

Medicaid Reimbursement for Interns' Services: We Need You To Advocate (In Your State)

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Agenda

- Presentation on APA initiatives
- Case vignettes – small groups
- Report out as large group



Learning Objectives

1. Participants will learn how Medicaid benefits low income and ethnic minority participants.
2. Participants will identify barriers to Medicaid reimbursement.
3. Participants will identify strategies to overcome barriers for Medicaid reimbursement and be provided tools to carry this effort back to their home states.



The Need for Medicaid Initiatives

- Medicaid is the largest payor of mental health services in the United States.
- Changes to Medicaid are increasing the numbers of individuals who can now receive mental and behavioral health services.
- As of December 2015, 71.7 million people were covered by Medicaid and CHIP.
 - 22% of our population or more than 1 in 5 people

Medicaid Expansion Background

- When the Affordable Care Act became law, it required states to provide Medicaid coverage for all adults 18-65 years old with incomes up to 138% of the federal poverty level, regardless of their age, family status or health.
- The Supreme Court ruled that the Medicaid expansion is voluntary for states to adopt, so not all states have expanded Medicaid.
- 32 States (including DC) have expanded Medicaid.
- Medicaid expansion is creating demand for more mental health providers and psychologists; however, there are barriers to psychologist participation.

Medicaid Benefits Low Income and Ethnic Minority Participants

- Over half of the currently uninsured are people of color, most of whom are adults. The large majority of uninsured individuals have incomes in the range that would qualify for the ACA Medicaid expansion or premium tax credits for exchange coverage.
- Over half of uninsured Hispanics and nearly two-thirds of uninsured Blacks and American Indians/Alaska Natives have incomes below the Medicaid expansion limit of 138% FPL.
- Serving the Medicaid population at internship sites allows access to care for low income and ethnic minority participants.
- Serving this population can also fulfill a site's greater social service mission objective.

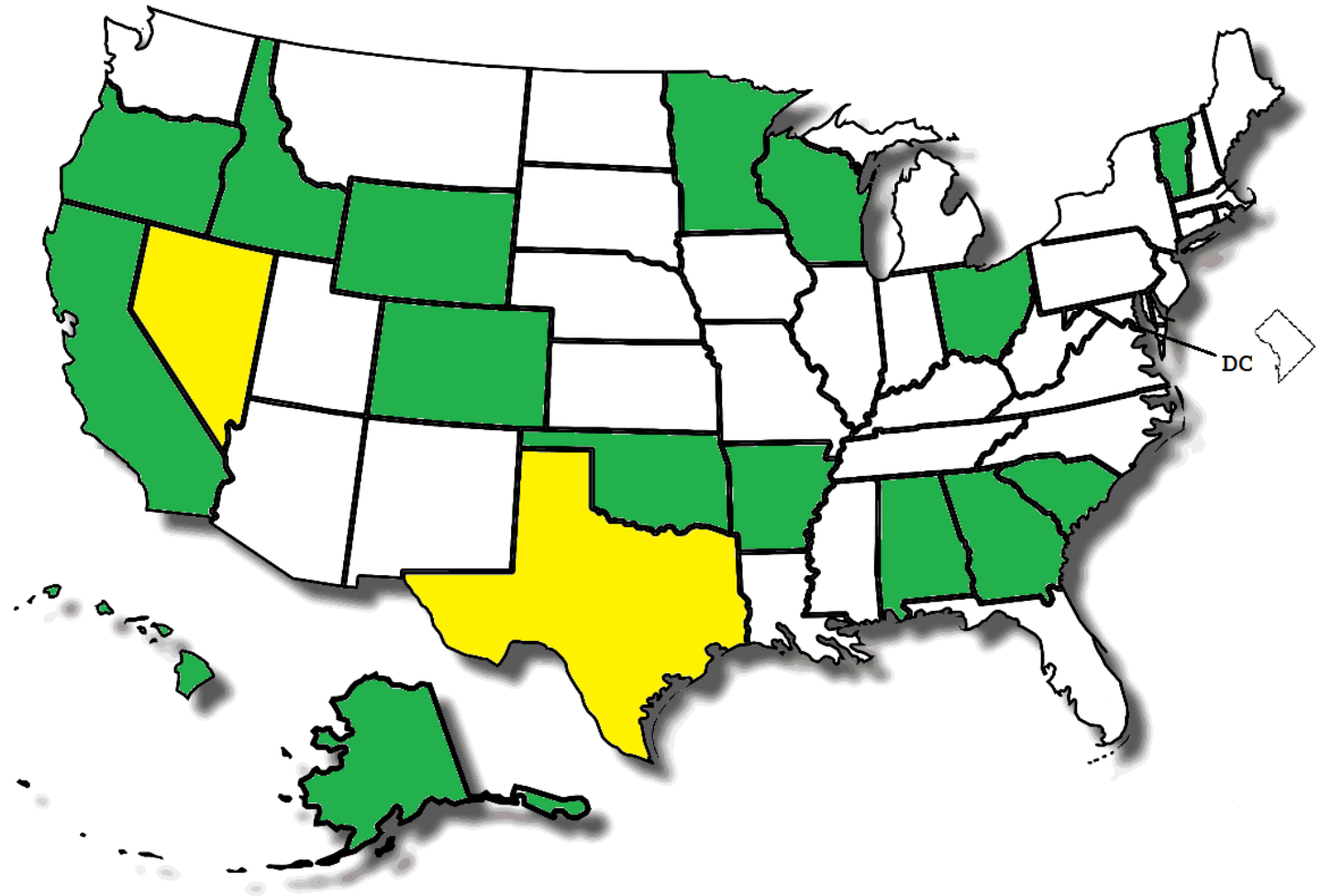
Barriers to Medicaid Reimbursement for Interns' Services

