

HEARIT FUNDING GUIDE

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Introduction To Hearit Funding

Thank you for choosing Hearit, LLC as your augmentative communication device provider. This guide is designed to assist with the funding process. The contents include where to seek funding, how to secure funding and tips for success. The funding process is very detailed, therefore being well prepared, well informed and detail oriented should facilitate funding acquisition.

Public and private sources are available for funding. A list of potential sources follows. Eligibility differs among sources, and should be considered prior to the request.

Funding denial is not uncommon, and is often due to:

- insufficient evidence for potential client use of the equipment.
- terminology used in the request does not meet the agency's criteria.
- documentation does not sufficiently support the overall need for the equipment requested.
- documentation submitted does not meet the existing policy requirements for the funding agency.

Use of this guide and a current State Funding Checklist/Package should enhance success for funding requests. Hearit has experience and offers assistance with funding requests to Medicaid/Medical Assistance, Commercial/Group/Private Insurance, Health Maintenance Organizations, CHAMPUS and Medicare.

The funding process can be lengthy. Hearit recommends each request be assigned a Case Manager, who advocates on behalf of the client throughout the funding process. Upon receipt of the Funding Package, Hearit will assign a Funding Coordinator to the request. The Funding Coordinator will process the request through the applicable funding source(s).

Hearit is committed to successful funding acquisitions. Questions regarding the manual and/or process should be directed to the Hearit, LLC Funding Department (520-579-2026).

Potential Funding Sources for Devices

Public Agencies

Medicaid/Medical Assistance
Medicare
Children's Rehabilitative Services
United Cerebral Palsy Assoc.
Easter Seals Society
Association for Retarded Citizens
Dept. of Vocational Rehabilitation
Developmental Disabilities
Muscular Dystrophy Assoc.
United Way
Multiple Sclerosis Society
ALS Assoc.

Community

Churches
Girl/Boy Scouts
Parent-Teacher Assoc.
High School/College Guilds

Other

Labor Unions
Private Corporations/Businesses
Ronald McDonald Foundation
Trust Funds (State and Local)
Sports Organizations
Media Sponsorships
Private Individuals
Entertainment Groups
Make A Wish Foundation

Fundraisers

Raffles - Auctions - Garage Sales
Bake Sales - Telethons - Car Shows
Car Wash - Runs - Walks
Fair Booths - Carnivals

Private Agencies

CHAMPUS (Military Insurance)
Veteran's Administration:
1-800-827-1000
The Sunshine Foundation
4010 Levick St.
Philadelphia, PA 19135
Commercial-Private-Group Ins.
Health Maintenance Organization

Non-Profit/Civic Organizations

Elks
Shriner's
Rotary Clubs
Kiwanis
Variety Clubs
Lions Clubs
Fire/Police Departments
Bell Telephone Pioneers of Amer.
Moose Lodges
Eastern Star
Knights of Columbus
Sertoma Clubs

Notice:

Check for local listings of above.
Specific regulations may apply.
Research source before applying.
Be persistent!

The Hearit Funding Process

1. A Case Manager for the client contacts Hearit, LLC for funding information or receives funding information from a Hearit Representative.
2. The Case Manager reviews the State Funding Checklist/Package and the Funding Guide as received from Hearit.
3. The Case Manager coordinates the efforts of the "team" (those involved in obtaining the device for the client). Hearit will send correspondence to the Case Manager throughout the funding process.
4. The Case Manager collects the necessary documentation as outlined in the State Funding Checklist/Package for Medicaid, Medical Assistance, Commercial/Group/Private Insurance, HMO's, CHAMPUS, and Medicare funding requests and forwards it to Hearit.
5. Hearit receives and reviews the documentation to verify completeness. Hearit will contact the Case Manager regarding missing or inaccurate documentation.
6. Once complete, Hearit will submit all of the necessary information and documentation to the applicable funding source(s). To expedite the process, requests will be made simultaneously when more than one source is involved.
7. The funding source(s) receive and review the request and communicates a decision/response to Hearit. A decision can take up to several weeks depending on the funding source. The decision/response can indicate: approval, denial, deferral (request for additional documentation/information), or request for a device trial period to validate potential success.
8. Hearit notifies the Case Manager regarding the response to the request.

