

Understanding the Funding Process for Your AAC Device- A Guide for Families

tobii

Celebrating Communication

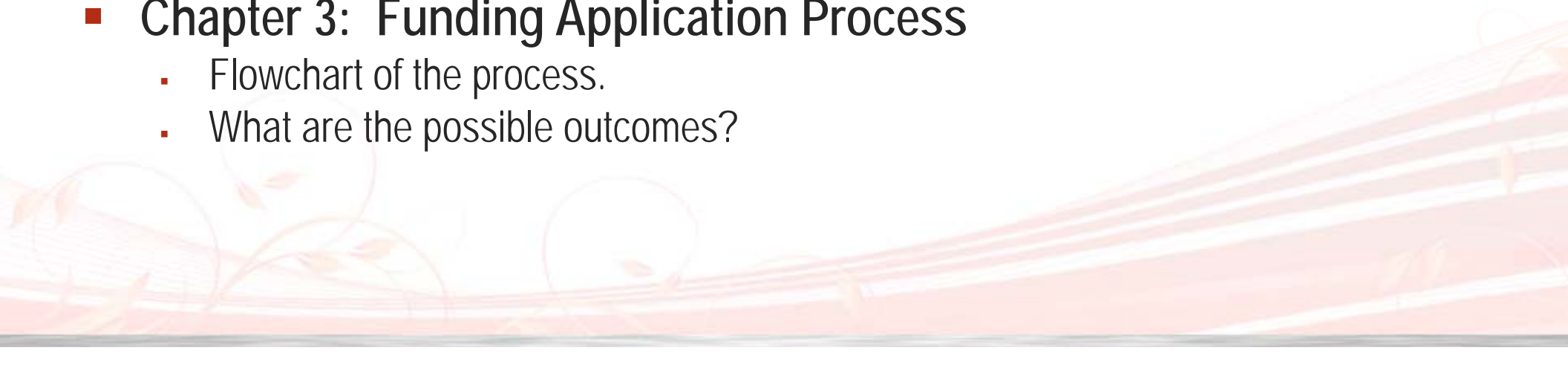
Introduction

- This tutorial is designed to provide users in need of speech generating devices (SGD) and their families with an overview of how Augmentative-Alternative Communication (AAC)/SGD Devices are funded in the US.

Chapters

- **Chapter 1: Different Types of Insurers**
 - Medicare
 - Medicaid
 - Private Insurance
 - Charities, Associations, and Others

 - **Chapter 2: What you need before Applying for Funding**
 - What are the general guidelines for coverage?
 - Who do you need to work with before applying for funding?
 - What you need to gather before applying for funding.

 - **Chapter 3: Funding Application Process**
 - Flowchart of the process.
 - What are the possible outcomes?
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CHAPTER 1 – INSURERS

There are a variety of insurers throughout the United States. It is important to know which funding agency covers the individual in need of AAC. Some people may be covered by more than one insurer (for example: Blue Cross + Medicaid).

It is very important to know the insurance information because the funding rules and processes are different for each insurer.

This chapter will provide a brief description of the major insurers available in the US.

What is Medicare?

