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# PEDIATRIC PHYSICAL THERAPY & MEDICAID

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## Background

Cindy Miles brought concerns and issues regarding Medicaid reimbursement to the attention of leadership in APTA's Section on Pediatrics (SoP) and Section for Private Practice. During Combined Section Meeting 2015, representatives from the SoP's Policy, Payment and Advocacy Committee and other leadership met with APTA staff to discuss current issues with Medicaid. From this meeting, Cindy Miles and Laurie Ray were invited to present information at the 2015 State Policy and Payment Forum. To ensure that the presentation represented the national perspective, the presenters and SoP conducted a survey. The presentation was well received, and the survey is summarized below.

## Survey Summary

### Reimbursement:

Note that a couple of respondents reported Medicaid reimbursements were going well.

- Rates DO NOT support therapy
  - Less reimbursement than service cost
  - Pediatrics 1:1/hour
- Administrative costs are not covered
- Shortage of providers willing to accept Medicaid
- Audits and reversed payments
- Payments delayed 6-18 months or more
- Payment disparity with other practice settings
- Variable rates ALL states
- Majority are low vs high (\$10-\$98)
- Evaluation: rate is extremely low (\$10-\$90)
- Pediatric evaluation complexity
- Evaluation time required
- Documentation time not sufficiently included
- Increased co-pay & deductibles
- Fee structure unchanged > 25 years

### Eligibility:

Note that a handful of respondents reported Medicaid eligibility was going well

- Increased documentation requirement
- Authorization and appeals process:
  - associated paperwork
  - constantly changing landscape
  - conflicting information regarding coverage verification
  - time consuming when compared to commercial insurance
- Multiple therapies require one provider/agency
- Challenge increased - private insurance
- Family ability to change MCO
- "Straight" Medicaid vs MCO/MCO variance
- Visit limit barrier (<10-20 visit/yr)
- Variability 0-3;3-21; over 21
  - waitlist for high school students and older youth
  - over 21: 2 visits/month - 2 times/year
  - Teens denied ongoing care regardless of progress
- Children (4-5yr) must be transitioned to home exercise program (not intervention)
- Visit approval may require court
- Aquatic therapy denial
- Chiropractor 12 visit vs 2 PT
- Deviation 1/week triggers denial or NO authorization

**Early Intervention:**

Few respondents mentioned early intervention (EI). One state did not fund due to budget stall, but EI providers were still expected to provide services without payment. Two other states described very limited number of EI providers due to low reimbursement rates.

**Schools:**

- Policy overlap (no distinction between school-based and outpatient); one state reports school services used to limit community-based services
- Unclear Medicaid policy for Local Education Agencies (LEA or school district):
  - capricious decisions
  - different answers to the same questions
  - variable implementation
  - LEA policy not understood at Medicaid
  - difficult to contact
  - varied and/or excessive paperwork
- Restricted visit number or authorization of service delivery
- Reimbursement rate

**Durable Medicaid Equipment:**

- Authorizations are cumbersome and consistently slow
- Specific denial: transit package, cranial molding helmets, wheelchair wheel locks, headrests, remote stops for power wheelchairs, etc.
  - Restricted to one, single mobility device per child
  - Repairs are restricted or difficult to obtain
- Unclear process
  - Inconsistent implementation
  - Varied interpretation
- Eligibility limits
- Fewer vendors available to supply and service pediatric equipment

**Overview**

The most prevailing national issue is reimbursement; it is often inadequate and prolonged. Other pervasive issues include:

- Eligibility complexity
- Onerous paperwork
- Inconsistent denials
- Restricted visits
- Difficult, delayed approval of durable medical equipment
- Inconsistent implementation and interpretation of requirements and policy



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# PEDIATRIC PT & MEDICAID ADVOCACY AGENDA

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## 1. REIMBURSEMENT

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- Advocate for appropriate, equitable reimbursement rates for physical therapy evaluation and service (commensurate with Medicare, other providers, market cost for services) for your state
- Create clear, minimum documentation requirements for physical therapy services
- Establish physical therapy-mandated benefit under Medicaid
- Mandate federal definitions of qualified providers of physical therapy services
- Collect data on patient outcomes and cost of service provision to demonstrate effectiveness and efficiency and advocate for

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## 2. ELIGIBILITY & CONSISTENT/CLEAR POLICY IMPLEMENTATION

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- Request designated contact person for specific practice settings (early intervention, schools, independent/community practitioners) to ensure consistent implementation and interpretation
- Clear expectations for timelines for approvals and process
- Clear and consistent standards for prior approval and documentation
- Separate outpatient/independent practitioner policy from LEA/school policy

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## 3. DURABLE MEDICAL EQUIPMENT

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- Advocate for reimbursement for more than one mobility device (*any* device with wheels)
- Advocate for elimination of 'specific' denials that impede access, safety and/or individual need
- Clear and consistent policy, implementation, and interpretation
- Appeal 'specific' denials for items that afford access (ramps, manual wheelchair, transit packages, etc.)
- Clear expectations for timelines for approvals and process
- Clear and consistent standards for prior approval and documentation

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## 4. STRATEGIES TO CONNECT

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- Send letters to your legislator, your Medicaid program coordinator, your state chapter leadership
- Write a letter to the editor to your local newspaper
- Request regular stakeholder meetings from Medicaid
- Request Medicaid provide rationale for specific denials, appeal/provide additional information
- Request and partner with state-level Medicaid agency to provide professional development education on Medicaid policy and procedure for pediatric practice settings