Assessing Availability of Hearing Aid Services Under Iowa Medicaid

Caitlin Sapp, Au.D., CCC-A

The University of Iowa



The Wendell Johnson Speech and Hearing Center

- Au.D. training program
- Three full time clinical faculty supervisors
- 6-10 new graduate clinicians per year

My Goals for this presentation:

- 1. Recognize the union of Medicaid and Audiology: this is our lane!
- 2. Be familiar with policy changes impact the work we do—you're not imagining anything!
- 3. Appreciate the ways that demographic changes influence the program planning decisions you make.

What I'll Cover

PART I

Medicaid Background

Part 2

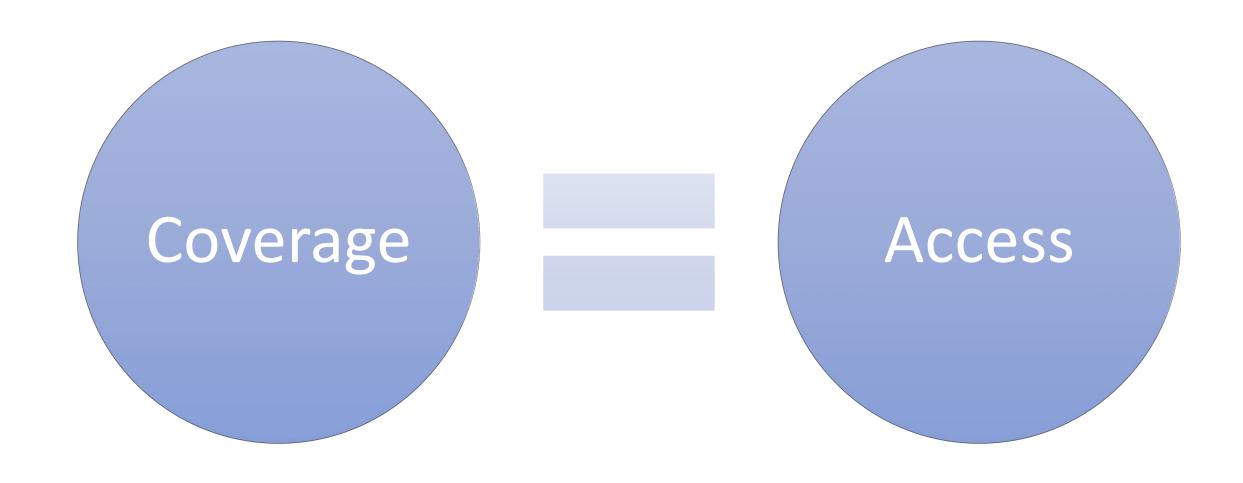
Research Questions

Part 3

Future Directions

PART I Medicaid Background

Medicaid & Access



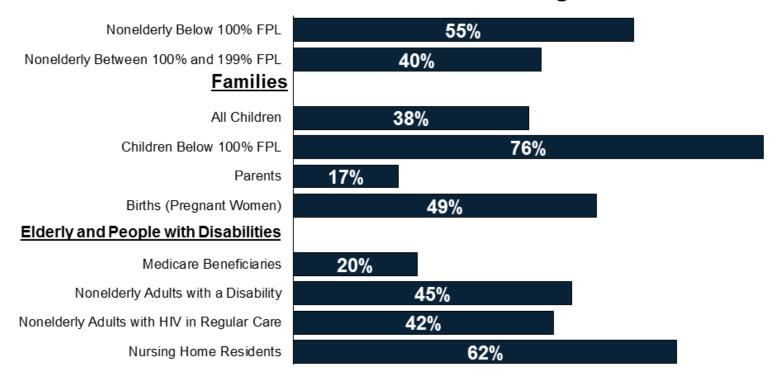
Medicaid & Access



State Medicaid programs:

- Cover 1 in 5Americans
- Provide crucial coverage for children and adults with disabilities