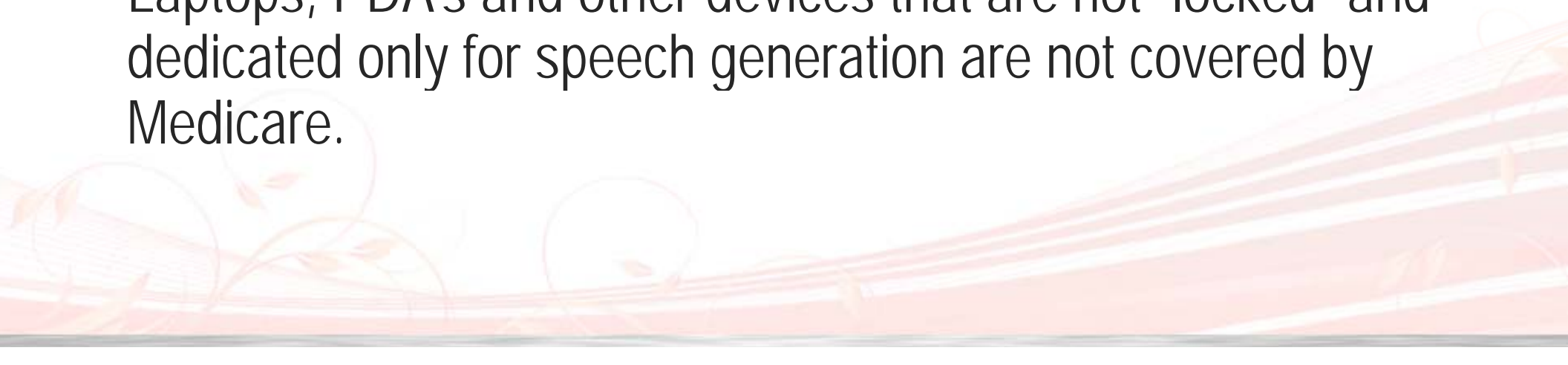
- Medicare is a federally funded program throughout the United States.
- In the US, Medicare is the largest funding source for AAC devices.
- It is administered throughout the US through different Regional Centers.
- Medicare funds AAC devices based on medical necessity, under the category of “Durable Medical Equipment” (also referred to as DME).
- Medicare benefits can be managed by an HMO. In these cases, the HMO has contracted to manage the Medicare benefits. As a result, the client may have two insurance cards and their benefits may be administered differently than if it was managed directly through Medicare.

Who is covered by Medicare?

- Medicare generally covers people aged 65 and over, or people who have a disability and have worked, or whose family members have worked and paid Social Security.
- Patients covered by Medicare will have a Medicare card listing their Medicare number.
- Medicare also has a special category and exceptions for individuals who have ALS.



What AAC equipment does Medicare cover?

- Medicare covers “Speech Generating Devices” (also known as “SGD’s”) under their “Durable Medical Equipment” category.
 - “Speech Generating Devices” are defined as AAC devices that are used for face to face communication.
 - Laptops, PDA’s and other devices that are not “locked” and dedicated only for speech generation are not covered by Medicare.
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What special exceptions does Medicare have?

- If the individual in need of AAC has been receiving Medicare benefits as part of Social Security disability, Medicare has waived the 6 month waiting period for people with ALS. However, for other injuries/illnesses you may be subject to a 6 month waiting period for AAC benefits.
- If the individual is enrolled with a Medicare HMO, also known as "Medicare Managed Care," the AAC device purchase process is not as simplified as it is with straight Medicare. HMO Medicare requires review and prior authorization before purchasing the device.

What is Medicaid?

- Medicaid is a federally funded program but is implemented and regulated at the State level. Some states have different names for their Medicaid programs.
- Medicaid benefits can be managed by an HMO. In these cases, the HMO has contracted to manage the Medicaid benefits. As a result, the individual may have two insurance cards and their benefits may be administered differently than if it was managed through the state agency.

Who is covered by Medicaid?

- Medicaid coverage is based on income and/or disability.

What is covered by Medicaid?

- Generally, Medicaid guidelines are similar to Medicare guidelines, however, each State has different criteria. Some States require a locked SGD and some do not.
- Check with Tobii-ATI's funding department to learn the specific coverage policies for your State.

What about Private Insurers, such as Blue Cross, Kaiser, Premera, and Others?

- The Military may occasionally cover AAC devices for qualifying individuals. Typically this is administered through TriCare. TriCare typically requires a “locked” AAC device.
- Each private insurer has their own policies regarding funding AAC. Most involve a co-payment, which can be anywhere from 50%-100% of the total cost of the device. The policyholder is responsible for the co-payment.
- Even within one private insurance company, the policy for funding an AAC device can vary from policy to policy. The policyholder must check on their own specific policy to know what AAC coverage is available.
 - For example:
 - Jose has a private insurance policy that covers an AAC device with a 50% co-payment.
 - Becky has a policy with the same insurance company, however her policy covers an AAC device with a 75% co-payment.

