

Idaho Medicaid Therapy Providers Meeting Minutes

Date / Time of Meeting	Friday, December 20, 2019 10:30 am — 12:00 pm	
Location	Conference Room D-West, 3232 Elder St, Boise, ID	
Medicaid Participants	Provider Participants	Provider Participants
Charles Beal, Policy and Innovation	Jennifer Dahms, Valley Pediatric Feeding	Elizabeth Millard, Saint Luke's Health System
Andrea Bustos, MCU	Tammy Emerson	Stephanie Perry, Infant Toddler Program
Robin Butrick, Policy and Innovation	Brandellyn Gonzalez, Infant Toddler Program	Herb Sandoval, Chatterbox Pediatric Therapy Center
Michael Case, Policy and Innovation	Amy Hardy	Tina Sleyster
William Deseron, Policy and Innovation	Beth Jacob, Children's Rehab	Kari Thompson, IOTA
Katrina Maxfield, MCU	Anne Kuhlmeier	April Ward, Saint Luke's Audiology
Amanda Morales, Policy and Innovation	Kathrine Lee, Idaho Association of Music Therapy	Marcia Williams
Susan Scheuerer, MCU	Mandy Lee	Laura Willoughby
Angie Williams, Policy and Innovation	Mary McClure, Idaho Association of Music Therapy	
DXC Participants		
Darla Callaway		
Kristi Harris		
Robert Hughes		

Meeting Content

Text in red are updates that occurred after the meeting; including responses to questions and additional provider discussion pertinent to the provider group. Meeting minutes are sent to attendees for comment with these changes before being finalized and published.

Topics Discussed	Action Item	Responsible
Welcome and Introductions	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. The individual handbooks were updated with the 2020 therapy caps.</p>	Revise the handbook to match current policies and processes.	Medicaid – Division of Policy and Innovation
<p style="text-align: center;">Medicare Therapy Modifiers – CO, CQ, GP, GO and GN: Update</p> <p>No progress to report. Nothing will be implemented without communication well in advance. The same applies to the new therapist assistant modifiers.</p>	Evaluate therapy modifiers for implementation.	Medicaid – Division of Policy and Innovation
<p style="text-align: center;">Workgroup: Feeding Therapy</p> <p>A new article was published in the August 2019 MedicAide newsletter. The Department would like to leave anything unaddressed to guidance from professional organizations.</p> <p>Concern was expressed that professional standards can be murky and unspecific. If providers can submit specific issues they're facing, the Department can target those in future revisions.</p>	N/A	N/A

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<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>This issue will require additional research. Resources permitting.</p>	<p>Research and provide information to group on previously asked questions.</p>	<p>Medicaid – Division of Policy and Innovation</p>
<p style="text-align: center;">Hippotherapy</p> <p>The previous discussions and research are currently being reviewed by the Medical Director.</p>	<p>Evaluate hippotherapy for coverage and write a public policy.</p>	<p>Medical Director & Medicaid – Division of Policy and Innovation</p>
<p style="text-align: center;">Incomplete Evaluations</p> <p>An incomplete evaluation could be billable to the participant with due diligence. See the General Provider and Participant Information, Idaho Medicaid Provider Handbook section on Participant Financial Responsibility for requirements on billing participants.</p>	<p>N/A</p>	<p>N/A</p>
<p style="text-align: center;">Parent Education and Team Meetings</p> <p>Providers expressed concerns about parent education and team meetings. Meetings frequently take an hour. Is this a billable service or a non-covered service that is billable to participants?</p> <p style="color: red;">These codes currently aren't covered under the State Plan for these kinds of services. In the past the Department has had difficulties with getting approval from CMS for services not rendered directly to the participant. Currently it is covered as part of some waiver services or behavioral health services.</p> <p style="color: red;">Waiver services allow CMS to approve special exemptions from requirements in the Code of Federal Regulations (CFR) for targeted populations. Idaho has waivers for individuals with developmental disabilities and for our aged and disabled population. Waivers require large amounts of resources for oversight and must be geared towards a specific population so it's not feasible for this issue.</p> <p style="color: red;">Behavioral health services are under a managed care contract. They have more flexibility in the services they can offer and be reimbursed for due to different sections of CFR. We aren't considering a managed care organization for therapy at this time.</p> <p style="color: red;">EPSDT may or may not be an option. We would need an application to review.</p>	<p>N/A</p>	<p>N/A</p>
<p style="text-align: center;">Continuity of Care</p> <p>What is the difference between an independent therapist and Other (hospital, home health, school etc), outside of the type of claim form 1500 vs. UB-04?</p>	<p>Why can't hospital-based and independent therapists bill in place of service community?</p>	<p>Medicaid – Division of Policy and Innovation</p>