Percent with Medicaid Coverage



Early and Periodic Screening, Diagnostic and Treatment (EPSDT)

- Principle of Medicaid
- Important implications for childhood hearing loss

Iowa Department of Human Services

PSDI Care Kids		Infancy							Early Childhood						Mid. Childhood							Adolescence										
	CITY SCHEDULE	New born	2-5 days	by 1 mo	2 me	4 mo	6 mo	9 mo	12 mo	15 me	18 me	24 mo	30 mo	3 yr	4 yr	5 yr	6 yr	7 yr	8 yr	9 yr	10 yr	11 yr	12 yr	13 yr	14 yr	15 yr	16 yr	17 yr	18 yr	19 yr	20 yr	21 yr
History Initial/Interval		•			•		•		•					•	•		•		•		•				•				•		•	
Physical Exam Well Visit			÷	•	÷	-	÷	•		H	÷	•	•	•	-			•	•	•	-		÷	-	-	•	-		÷		-	-
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Measurements	Weight for Length		÷	÷	÷	÷	•	•	•	•	•	_	Ť	Ť	Ť	Ť	Ť	Ť	Ť	Ť	Ť	Ť	Ť	Ť	Ť	Ť	Ť	Ť	Ť	Ť	Ť	Ť
	Body Mass Index	Ť	Ť	Ť	Ť	Ť	Ť	Ť	Ť	Ť	Ť	•	•	•	•	•	•	•	•	•	•		•	•	•	•	•	•	•	•	•	•
	Head Orcumference		•	•	•		•	•			•	÷	Ť	•	Ť	Ť	Ť	_	Ť	Ť	-	ř	Ť	Ť	Ť	Ť	Ť	Ť	Ť	Ť	Ť	Ť
	Blood Pressure	0	0	0	0	0	0	0	0	0	0	•	0				•		•		•		•		•	•	•	•	•		•	•
Sensory Screening	Vision	0	ō	0	0	0	0	0	0	0	0	0	0		÷	÷	÷	÷	•	0	÷	0	÷	0	0	·	•	0	0	0	0	0
	Hearing	•	·	0	0	0	0	0	0	0	0	0	0	0	÷	÷	÷	•	·	•	•	<u>+</u>	Ě	Ě	$\stackrel{}{\Rightarrow}$	-	ě	$\stackrel{\smile}{\Rightarrow}$	Ť	ŭ	Ě	Ĭ
Oral Health	Screening and Risk Assessment	•	·	•	•	•	•	•	•	•	•	•	•	•	•	•	·	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
	Fluoride Vamish Applications	-	Ť	Ť	Ť	Ť	•	•	•	•	•	•	•	•	•	•	_	_	_	_	_	-	_	_	_	_	_		_	_	_	Ť
Developmental and Behavioral Health	Caregiver Depression Screening	0	0	•	•	•	•	_	Ť	Ť	Ť	_	Ť	_	Ť	Ť		_														
	Developmental Surveillance	•	•	-	•	_	•	•	•	•		•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
	Developmental Screening	_	Ť		Ť		Ť	•	Ť	Ť	•		•		Ť	Ť	Ť		Ť	_	_	-			Ť		Ť				Ť	Ť
	Autism Screening		_								•	•																				
	Psychosocial/Behavioral Assessment	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
	Tobacco, Alcohol and Drug Use Assessment		-																			0	0	0	0	0	0	0	0	0	0	0
	Depression Screening																					-	•	•	•	•	•	•	•	•	•	•
Anticipatory Guidance		•	•	•	•	•	•	•	•	•		•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Nutrition/Obesity Prevention Assess/Educate		•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Procedures	Newborn Screening - blood, bilirubin, hearing, critical congenital heart disease	•	4	•	-						П		Ī				Ī								Ī		П				П	
	Immunization	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
	Hemoglobin/Anemia					0			•	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Lead Testing						0	0	•	0	0	•	0	0	0	0	0															
	Lipid Screening											0			0		0		0	+	•	-	0	0	0	0	0	+		•		\rightarrow
	STI Screening																					0	0	0	0	0	0	0	0	0	0	0
	HIV Screening																					0	0	0	0	+	_	_	\rightarrow	0	0	0
	Tuberculosis			0			0		0			0		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Cervical Dysplasia Screening																									1000						•