What other sources of funding are available?

- Charitable organizations sometimes fund AAC devices. Contact the local charities in your area for more information.
- The Muscular Dystrophy Association (MDA) may be able to provide information on local and national alternative funding sources for qualifying individuals, including individuals diagnosed with ALS. Please contact your local MDA for further details. To find your local MDA office, click here: <http://www.mda.org/locate/>
- Private payment is always an option for purchasing an AAC device.

General guidelines of what AAC equipment is covered by insurers:

- All Tobii-ATI AAC Devices are covered by Insurers who cover AAC, with appropriate justification and proof of medical necessity.
- All Tobii-ATI AAC Devices come in “locked, SGD” versions or unlocked versions.
- Most accessories and mounting equipment are covered with appropriate justification of medical necessity.

CHAPTER 2- WHAT YOU NEED BEFORE APPLYING FOR FUNDING

When AAC devices go through an Insurance Provider for funding, the process is often referred to as "Insurance Authorization."

Before payment can be authorized, the Insurer must understand:

- why the equipment is needed
- whether your specific health care policy has benefits for that specific equipment.

Who you will work with during the funding process


- Navigating the funding process for an AAC device may seem overwhelming at times, however, you will not be alone during the process. A team of people are needed to complete the funding process, many of whom are people you may already be working with.
- The next slide details the most common members that comprise the funding team, in addition to the family members, and explains their roles.

The Funding Process Team-

Who you may be working with during the process

- Insurance Agency
 - We encourage you to work closely with your case manager through your insurer...if you don't have a case manager, we recommend you request one.
- Speech Language Pathologist
 - You will work closely with your SLP to find the right AAC device and to write the report justifying that AAC device.
- Physician
 - The physician will write the prescription for the AAC device.
- Other Therapists
 - If an Occupational Therapist or Physical Therapist is involved, they might provide information regarding positioning and accessing methods.
- Other Care Providers
 - Anyone else who may have encountered communication breakdowns with the client is a good resource for gathering real-life examples to justify funding an AAC device.
- Tobii-ATI Regional Sales Consultant
 - Your Tobii-ATI Regional Sales Consultant will assist with the trial of the AAC device. They may also provide the quotes for the costs of the device and accessories.
- Tobii-ATI Funding Department Team Coordinator
 - Your Tobii-ATI Coordinator will collate the documentation you and the SLP gather and submit it to the correct funding agency.

Your role as a family member

- The individual requiring an AAC device and their family members are essential to the funding process.
 - The individual in need of AAC and his/her family will participate actively throughout the funding process. *You* will provide the necessary information to complete the funding process.
 - The following pages are designed to help guide you throughout each step of the funding process.
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Step 1: Find a Speech Language Pathologist

- A Speech-Language Pathologist (SLP) is necessary for the AAC funding process. In many cases a school, hospital, or clinic may have already provided an SLP to work with you.
- If you do not have an SLP currently working with you, your primary care physician may be able to direct you to the appropriate places. Many major cities have Assistive Technology Centers or University Medical Centers, with a department specializing in Augmentative Communication.
- The SLP will assess the individual's current communication skills and will trial a variety of AAC devices to determine which device can most appropriately meet his/her needs.
- Typically, the SLP will be the team member who gathers all of the necessary documents for completing the funding packet.

Step 2: Gather your insurance information

- Copies of **all** of the individual's Insurance Cards will provide the information needed to guide the funding process. It is important to note that there might be more than one insurance provider!
- If you are unsure of your specific benefits for one or more of your insurers, please contact your insurance and ask them if they cover "Speech Generating Devices or Augmentative-Alternative Communication Devices."