- Laws
- Administrative Regulations
- Managed Care Organization Rules
- Lack of Education Regarding Sequence of Training

Medicaid Reimbursement for Interns State by State

Green: States
Where Interns
are Currently
Reimbursed by
Medicaid in
Some Settings

Yellow: States
that are
currently in the
process of
rulemaking or
are in
negotiations
with the
licensing board
to allow intern
reimbursement
by Medicaid



Medicaid Reimbursement for Interns By the Numbers

- Two Training Programs
 - Example 1
 - Bill for trainees' services at same rate as licensed staff but reimbursement rate is lower for trainees
 - This clinic is reimbursed by Medicaid for 46% of all billed charges.
 - Example 2
 - Expect 12 billable hours per intern per week on average – ramps up with intern experience
 - This covers the cost for intern stipend, benefits and some supervisor time as well
 - Bill \$390 for 3 hour assessment, \$389 received
 - Bill \$67 for 45 minute therapy session, \$67 received

Medicaid Reimbursement for Services Provided by Interns

- Billing for services provided by trainees is often not allowed by Medicaid and private insurance companies.
- Because Doctoral Psychology Interns' (Interns) services are not billable, it is difficult for internship sites to support the costs of running a quality training program.
- Medicaid Reimbursement for Interns can help defray the costs of these training programs by making Interns' work billable.

Medicaid Reimbursement: History of Efforts

- Advocacy by Sharon Berry
 - Discussions with APA
 - Survey regarding reimbursement for Interns' services
- APA created the Grants for Internships Program as a way of both creating more APA-accredited internships and making them sustainable through providing advocacy for Medicaid reimbursement for interns.
- Extension of Grants Program?



Advocacy Methods for Seeking Internship Reimbursement in your State

(1) Regulatory Method

- States that have been successful using this method
 - Ohio
 - Arkansas
 - Oklahoma
- States where we are currently working
 - North Carolina
 - Washington, DC

Advocacy Methods for Seeking Internship Reimbursement in your State

(2) Legislative Method

- States that have been successful using this method
 - Oregon
 - Texas
- States where we are currently working
 - New Jersey