KEY: ● To be performed O Assess risk ← Screen at least once during time period indicated

EPSDT requirements for hearing

Must cover:

- Hearing screening
- Diagnostic hearing evaluation
- Hearing aids when indicated.

Can require referral from an MD

Most common dimensions for assessing Medicaid access:



Provider Density

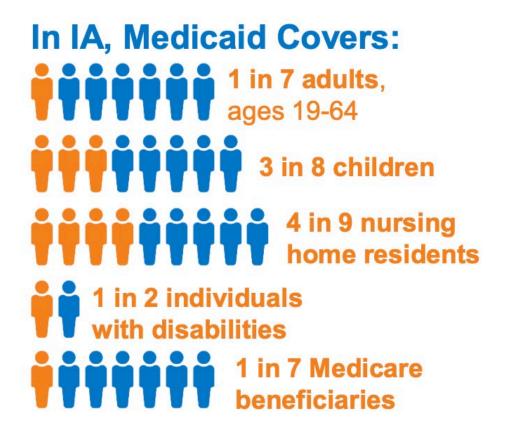


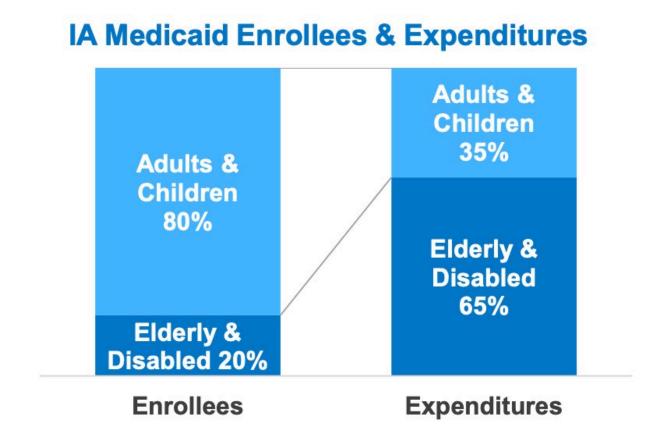
Distance / Travel Time



Wait Time

Iowa Medicaid





Iowa Managed Care Organizations

Traditional Medicaid fee for service (FFS)



April 2016: MCO

Amerihealth Amerigroup

United Health



October 2017

Amerihealth leaves the lowa MCO program

PART 2 Research Questions

Research Questions

1. Accuracy — Are the Iowa Medicaid provider listings for audiology services accurate?

2. Change Over Time — Has the number of pediatric patients served by the Wendell Johnson Speech and Hearing Clinic changed during the past three years?

Research Question One

1. Accuracy — Are the Iowa Medicaid provider listings for audiology services accurate?

2. Change Over Time — Has the number of pediatric patients served by the Wendell Johnson Speech and Hearing Clinic changed during the past three years?

Methods & Data Collected | Question One

Methods

- Iowa Medicaid provider directories combed for "Audiologist" category
- Search completed in overlapping 100 mile radius areas
- Duplicates removed
- One-to-one match between each listing and a confirmatory contact with a member of the research team

Data Collected

- Current Medicaid provider for diagnostic services, hearing aids, both?
- If not, when did you most recently accept it?
- To whom do you actively refer?

Big thanks to Caitlin Nelson for her help with this work!

