

Bridging the Gap: Improving Access to Hearing Services for Michigan Medicaid and Children's Special Health Care Services Beneficiaries

National EHDI Conference, March 2024

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Learner Objectives

- To gain insight into collaborative efforts between the Michigan EHDI program and Medicaid.
- To explore key strategies in updating Medicaid policy and reimbursement rates.
- To learn initiatives aimed at increasing the number of healthcare providers who accept Medicaid for hearing services.

How is Michigan doing?

	1	3	6	LTF
Michigan 2021	95.9%	25.2%	46.4%	45.0%
Michigan 2022	96.0%	32.1%	44.7%	43.2%
United States 2021	97.4%	42.7%	42.2%	32.4%

Michigan data source: Michigan Department of Health & Human Services, EHDI program

United States data source: CDC EHDI website, <https://www.cdc.gov/ncbddd/hearingloss/ehdi-data2021.html>

Hearing Aid Provider Challenges

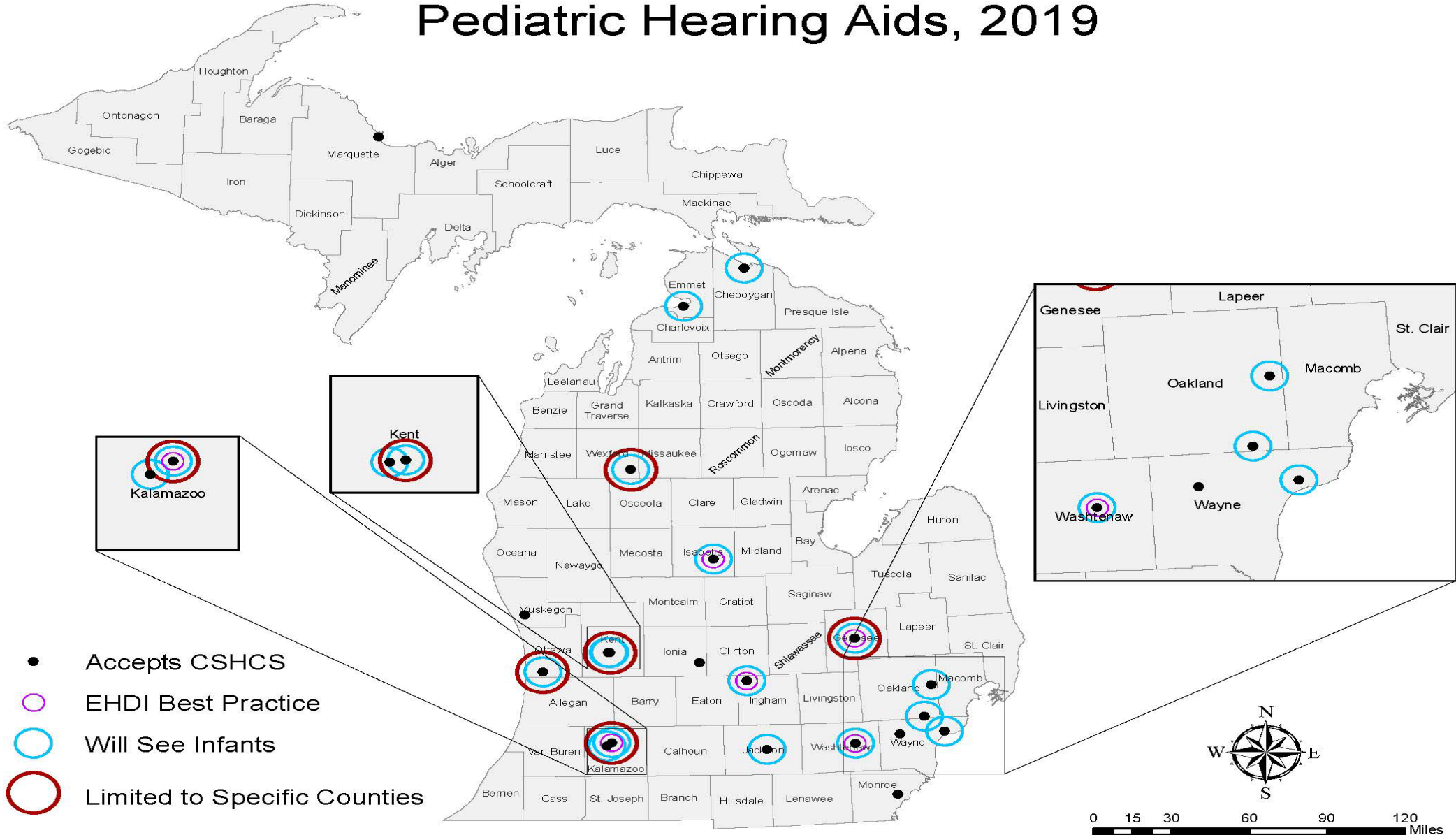
- Lack of providers.
- Low reimbursement.
- Limited experience in infants.
- Travel/distance for families.
- Medicaid Fee for Service vs. Medicaid Health Plans.