"What if..."

- the request is approved by Medicaid/Medical Assistance? Hearit will verify any source(s) considered "primary payers". This source will provide written approval/denial. If unavailable, the request becomes an order.
- the request is approved by Insurance/HMO?
The approval will meet Insurance Letter Format (see following).
- the request is approved by CHAMPUS?
The Funding Coordinator will assist with this process. Applicable Cost-Shares and/or non-covered fees will be received by Hearit prior to order.
- the request is approved by two funding sources?
The Funding Coordinator will assist with this process.
- the request is denied?
The Hearit Funding Coordinator will advise the Case Manager regarding an appeal.
- the request is deferred?
Hearit will advise the Case Manager regarding the documentation requested, and resubmit when complete.
- the request requires a trial period?
Hearit will issue a Contract for Trial. Following the trial period, documentation is submitted substantiating successful use. The Funding Coordinator resubmits for purchase.

Insurance Letter Format

The following should be included with the Insurance Company letter of approval and eliminates the need for prepayment for the requested device.

The letter will:

- be addressed to Hearit, LLC. on company letterhead
- state client name, policy/group number, authorization/claim number
- state that payments that apply will be made directly to Hearit, LLC.
- state the device and price as approved, and list any denials
- state the claim/billing address and procedure and/or billing code
- state claim/billing instructions
- state a phone number to verify benefits eligibility
- show an authorized agent's signature with title and phone number
- when available state the exact amount of the total to be paid by the insurance company

- if the exact amount of the total to be paid by the insurance company is not available then state the client's financial obligation and/or benefits information for the client's policy

In the event of overpayment, the payee will be reimbursed. In the event of underpayment, the policyholder will be billed for the balance due.

Definitions

Cost Effectiveness:

- facilitates a return to work or job retention
- may reduce additional related services/treatments
- may reduce the need for interpreters
- may reduce more extensive treatment if detected early
- the device requested is the most reasonably priced to meet the need.

Diagnostic, Screening and Preventative Service:

- prevents progression of an on-going handicapping condition
- promotes physical and cognitive efficiency and effectiveness
- enables improvement of a handicapping condition

Durable Medical Equipment:

- appropriate for repeated use and home use
- used primarily for medical purpose
- most useful in the presence of illness, injury , or handicapping condition

Medical Necessity:

Assists to diagnose, correct, cure, alleviate or prevent the worsening of conditions that endanger life, or cause suffering or pain, or result in illness or infirmity, or threaten to cause or aggravate a handicap, or cause physical deformity or malfunction, and there is no other equally effective, more conservative or substantially less costly course of treatment available or suitable.

Psychological Benefit:

- promotes independence
- promotes successful approximations
- reduces communicative frustration/anxiety
- improves confidence and self-esteem
- relieves caregiver stress
- decreases negative behaviors

Rehabilitative Service:

- prevents or improves handicapping conditions that interfere with optimal level of performance
- reduces a condition or restores the client to optimal function

Trial/Rental Period:

- duration and parameters of and client ability to use
- behavioral observations during use-success, motivation, independence, communicative effectiveness

-comparative performance with other devices

Augmentative Communication Evaluation

- A. Includes a statement stating the experience of the Speech/Language Therapist and/or Team with augmentative devices.
- B. Applicable Background:
 - Medical Diagnosis (severity and impact on function)
 - Current medications and vision/hearing status
 - Vocational/Educational status
 - Residential setting
 - Relative social and emotional status
- C. Communication (Status and Limits)
 - Current level of performance for behaviors and abilities
 - Current communication system in use/other adaptations
 - Limits of the current communication system
 - Relative emotional reaction to communication attempts/interactions
- D. Speech/Language Status
 - Prognosis for verbal, nonverbal, written communication
 - Assessment results for levels of ability and performance
- E. Candidacy for Communication/Augmentative System
 - Statement of current communicative effectiveness with familiar and unfamiliar partners; need for communicating needs and wants to address physical, medical, safety, social and emotional needs; the effect of providing an improved communication system; current level of skill to successfully access the device.
- F. Cognitive Status
 - Current level of ability compared to current level of performance stating any discrepancy.
- G. Communication Considerations
 - Frequency and type of communication partners
 - Mode (verbal and/or written)
 - Variety of environments
 - Applicable peripherals (e.g., printer)
 - Positioning and mobility impacts on use/access of the device
 - Level of vocabulary and message needs
- H. Posture and Mobility
 - Current status including optimal position

- Integration of mobility and convenience as it relates to potential use of the device.

