

Idaho Medicaid Therapy Providers Meeting Minutes

Date / Time of Meeting	Friday, September 20, 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	Tracy Ball, Enable My Child	Herb Sandoval, Chatterbox Pediatric Therapy Center
Susan Scheuerer, MCU	Derek Bawden, Children's Therapy Place	Tina Sleyster
Angie Williams, BDDS	Jennifer Dahms, Valley Pediatric Feeding	Kari Thompson, Children's TLC
Other DHW Participants	Diann Davis-Martin, STARS	Kristen Valley, STARS
Stephanie Perry, FACS	Tammy Emerson, ISHA	April Ward, Idaho Elks Hearing & Balance
DXC Participants	Abby Fry, Saint Luke's Health System	Megan Wiskirchen, Kaleidoscope Pediatric Therapy
Darla Callaway		
Natasha Derrick		

Meeting Content

Topics Discussed	Action Item	Responsible
Welcome and Introductions	N/A	N/A
<p style="text-align: center;">Restructuring</p> <p>Tiffany Kinzler is no longer with the Department. Please, send any policy inquiries directly to MCPT@dhw.idaho.gov.</p> <p>We now have a full-time Medical Director, Dr. Magni Hamso. She comes to us from Terry Reilly.</p> <p>The Medical Care, BDDS and BLTC policy teams will be combining into a single unit. The Department is looking to hire three new analysts and a program manager. The new team will report directly to our new Deputy Administrator of Policy and Innovation, Joshua Bell.</p>	N/A	N/A
<p style="text-align: center;">Therapy and Audiology Handbook</p> <p>There hasn't been any new progress on the combined provider handbook.</p>	Send group rough draft once done for input.	William Deseron
<p style="text-align: center;">Medicare Therapy Modifiers – GP, GO and GN: Update</p> <p>No progress to report.</p>	Draft a newsletter article asking for provider comment.	William Deseron
<p style="text-align: center;">Workgroup: Feeding Therapy</p> <p>A new article was published in the August 2019 MedicAide newsletter. It should rectify most of the provider concerns from the previous release.</p> <p>Provider asked about criteria for standard feeding therapy. Providers should look to Medicare criteria when applicable to the participant's condition. Otherwise they should follow the standard of care set by their professional organizations.</p>	N/A	N/A

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Additional updates to the policy may occur at a later date with feedback from providers.		
<p style="text-align: center;">Provider Feedback – Duplication of Services Definition</p> <p>Definition was published in January 2019 MedicAide newsletter and will be included in handbook draft. Most of the language is from IDAPA 16.03.09.730.01.</p> <p>Tammy Emerson has power point to share (attached to notes).</p> <p>If the family doesn't alert the therapist that they're receiving services elsewhere, the therapist has no way of knowing that they are receiving other therapies. This is concerning for therapists trying to maintain compliance.</p> <p>Services provided by the Infant Toddler Program (ITP) are not considered a duplication of services. ITP contractors invoice ITP according to the terms of their contract. ITP submits claims to Medicaid based on the EPSDT Early Intervention fee schedule. ITP extended an offer to speak with the various therapy associations about the services they provide. Their webpage can be found here. Information about Medicaid's interaction with the program can be found under the Partners tab.</p> <p>OT can be added to the exception for same day feeding therapy with other services.</p> <p>The Department will continue to accept EPSDT requests for multiple therapists working together to meet the recommended treatment frequency. Requests should include both providers' information, so they can both receive an authorization. Consideration for allowing the practice outside of EPSDT will need data from EPSDT for any evaluation of changing the rule.</p>	<p>Draft newsletter article about Infant Toddler Program and duplication of services.</p> <p>A future consideration should be whether using the same assessment tool in an evaluation would be considered a duplication.</p> <p>Ask MPIU how they interpret a duplication of services in an audit.</p> <p>Ask Healthy Connections about communicating with physician and non-physician practitioners on duplicative therapy issues.</p>	William Deseron
<p style="text-align: center;">Hippotherapy</p> <p>Documentation has been presented to Dr. Hamso for review. With the restructuring we're working on bringing people up to speed to allow informed decision making. Our last meeting was Monday this week. Conversations will continue with providers around individual concerns.</p>	N/A	N/A

