

## Provider Survey on Medicaid Prior Authorization for Therapy and DME Services

Does your child's therapy provider currently access or have they accessed Medicaid through SSI, Katie Beckett, or Badgercare to pay for community-based therapy services in the past year? YES or NO

If you answered "YES" please complete & return this survey as described below.

Does your child's therapy provider currently access any commercial insurance plan for therapy payment before accessing Medicaid?

Please rate your experience on a scale of 1-4 as you answer the following questions:  
1=not true, 2=occasionally true, 3=often true, 4= always true N/A= Not applicable

We have had the following experiences with the WI Medicaid Prior Authorization for Clinic/ Community /Home-Based Services:

- |   |   |  |
|---|---|--|
| 1. Prior Authorization is very time- consuming.   | 4 |  |
| 1= 2; 2=1; 3=6; 4=26  |   |  |
| 2. Prior Authorization is a timely process.   | 3 |  |
| was a timely process  |   |  |
| 1=12; 2=3; 3=3; 4=15;   |   |  |
| 3. As a provider, I/we discuss Medicaid with our clients.   | 4 |  |
| 1=3; 2=3; 3=7; 4=20   |   |  |
| 4. As a provider, I/we ask for information from me for my child's prior authorization.  | 4 |  |
| 1=3; 2=1; 3=9; 4=21   |   |  |
| 5. As a provider, I/We have several requests for more information from the Medicaid Program for my child's prior authorization approval | 3 |  |
| 1=5; 2=8; 3=8; 4=12   |   |  |
| 6. As a provider, I/We rarely receive requests to provide more information for my child's therapy approval.                             | 2 |  |
| 1=13; 2=9; 3=8; 4=3   |   |  |
| 7. As a provider, therapy services are often approved by Medicaid at the frequency and number of weeks that the therapist requested.    | 3 |  |
| 1=6; 2=8; 3=14; 4=4   |   |  |
| 8. As a provider, therapy services have been shortened in the number of sessions or weeks of therapy requested of Medicaid.             | 3 |  |
| 1=4; 2=8; 3=14; 4=6   |   |  |
| 9. My/our clients had continuous service while waiting for processing of the Prior Authorization.                                       | 3 |  |
| 1=7; 2=8; 3=10; 4=6   |   |  |
| 10. My/our client's missed therapy sessions while waiting for processing of the Prior Authorization.                                    | 2 |  |
| 1=10; 2=8; 3=11; 4=6  |   |  |
| 11. My/our client's are denied therapy services by Medicaid because they were not considered "medically necessary".                     | 2 |  |
| 1=15; 2=5; 3=11; 4=3  |   |  |
| 12. My/our client's therapy services were approved.   | 3 |  |
| 1=2; 2=4; 3=20; 4=7   |   |  |
| 13. My/our clients was denied therapy services in the community because they was already receiving services in the schools.             | 2 |  |
| 1=3; 2=10; 3=5; 4=2   |   |  |
| 14. My/our clients qualify for therapy services both in the schools & the community.  | 2 |  |
| 1=6; 2=8; 3=7; 4=2  |   |  |
| 15. My/our overall experience with Medicaid has been easy.  | 1 |  |
| 1=19; 2=8; 3=5; 4=2   |   |  |
| 16. My/our overall experience with Medicaid has been difficult.   | 3 |  |
| 1=2; 2=5; 3=12; 4=16  |   |  |

17. My client's development & health have been affected by services reduced or denied by Medicaid.

**1=11; 2=9; 3=10; 4=3**

**2**

Please describe briefly how you feel your child was affected:

18. As a provider we have considered the possibility of NOT taking Medicaid Or limiting the number of Medicaid recipient's we serve.

**1=16; 2=2; 3=3; 4=2**

**1**

If so, why?

- I also have a small private practice and will not take Medicaid pts because it is too much fiscal risk and does not pay for my time.
- Because it is so time consuming and we are having trouble with it.
- In all cases we have seen the patients regress.
- It is so frustrating and complex to write PA s and respond to questions. My practice of OT is out of my control, I treat the pt and someone else dictates what is in the pt's best interest.
- I am a clinician not a policy maker therefor that is not my decision to make. Our policy is to serve the public's needs.
- Too time consuming to justify the reimbursement. I see Medicaid pts as more of a charity.

19. What impact has the prior authorization process for Medicaid therapy services had on your/your practice's ability to serve Medicaid Recipients? Can you estimate the costs of prior authorization to yourself and your practice?