Search Area | Question One

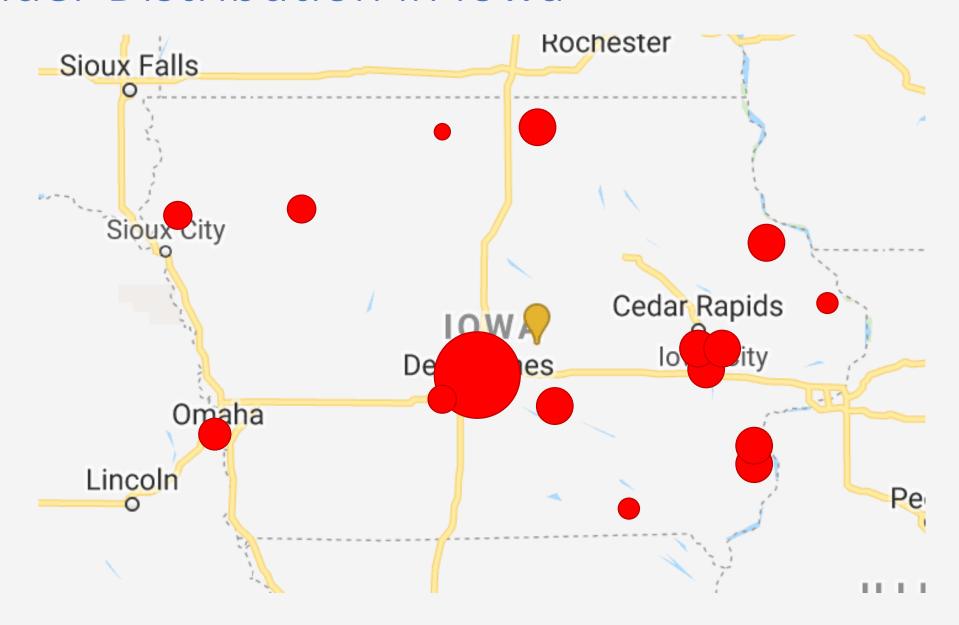


Results | Question One

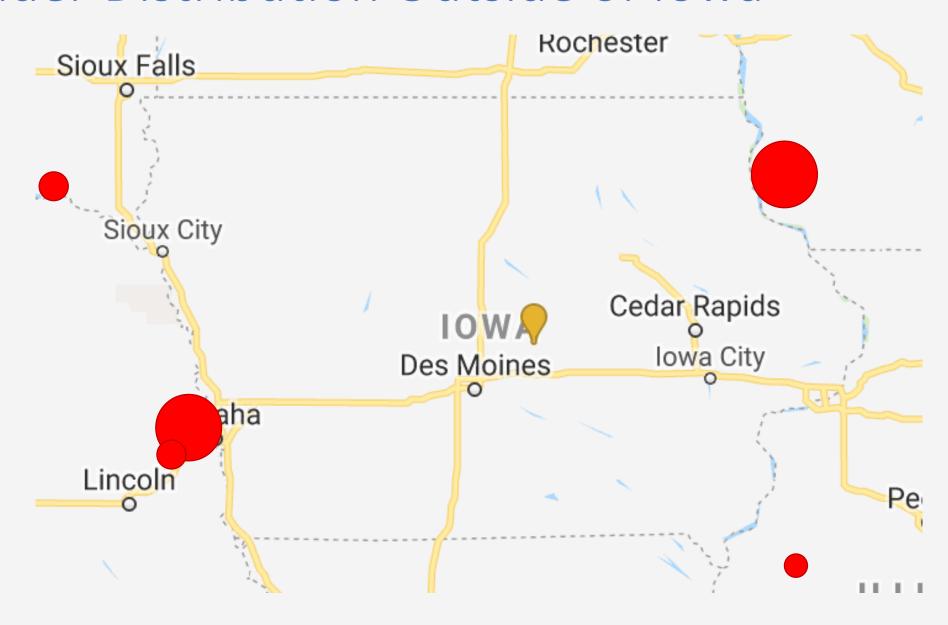
286Licensed Audiologists



Provider Distribution in Iowa



Provider Distribution Outside of Iowa



Limitations & Future Directions | Question One

Limitations

- Self report
- Data collection cut off

Future Directions

- Confirm findings through lowa DHS
- Present the findings to Iowa Medicaid

Research Question Two

1. Accuracy — Are the Iowa Medicaid provider listings for audiology services accurate?

2. Change Over Time — Has the number of pediatric patients served by the Wendell Johnson Speech and Hearing Clinic changed during the past three years?

