**SUMMARY OF ADVISORY COMMITTEE MEETING**
Virginia Early Hearing Detection and Intervention Program
Virginia Department of Health
September 14, 2012
***Draft***

The following persons attended the meeting: Ann Hughes, Brian Campbell, Callie Beasley, Casey Morehouse, Christine Eubanks, Craig Derkay, Dana Yarbrough, Daphne Miller, Darlene Donnelly, Deana Buck, Debbie Pfeiffer, Frank Aiello, Fredia Helbert, Gail Lim, Heather Strang, Irene Schmaltz, Jan Odishoo, Julie Durand, Kathrine Gangeri, Laura Olinger, Leslie Ellwood, Mandy Robertson, Scott Gregg (CARTS), Sidnee Dallas, Sunney Wang, Susan Ward, and Valerie Luther

**Membership and Introductions:** Sidnee Dallas, Children with Special Health Care Needs Program Administrator

**Hearing Workgroup**
Christine Eubanks reported that the Hearing Workgroup has met twice since the last EHDI Advisory Committee (AC). The Workgroup will focus on developing educational materials, through print and social media, focused on the EHDI 1-3-6 follow-up process. Targeted groups will be stakeholders that serve families in a pre-natal setting to include OB-GYN physicians.

**Partnership for People with Disabilities**
Deana Buck reported on efforts to increase the use of the EHDI web-base trainings developed for Early Intervention Providers. The link to this training is on the EHDI Facebook page. www.facebook.com/vehdi. Additional EHDI training modules will be developed for otolaryngologist and home visitors. Modules on prematurity have been developed and a new module focused on children's social & emotional development will be created.

**Virginia Network of Consultants (VNOC)**
Ann Hughes reported that 30 requests for assistance were received for school age children between August 2011 and July 1, 2012. No requests for assistance have been received from Early Intervention. In June we provided the *Unlocking Potential* training for educational professionals. A follow up training session will be held in mid-October; Martha French will be Keynote Speaker. There are one or two cases in the Tidewater School System that seem to be reluctant to seek outside services or help. VNOC goes through 8 regions and tries to keep their services and goals in the forefront of educational directors. The referrals come to VNOC from the Department of Education.

**Department of Medical Assistance Services (DMAS)**
Brain Campbell reported that DMAS is transitioning the pre-authorization functions for all hearing aid devices to KePRO, which is used for all their other services. The hearing aid process will remain the same. He would like to get an email list of providers from the

state to be able to share information with them. He distributed a list of what they cover and the device fees. At the next meeting he will do a view of data and what they have been providing. Only pediatric aids are covered. This new pre-authorization process will start on November 1, 2012.

**Department of Education (DOE)**
Debbie Pfeiffer reported that John Eisenberg is the new Administrator for the Division of Special Education at DOE. The oral preschool program at ODU is going strong. The program provides a unique educational setting and services for young children with hearing loss within a small, specialized class. Children with hearing loss are taught to communicate successfully using spoken language. Coverage for teacher's salaries is now under Norfolk public schools, but it is open to children from other divisions. Despite huge budget cuts we are funding the Hearing Aid Loan Bank but at lower amount. Interpreter Professional Development Grant has provided for ten coordinators around the state. 75% of interpreters meet state requirements. Auditory verbal training is provided throughout the year and information is disseminated through as many organizations as possible. Ann's entire program is funded through DOE. The emphasis is going towards distant education.

**Early Intervention**
No update.

**Newborn Screening**
No update.

**Virginia Hearing Aid Loan Bank (VAHALB)**
No update. However, Christine Eubanks stated VCU received a grant and now has their own hearing aid loan bank for their patients.

**Children with Special Health Care Needs (CSHCN)**
Sidnee Dallas noted that the Care Connection for Children, Child Development Services, Virginia Bleeding Disorder, and the Sickle Cell Programs comprise the CSHCN program. The sickle cell awareness programs provide information about the disorder to the public and health care professionals and offers screening, referral, counseling and follow-up services to Virginians at risk for sickle cell disease. Marcus Allen was recruited to manage the sickle cell program.

Sidnee participated in the MCHA HRSA grant review conference to review Virginia's progress on state performance measures. As the panel went down the list of Virginia programs and asked questions and offered recommendations. However, when the panel of reviewers got to the VEHDI program they said they had no questions and noted that Virginia is doing a great job.

