

Good morning, My name is Dr. Michael Kaplan, I am a Speech-Language Pathologist in Santa Fe working in Home Health. I serve as the VP-Governmental Affairs – Medical for the NM Speech Language and Hearing Association, a past President of NMSHA, the State Advocate for Reimbursement Issues with the American Speech Language and Hearing Association (ASHA) and the Chair of the Joint Commission between ASHA and the Council of State Association Presidents.

On August 8th, I attended this Committees meeting in Albuq and heard a presentation from HSD regarding their proposal to move ancillary services under the DDW from HSD to Medicaid Managed Care. At that meeting there were presentations from an SLP, OT and PT regarding the services that they provide to the DDW population along with several adult clients. Ancillary personnel (SLPs, OTs, COTAs, PTs, and PTAs) provide both rehabilitation and habilitation services to the DDW population. Rehabilitation refers to health care services and devices that help a person keep, get back, or improve skills and functioning for daily living that have been lost or impaired because a person has been sick, hurt or disabled. (e.g. stroke, Parkinsons, Traumatic brain injury, dementia). Habilitation refers to health care services and devices that help a person to keep, learn or improve skills and functioning for daily living.(e.g. therapy for a child that is not walking or talking, a child born with cerebral palsy, or mental handicap).

There are currently four MCOs under Medicaid (e.g. BCBS, Presbyterian, United and Molina). These MCOs reimburse for rehabilitation services and habilitation services for children up to age 21 years as required under the Federal EPSDT (Early and Periodic Screening, Diagnostic and Treatment) program. They do not cover habilitation services for those over 21 years of age, which would deny services for many of the adult DDW clients currently receiving services through the DDW or on the waiting list (approximately 2000 adults).

In addition, the rate of reimbursement for ancillary services under the current MCOs is below the current reimbursement rate from Medicaid, Medicare and HSD – I have prepared a chart that compares the reimbursement rates for these services based upon 15 minute increments for payment. Therapy services usually range between 30-60 minutes per session.

After the meeting, I posted a question on the ASHA Community listserve regarding in which States, Medicaid Managed Care Companies (MCOs) reimburse for habilitation services and if they have legislation which requires MCOs to pay at the same rate or higher than Medicaid. I subsequently heard from several States in which their MCOs cover habilitation services for adults over age 21 (e.g. Tennessee, Connecticut, South Carolina, Pennsylvania, Mississippi, and Texas).

In addition, I was provided with links to several States legislation and State Health Plans that require their MCOs to reimburse their ancillary providers (SLP, OT, OTA, PT, and PTA) at the same rate or higher as Medicaid (e.g. South Carolina, Mississippi, Pennsylvania and Texas).

My concern as a Speech-Language Pathologist is that if HSD succeeds in moving ancillary services for the DDW population from HSD to Medicaid MCOs in the next year or so, that many ancillary professionals would no longer be able to provide services to this population because of non-coverage of habilitation services for DDW adults and the rate of reimbursement is lower than Medicaid pays.

I would like to know if you as Legislators would recommend Legislation that proposes the following:

1. Require that MCOs cover habilitation services of DDW adults over the age of 25 with a doctor's pre-authorization and documentation that the service is medically necessary.
2. Require that MCOs reimburse ancillary services at a rate equal to or higher than the current Medicaid rate.

This legislation would be consistent with other States that already provide this to their customers.

References:

1. Contract Between the State of Mississippi Division of Medicaid Office of the Governor and A Care Coordination Organization (<https://medicaid.ms.gov/wp-content/uploads/2014/03/MSCANDraftContract.pdf#pa>)
2. Texas Medicaid and Provider Procedures Manual, Physical Therapy, Occupational Therapy, and Speech Therapy Services Handbook, Subsection 5.2.1
3. Health Choices Physical Health Agreement, January 2017 - Pennsylvania

4. <https://www.ctdssmap.com/CTPortal/Provider/ProviderFeeScheduleDownload/tabid/54/Default.aspx> - Connecticut

Include chart comparing Medicare, Medicaid, HSD, and MCO reimbursement rates.

Comparison Chart for Medicare-Medicaid-MCOs-HSD

Ancillary Services	Medicare	Medicaid/Centennial	BCBS/MC	Pres/MC	United/MC	Molina/MC	HSD/DDW
OT	49.27	22.45-28.63	23.01	24.62	23.01	23.01	22.45-28.63
OTA				\$10-12	\$10-12	\$10-12	
PT	49.46	22.45-28.63	23.01	25.15	23.01	23.01	22.45-28.63
PTA				\$10-12	\$10-12	\$10-12	
SLP	52.08	22.45-28.63	23.01	25.15	23.01	23.01	22.45-28.63

Payment is in 15 minute increments Therapists work in 30-45 minute sessions

Medicaid and MCO's use "G" codes for billing \$22.45 statewide reimbursement; 28.63 Bernalillo reimbursement rates

Medicare does not use "G" codes, e.g. 92507 = 52.08 for per 15 minutes