I. Access Capability

- Describe optimal access techniques and selection methods (touch, scan, etc.)

J. Device

- Vocabulary (level, amount, capability)
- Symbol form

K. Output Modes

- Verbal or text (quality, intelligibility to be natural and effective)
- Rate of production
- Independence (to increase spontaneity and self-generated comments, purposeful and reciprocal expressions).
- Device construction and adaptability
- Portability (to accommodate needs in a variety of settings)
- Integration with other technology (e.g., hearing aids, computers)
- Access and selection techniques
- Expansion capabilities

L. Describe communication device considered and not recommended according to the aforementioned parameters.

M. Ability to learn and use the recommended device.

- Observations/report regarding trial use.
- Comparison of client performance with differing devices.

N. Device prescribed and justification

- Description
- Purchase or Rental (perhaps with purchase option)
- Statement of cost-effectiveness
- Benefits to the client as compared to other options.
- Appropriateness for addressing client need.
- Statement of how the device meets communicative goals.

O. Treatment plan and follow-up.

- Long-term goal(s) and short-term objective(s) for communication
- Responsible provider of service
- Initial training and basic use
- Integrated use and carryover
- Modifications/Adaptations necessary for optimal use

Physician Letter of Medical Necessity and Written Order

Components of the letter:

- Medical History
- Diagnosis
- Prognosis
- Negative impact on medical treatment secondary to communication delay/disorder
- Prescribed communication device
- Substantiating comments

Sample format provided as a guide, not for reproduction.

Date

Patient Name

Date of Birth

To Whom It May Concern:

Patient is a twelve year old male diagnosed with Down Syndrome. He has been in my care for otolaryngology since month, year. Patient has a positive history for recurrent congestion, otitis media and presents with a mild to moderate conductive hearing loss. These medical issues combined with his primary diagnosis negatively affect his communication.

Patient has experienced a trial use with the Hearit SE in the classroom and academic milieu for the past two months with much success. Patient has been observed to more effectively communicate his medical and safety needs verbally, and has responded to safety measures presented to him verbally.

I am impressed with Patient's improved function when provided the improved signal-to noise ratio, particularly for the speech frequencies which this device provides. Patient is a more independent and effective communicator in his home and school community, and I hope you will acknowledge these medical considerations on Patient's behalf.

Respectfully,
Name, M.D.

Letter of Medical Necessity and Justification

Members of the Team will submit letters of necessity to support the recommendation for a device.

Potential authors of letters may include:

- Speech/Language Pathologists
- Physical Therapists
- Occupational Therapists
- Physicians

- Nurses
- Psychologists
- Psychiatrists
- Teachers
- Case Managers/Workers
- Care Providers
- Parents/Guardians

Components of the letter:

- Medical History
- Diagnosis
- Duration of treatment services
- Prognosis for speech
- Negative impact on treatment secondary to communication delay/disorder
- State the impact the device would have on the treatment benefit
- State observations regarding trial use
- Recommended communication device
- Substantiating comments

Sample format provided as a guide, not for reproduction.

Date

Client Name

Date of Birth

To Whom It May Concern:

I am writing on behalf of my client, Name, Medicaid #. Client is a twelve year old male with Down Syndrome and a mild to moderate hearing loss. For the past two months Client has used the Hearit SE in the academic milieu. The device has benefited Client by attenuating auditory distractions, increasing comprehension and heightening phonologic awareness. Client's care providers remark on his improved ability to sustain his attention and intelligibility. He has more effectively communicated his medical needs allowing him immediate attention.

The Team has considered and even tried other devices with less success. The features of this device appear to meet all of Client's current needs. Client's physician has stated his support for the device as a result of Client's ability to tolerate and benefit.

I am requesting the purchase of the Hearit SE for this client. Observations and results suggest an excellent prognosis for Client with the use of this device. Use of the device will be supported by members of the Treatment Team from regular and special education, as well as related services.