EHDI Best Practice Guidelines

Audiologic Management of Infants and Toddlers who are D/HH (Birth-3 years)

- Created in 2012.
- Equipment requirements.
- Minimal staff requirements.
- Recommendations regarding monitoring and management.
- Small list of providers.

Michigan Medicaid/CSHCS Providers for Pediatric Hearing Aids, 2019



Medicaid/Children's Special Health Care Services (CSHCS)

2014

EHDI work begins based on request from EHDI advisory member.

2015-2016

- Initiate Medicaid/CSHCS/EHDI meetings to discuss issues related to reimbursement.
- Create hearing aid provider list.
- Provider survey and online Medicaid training based on feedback.
- Presentations to multiple groups: Medicaid, Medicaid Health Plans.

Medicaid/Children's Special Health Care Services (CSHCS)

2019

- Increased reimbursement rate maximums for hearing aid devices allowing for additional models to be covered.

2020

- Medicaid Provider Manual Hearing Services Chapter was revised.
- Pharmacy Medical Suppliers allowed to dispense hearing aid batteries.
- Batteries no longer restricted to a 6-month dispensing cycle.
- Increased reimbursement rates by 25% for ancillary hearing aid services (e.g., ear molds, conformity evaluations, fittings, exams, and electroacoustic evaluations).
- Covered hearing aid supplies and associated limits were revised.
- Hearing services allowed via telemedicine.

Medicaid/Children's Special Health Care Services (CSHCS)

2021

Provider survey—19 questions, 80 respondents

- Questions included: Types of Medicaid plans (FFS vs Managed Care) accepted, services provided per age group, reasons why services were not offered, recommendations for reimbursement or policy changes in order to offer service or provide services to more Medicaid/CSHCS patients.

2022

Provider Training (webinar)

- Content included: Overview of policy, general billing resources, top claim denials, Public Health Emergency (PHE) (COVID-19) ending resources, and provider resources.

Medicaid/Children's Special Health Care Services (CSHCS)

2023

- Increased reimbursement rates by 24% for hearing aid dispensing services and by 55% for follow-up visits.
- Revised hearing aid dispensing service package
 - Ear molds separately reimbursable.
 - All follow up services (including minor adjustments) separately reimbursable after 90 days from dispensing date.
- Additional services allowed via telemedicine (Tele ABR and AEP).
- Increased reimbursement rates by 7.5% for diagnostic testing and cochlear/BAHA device services.

Michigan Next Steps

- Education
 - Providers not aware of all the changes.
 - Encourage providers to “share access”.
- Hearing aid battery access.
- Continued reimbursement advocacy.
- Provider survey to analyze provider participation.

Strategies for Collaboration

- Find out contacts for Medicaid/CSHCS.
- Request a meeting.
- Utilize your providers—they love to give feedback
 - AAP Chapter Champion.
 - Audiologists.
 - Otolaryngologists.

Questions?

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