Methods & Data Collected | Question Two

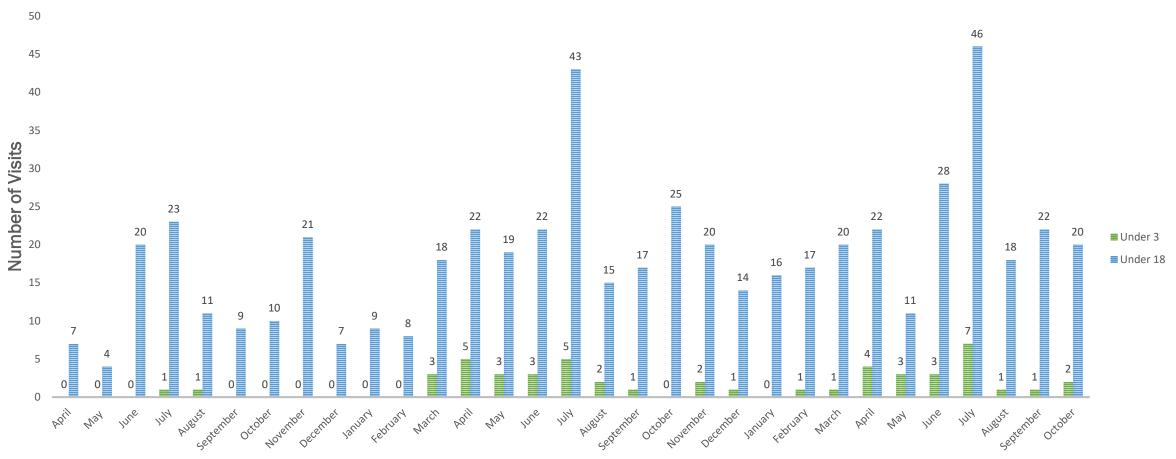
Methods

- Clinic schedule was reviewed via EPIC
 Electronic Medical Health Record
- Search made for paper schedules

