, Infant Toddler Program	Jan Yingst, IPTA

Meeting Content

Topics Discussed	Action Item	Responsible
Welcome and Introductions	N/A	N/A
<p style="text-align: center;">Rules for 2020</p> <p>The Bureau of Medical Care does not have any rules going forward for the 2020 legislative session due to Executive Order 2019-02, the "Red Tape Reduction Act," changes in the administration of rules, and the 2019 legislative session not renewing IDAPA.</p> <p>Providers inquired about alternative methods to change IDAPA. Providers may petition the Department under the Idaho Administrative Procedure Act 67-5230.</p>	N/A	N/A
<p style="text-align: center;">Therapy and Audiology Handbook: Update</p> <p>There's been little movement on the consolidated handbook due to expansion.</p>	Send group rough draft once done for input. Include supervision requirements and criteria for hearing aids.	William Deseron
<p style="text-align: center;">Medicare Therapy Modifiers – GP, GO and GN: Update</p> <p>No progress to report. The Department will provide communication well in advance of any implementation.</p>	N/A	N/A
<p style="text-align: center;">Feeding Therapy: Workgroup</p> <p>Discussion continues about the November MedicAide Newsletter article. Due to Medicaid Expansion, the Department hasn't made any progress since the last meeting.</p>	Article to appear in August MedicAide newsletter regarding OT qualifications and criteria.	William Deseron
<p>Jeanne Siroky is unable to join the workgroup due to her other obligations and contract.</p>	If it hasn't been done already, send WHO definition of feeding therapy.	Providers

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<p>Provider sentiment was that feeding therapy is in the OT scope of practice without a certification. The certification is difficult to obtain with only 28 OTs nationwide receiving it.</p> <p>IOTA presented letter with concerns to the Department.</p>		
<p style="text-align: center;">Provider Feedback – Duplication of Services Definition</p> <p>Definition was published in January 2019 MedicAide newsletter and updated in handbook draft. Most of the language is from IDAPA 16.03.09.730.01.</p> <p>The best way to ensure therapists aren't duplicating services is to coordinate with the participant's primary care practitioner and other therapists involved. Most duplication of service issues can be avoided through good documentation to distinguish services between providers.</p> <p>Department research and inquiries to CMS had shown that if a participant needed therapy twice a week, they couldn't go to two different therapists for those sessions. The therapists would have to do their own evaluations and plan of care according to Medicare, and that would be considered a duplication of services. They did say that multiple therapists in the same practice can utilize a single plan of care. That's how hospitals are able to provide different therapists to patients throughout their stay. However, it wouldn't be possible for a patient to utilize the same plan of care with different therapists in the hospital and an offsite hospital owned clinic.</p> <p>It's not duplication to perform a new evaluation if it's for a transfer of care.</p> <p>There was still concern about not allowing a participant to utilize two therapists for the same therapy and goal so long as the visits within the plan of care aren't exceeded. The primary concern being that Idaho is in a healthcare shortage area. Providers may submit requests through EPSDT to allow this situation.</p> <p>Per Jeanne Siroky the Infant Toddler Program (ITP) would be considered a duplication for other therapy services. ITP requested a reconsideration as a change in benefit packages has occurred since Jeanne was in policy. They no longer bill with therapy codes.</p> <p>Annual evaluations may be done early when necessary, but reasons should be well documented.</p> <p>IOTA presented letter with concerns to the Department.</p> <p>Providers requested Department research for Duplication of Services be attached to the meeting minutes. (Research is available by request to MCPT@dhw.idaho.gov.)</p>	<p style="text-align: center;">Review if access issue would allow therapists to share a participant's plan of care.</p> <hr/> <p style="text-align: center;">Review ITP contract and IDAPA regarding therapy and duplication of service.</p>	<p>William Deseron</p>
<p style="text-align: center;">Hippotherapy</p> <p>Clinical studies in hippotherapy have been found to not be statistically significant. A policy under EPSDT is near completion. All specialties and multiple diagnoses were considered. Due to the</p>	N/A	N/A

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<p>limited studies, only physical or occupational therapy for cerebral policy has been approved for coverage. Coverage will only be allowed under S8940 with a prior authorization through EPSDT. A price is still being set by the Bureau of Financial Operations.</p> <p>Providers are welcome to submit new research to the Department for consideration.</p>		
<p style="text-align: center;">Group Therapy</p> <p>Group therapy is prohibited by IDAPA 16.03.09.732.03.g. Until IDAPA is revised though it can only be covered through the EPSDT prior authorization process. Once it's no longer explicitly excluded per regulation it would need to be determined how clinically effective it is and criteria developed. Coverage would then be considered for OT and SLP.</p>	N/A	N/A
<p style="text-align: center;">Speech Generating Devices: Trials</p> <p>The Department consulted with bordering state Medicaid programs as well as others on paying for trialing the device. It seems very common for programs to cover and reimburse for device trials. Currently the Department is not allowed to expand services without receiving appropriations from the legislature.</p>	<p>Present a recommendation for payment on device trials for the 2021 State Fiscal Year.</p>	William Deseron
	<p>Continue considering utility of trials and efficacy of current requirement for multiple models and suppliers.</p>	David Welsh
<p style="text-align: center;">Incomplete Evaluations</p> <p>There is no progress on this issue. There is a speech evaluation code that uses a UC modifier for a reduced service, but it was allowed due to a change in components of speech evaluation that may not always be necessary.</p>	<p>Need to research further about charging participants for incomplete evaluations.</p>	William Deseron

If you would like to be added to the contact list for these meetings, or you have an issue you would like to appear on the next meeting's agenda, e-mail your request to MCPT@dhw.idaho.gov.