Step 3: Assist with the SLP evaluation report

- What is the Speech Language Pathologist's Evaluation Report?
 - This report is the single most critical piece of the funding process. The SLP report provides the majority of the information the Insurer will use in determining approval for the AAC device.
 - The report is a summary of the information gathered during the SLP's evaluation of why the individual requires an AAC device and which device is most appropriate to meet his/her needs.
- Why is it important?
 - The Insurer needs a picture of what type of communication is occurring now and why it is ineffective. They need to see a contrast between this and how the AAC device meets their needs and is more effective than their current communication. The SLP must demonstrate how the AAC device meets all of the insurer's guidelines for medical necessity. Medically-related communication needs are of primary importance to the insurer.

How you can help with the SLP report:


Answering the questions in this checklist will provide valuable information for the SLP's AAC Evaluation Report:

- ✓ How does the individual currently communicate without an AAC /SGD device (or with an ineffective AAC device)?
- ✓ How effective is the current communication method? Provide examples of why it is ineffective and how this affects the client. Examples of medical emergencies in which current communication is ineffective are what insurers are looking for.
- ✓ Is the individual currently dependent on others for communication? If so, provide examples.
- ✓ What types of medically-related communication needs does the individual need to communicate? Provide real-life examples.
- ✓ How does the individual's communication ability change when using an AAC device? Are they able to communicate independently? Are they able to communicate medically-related information? Is this form of communication effective? Provide real-life examples from the assessments/trials conducted.

Step 4: Obtain the physician's prescription

- Typically after the Speech Language Pathologist has written the SLP report, the SLP will provide the client's Physician with a copy of that report.
- If the Physician agrees with the SLP report, the Physician will write a prescription for the specific AAC device and any related accessories required.
- Ideally, the Physician might write a line or two of additional support on why an AAC device is medically necessary for the client. Some Insurer's require this step, some do not. The more information the physician can provide, the better.

How you can help with the physician's prescription

- Check with your SLP to see if he/she has already made arrangements for the physician's prescription. Some AAC assessment centers will coordinate this as a part of their assessment.
 - If your SLP has not contacted the physician, you will need to schedule an appointment with the Physician and bring a copy of the SLP Report and itemized quote for the AAC equipment.
 - Refer the Physician to the SLP if the Physician has more technical questions regarding the recommended AAC equipment.
 - Ensure the prescription specifies exactly which AAC equipment is being prescribed.
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Step 5: Stay in touch with your insurance case manager-If applicable

- Once the SLP has gathered all the necessary documentation to submit for funding, that information is sent to Tobii-ATI's funding team for a final review.
- Once the Tobii-ATI Funding Coordinator has determined that the funding packet is complete, he/she will submit that packet to your insurance.
- While waiting for your insurance to review the funding application, you may want to periodically check in with your Insurance's Case Manager, if one has been assigned to you. If you do not have a case manager, you can call your insurance and request one.



CHAPTER 3 – THE FUNDING PROCESS

This chapter provides a checklist and flowchart of all of the components to the funding process.

This chapter also provides information on the three possible outcomes to the funding process.

The completed funding packet

- The SLP will have gathered all of the following core documents to comprise the completed funding packet:
 - SLP Evaluation Report
 - Copies of Insurance Cards
 - Physician's Prescription
 - Itemized Quote for Recommended AAC Equipment
- Other documents might be necessary, in addition to these core documents. Examples of all possible funding packet documents are available on our website at www.tobiiati.com under the "Funding Support" section.

Process overview

SLP sends completed Funding Packet to your assigned Tobii-ATI Funding Coordinator.



Tobii-ATI Funding Coordinator reviews the packet and once it's deemed complete, sends it to the appropriate Insurer.



Insurer reviews the funding packet and the request for authorization to purchase the AAC equipment.

This can take between 4-6 weeks and varies significantly between insurers. You can always call your Insurance to check on the status. Your funding coordinator will make weekly calls to check on the status and will update you with any new information.