**Guide By Your Side**
Dana Yarbrough reported that GBYS will be part of the Family to Family Network. This network currently provides support to families of infants with disabilities. The Family

Navigators provide one on one emotional support, information, referral and linkages to services for the child. They assist parents with planning for service meetings (i.e. IFSP, IEP, ISP). The navigators are culturally sensitive and provide balanced information so the parent can make the best choice for their child and family. They are combining funding streams to handle complex medical behavioral items. The program is established in 75 to 80 counties across the state.

Irene Schmalz is the GBYS Parent Coordinator. She was one of the first Parent Guides trained by the program. Currently we are in the process of recruiting more parents to be GBYS Parent Guides. Children with all types of hearing loss are referred to them. Unfortunately they have no Spanish speaking guides at this time.

Craig Derkay asked how cochlear implants were being handled. All the data points to the fact that the younger the child receives implants the better the outcome. Bilateral simultaneous implants work better than sequential implants. Payment by insurance companies is an issue. They shoot for surgery at 12 months in some places and 6-9 months in others. Candidates for cochlear implants are those who get no benefit from a hearing aid. There is a new technique being developed to try and preserve some hearing the child may have but no one is there yet

**Virginia School for the Deaf and Blind**
Casey Morehouse announced they held the ribbon-cutting ceremony for their new building. Construction has been going on for 4 years due to consolidation of the two schools for the deaf. At this time they have about 120 students, but can accommodate up to 250 students. About 1/3 of them are day students. Children in kinder and first grader are enrolling. There are about16 children who are deaf/blind enrolled at this time.

**VDH**
Ruth announced Dr. Diane Helentjaris, Director of the Division of Child and Family Health Services has retired and today is her last day. EHDI was awarded the 2nd year funds from HRSA and CDC. The primary goal for the HRSA funds is to focus on improving follow-up and the CDC funds will be used to continue to enhance VISITS. The audiology reporting module was released in August 2012. Members are encouraged to attend the national EHDI conference to be held in Arizona on April 14-16. The *Loss & Found* EHDI PSAs were aired in the Tidewater and Richmond markets from June 25 – July16.

Jan Odishoo is the Hearing Screening Coordinator at CHKD and attended the EHDI Conference last year. She attended workshops on managing premature infants as it relates to the NBHS and found some helpful strategies for her hospital. She works with the state to devise the best way to report and do follow up for these children. She is hopes to attend the 2013 EHDI conference.

Kathrine Gangeri presented on the VEHDI Facebook page. She clarified that “Likes” d not represent the number of hits to the page. She requested that the AC forward her information that they would like posted, and asked that they SHARE the content

whenever possible, to present the information to a wider audience. The VEHDI website was also revised and presented.

**NBHS Process and Experience**
A parent of a child diagnosed with hearing loss was originally going to present her story and how the EHDI process failed to diagnose her child on a timely basis. EHDI PM reviewed her case and provided a visit to the audiology facility that provided several screenings and found that this facility has improved their processes and data indicate that infants are receiving appropriate follow-up and diagnosis. This facility reported that the EHDI protocols released in August 2011 had a direct impact on their follow-up process.

EHDI received a request from an audiologist to provide an audiology facility with an exception to the follow-up testing process and allow them to perform f-up testing with OAE as a follow-up to an ABR NBHS. There were questions and discussions about the practice. It was suggested the facility follow protocols as other colleagues.
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**Public Comment**
None

**Review/Discussion on EHDI Process, Protocols, and Responsibilities**
A parent sent a letter to the Governor expressing her concern re; the cost of the NBHS. She expressed that the excessive cost was as a result of having a contractor perform a hearing screening.

Susan Tlusty referenced the Code of Virginia and highlighted that the responsibility is placed on the hospital using a methodology approved by the Board of Health. Costs should be reasonable.

Anthem provided a letter noting that coverage for the NBHS is provided by the birthing hospitals, and does not cover out of network contractors performing NBHS. "When a hospital uses contractors rather than its own employees to fulfill its contracted obligations the hospital must pay its contractors."

Pediatrix Medical Group provided a handout on their practices in administrating the NBHS.

An apparent discrepancy in the rates was addressed first. When the NBHS program was initiated in 2000, the cost was estimated at $39 for the newborn hearing screening. Insurance is billed for the charge. It was pointed out that when EHDI was first enacted coverage was not a mandated benefit but it is now – health plans have to include in their coverage but reimbursement can vary. Susan Ward stated you would have to look at each health plan and each provider's contract to determine what the coverage is. Christine Eubanks stated that the hospital determines the billing based on who reimburses the most and that becomes the usual and customary rate (UCR) for that hospital. If other plans reimburse less they write it off or pass it along to the patient. Medicaid pays its own UCR and the hospital cannot balance bill Medicaid enrollees. Susan Ward emphasized health

plan provider agreements could be negotiated at different rates for each hospital. The cost of the hearing screening could be pulled out of the bundled amount for the newborn charges. There is no uniform approach.