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<p style="text-align: center;">Group Therapy</p> <p>Currently group therapy is prohibited by IDAPA 16.03.09.732.03.g. The Governor's office has requested state agencies submit rules to be deleted under Executive Order 2019-02, the "Red Tape Reduction Act." The deletions would be part of the rules omnibus going to the legislature in 2020. William submitted group therapy as a potential deletion. Approved deletions will appear in a future publication of the Idaho Administrative Bulletin rules omnibus.</p> <p>The Idaho Administrative Bulletin can be found at https://adminrules.idaho.gov/bulletin/index.html.</p>	N/A	N/A
<p style="text-align: center;">Speech Generating Devices: Trial requirements</p> <p>A new form was released months ago. Providers did not have any additional concerns. Item will be moved off future agendas.</p>	N/A	N/A
<p style="text-align: center;">Payment for Trials: Cochlear Devices, Hearing Aids and Speech-Generating Devices</p> <p>Idaho Code 56-265(4) says that any changes to rates and reimbursement must be requested to the legislature in the annual budget process. Unfortunately, the Department has been directed to not request funding for new endeavors due to the projected budget shortfall. Due to that reason we wouldn't be able to consider this until July 2021.</p> <p>Providers suggested FM Systems should also be considered.</p> <p>Request this issue be tabled until it can be picked up in CY 2021.</p>	<p>Draft proposal in CY2020 for consideration.</p>	William Deseron
	<p>Submit items that should be considered under this request.</p>	Providers
<p style="text-align: center;">Incomplete Evaluations</p> <p>There is no progress on this issue.</p>	<p>Need to research further about charging participants for incomplete evaluations.</p>	William Deseron
<p style="text-align: center;">No Show Fees</p> <p>Providers expressed concern that it may not be entirely clear in the handbook if a participant can or cannot sign a document that allows them to be billed for no-show appointments. IDAPA 16.03.09.160 states that providers cannot bill participants for missed appointments. There are no exceptions permitted.</p> <p>Participants can sign a form per the General Provider and Participant Information to accept financial responsibility for non-covered services. A no-show appointment would not be considered a service. Group therapy, however, would be a non-covered service. Providers should ensure they're pursuing any available resources for the family like EPSDT. A denied prior authorization will at least give the family the opportunity to appeal the decision. If providers follow the appropriate steps in the handbook for non-covered services, the participant would become self-pay.</p>	<p>Edit provider handbook to make distinction clearer.</p>	William Deseron

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<p style="text-align: center;">Medicaid Expansion</p> <p>Citizen and legal residents can begin enrolling for expansion on November 1, 2019. Coverage will begin January 1st. Anyone that falls into the expansion population that applies before then will be denied. More information can be found on the Idaho Medicaid Expansion website.</p>	N/A	N/A
<p style="text-align: center;">Documentation Retention</p> <p>A provider asked about the Department's document retention policy. Per the General Provider and Participant Information, Idaho Medicaid Provider Handbook documents must be retained for 5 years. The section was recently updated in July. Providers are encouraged to ensure their offices are following the requirements.</p>	N/A	N/A
<p style="text-align: center;">Telehealth</p> <p>A provider asked about the Department's telehealth policy and if crisis services applied to therapy. The crisis services in the policy don't apply to therapy. Therapists must perform the evaluation in person, but afterwards may provide services through telehealth that would fall under CPT® 97110, 97530 or 92507. Details of the telehealth policy are in the General Provider and Participant Information, Idaho Medicaid Provider Handbook.</p>	N/A	N/A

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.

Idaho Medicaid Duplicate Services Definition

Viability of Providing Medically Necessary
Therapy Services by Providers within the Same
Profession but in Different Settings

Note: This is not an Idaho Medicaid publication.

Idaho Speech, Language, & Hearing Association (ISHA) and Idaho Occupational Therapy Association (IOTA) are advocating for a clear interpretation and viable definition of 'duplicate services' as prohibited in IDAPA 16.03.09.732.03.f.