- Limits continuity of care which sometimes then creates a longer period pt needs to remain connections to formal therapy.
- 25-30 min of pt care time.
- For pts there is a lapse in services which could be costly in recovery time for those pts. Paperwork is lengthy, redundant and we spend more time chasing down forms that are returned or need more info.
- I understand that need for pre authorization. Sometimes reviews are very fair, other times they pick things apart, requiring a lot of work.
- Very frustrating makes us consider not taking Medicaid pts.
- Paperwork requirements are way too costly.
- Payment is low especially for speech.
- I am unable to treat my pts to the best of my ability.
- I am less credible to referral sources. The long wait means extra contact with them to clarify delays. In a least one instance it has caused duplication, delays cause lack of continuity of care.
- >\$200/case in therapists' time, is the cost.
- Many of our peds clients get put on hold waiting for requests for additional info. PA s are taking >30 days.
- Time cost take away from patient care hours. Attempting to take PA request have to work on rather than take up pt time.
- I am too busy seeing other pts who pay and cannot afford the time to fill out paperwork and requests for further information, so these are low priority.
- \$400/month.
- The physicians that refer to us rarely refer medical patients.
- The OT s have had a lot of difficulty returning PA s for additional information but inconsistent in what is requested by the reviewer. The reviewers for PT are more consistent and we know what to expect.
- Long wait for authorization; frequent requests for additional information, long time to complete PA.
- One hour for one PA. I am less credible to referral sources. The long wait means extra contact with them to clarify delays. In at least one instance it has caused duplication, someone else made and delivered splints to parents of a pt tired of waiting. Delays and restrictions mean lack of continuity of care.
- \$200.00 per case of therapist's time, could be more.

20. Please describe any changes noted in the past nine months in the above areas of Medicaid Prior Authorization:

- Slower response, fewer approvals. I believe the costs of completing documentation, phone calls and treating the patient is not even covered by the payment we receive.
- The new B-3 one time authorization, no questions asked, is absolutely heaven! It allows time to go directly into service instead of paperwork.
- New form is better, ability to use computer is better.
- I have noticed that the process has gotten slower.

- The new form does not correspond to the consultant's checklist. Info wanted does not fit into space provided. Everything is questioned 1,2, or 3 times.
- Like the Birth-3 PA. Reviewers are inconsistent with what is approved and questioned.
- They keep sending the PA back with questions, it seems like they are stalling. One child's PA was sent in August, they have been sending it back and forth with questions and still have not approved or denied it. The case is not that complicated it should not take this long to make a decision.
- It has not been much different.
- Not much change. PA is not replied to in a timely process. It takes forever to get it back. Pts are done with therapy before the PA comes back.
- We are very conservative in accepting Medicaid pts in the past 2 years. Some because of services we don't have available others because services have been used.
- No changes noted in approval of requested services other than it seem to be taking longer to receive authorization back.
- The new form does not correspond with the consultant checklist. The pts I see seem to be the current "target", everything is questioned at least 1 or 2 times, even substantial process is being made. Increase in denials noted.
- The process has gotten slower.

21. Please offer any ideas you have to improve the prior authorization process:

- Allow some lee-way between authorizations so as not to disrupt care.
- Completely automate the process.
- I think that there should be a present number of visits/diagnosis that will be automatically approved so that there isn't such a delay on the front end, then additional could be hassled out with PA s
- Easier way for us to determine if initial 35 visits have been used.
- Offer class for what you are looking for in the documentation, make form shorter, update manual
- Most insurance authorizes therapy within 24-48 hours. 20 business days is unreasonable, authorize the number of visits only leave the time frame open. Section D is too time consuming to research in detail, section H is redundant. I have heard the number of PA s denied is very low; does the money saved outweigh the cost of the review process?
- Quicker review of requests, confirmation of services, visits allowed, more consistent with treatment needs.
- I would like end dates of authorizations extended beyond what is requested to allow for pt illness, etc., so that I would not have to amend later.
- Faster process, does it really have to take 21 days to send and then another 21 days if requiring additional information?
- Be more efficient. Read through PA and initial eval. Feedback or questions on more information on PA be more direct. Let us know what you really want to know. This will decrease reading and writing time on both ends.
- Use the reviewer checklist as the PA form. Better definition of medical necessity needed. Get rid of attitude that therapy is ripping off the system. Treat therapists like professionals.
- Allow for bi-annual reassessment.
- Some of the areas we fill out on the current form are redundant. Cut the amount of time it takes to hear back from system including phone calls.
- The paperwork takes too long to complete and to get back. In my experience, I have had it sent back to make corrections on one of the first pages, only to have it sent back again after looking at the 2<sup>nd</sup> or 3<sup>rd</sup> page. How ridiculous! Please look at it in its entirety and let me know all the mistakes instead of sending it back and forth multiple times.
- I most often have seen the pt and discharged them from therapy before ever knowing if MA was going to cover it. This is very beneficial to the patient; however, it is **difficult** to run a business this way.
- We are unable to tell if the initial 35 visits have been used, we end up doing paperwork when it is not necessary. Be friendlier. Provide us with more information when we call to request for them. Send PA back quicker, improve the handwriting.
- Delay in processing- a spell of illness is finished before authorization is back. The PA interrupts care by 3-4 weeks. There is too much paperwork and the reimbursement is too low. We are asked to resubmit for "errors" that are nonexistent.
- Use the reviewer checklist for a PA format. Better definition of medial necessity.