(3) Working with Medicaid Managed Care entities

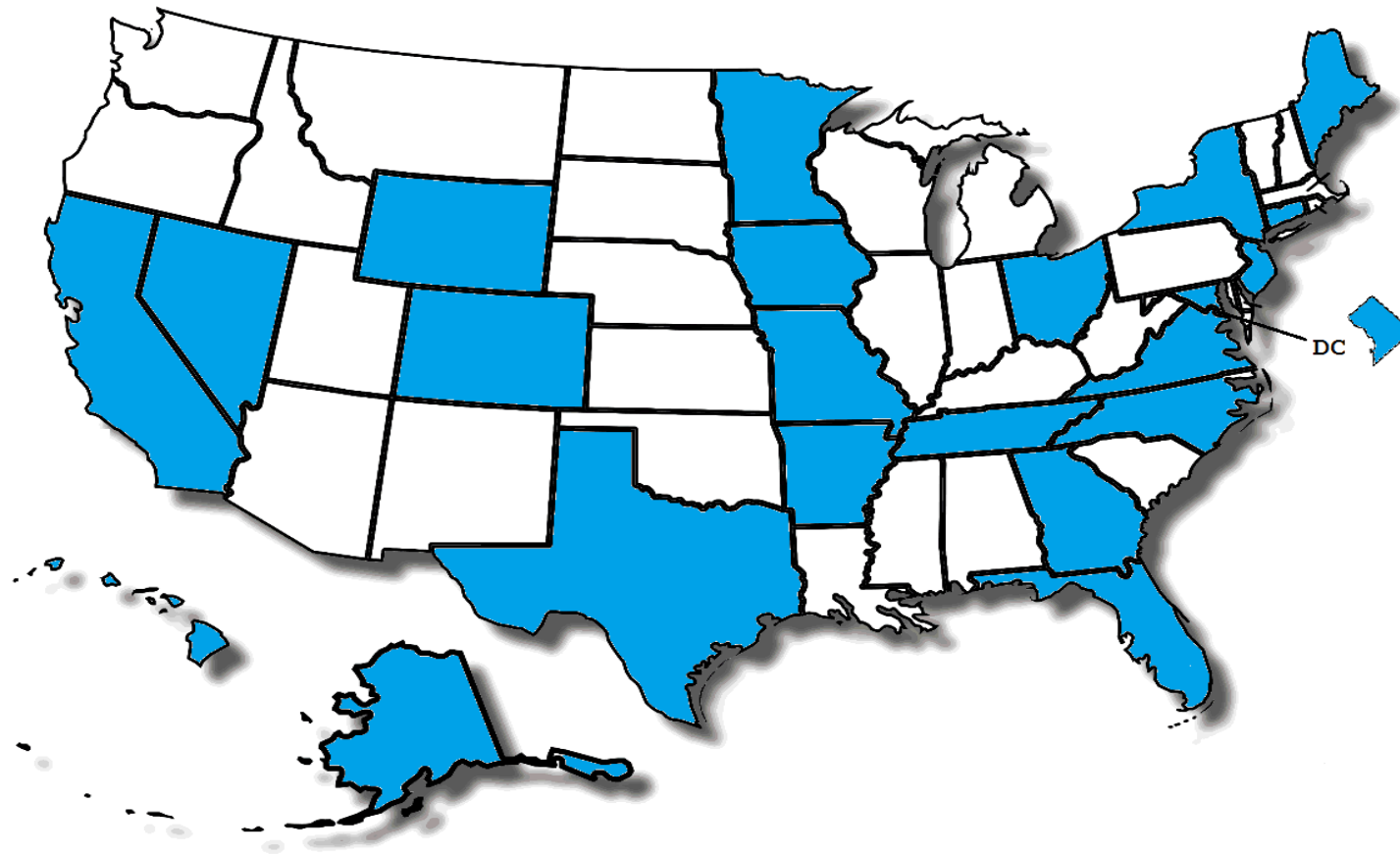
Challenges with MCOs for Psychologists & Trainees

- MCOs contract with Medicaid to provide a base set of health services, but the MCOs decide how, and with which providers, they carry them out.
- Contracts between States and MCOs are not easily accessible or available to the public.
- We surmise that some MCOs, like private insurance companies, will not allow the use of interns, or even postdoctoral students, on their provider panels because they are not fully licensed providers.
- Each state may have multiple MCOs providing services.
 - E.g. Florida has 14 companies, Colorado has 5

Research & Strategies to Work with MCOs

- We have identified and investigated several states that use Managed Care for either part or all of their Medicaid services.
- We are identifying MCOs that have contracted with several states to provide Medicaid services.
 - E.G. Optum, Molina operating in multiple states
- We will work with identified state psychological associations and internship programs to ensure MCOs include billing for trainees in states where they currently do not cover those services.

States Investigated During our Advocacy Process



Other Initiatives

Survey of Early Career Psychologists (ECPs) regarding internship and postdoctoral fellowship location

- “You practice where you intern.”
- To support this belief, we needed to determine state-by-state data and trends on this topic.
- We polled ECPs for their graduate school, internship, and postdoctoral training locations and reasoning for choosing those locations.
- We are in the process of analyzing the data gathered and would like to collaborate with states who are interested in using this state-specific data.

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Resources for Your Own Advocacy

- Reimbursement Toolkit
- Communicating and Educating Key Staff
 - Medicaid Regulators
 - State Representatives
 - State Psychological Association
- Contact Caroline Bergner, JD
 - cbergner@apa.org



What We Need from You

- 3 strategies in the given state scenarios
- 2 barriers in the given state scenarios
- Large Group Discussion



Questions to Address during State-Based Discussions

1. What advocacy strategies can you identify that would help achieve these goals?
2. What data, if available, would help advocate for these reimbursement types?
3. What barriers to these reimbursement measures have you come across in your practice?