



Health Care Alert

A QUARTERLY PUBLICATION PROVIDING TIPS FOR INDIVIDUALS WITH MENTAL RETARDATION AND THEIR SUPPORT TEAMS IN ACCESSING HEALTH CARE THROUGH THE MANAGED CARE SYSTEM

Accessing Therapy Services

If you have been confused about accessing therapy services for individuals you support, check this out!



Know the rules

The regulations under which Pennsylvania operates do not allow individuals to use OMR waiver funding for services that can be paid for under the Medical Assistance Program or private insurance. This comes into focus particularly around accessing therapy services. Many of us have been confused about why it is necessary to use either the individual's MA Managed care company (Keystone Mercy Health Plan, Health Partners, or AmeriChoice) or Medical Assistance rather than the therapists that have traditionally been available through the Mental Retardation system.

Recently OMR issued a Bulletin (00-05-03) to clarify the necessity to seek coverage for therapy services through the Medical Assistance health system **first** before seeking coverage through MR funding. This bulletin, "Service definitions and Procedure Codes for Health Care Waiver and Base Services," states that in order to approve therapy services through waiver funding, a written denial letter from the individual's physical or behavioral health care plan will be required **before** consideration of coverage under the Waiver rules. *This does not mean that obtaining a denial from the individual's MA Managed Care Company will ensure funding through the Waiver.* This does mean that you must try to obtain any needed therapy services, such as physical, speech, occupational, or nutritional consultation or nursing, through the individual's own health care plan. Each MA managed care organization has its own process, as well as an appeals and grievance mechanism to use if the requested service is denied. If the primary care physician (PCP), the individual and the team still feel that the therapy service is necessary, PCHC is always available to assist in accessing services through the Special Needs Units.

What is a denial?

A denial may be a written statement from the individual's PCP, managed care company, Medical Assistance or Medicare indicating that either they determined that the service is not medically necessary or that the specific service is not a covered benefit. Proof of appeal/grievance should also be provided.

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Risk Management Corner

Precaution:

Just a reminder: never leave someone alone who is under some type of sedation for a medical appointment. (For example, someone who needed to undergo anesthesia for a routine dental exam.) They may be at a higher risk for falling or acquiring injuries.

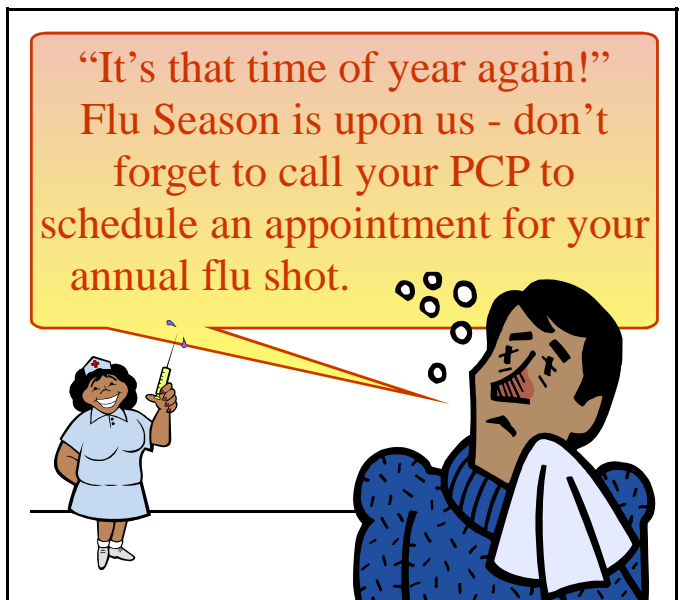


Did you know?.....

Please be advised that anyone is able to go on-line to check the licensing status of hired personnel, including nurses and therapists (ie. Speech, Physical and Occupational).

By accessing the following website: www.dos.state.pa.us, you can verify the professional licensure of a person or agency licensed with the Department of Health.

Under the category titled "Areas of Interest" you will find a *Professional Licensure* link that will connect you to the *Bureau of Professional and Occupational Affairs*. From there, you are able to verify the status of anyone licensed through the Department of Health. This will provide you with dates of licensing and renewal, any disciplinary actions held against their license and whether or not they are in good standing. This is increasingly important as providers use outside agencies/resources to provide home health care.



The information presented to you is to increase your awareness of health conditions. It is not intended to replace medical advice. Please seek the advice of a physician for any health related concerns.

Accessing Therapy Services (continued from front)

Plan ahead

- If an individual has been using therapy services paid for by the waiver, ask the PCP for a referral for a therapy evaluation.
- If the individual is denied the service, find out how to use the appeals and grievance process.
- If the individual you are supporting has been using a waiver funded therapist, inquire about having the therapist credentialed by Medical Assistance, Medicare or the Medical Assistance managed care organization.
- Ask for help in navigating the process either from the Special Needs Unit or from PCHC.

Why is this important?

- Pennsylvania must comply with Medical Assistance and Waiver regulations.
- It is important that Medical Assistance, Medicare, managed care providers, and other insurers understand the type and quantity of therapies that are needed by individuals with mental retardation.
- It is important that therapy services are coordinated with all other health care services that are accessed by the individual and that the PCP be aware of all services the person needs and is using.

Training for People with Developmental Disabilities

PCHC is now offering trainings designed specifically for people with developmental disabilities (DD). The trainings are focused to meet the needs of the individuals we support.

Some examples are:

- Aging
- Diabetes
- Dysphagia
- Eating Healthy
- Hygiene
- Men's and Women's Health issues
- Medical Appointments
- Hospitalization.



For a complete list of the trainings being offered for individuals with DD, look for a flyer coming out soon. You can also contact PCHC to request a training by

**Is all this talk about Medicare and Medicaid changes making you crazy?
Are you confused with all of the terms and acronyms being used?**

Check out the list below to help navigate the process:

Acronyms

- **CMS** = Centers for Medicare and Medicaid Services
- **DRG** = Diagnosis Related Group (method to pay for inpatient stays)
- **FFS** = Fee For Service (can refer to either Medicare or Medicaid)
- **FQHC** = Federally Qualified Health Center
- **GA** = General Assistance (benefits are funded by state money)
- **HMO** = Health Maintenance Organization
- **LTC** = Long Term Care
- **MA** = Medical Assistance
- **MCO** = Managed Care Organization
- **MA-PDP** = Medicare Advantage Prescription Drug Plan
- **PA** = Prior Authorization
- **PPI** = Proton Pump Inhibitors
- **PDL** = Preferred Drug List (state)
- **Rx** = a symbol that means prescription drug
- **SHIP** = State Health Insurance Assistance Program
- **TPL** = Third Party Liability

Terms

- **Medicare Part D** = Medicare Prescription Drug Coverage
- **Dual Eligible** = maintains both Medicare and Medicaid benefits
- **Formulary** = a list of prescription drugs that are covered by a plan
- **Creditable coverage** = prescription drug coverage as good as, or better than the Medicare Prescription Drug Benefit
- **Non-creditable coverage** = prescription drug coverage that is NOT as good, or better than the Medicare Prescription Drug Benefit
- **Opt out** = dis-enroll from current plan into another
- **Passively enroll** = auto-enroll into another plan
- **Co-pay** = a small fixed fee required by health insurance for a doctor's visit or filling a prescription
- **Premium** = the amount paid in exchange for health insurance coverage
- **Subsidy** = extra help
- **Deductible** = a specified amount to pay out-of-pocket before insurance coverage begins

For more information call PCHC and ask for a HCTA 215-546-0300 extension 3685



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PCHC is a core program of PMHCC, Inc.