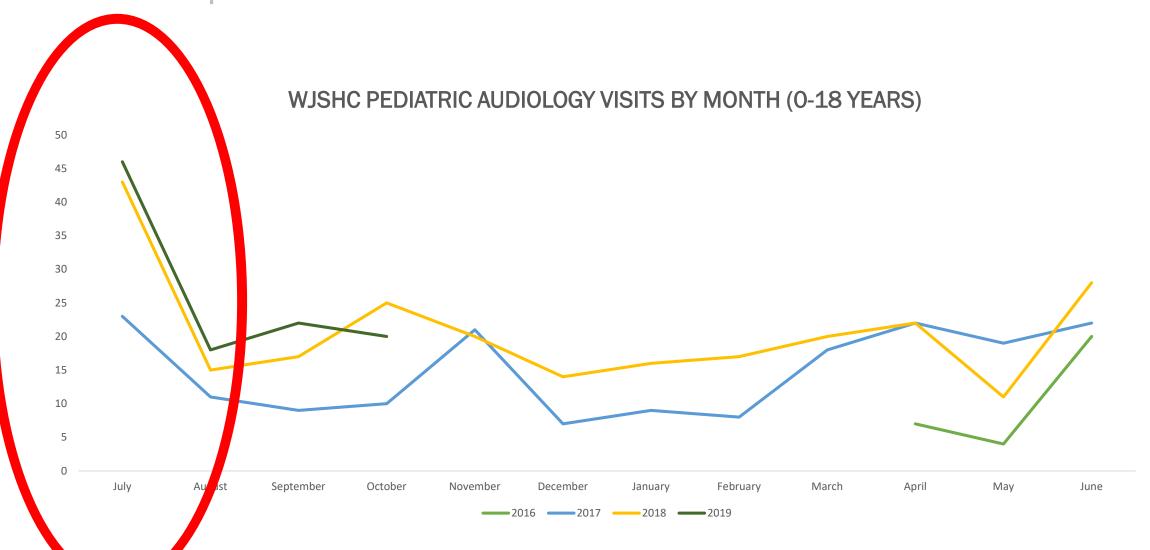
Data Collected

- Scheduled encounters for patients
 between ages 0 and 17 years 11 months
- Total number of <u>encounters</u>
- Double bookings were counted one time
- Manually tallied

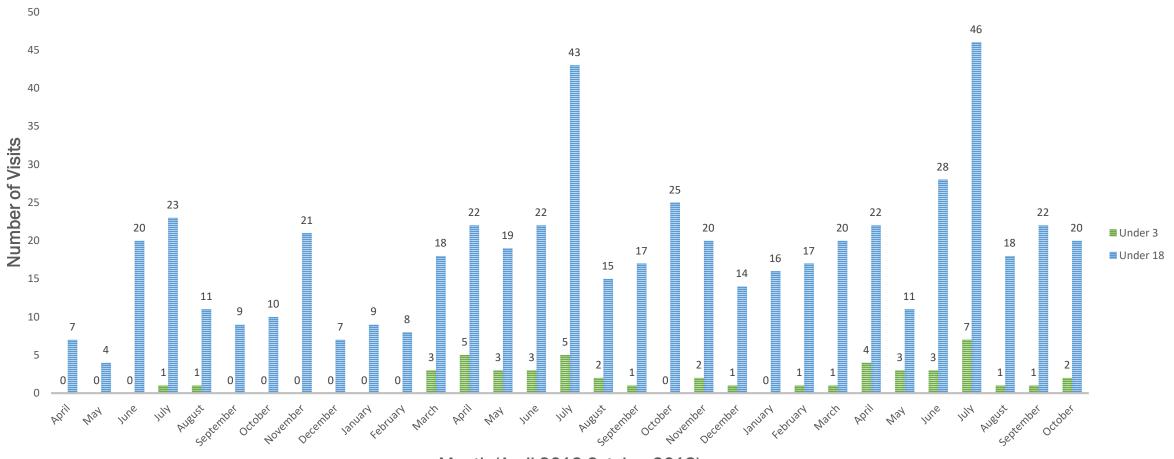
PEDIATRIC AUDIOLOGY VISITS AT THE WENDELL JOHNSON SPEECH AND HEARING CENTER



Month (April 2016-October 2018)