In the case of this child, the hospital said the insurance denied payment because it was an out of network provider and eventually the parents were turned over to collection for the hospital UCR. It gets more complicated because people are taking high deductible plans or have health savings accounts which can affect the deductible that the patient owes. There is nothing inappropriate about a hospital providing the state-mandated service through a contractor.

Pediatrix asked how many parents are affected by the situation described. Ruth Frierson noted that EHDI has not kept track of the number of parents that call with complaints of cost, but an estimated guess would be about 1 call per month. Dr. Derkay suggested that the parents have the option of declining the screening based on being told they may be responsible for part of the cost. Pediatrix staff stated they never send a client to collection. Getting signatures on consents or declines may be a step backwards. They felt more effort should go into parent education and participation in the screening process. The Virginia mandate allows parents to decline for religious reasons. Susan Tlusty has requested an opinion from a representative of the Bureau of Insurance. Dr. Derkay felt the entire issue was more of an insurance problem than a care issue. It was pointed out that there is no satisfactory way to analyze the problem without including health plans in the discussion. It was suggested that VEHDIP convene with hospitals, contractors, and reps from the health plans to talk about these issues. Ruth Frierson advised that EHDI does not address billing questions, and refers families to their insurance providers. Hospitals tend to refer us to the contractors when there are reporting issues. VDH holds hospitals accountable for implementing the state mandate. Per our regulations, the responsibility is the hospitals. They must be very clear that when they do these contracts there must be some accountability by the hospital as to how screening services are managed and reported to the state. Ruth Frierson stated that discussions with hospitals have not resulted in improvements in reporting. However, hospital quarterly reports have been revised by VEHDIP to more accurately reflect compliance with reporting. VEHDI has started documenting all lost to documentation reports for hospitals that fail to report according to the mandate. This information will be included in the quarterly reports. It was suggested that all hospitals be ranked according to compliance. The Committee was reminded that this was tried once before and stakeholders were not receptive to this idea. However, it is something we can explore doing again. Dr. Derkay suggested we issue a statement to hospitals to ensure contractors provide the hospitals with data for reporting purposes. If hospitals use contractors, hospitals have to have policies in place to prevent the out of network charges. Per Susan Ward her organization does not have the authority to do that and cannot change the agreements with providers or to force contactors to agree to accept the Medicaid rate. Dr. Derkay proposed that the Insurance Commission tie the reimbursement for services with reporting of data into the database. No reporting; no payment. Legislation and regulations did not define payment method, although at the time bundling the cost into the negotiated bed day rate was the customary method of payment (reflected in the 1999

legislation said hospitals must do newborn hearing screenings and 2000 legislation said it should be an insurance covered service. The mandate does not apply to all self insured plans. It applies only to State-regulated plans. A threshold issue is disclosure. Dr. Derkay felt the families should be provided guidance as to what is reimbursed for an OAE relative to what is being charged out in the community.

Dr. Aiello said he would edit the proposals. Susan Tlusty will work with Ruth Frierson on a letter to hospitals pertaining to reporting. Susan Ward suggested talking about some uniform notice to give to parents in the hospital. Ruth Frierson said a notice can be developed, but as has been the experience with the EHDI *"Can Your Baby Hear?"* developing, printing, and providing this free of charge does not ensure that hospitals will use it or reference it.

In follow-up, VEHDIP will collaborate with Susan Ward (hospital association), Susan Tlusty (VDH regulations) and members of the Advisory Committee on guidance to hospitals on reporting accountabilities and billing issues and report to the Committee.

**Early Intervention as a Measure**
Our data indicates that the age in which infants are receiving has dropped from 2 months in 2010 to 1 month in 2012. The challenge is getting infants with another failed result to obtain a diagnosis by 3 months of age. Over 90% of infants diagnosed with hearing loss have been referred to Early Intervention. The challenge is to obtain enrollment information for the infants referred. VEHDI will monitor the newly released reporting module to see if this increases the number of infants reported with follow-up. In addition VEHDI will be sharing enrollment percentages to each local Infant & Toddler program in hopes of increasing the number of infants reported as receiving Part-C EI services.

Casey Morehouse stated children diagnosed with mild hearing loss can't get services from Part-C because there is no funding.

**2012 Meeting Dates:** 12/07/2012

Meeting Adjourned at 2:47 pm