Possible outcomes

- Once the funding packet has been submitted to the insurance, the process can take 4-6 weeks for a decision.
- The Insurer will usually notify you of the final outcome of the request. The Insurer often notifies Tobii-ATI of the results. However once you receive notification, you should contact your Tobii-ATI Funding Coordinator to ensure they also received notification.
- Your SLP does not receive notification from the Insurer. You will need to notify your SLP of the Insurer's decision.
- There are 3 possible outcomes after the Insurer has reviewed the funding packet.
 - Approved
 - Deferred
 - Denied.

Approval

- The Insurance will notify you of Approval. Usually this is in the form of a letter.
- Sometimes the Insurance will have approved only a portion of the equipment requested.
- Co-payments/co-insurance varies depending on your individual policy. It is important to check your benefits to understand what your payment responsibility may be (if any).
- When notified of approval, the Tobii-ATI Funding Coordinator will proceed with the order and the equipment will be delivered to your home address.

Approval checklist

- What you can do when you receive notice of approval:
 - Call your SLP and notify him/her of the approval.
 - Call your Tobii-ATI Funding Coordinator to ensure that he/she received notification of the approval.
 - Determine the benefit structure of your insurance and if you are required to pay a co-payment.
 - Be aware that the insurer at the time of device shipment must be the insurer who approved the AAC device. If you have changed insurance since the application for insurance authorization, the authorization may no longer be applicable.

Denial

- You and the Tobii-ATI Funding Coordinator will receive the notice of Denial. Generally this comes in the form of a letter.
- You will need to notify the SLP of the denial, as the SLP does not always receive notice from the Insurer.
- All Insurers have an appeal process system.
- In our experience, most appeals are resolved favorably.
- Tobii-ATI will work with you and the SLP on the appeal process.

Deferred

- Typically this result occurs when the Insurer feels that further information is required to make a final decision.
- Some insurers may request a brief video demonstration of the individual's communication abilities. This is generally a "before" and "after" format, highlighting the current communication breakdowns the individual experiences, in contrast to the improvement in communication during the AAC device trial.
- Your Tobii-ATI Funding Coordinator will work with you and the SLP to understand the next steps needed in the case of a deferral.

Summary

- There are a variety of Insurers throughout the United States. Each Insurance policy can vary depending on the State and/or Family's policy.
- There are some key elements where you can assist with the funding application process:
 - Gathering Insurance Information
 - Providing information/feedback to the SLP for the SLP Evaluation Report
 - Working with your physician to obtain a prescription
 - Obtaining a case manager at your insurance and staying in contact with your case manager during the application process
- Your SLP and Tobii-ATI Funding Coordinator will be there throughout the process to assist you.

Next steps

- Talk to your SLP about conducting an AAC Evaluation if one has not already begun.
- Start writing down examples of times when communication breakdowns occur. Especially times when the individual needs to communicate medically-related, health/safety information.
- During the AAC device trial, write down examples of successful communication. Make particular note of times when the individual needs to communicate medically-related, health/safety information.
- If you do not know who your Regional Sales Consultant and/or Funding Coordinator would be, please contact Tobii-ATI at 1.800.793.9227.

Glossary of terms

- **AAC:**
 - Augmentative/Alternative Communication
- **Locked Device:**
 - An AAC device that has all “computer” functions blocked from the user’s access.
- **SGD:**
 - A “Speech Generating Device,” which is used for alternative communication with voice-output.
- **Pre-Authorization/Pre-Determination/Prior Authorization/Pre-Approval:**
 - When Insurers review their own medical policy to determine if the information submitted in the funding pack conforms with their policy for medical necessity.
- **Insurance Authorization/Approval:**
 - Approval by the Insurer to purchase an AAC device.
- **AAC Assessment:**
 - The process used in determining the client’s communication needs and what type of AAC device will best meet those needs.
- **AAC/Speech-Language Evaluation:**
 - The report detailing the rationale for the AAC device recommended. This report includes examples of the client’s current communication, alternatives explored, and the recommended AAC device.