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<p style="color: red;">There are various regulations that come into play based on your provider type, enrollment and place of service. Home health providers for example have additional requirements for their plan of care being reviewed every sixty days by a physician. Schools are very unique, because they are a cross roads for different authorities that specify what services are allowed. They not only have Medicaid, but the Department of Education involved.</p> <p>Who can bill in the home outside of ITP services and true home health services?</p> <p style="color: red;">Independent therapists and hospital-based therapists can provide services in the home. Hospital-based therapists will still have their services billed by the hospital. If the participant is under a home health plan of care, then the therapy should be provided by the home health agency.</p> <p>Providers expressed concerns around professionals with lesser, or absent, credentials providing services to high risk participants or those with cognitive issues compounding the issues being addressed. Who can bill in the community (grocery store, bus, uber, YMCA etc)? Providers are concerned that habilitative intervention professionals don't have experience to address or evaluate issues.</p> <p style="color: red;">Typically, the community setting falls under the Idaho Behavioral Health Plan as managed care, or waiver services as home and community-based services. Most healthcare services under State Plan don't occur in the community.</p> <p style="color: red;">Therapy services require that the service being provided requires a therapist's intervention. If it can be supplies by a lesser credential, it should be. The facility, home and office restrictions are most likely reflections of Medicare's requirements as found in their Benefits manual. It's not explicitly known if there is a regulatory support behind it for Medicaid and would require additional research.</p> <p>Interdisciplinary training exists for therapists to provide paraprofessionals with training to support the participant in the community. Therapists would bill normally for their services. The paraprofessional would bill for the training instead of a service provided. Providers are concerned that habilitative intervention professionals don't have experience to address or evaluate issues. This would require research to see if it would be permissible to allow therapists in the community.</p> <p style="color: red;">At the moment it's unknown if EPSDT could be used for these circumstances. The system isn't configured to allow therapists to bill in a community place of service so the claim would deny even with a prior authorization.</p>		
<p>Medicaid Expansion</p> <p>Medicaid has enrolled approximately 55,000 new participants for coverage on January 1, 2020. Providers may see them listed differently when checking eligibility, but the benefits will be the same as existing Medicaid participants.</p>	N/A	N/A

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<p style="text-align: center;">Music Therapy</p> <p>In order for a service to be covered by Family Directed Services (FDS) it must be a Medicaid service covered under the State Plan. Currently Music therapy has never been covered under the State Plan. The Department considers it to be experimental/investigational. Michael Case received research from the Music Therapy Association this morning, but hasn't had time to review it.</p> <p>The Department's contractor has been incorrectly approving plans for FDS that contain music therapy. The Department should honor any plans previously approved with music therapy, however, no new plans will be approved at this time.</p> <p>There are challenges to adding Music Therapy as a covered service for Medicaid. The Department has been directed by the Governor to make reductions to its budget. There would not be funding to add a new service at this time.</p> <p>Currently the Department and Blue Cross of Idaho considers the service to be investigational and not medically necessary. William Deseron said in his coverage decisions for State Plan he looks at Blue Cross, Medicare and Oregon's Health Evidence Review Commission (HERC). HERC has the greatest weight in a decision and almost always guarantees coverage. Coverage by Medicare and Blue Cross would be minimum hurdles for consideration. Medical necessity as required and defined in IDAPA 16.03.09.011.16 includes an element of standard of care. If a service isn't paid by the local major payors, then it can't be considered a standard of care. He recommended Music Therapists concentrate on those payors to establish themselves.</p> <p>Providers mentioned an FAQ for FDS still lists music therapy as covered. Michael Case will look into getting it updated.</p>	<p>Review submitted research.</p> <p>Inquire about getting FAQ updated.</p>	<p>Michael Case</p>
<p style="text-align: center;">Hearing Screening by SLP</p> <p>SLP providers requested this be added to future agendas. Can SLP be reimbursed for hearing screenings provided under 92551 or B5088? Physicians don't perform these and sometimes refer participants to an SLP for these audiology tests.</p> <p style="color: red;">Currently 92551 is not configured for the SLP provider-type. We were unable to find a B5088 code. Providers can submit documentation showing it's within their scope of practice for review.</p>	<p>Add to agenda.</p> <p>Submit documentation of scope of practice for review.</p>	<p>Medicaid – Division of Policy and Innovation</p> <p>Providers</p>

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.