Professionally yours,
Name, Credential

Hearit Medical Justification

Medically justify assistive devices by describing how the equipment will enable an individual to achieve a level of physical or mental functioning

consistent with their diagnosis and/or medical condition.

Hearit SE #500, #530 and #550: Features a built-in directional microphone and enhanced speech frequencies to improve communication skills. Is a light weight, portable piece of durable medical equipment with easy to use finger-touch control. Are suitable for individual, small and large group verbal interactions.

Diagnosis/Medical Condition

Impact of Hearit on Condition

Attention Deficit Disorder

Attention Deficit/Hyperactive Disorder

- attenuates auditory distractions
- improved signal-to-noise ratio enhances sustained attention
- effective tool to shape behavior
- improved on-task behavior contributes to improved performance, interactions and self-esteem

Articulation

- delayed/disordered phonemic discrimination/production possibly impacting phonetics

- improves signal-to-noise ratio
- emphasizes speech frequencies to discriminate for sound identification, minimal difference, distinctive features, placement and manner for improved production
- reduces treatment time due to improved, immediate models

Auditory Training

- a degree of hearing loss, intermittent or permanent uni- or bilateral, possibly aided

- improves speech perception to appreciate temporal patterns, control intensity-pitch-phrase patterns, and to develop discrimination for speech
- enriches semantic and auditory associations

Autism Spectrum Disorder

- reduced/absent socialization
- possible echolalia
- decreased verbalizations
- perseveration
- impaired pragmatic language
- visual preference

- facilitates participation
- improves phonologic awareness and speech recognition
- enables improved commenting, questioning, informing and reduces frustration
- strengthens the weaker auditory system

Cerebral Palsy

- respiratory disorders

- improves auditory perception by decreasing speaker-listener

- auditory immaturity and/or hearing loss
- speech/oral language delay/disorder
- muscle incoordination

Down Syndrome

- possible recurrent middle ear pathology
- possible hearing loss
- possible articulatory/intelligibility delays/deficits

Dys/Aphasia/TBI

- partial or complete loss of speech and comprehension
- possible sensory and/or motor limitations

distance

- improves sustained auditory attention, analysis-synthesis, imagery and sequencing
- motivates to actualize maximum potential for speech

- attenuates auditory distractions
- improves dynamics for increased comprehension and improved sustained auditory attention with enhanced phonologic awareness

- facilitates social, linguistic and vocational readjustments
- self-correction is a hopeful prognostic factor, and is benefited by immediacy of feedback
- reducing treatment time helps motivate the patient to make necessary efforts for continued progress
- intensifies auditory stimulation without embarrassment
- helps breakdown "auditory resistance" and personalizes auditory presentations

Dysarthria

- impaired CNS to control articulation

- clarifies slurred or omitted sounds
- emphasizes frequencies to provide an accurate production
- improves acoustic conditions, attention to sound source
- improves signal-to noise ratio
- decreases "respiratory noise", rate, cessation, pattern shift

Dysfluency

- more tension in the task of talking than appropriate
- possible secondary behaviors

- provides immediate comparative auditory feedback for the modification of pitch, rate, tone, quality and articulation precision
- is portable for use in varying

stressful speaking situations

Meniere's Disease

- inner ear impairment
- possible hearing loss typically unilateral affecting low frequencies first
- may be progressive with periods of latency

- improves speech discrimination
- improves auditory associations
- provides acoustic sedation for conditions of tinnitus

Parkinsons

- degenerating vocal image

- produces immediate and clear auditory feedback for vocal technique treatment of short phrases, frequent breath intake, louder volume and use of optimal pitch range to produce optimum audible and intelligible speech

Specific Learning Disability

- significant discrepancy between levels of ability and performance

- improves dynamics for increased auditory comprehension especially when reading aloud
- accentuates phonologic awareness to positively impact language processing
- reduces the need for repetitive presentations

Tinnitus

- ringing in the ears

- provides amplified ambient noise to mask
- facilitates acoustic sedation

Voice Disorder

- poor quality secondary to misuse or abuse

- produces immediate clear auditory feedback of speech frequencies in the retraining of vocal parameters - pitch, volume, quality, tone, and rate
- improved vocal health allows improved interactions and self-esteem