The section of Medicaid's definition in question states:

“Therapy services are considered duplicative when participants receive any combination of PT, OT, ST that have the same treatments, interventions, evaluations, treatment plans, or goals.”

Idaho Medicaid has stated this definition “includes therapy provided by therapists within the same profession in different outpatient settings”.

ISHA’s Medicaid representative suggests this statement be added to Medicaid’s current ‘Duplicative Therapy’ definition as this appears vague and could be misconstrued.

IOTA wrote to Medicaid proposing additional wording be included in the definition as follows:

“Therapy provided within the same profession, may utilize the same treatments, interventions, evaluations, treatment plans, and/or work towards the same goals to reach a child’s recommended frequency, based on therapist’s recommendation, physician authorization, and medical necessity.”

IOTA further states rationale to include “shortage of therapists, full caseloads, and long waiting lists especially in rural areas making it difficult for children to receive their medically necessary recommended frequency of therapy.”

IOTA wrote about “...concerns that if children are only able to get 1 time per week of therapy, despite needing 2-3 times per week based on medical necessity, appropriate medical care is being withheld from them...”

ISHA's representative requested research used by Medicaid to support the current 'Duplicate Therapy' definition. Medicaid provided 'Concurrent Therapy' research by McMaster Children's Hospital/University Ontario, Canada.

The research does point out **unsubstantiated** problems that may result from duplicate therapy to include:

- confusion due to opposing treatment/parent education
- “the inability to determine the impact of interventions”
- “unethical duplication of publicly funded health services”
- “defying the practice principle/morality issue of responsible use of institutional finances and time.”

It is concerning that this research does not offer evidence or proof to support that these problems actually occur.

In fact, this research states the literature it reviewed was negligible.

Interestingly, the Concurrent Therapy research DOES support duplicate services when there is collaboration between the duplicate same profession practitioners in different settings. The research supports the guiding principle that families who choose to seek this type of treatment are supported in their efforts.

In order to address these research concerns, ISHA and IOTA representations suggest Medicaid could require collaboration between duplicate same profession practitioners in different settings **subject to audit** in cases of medical necessity.

Other factors to consider include that the collaborating therapists:

- may have expertise in differing effective approaches to treatment
- may both provide different nonconflicting approaches to treatment
- may provide differing but equally effective &/or evidenced based approaches (i.e. clinic-based vs home-based services)

Reviewing other research is hindered in that the terms Duplicate Therapy and or/Services appear infrequently and have various definitions:

One article states, “... Harmony chart audits evidence potential duplication of therapy services under Medical Review Guidelines set by CMS. Duplicate therapy when provided **between disciplines** of PT, OT, and ST is not considered medically appropriate and necessary and is at high risk of denial.

(Reference available upon request)

Another Harmony article titled, “Top 5 Things to Know to Prevent Duplication of therapy states, “Duplication of services is a common focal point for government agencies. If the documentation depicts **two different disciplines** treating the same goal or treatment area, the claim will be denied.”

(Reference available upon request)

An article that may help to decrease the vagueness of Medicaid's definition reads as follows:

Centene Corporation states that "Therapy services are considered medically necessary when...treatment does not duplicate services provided by other types of therapy, or services provided in multiple settings.

(Reference available upon request)

This document may be useful in modifying the ‘Duplicative Therapy’ definition to allow for same professional/different setting providers; however, it is important to address Medicaid’s perspective stated in the Idaho Medicaid Therapy Provider Meeting Minutes from June 21, 2019.

These minutes state “Department research and inquires to CMS had shown that if a participant needed therapy, they couldn’t go to two different therapists for those sessions”.

These Medicaid minutes state, “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...it wouldn’t be possible for a patient to utilize the same plan of care with different therapists in the hospital [setting] and an offsite ...clinic. [However] Its not a duplication to perform a new evaluation if its for a transfer of care.”

In a final note, Medicaid has provided a solution and in response to concerns about not allowing a participant to utilize two therapists for the same therapy as long as the visits within the plan are not exceeded.

The Medicaid minutes from June 21, 2019 state “Providers may submit requests through EPSDT to allow for this situation.”