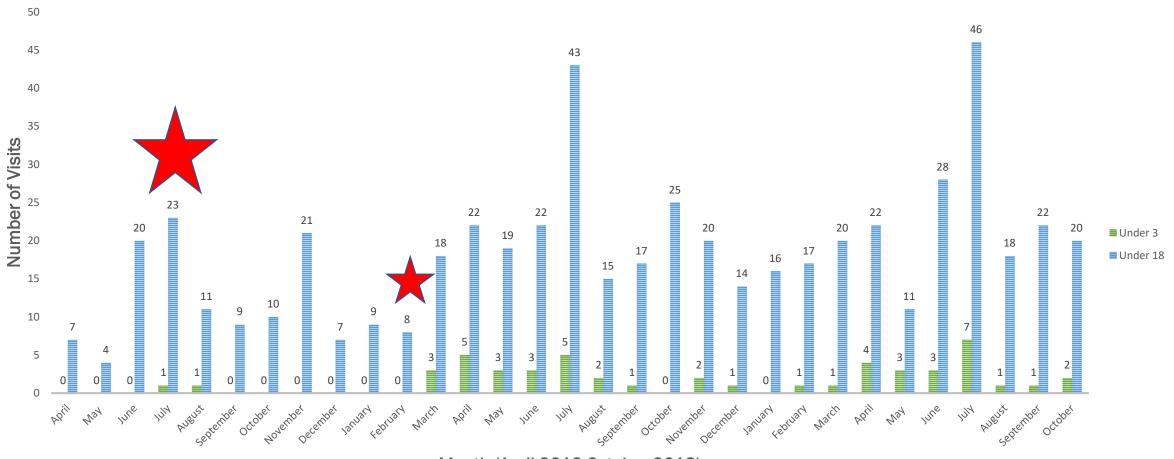


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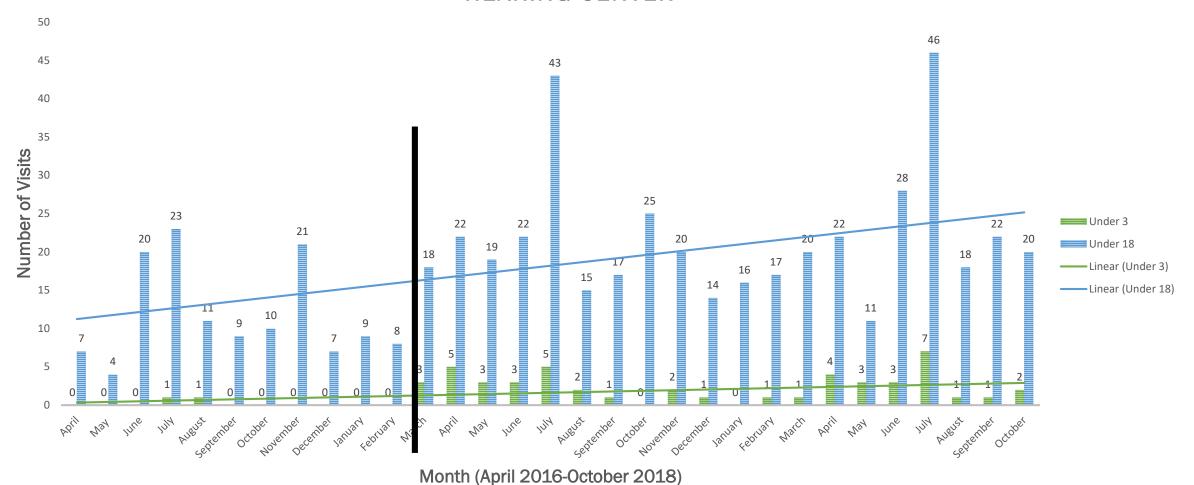
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PEDIATRIC AUDIOLOGY VISITS AT THE WENDELL JOHNSON SPEECH AND HEARING CENTER



	Pre-Com Partner exit	munity Medicaid		mmunity Medicaid	p-value			
Age 0-18 (mean)	11.73	SD=6.46	21.75	SD=8.68	= 0.001			
Age 0-3 (mean)	0.18	SD=0.4	2.4	SD=1.82	< .001			

Limitations & Future Directions | Question Two

Limitations

- Time scale (true baseline?)
- Broad categorization

PART 3 Future Directions

Most common dimensions for assessing Medicaid access:



Provider Density

1/12,000 lowans on Medicaid



Distance / Travel Time







Wait Time



Clinical Training Implications for Expanded Medicaid and Pediatric Caseload

Challenges

- Staffing and supervision
- Complex patient care
- Referrals and compliance
- Vulnerable populations (and all that comes with it)

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Opportunities

- Collaboration
- Expanded clinic scheduling
- Refinement of our pediatric protocols
- Policy responsive clinic planning





Summary

- Medicaid is an important support for hearing services, especially for children.
- Participation may be less than it appears.
- Changes are always afoot, in the patients we see and the payors who cover it.
- Responsiveness is a challenge, but it can be a pleasant one.