

Important Changes for Medicaid and Physical Therapy in 2012

By: Eric Shaw, PT, Cert MDT— WVPTA State Affairs Chair

Implementation of APS Medical CareConnection Direct Data System Delayed

The Bureau for Medical Services has announced changes in prior authorization process and is also proposing changes in the rules that govern PT and OT reimbursement policy.

The WVPTA has provided comments to the Bureau for Medical Services regarding the planned December 12, 2012 implementation of the APS CareConnection system. After discussions with WVPTA, the Bureau of Medical (BMS) and American Psych Systems (APS) have agreed to delay implementation of the system until June 1, 2012.

The CareConnection system is the new method of obtaining authorization for physical therapy treatment that goes beyond the current 20 visit limit. This new authorization requirement is a requirement for Medicaid patients who need additional visits beyond 20. It requires that all providers register to use the APS system and enter data on the computer and submit requests to West Virginia Medical Institute (WVMI) electronically. The WVPTA asked for the delay in the implementation of the system because of the very late notice of the “go live” date, the limited number of providers that have registered and taken the training webinars, and the rather large and cumbersome nature of the system which requires the physical therapist or a staff member to populate at least 12 computer screen fields with information. Many of the questions are clinical in nature, and enough detail must be provided to allow WVMI to make a medical necessity determination.

APS Healthcare and BMS will continue to provide training over the next six months and will evaluate progress before announcing the next go live date. Providers who want to utilize the system now may begin to do so, but should inform APS of their intention to do so.

Here are links to the most relevant web pages for gathering information on this change:

<http://www.wvmi.org/Our-Web-Sites/West-Virginia-Medicaid/Prior-Authorization.aspx>

http://www.apshealthcare.com/publicprograms/west_virginia/West_Virginia1.htm

<http://www.dhhr.wv.gov/bms/Pages/default.aspx>

<http://www.dhhr.wv.gov/bms/Molina%20Provider%20Services/Pages/default.aspx>

As a side note there are 4 entities that now work as “Medicaid” to provide medical services through the Department of Health and Human Resources. They are the Bureau for Medical Services or Medicaid, Molina Medicaid Solutions (the fiscal agent), APS Healthcare (the utilization management administrator), and WVMI (will continue to do all medical necessity reviews). It is a complex system and you should try to familiarize yourself with each of the websites above for more information.

Proposed Medicaid Rule Changes—Chapter 515 Medicaid Manual

The WVPTA also provided comments to the Bureau for Medical Services on proposed changes to the rules that govern PT and OT treatment for Medicaid recipients. We opposed the rule changes that included requiring prior authorization before any treatment could start (eliminating the 20 visit benefit currently in place), eliminating reimbursement to hospitals for PT provided in a hospital outpatient department (the PT must bill the services), a definition was added for direct supervision (in contrast to our new practice act and rules), and a requirement for the prescribing practitioner to provide “pertinent clinical documentation for services requested”.

The WVPTA expressed their concern that the changes were overly burdensome on physicians, would radically change how hospital outpatient departments function, would require PT's in hospitals to become private practitioners in order to bill Medicaid for their services, and ultimately limit Medicaid recipients access to physical therapist care in a timely fashion.

The proposed rules have been removed from the BMS website, and are likely in review by BMS. We hope to hear from them soon that they are dropping the proposed changes.

The WVPTA has offered to assist BMS and APS Healthcare in creating methods that ensure appropriate care is delivered in a timely fashion and maintains access to physical therapist treatment.